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Tobacco Endgame Series Edition 7: **Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward**

E-RCTC: A digital health platform

E-RCTC: A Digital Health Platform Showcasing Tobacco Control Activities, Policies, Resource Materials, and Updates from Across India, E-Resource Centre for Tobacco Control (E-RCTC) is a collaborative initiative between PGIMER and The International Union against Tuberculosis and Lung Diseases (The Union) that has been actively engaged in various tobacco control advocacy activities. Over the past four years, E-RCTC has established itself as a comprehensive digital platform that systematically organizes technical resource material for capacity building of program implementers, academia, and researchers. E-RCTC serves as a one-stop digital resource centre that showcases tobacco control activities, policies, resource materials, and updates from across India. The portal facilitates multistakeholder engagement and networking, strategic planning at state and national levels with governments, and academic and civil society advocates for comprehensive tobacco control legislation.

Tobacco Free Times 24th Edition Released



The 24th edition of the bi-monthly publication "Tobacco Free Times" featuring Pricing and Taxation on Tobacco Products in India was released at a National Consultation on "Regulating the OTT Platforms to Prevent the Promotion of Tobacco/Nicotine Use." The event was attended by 42 senior national delegates across the nation. Dignitaries such as Dr. Leimapokpam Swasticharan, Additional Deputy Director-General of Health Services - Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, Dr. Rana J Singh, Deputy Regional Director, The Union (Southeast Asia), Dr. Rakesh Gupta, Director, SIPHER, Dr. Jagdish Kaur regional advisor TFI WHO, Mrs. Harjinder Kaur, Chairperson Chandigarh CPRC, Dr. Anurag Kundu, Chairperson Delhi CPRC, Dr. Suman Singh, DHS cum MD NHM UT Chandigarh, Mr. Cyril Alexander Executive Director, Mary Anne Charity Trust, Dr. Bhavna Mukhopadhyay, Chief Executive VHAI, Mr. Binoy Mathew Programme Manager communications VHAI, Dr. Deepinder Singh, SNO NTCP Chandigarh, Dr. Gopal Chauhan, SNO NTCP Himachal Pradesh were present during the event. The 24th TFT was distributed to all the delegates. The event was organized on 20th April 2023 at The Ashok, Chanakyapuri, New Delhi.

EDITOR'S **SPEAK**



I want to draw attention to the importance of controlling beedi consumption in order to achieve a tobacco-free society in India. Beedi is a dangerous form of tobacco, containing five times more nicotine than cigarettes, and is just as harmful. It is popular among the poor due to its low cost and accessibility.

To reduce its demand, the taxation on beedi should be increased, making it less affordable for low-income individuals. In addition, we need greater policies and measures to control the production and sale of beedi, including stricter regulations on labelling and packaging, as well as healthier alternatives to tendu leaves.

- Dr Sonu Goel,
Director, E-RCTC & Professor, PGIMER Chandigarh

EXPERTS' **SPEAK**



E-RCTC to my mind stands out in many respects, and in my personal view, it provides practically most of the resource materials required for effective tobacco control implementation with an enormous collection of notifications, guidelines, and so on. This easy access to required material is really useful for tobacco control programme implementers around the region. E-RCTC also organises an extensive number of webinars, courses and workshops on topics that are essential for tobacco mitigation. I wish & hope that E-RCTC continues to be an extremely valuable ally & storehouse of ever evolving information for all tobacco control stakeholders in the region.

- Dr. Deepinder Singh,
State Nodal Officer,
NTCP, Chandigarh



Keeping up with the times and making the most of technology are essential in this digital era. The e-RCTC is doing quite well; it has arranged numerous webinars, courses, and workshops on topics crucial for tobacco prevention. The portal serves as a central information hub for all anti-tobacco activists who are pushing the limits to defeat tobacco control. I wish more power and success to e-RCTC.

- Dr. C. Venkatesh Couppoussamy,
State Nodal Officer,
NTCP, Puducherry



PROJECT UPDATES

Successful Release of Comprehensive Report: Achieving Tobacco-Free Puducherry

On April 17, 2023, Hon'ble Chief Minister of Puducherry, Thiru.N.Rangasamy, released a set of comprehensive documents highlighting our project intervention and action plan in Puducherry. These documents encompassed the Strategy and Action Plan for Achieving Tobacco-Free Puducherry. The esteemed presence of respected individuals such as Shri. Udayakumar, Secretary to the Government (Health), Dr. Sriramulu, Director (Health), Dr. C. Venkatesh Couppoussamy, State Nodal Officer NTCP/State TB Control Officer, and Dr. Suriya Kumar, State Consultant NTCP, graced the event, which took place on April 18, 2023, at the Office of the Chief Minister. This endeavor has been a long and challenging journey, but the outcomes achieved are truly fulfilling.



An international webinar titled "Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward"

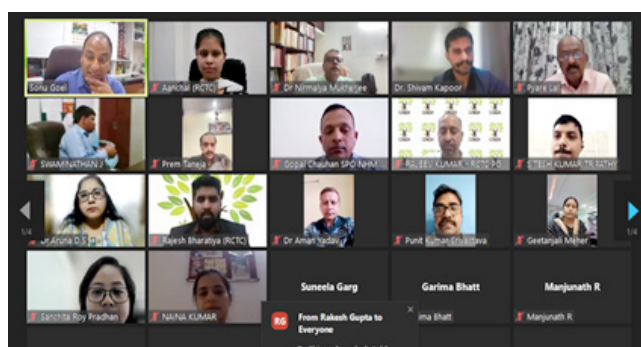
An international webinar titled "Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward" was organized on April 11, 2023, from 11.00-1.15 pm through Zoom platform by the E-Resource Centre for Tobacco Control, Department of Community Medicine & School of Public Health, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, and supported by the International Union against Tuberculosis and Lung Diseases (The UNION), Southeast Asia, New Delhi. The event aimed to raise awareness about the harmful effects of Beedi smoking and its impact on public health, environment, and the economy.

Dr. Sonu Goel, Director E-RCTC and Professor, PGIMER, Chandigarh, highlighted the importance of controlling beedi menace for society as it contains more than 5 times as much nicotine as cigarettes. He emphasized to increase the taxation on Beedi products. The dignitaries who attended the event were Dr. Rana J Singh, Deputy Regional Director, The Union, South-East Asia, New Delhi; Dr. Prakash C Gupta, Director, Healix - Sekhsaria Institute of Public Health, Navi Mumbai; Dr. Mira B Aghi, Behavioral Scientist; Dr. Suneela Garg, Chair, Program Advisory Committee, NIHF, and Co-Chair, MDRU; DHR, Dr. Kevin Welding, Associate Director of the Johns Hopkins Institute for Global Tobacco Control, and Dr. Leimapokpam Swasticharan, Additional Deputy Director General of Health Services - Directorate General of Health Services, Ministry of Health and Family Welfare,

Government of India. The webinar consisted of various sessions covering global perspectives on Beedi smoking, its impact on public health, social aspects of the Beedi industry, health warnings and labeling compliance on Beedi packaging, taxation for Beedi, and forest fires and climate change due to Tendu lifecycle. The speakers highlighted the need for policymakers to take necessary measures, including generating detailed documentation of activities from Beedi industry interferences, the need to generate contested evidence, create a cadre of ambassadors who can educate the public about the harmful effects of Beedi smoking, involving different stakeholders and ministries. The webinar also recommended adding a climate change perspective along with taxation and standardizing the size of Beedi with respect to the content of tobacco to reduce the harm caused by smoking.

Development of a Strategy and Action Plan for achieving a Tobacco Free Puducherry State

Since All departments have an essential role to play in tobacco control activities. In order to accomplish the aim of a tobacco-free society, all departments must collaborate, coordinate and commit. So a comprehensive strategy and action plan for achieving a tobacco free Puducherry state, was prepared including various departments such as health department, police department, excise and taxation department, education department, transport department, local body department, legal metrology department, food and drug administration department, public relations and information department, rural development department.



SIPHER-ECHO webinar on Good, Replicable and Innovative Practices of Tobacco Control in India

On Wednesday, April 12th, 2023, from 4:00 PM to 5:00 PM, the Strategic Institute for Public Health Education and Research (SIPHER) and the ECHO Foundation, in collaboration with RCTC, organized a webinar titled "Good, Replicable, and Innovative Practices of Tobacco Control in India on the Topic:- Advancing Leadership and management in Tobacco control "



Workshop on Regulating the OTT Platforms to Prevent the promotion of Tobacco/Nicotine Use in Delhi



On April 20th, 2023, the Strategic Institute for Public Health Education and Research (SIPHER) supported by the World Health Organization, in collaboration with RCTC, PGIMER, Chandigarh, organized an event titled "Regulating the OTT Platforms to Prevent the Promotion of Tobacco/Nicotine Use in Delhi" at The Ashok ITDC, Diplomatic Enclave, Chanakypuri, New Delhi. The event was attended by 42 distinguished dignitaries and participants from across the nation.

SIPHER-ECHO webinar on Good, Replicable and Innovative Practices of Tobacco Control in India

On Saturday, April 29th, 2023, from 4:00 PM to 5:00 PM, the Strategic Institute for Public Health Education and Research (SIPHER) and the ECHO Foundation, in collaboration with RCTC, organized a webinar titled "Good, Replicable, and Innovative Practices of Tobacco Control in India on the Topic:- Journey of the cigarettes and other tobacco products."

Evaluation and discussion on the case studies

A comprehensive discussion was held on the case studies that will be included in the upcoming "Compendium on Good, Replicable, and Innovative Practices (GRIP) of Tobacco Control in India - Volume 2". All 16 case studies were thoroughly examined and critiqued, and necessary amendments were made. The finalized case studies will be included in the publication.

Abstracts for World Conference on Lung Health 2023

Eleven abstracts have been submitted for the UNION World Conference on Lung Health, which is scheduled to be held from November 15th to 18th, 2023 in Paris, France.



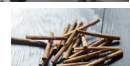
One-to-one meeting



A total of 13 meetings (10 in Telangana and 03 in Meghalaya), were held with high-level officials the officials included IAS Additional Collector of Hanumakonda district (Warangal urban), IAS Commissioner of Health and Family Department, Program Officers of Hanumakonda district (Warangal urban) and NTCP in Hyderabad, NTCP Program Officer of Adilabad district, District Medical & Health Officer of Hanumakonda district (Warangal urban), Intermediate Education Additional Director, Psychologist, Health Department of Adilabad, DMHO Hyderabad, Additional Director of NCD Health and Family Department, and Program Officer of NTCP of Health and Family Department Hanumakonda district (Warangal urban), SNO, state consultant NTCP and DNO East Khasi Hills.

DLCC: Telangana

A DLCC meeting was held on 18th April in Hyderabad district, chaired by M. Venkateshwarlu, Additional Collector of Hyderabad. The District DMHO, Dr. Asritha, explained the various sections of COTPA and the importance of having tobacco-free educational institutions in society. The Additional Collector requested the Intermediate educational officials to select a few educational institutions for a survey and to declare them as tobacco-free institutions



BEEDI SMOKING: Harmful consequences, policy landscape, challenges and way forward



Background & Historical Aspects

Bidis (also widely recognized as beedis) are small hand-rolled cigarettes made of tobacco (0.2-0.3gm) and wrapped in tendu or temburni leaf (*Diospyros melanoxylon*), an Asian plant.(1) Bidis are manufactured in India and other Southeast Asian countries and exported worldwide to at least 13 countries.(2) In India, bidi are less expensive and heavily consumed than traditional commercial cigarettes. Tribes in ancient India smoked tobacco in a pipe constructed of tree leaves, from where the practice of wrapping tobacco in a leaf most likely originated. (3) Indian tobacco cultivation began in the late 17th century, and beedis were first created in Gujarat when tobacco workers took left-over tobacco and rolled it in leaves. Initially the leaf used was known as kachnar however in 1899, during the Gujarat famine, brothers Mohanlal Hargovindas Patel migrated to the Jabalpur region and discovered that the local tendu (*diospyros melanoxylon*) leaves were ideal for wrapping the tobacco because of their size, thickness, texture, relative thickness of midrib, lateral veins, flavour, and resistance to its decay.(4-5)

Beedi Production & Export

Bidis are treated like regular cigarettes in the United States. The Surgeon General's warning must be carried, they are subject to the same tax rates, and they must have a tax stamp.(6) Beedis are twice as popular as cigarettes in India. Beedi industry is one of the most unorganized sector in India. There are about 300 major manufacturers of branded beedis and thousands of unbranded small-scale manufacturers which account for the bulk of the beedi production.(7) Madhya Pradesh, Tamil Nadu, Andhra Pradesh, Karnataka, West Bengal, Bihar, and Odisha produce the majority

of beedi in India. The majority of beedi is made in homes, with women and children accounting for a substantial share of beedi manufacturers.

Bidis, India's poor man's smoke, have become a major export item and a luxury product outside India. For example 3 Pack Set of Indian Bidis: Tajmahal Bidis in California and other parts of globe outside India costs approximately \$35. The beedi export has been observed from 5.97 million (USD) to 9.81 million (USD) in 2017 but a decline to 6.07 million (USD) in 2020. (9)

Cyclic Process of Tendu Plucking and Beedi Manufacturing(8):-



Prevalence and Patterns of Beedi Consumption:- (10)

Morbidity and mortality associated with beedi consumption:

The annual deaths in India due to beedi consumption: 0.5 million & annual DALYs lost is 11,697,585 with annual loss of premature life years as 10,675,876

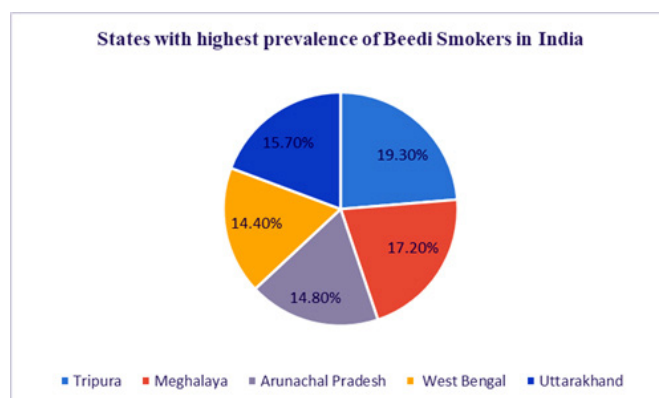
Uttar Pradesh(20.4%), Maharashtra (9.3%), Tamil Nadu(7.1%), Rajasthan (6.9%), Gujarat (6.6%), constitutes the states with magnitude of DALY lost.

Socio-demographic factors associated with beedi smoking:

- **Gender** – Male (OR: 17.1)
- **Education**- No formal Education (OR:6.0)
- **Age Group** – 45-46 years (OR:5.5)
- **Occupation** – Daily wage labourer (OR: 3.5)
- **Wealth Index** – Lowest quintile (OR: 2.5)
- **Residence** – Rural (OR: 1.5)

Roughly 08 Beedis are sold for every cigarette sold in India. Beedi is the second most common form of tobacco consumed after the

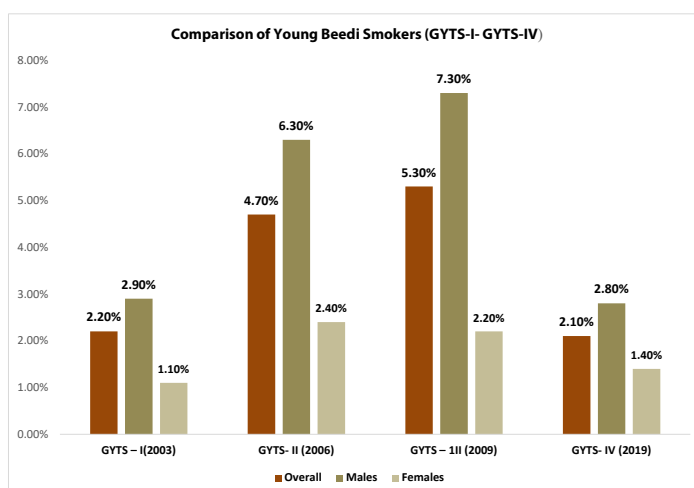
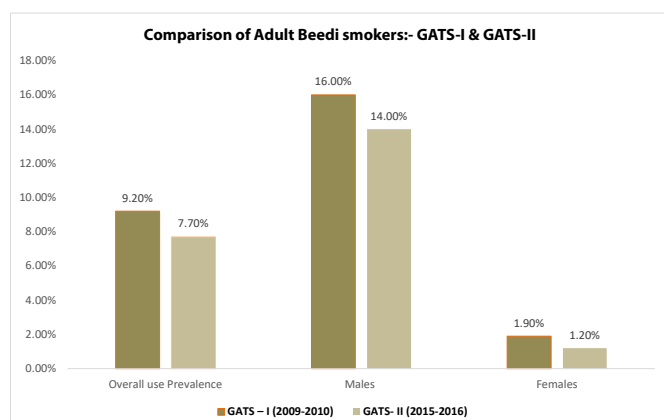
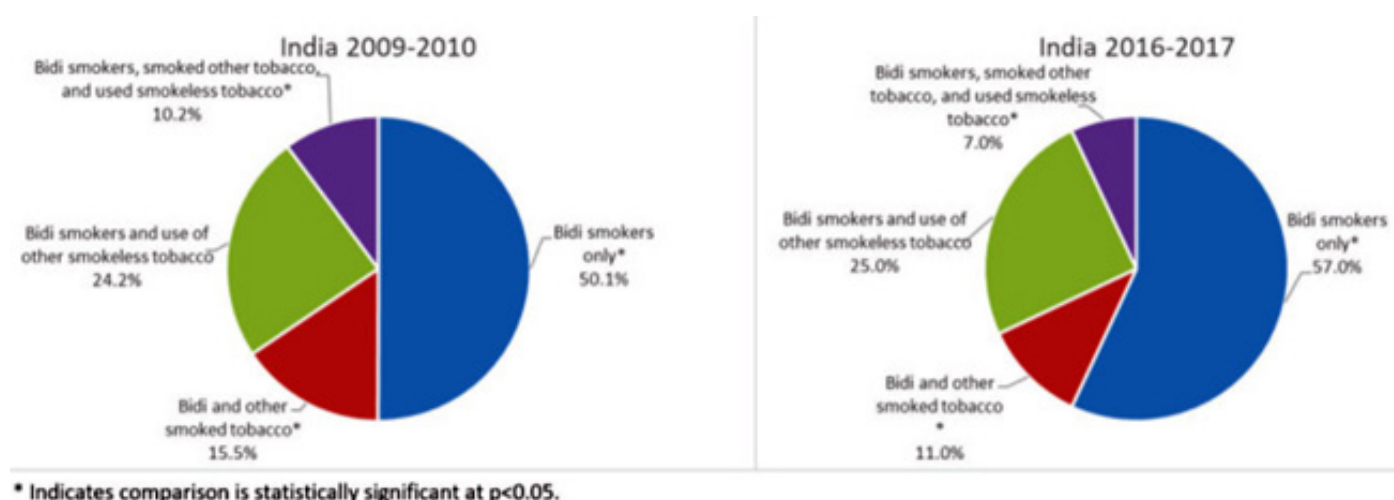
smokeless tobacco products with a prevalence of 7.7% (Men – 14%, Women -1.2%) consumed by 72 million adults. Beedis are consumed by 7.0 A stick of beedi contains 0.15 – 0.5 g of tobacco Roughly 10.2 crore Indians consume beedis as it is cheaper and varied pricing and have poorly visible health warnings. Though the tobacco content is lesser, the concentration of nicotine is significantly high. Higher puff intensity and shorter inter-puff duration with deeper inhalations delivers more CO and nicotine in beedi than cigarettes.



Patterns and related factors of bidi smoking in India:(7)

Among tobacco users in India, the proportion of adults who smoked bidis-only significantly increased from 50.1% (2009–2010) to 57.0% (2016–2017).

Figure 1:- Proportion of Tobacco users who smoke bidis, GATS India 2009–2010 and India 2016–2017



Similar to a reduction in adult beedi smoking from 9.2% (GATS-I) to 7.7% (GATS-II), a reduction in beedi among youth has also been observed from 5.3%(GYTS-III) to 2.1 % (GYTS-IV).

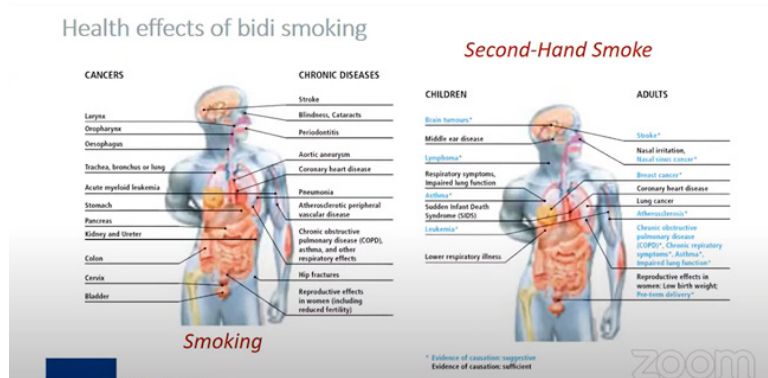
Health Effects of Beedi Smoking

Some Facts:

- The amount of nicotine in bidi is three to five times that of regular cigarettes.
- Compared to cigarettes, bidi cigarettes have higher levels of tar and carbon monoxide.
- Smokers must draw more frequently and forcefully on a bidi cigarette because it doesn't have chemicals added to aid in combustion. As a result, more toxins are breathed in than when using traditional cigarettes.
- Bidi smoking has been scientifically associated to adverse cardiorespiratory, all-cause, and baseline respiratory outcomes. (12)
- Bidi smoking is associated with a more than threefold increased risk for coronary heart disease and acute myocardial infarction (heart attack).(13)
- Bidi smoking increases the risk for lung cancer, oral cancer, stomach cancer, and oesophageal cancer.(13)
- The risk ratios for development of COPD (Chronic obstructive pulmonary disease) and lung cancer in particular are generally similar for cigarettes and bidis. Bidis are equally responsible for causing bronchial hyper-responsiveness, impairment of lung function and precipitation of asthma. (13)
- Bidi rolling is an occupational health hazard: Tobacco,

nicotine, dust, and other particles absorbed through the skin and nasopharyngeal route endangers bidi workers' and their families' health. According to research conducted by the Factory Advisory Services and Labour Institute in Bombay, a unit of India's Labour Ministry, bidi workers have a higher incidence of tuberculosis and bronchial asthma than the general population. Bidi rolling is also identified as an occupational health hazard in a Ministry of Health and Family Welfare report.⁽⁸⁾ Bidi rolling is making workers more prone to various diseases like musculoskeletal diseases, respiratory diseases, Cardiovascular diseases, Skin problems, Gastrointestinal diseases.

- Female workers engaged in bidi rolling were two times more likely to suffer from cervical cancer as compared to non-bidi workers.
- Infants belonging to households involved in bidi rolling activity were at 1.3 times more risk of suffering from respiratory and gastro-intestinal illnesses as compared to homes with no bidi rolling activity.



Socio-economic Impact of Beedi Smoking

Beedi Smoking has a negative impact on a person's health, as well as their financial well-being, personal life, and the health of those around them. Beedi smoking increases socio-economic costs on the poor, and other vulnerable populations as the smokers are exposed to various diseases, they will be unable to maintain a decent standard of living.

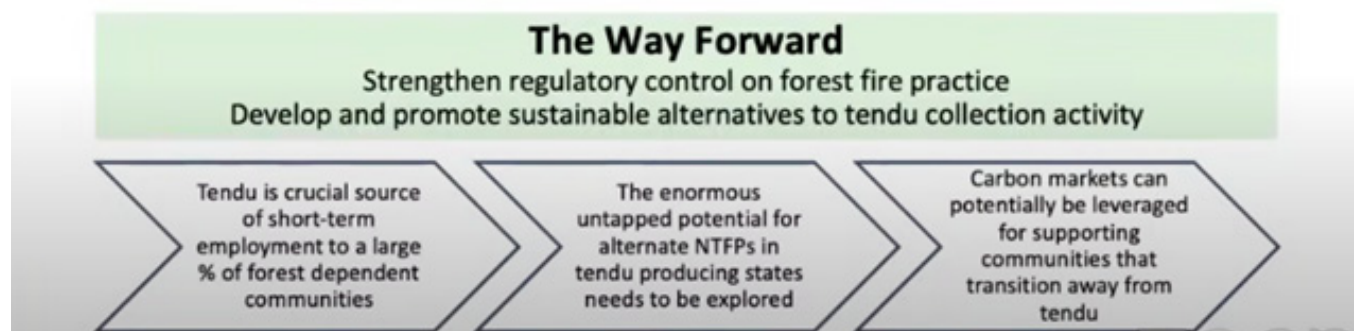
Factors impacting the decent standard of living of beedi smokers:-



Environmental Impact of Beedi Production

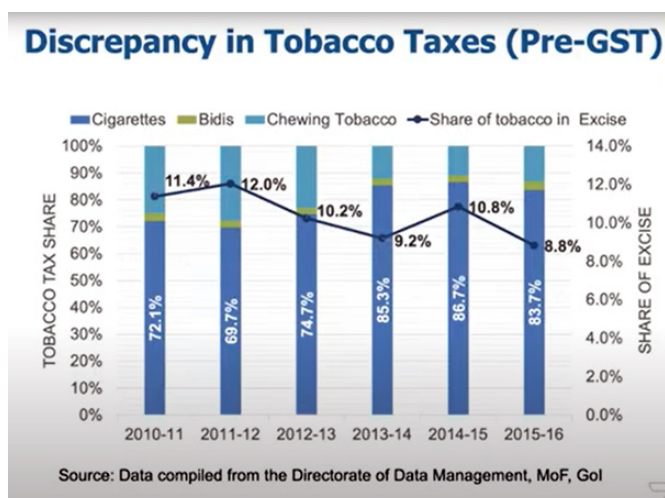
Tendu leaf collection & its Effect on Forest

Beedi manufacturing starts from collecting Tendu leaves, soaking tendu leaves in water, drying tendu leaves, cutting, rolling, filling them with uncured tobacco and packing them into vinyl packets. In this entire process Tendu leaves play the most crucial rule, so tendu leaves are exploited at large scale for beedi manufacturing. More than 2.5 lakh metric ton of tendu leaves are collected to produce 350 billion bidi sticks. Uncontrolled fires are reported in the tendu areas, as there is a traditional practice of using fires to cut back the young exposed shoots of tendu plant and to injure its roots so that they may coppice and produce fresh, green, good quality leaves for bidi rolling.



Taxation for Beedi

The impetus of bidi production in India was received from the Swadeshi Movement (1920) and These being considered a cottage industry leading to liberal tax treatment. Economic burden of beedi smoking related diseases and deaths in India for the age group 30-69 is estimated at INR 805.5 billion (USD 12.4 billion) for the year 2017. 21 % is direct and 79% is indirect cost. Men bear 94% of the total costs. This economic cost is approximately 0.5% of India's GDP.



Source:- PowerPoint presentation from Dr. Rijo M. John during International Webinar on "Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward"

Figure 2:- Tax Structure for Financial Year (2023-24) in India
From figure - 2 It can be seen that the beedi industry enjoys a larger part of the taxation exemption as compared to other tobacco products. The total tax burden (taxes as % of retail price) is 52.7% on cigarette, only 22% for bidis and 68.3% on smokeless tobacco products.

In India, the government has kept the beedi industry in a lower tax bracket because of the large number of jobs it provides in rural areas. According to government data, the tax rate on beedi leaves has been kept under the tax slab of 18%, while beedi itself is taxed at 28% without any additional cess, so beedi remains a cheaper alternative to cigarettes and other tobacco products.

Affordability of Bidis:- Bidis are affordable in India as compared to other tobacco products from a decade now, In 2017/18 a pack of 10 cigarettes sold on average for INR 56.4 while a pack of 25 bidis sold for INR 16.3. The excise tax revenue from cigarette was 42 times higher than that from bidis during the period of 2016-17 despite the fact that bidis outsell cigarettes by a ratio of 4:3:1. In 2018/19, it took 0.41% of per capita to buy 100 sticks of cigarettes while it took only 0.05% or per capita GDP to buy 100 sticks of bidis, implying that bidis were eight times more affordable than cigarettes.

Current legislation for Beedi industry

Global

WHO FCTC Article 6 Guidelines

- "All tobacco products should be taxed in a comparable way as appropriate, in particular where the risk of substitution exists."
- "Tax rates should be monitored, increased or adjusted on a regular basis, potentially annually, taking into account inflation and income growth developments in order to reduce consumption of tobacco products."
- Parties have the sovereign right to determine the level of tax rates to apply. The WHO recommends taxes should account for at least 75% of the retail prices of tobacco products.

Current Tax Structure (FY 2023-24)					
	GST	NCCD	Compensation Cess		Excise Tax (2019-20)
Cigarettes (length in mm)			Specific	Ad Valorem	
Non-Filter <65	28%	230	2076	5%	5
Non Filter 65-70	28%	290	3668	5%	5
Filter <65	28%	510	2076	5%	5
Filter 65-70	28%	510	2747	5%	5
Filter 70-75	28%	630	3668	5%	5
Filter 75-85	28%	850	4170	36%	10
Other	28%	850	4170	36%	10
Bidis	28%	1.02	0	0	0.05%
Smokeless Tobacco	28%	25%	0	104%	0.5%

Note: Values not in % are INR/1000 sticks of bidis/cigarettes.



41 countries have tobacco taxes share >75% of retail price including Sri Lanka (77%) and Thailand (78.6%). 18 of them have it at >80%.

India

- The Beedi Workers Welfare Cess Act, 1976
- The Minimum Wage Act, 1948
- Beedi and Cigar Workers (Conditions of Employment) Act, 1966
- The Contract Labour (Regulation and Abolition) Act 1970
- The Equal Remuneration Act 1976
- The Maternity Benefit Act 1961
- The Cigarettes or Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003 or COTPA

Recommendations:

1. State tobacco control cells, should specifically focus on local beedi industry evades government acts and harm innocent women and children violating several acts. cell.
2. Each state should have a clear cut monitoring and evaluation guidelines for Beedi industry.
3. Implement proper taxation on beedi products, the taxation should be as per the recommendation of WHO (75% of retail price).
4. Beedi products should have a specific & clean graphical health warning as per government guidelines.
5. Civil societies should create a cadre of ambassadors to mitigate the beedi industry interference.
6. The education institutions should be introducing lectures of harmful effects of beedi consumption.
7. Alternative livelihood through vocational trainings to all the beedi industry workers should be modelled in different be addressed.
8. The beedi industry interference should be addressed at all levels: political, administrative, and public.
9. Proper registration of beedi manufacturing units and licensing manufacturing, distribution and selling should be implemented.

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EXPERTS COMMENTS



“ There are 267 million people using tobacco in one or another form and 14% are smoking cigarettes, 27% (72 million) are the beedi smokers in the country. Beedi is considered as poor man's melody and it is a well known fact that the lower economic section of the society could not find the solutions to their problems in the healthcare services due to inaccessibility. Beedi industry enjoys the lower taxation slab as compared to other tobacco products throughout the country. We need to find the Indian solution for the beedi problem.

- Dr. Leimapokpam Swasticharan,
Additional Deputy Director General of Health Services
- Directorate General of Health Services, Ministry of Health and
Family Welfare, Govt. of India



“ Despite of nearly two decades of legislation (FCTC, NTCP), beedi control remains a challenge. The main goal is to de-normalize the beedi sector in India. People perception of beedi in India is that it is less harmful because it is ayurvedic or natural. Even though beedi is more harmful than cigarettes, integrated communication strategies play an important role in addressing this issue. The second issue is to increase the tobacco tax burden on beedi, The third issue is related to beedi trade regulation, as there is inadequate evidence on how many beedi brands exist, what the supply chain is, whether they comply with all beedi industry and trade, and what percentage of beedi manufacturers actually pay government taxes. There is an urgent need for various schemes to provide alternative income to beedi rollers and increase for taxation, regulations on beedi industry.

- Dr. Rana J Singh,
Deputy Regional Director, The Union (South-East Asia), New Delhi



“ From a long time, beedi control was only a concern for India, but 20 years ago, it was discovered that beedis were exported to the United Kingdom and the United States of America, and prevalence figures became sustainably high in their surveys, which sparked the CDC's interest in beedi control. A comprehensive report was created through the contributions of scientists from India and the United States of America that projected beedi smoking as a global issue. The United States and the Centers for Disease Control and Prevention handled this very carefully, but beedi smoking continues to be an extensive issue in India. Beedi manufacturing is a source of livelihood for many people in India, and that current control strategies are inefficient in beedi control due to the intricate nature of the problem.

- Dr. Prakash C Gupta,
Director, Healix - Sekhsaria Institute of Public Health, Navi Mumbai



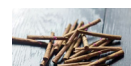
“ India has been dealing with a persistently high burden of beedi for decades. The gender element involved in beedi rolling, pointing out that women and children are primarily involved in beedi rolling, putting their health and lives at risk, despite the fact that beedi rolling has so many negative consequences on their health. regular health check-ups for beedi rollers are important. Taxation on the beedi industry is another critical issue that must be addressed because it is the rolling of uncured tobacco in tendu leaves and there is no count, so consumption among the community has increased.

- Dr. Suneela Garg,
Chair, Programme Advisory Committee, NIHFV and
Co-Chair, MDRU, DHR



“ Beedis are less expensive and consumed more than cigarettes, that there are many misconceptions about harm, that they contain far more nicotine than a cigarette, that they are clearly addictive, and that there are many illnesses associated with consumption and rolling. The policy landscape, which includes 72 million adult consumers of beedis in India, which has a significant impact on both personal and public budgets. The beedi industry is given special treatment in terms of policy, as they are exempt from taxation, resulting in lower prices.

- Dr. Kevin Welding,
Associate Director of the Johns Hopkins Institute for Global
Tobacco Control





DISPELLING MYTHS ABOUT BEEDIS

Question 1: Are beedis safer because they are considered to be Ayurvedic/Herbal?

Answer: No, beedis are not safer despite being considered Ayurvedic/Herbal. Beedis consist of uncured tobacco wrapped in tendu leaves, which makes them more harmful. Beedis are a combustible tobacco product and smoking them exposes users to three to five times the amount of nicotine found in a regular cigarette, increasing the risk of nicotine addiction.

Question 2: Does beedi contain less nicotine compared to cigarettes?

Answer: No, beedis actually contain five times more nicotine than cigarettes.

Question 3: Is beedi smoking lighter and less harmful?

Answer: No, beedi smoking is not lighter or less harmful compared to other forms of tobacco products. In fact, beedi smokers tend to inhale more intensely and take deeper puffs, resulting in higher levels of carbon monoxide and nicotine intake than cigarettes. Smokers often unconsciously adjust their smoking behavior, compensating for the perceived safety of beedis, which can lead to increased inhalation intensity or frequency of puffs.

Question 4: Should the beedi industry enjoy a lower tax slab since it provides livelihood to many people?

Answer : Instead of lower tax slabs, there is a need to create alternative employment and livelihood options for those who depend on the beedi industry. Beedis contain more hazardous chemicals and nicotine than cigarettes, and their combustion requires deeper and more frequent puffs to keep them lit. It is important to prioritize public health and provide support for transitioning away from harmful industries.

Question 5: Does beedi smoking help digestion?

Answer : No, beedi smoking does not help digestion. In fact, it has harmful effects on the entire digestive system and can contribute to common disorders such as heartburn and peptic ulcers. Question 6:- As beedi packet does not have pictorial warnings so beedi are considered safe for consumption?

Question 6: Is warning labeling on beedi packages properly regulated in the industry?

Answer: No, the beedi industry in India is an unregulated sector with no proper monitoring, so warning labeling on beedi packages is often skipped.

Question 7: Does beedi smoking cause cancer?

Answer: Yes, beedi smoking increases the risk of various types of cancer such as oral, lung, stomach, and esophageal cancer. It is also associated with a more than threefold increased risk for coronary heart disease and acute myocardial infarction (heart attack).

Question 8: Is beedi considered a poor man's pleasure?

Answer: There is no specific social status related to beedi smoking. In fact, outside of India, beedis are considered a luxury product, with a pack of three packs of Taj beedis costing \$35.

Question 9: My grandfather smoked beedis and lived to be 100 years old, so is beedi smoking safe?

Answer: Longevity in the past was mainly due to lifestyle factors, not the consumption of beedis or tobacco. Beedi smoking has many harmful effects on a person's health and should not be considered safe.

Question 10: Does beedi smoking have any positive effects?

Answer: No, beedi smoking does not have any positive effects. The transient effect of increased dopamine in the reward center of the brain is the cause of addiction to nicotine. There is no relief from stress or tension, but rather relief from withdrawal anxiety and an increase in stress chemicals like adrenaline due to smoking can cause higher anxiety symptoms such as an increase in blood pressure, heart rate, and respiration. The other so-called positive effects on health are more due to conditioning and come with the major downside of loss of health instead of improvement.

Question 11: Is beedi rolling safe for women and children?

Answer: No, bidi rolling is an occupational health hazard. According to a WHO study, tobacco, nicotine, dust, and other particles absorbed through the skin and nasopharyngeal route endanger bidi workers' and their families' health. Research conducted by the Factory Advisory Services and Labour Institute in Bombay, a unit of India's Labor Ministry, has found that bidi workers have a higher incidence of tuberculosis and bronchial asthma than the general population.





Australia announces sweeping crackdown on vaping

Billed as the country's largest anti-smoking reforms in a decade, Australia will ban single-use disposable vapes, halt imports of non-prescription versions, and restrict how much nicotine e-cigarettes may contain

Read more at:
<https://www.firstpost.com/world/australia-announces-sweeping-crackdown-on-vaping-12534752.html>



Early teen vapers may be at higher risk of persistent and heavier smoking later in adolescence

Young teen smokers who also vape may be at heightened risk of persistent and heavier smoking in their late teens, reveal the combined findings of two nationally representative UK and US studies, published online in the journal Tobacco Control.

Read more at:
<https://www.news-medical.net/news/20230419/Early-teen-vapers-may-be-at-higher-risk-of-persistent-and-heavier-smoking-later-in-adolescence.aspx>

Tobacco Regulation Not Violation of Rights

Malaysia's anticipated tobacco control bill will not deprive citizens of personal liberties and equality, according to the Malaysian Council for Tobacco Control (MCTC), reports Malay Mail. The anti-smoking council found that the bill, which aims to end cigarette consumption for those born after 2007, is constitutional after former Chief Justice Tan Sri Zaki Azmi lobbied against the bill. "Nicotine addiction is not distinguishable from addiction to other drugs," the council said in a statement. "If the country can ban or regulate other drugs, it can also regulate nicotine. It must also be emphasized that nicotine is more addictive than opium; if we can stage a war on opium, why not on nicotine?"

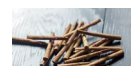
Read more at:
<https://tobaccoreporter.com/2023/04/28/malaysia-tobacco-regulation-not-violation-of-rights/>



Nagaland launches massive anti-tobacco campaign in schools to promote healthy living

The State Health and Family Welfare Department in Nagaland has launched an anti-tobacco campaign in the schools of the state. The State Health and Family Welfare Department in Nagaland has launched the 'Tobacco Free Schools to Tobacco Free Homes' campaign, which aims to extend an anti-tobacco initiative from schools to homes. The objective of the campaign is to encourage students to educate their family members about the dangers of smoking and the use of tobacco products.

Read more at:
<https://www.indiatoday.in/education-today/news/story/nagaland-launches-massive-anti-tobacco-campaign-in-schools-to-promote-healthy-living-2360706-2023-04-16>



How to control tobacco use? Now, a task force in Gurgaon to monitor steps taken

A district tobacco control cell was constituted on riday(10.03.2023) for effective implementation and monitoring of tobacco control initiatives in the city. As per the data recorded between January 2022 and February 2023, a total of 712 challans were issued and Rs 47,390 recovered from sellers and consumers.

Health officials said that tobacco is the leading cause of preventable deaths in the world. Its usage is widely prevalent among men in one form or the other.



Read more at:
http://timesofindia.indiatimes.com/articleshow/98554403.cms?from=mdr&utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

US cigarette smoking rate falls to historic low, but e-cigarette use keeps climbing

US cigarette smoking rate falls to historic low, but e-cigarette use keeps climbing. The percentage of adults who smoked cigarettes in the United States fell to a historic low last year, the US Centers for Disease Control and Prevention found. However, e-cigarettes are becoming even more popular. US cigarette smoking rate falls to historic low, but e-cigarette use keeps climbing. About 11% of adults told the CDC last year that they were current cigarette smokers, according to the latest preliminary data from the National Health Interview Survey, a biannual survey that provides general information about health-related topics.



https://www.wktv.com/news/health/us-cigarette-smoking-rate-falls-to-historic-low-but-e-cigarette-use-keeps-climbing/article_ac155526-29ae-5501-a9ad-f7b9a7a8318b.html

BAT nicotine Velo pouches yet to comply with anti-tobacco laws

The nicotine pouches sold by the Kenyan arm of the British American Tobacco (BAT) are raising eyebrows over their continued non-compliance with the laws regulating sale and promotion of tobacco and related products in the country. The products sold under the Velo brand (formerly Lyft) have been gaining traction according to BAT, but their packaging does not fully disclose the health risks or effects associated with them as the law requires. The Kenya Tobacco Control Act of 2007 – under which all tobacco products and the nicotine pouches are regulated – demands that the wrapping of these products should carry warning messages in both English and Kiswahili languages.



Read more at:
<https://www.theeastafrican.co.ke/tea/science-health/nicotine-pouches-blow-smoke-over-anti-tobacco-laws-4210426>

Tobacco use complicates Covid, says study

It also found that heart and mental health problems were the major new-onset health complications reported after recovering from Covid-19. Tobacco use is linked with greater severity of Covid-19 infection and post-Covid complications, the study from AIIMS and NIMHANS has found. The study said that among young adults with a high smoking prevalence, the Covid outcome appears to be worse.



Read more at:
<https://newindianexpress.com/nation/2023/may/01/tobacco-use-complicates-covid-says-study-2571036.html>

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