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MPOWER and Smokeless Tobacco: The Missing Piece in Global Tobacco Control?

RCTC Represents India at World Conference on Tobacco Control 2025 in Dublin



The Resource Centre for Tobacco Control (RCTC), PGIMER Chandigarh, proudly represented India at the World Conference on Tobacco Control (WCTC 2025), held in Dublin, Ireland, from June 23–25, 2025. Two RCTC team members under the guidance of Prof. Sonu Goel (Director, RCTC) received prestigious international scholarships to participate, marking a milestone in the Centre's growing global recognition.

RCTC made strong scientific contributions through oral and e-poster presentations. Oral sessions highlighted "RCTC 2.0: Navigating Challenges to Advance Tobacco Control in India" and a digital epidemiology study on the "Pre- and Post-Implementation Analysis of the FCTC E-Cigarette Ban Using Google Trends." E-posters addressed tobacco taxation and affordability, civil society participation, nationwide advocacy during World No Tobacco Day 2024, and the integration of cessation advice in healthcare using the COM-B model.

The Dublin conference marked a defining moment for RCTC, further strengthening its mission to contribute to a tobacco-free world through research, capacity building, and advocacy. As a national knowledge hub, RCTC continues to empower policymakers, healthcare providers, and civil society with evidence-based insights and technical support. Through initiatives spanning MPOWER implementation, tobacco taxation research, youth-led campaigns, and digital health surveillance, the Centre exemplifies an integrated and strategic approach aligned with the WHO Framework Convention on Tobacco Control (FCTC). By bridging science, policy, and community engagement, RCTC reaffirms its leadership in tobacco control and its enduring commitment to advancing India's and the global community's journey toward a healthier, tobacco-free future.

EDITOR'S SPEAK

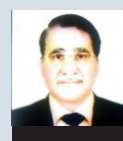


Smokeless tobacco (SLT) remains a neglected challenge in global tobacco control, despite its devastating health and social impact. While the WHO's MPOWER framework has driven tremendous progress against smoked forms of tobacco, its strategies are yet to be fully adapted for smokeless variants, especially in low- and middle-income countries where SLT use is widespread. This gap in policies on packaging, taxation, regulation, and cessation makes SLT the "missing piece" in global efforts. In this issue, readers will find thought-provoking insights, evidence, and experiences on how MPOWER can be strengthened to address smokeless tobacco and move us closer to a truly tobacco-free world.

- Dr Sonu Goel,
Chief Editor, Tobacco Free Times
Director, RCTC, Dept of Community Medicine & School of Public Health

EXPERTS SPEAK

Resource Centre for Tobacco Control is doing a yeoman job for research association with Tobacco Control. It is meeting & giving researches to deliver the good evidence-based research. Also, it is facilitating the govt. health service platform.



- Dr. J.G. Vohra,
NAAC Coordinator and Consultant, Department of Community Medicine,
Maharishi Markandeshwar University, Solan, Himachal Pradesh



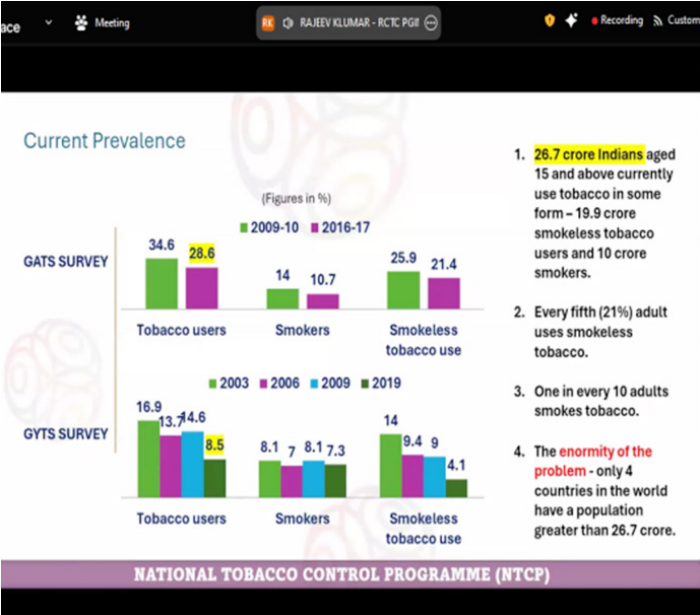
I have been associated with RCTC, PGIMER Chandigarh for last five years and am really impressed with the dedication and enthusiasm with which the team is working towards tobacco control. RCTC has provided a great platform for all stakeholders who are working or want to work in this field. It is another great step and initiative towards tobacco control. I am really glad that I have been given the opportunity to be part of this initiative and will continue to keep contributing towards this great cause.

Dr. Sarit Sharma,
Professor, Department of Community Medicine, Dayanand Medical
College and Hospital, Ludhiana



PROJECT UPDATES

5th National Summit on World No Tobacco Day 2025



The 5th National Summit on World No Tobacco Day 2025, held virtually on 30th May, was a comprehensive 6-hour-long event that brought together over 1,160 participants from 32 Indian states/UTs and 13 countries. The event was organized by PGIMER Chandigarh in collaboration with JIPMER Puducherry, under the aegis of the Ministry of Health and Family Welfare, Government of India. The summit brought together 47 distinguished experts from national and international organizations, with prominent participation from the Ministry, including Dr. L. Swasticharan, Dr. R.P. Joshi, and Smt. Nidhi Kesarwani, who provided strategic direction on India's tobacco control agenda. Among other eminent speakers were Prof. (Dr.) Sonu Goel (PGIMER, Chandigarh), Dr. Pankaj Chaturvedi (Tata Memorial Centre), Dr. Suneela Garg (NIHFW), Dr. Joanna Cohen (Johns Hopkins University), Dr. Chris Bostic (ASH USA), Dr. PC Gupta (Healis Institute), and Dr. Rana J. Singh (Vital Strategies). These experts contributed critical insights across areas such as policy advocacy, youth protection, regulatory innovation, and industry interference, enriching the summit's discourse with both national and global perspectives.

National Webinar on “MPOWER and Smokeless Tobacco: The Missing Piece in Global Tobacco Control



The national webinar titled “MPOWER and Smokeless Tobacco: The Missing Piece in Global Tobacco Control” was held on 3rd July 2025 and convened 189 participants from across India. Organized by the RCTC, PGIMER Chandigarh, in collaboration with Vital Strategies, the 2-hour webinar featured leading experts from public health, legal, oral health, and policy sectors. Eminent speakers such as Dr. P.C. Gupta, Dr. Rana J. Singh, Dr. Rakesh Gupta, Dr. Ravi Mehrotra, and Dr. Amit Yadav emphasized the critical gaps in integrating smokeless tobacco (SLT) into the WHO MPOWER framework. Technical sessions explored India's progress, global burden of SLT, and structural inequities in policy and enforcement. A dynamic panel discussion proposed actionable reforms, including minimum packaging, areca nut regulation, SLT-specific cessation strategies, and legal instruments to counter surrogate advertising. The webinar concluded with a strong call for inclusive, intersectoral efforts to embed SLT within mainstream tobacco control, positioning India as a potential global leader in this neglected domain.

Youth Voices Against Tobacco: WNTD Competitions Conclude Successfully

As part of the World No Tobacco Day 2025 observance, the Resource Centre for Tobacco Control (RCTC) organized three engaging competitions—slogan writing, reel-making, and poster-making—to promote awareness and creativity around tobacco control themes. A total of 86 entries were received from participants across various platforms, showcasing strong public engagement and innovation. One winner was selected from each category: Ms. Meghna Chaturvedi won the poster-making competition, Ms. Keertana Rajeev secured the top spot in slogan writing, and Dr. Nilamgada was awarded first place in the reel-making category. These competitions not only celebrated creative expression but also reinforced key anti-tobacco messages through youth-driven advocacy. Following are the prize-winning works of the competitions.



dr.nilamgada and 5 others

Original audio

dr.nilamgada TO THE GENERATION THAT WAS SUPPOSED TO BE TOBACCO-FREE ❤️

🔔 EXPOSED: How Big Tobacco designed vapes to trap YOU

We were so close to freedom.

🚭 Smoking was dying.

🚭 Cigarettes were uncool.

💡 Awareness was rising.

Then they reinvented addiction.

They know exactly how to get us hooked.

❤️ 🔔

Liked by aveeza_daughter_of_earth and 27 others

May 28

5TH National Summit on
World No Tobacco Day
2025

SLOGAN

STRIKER

THEME: Unmasking the Appeal:
Exposing Industry Tactics on
Tobacco and Nicotine Products.

"Glossy packs, flashy ads,
clever traps
Selling deaths and disease
through tempting wraps..
More they gain, more we fall
Break the chain- ban them
all.."

Month-long Campaign by AIIMS and Medical College Consortium as Part of WNTD 2025 Activities

As part of the World No Tobacco Day (WNTD) 2025 initiatives, a month-long nationwide campaign was conducted by the Consortium of AIIMS and Medical Colleges, technically supported by the Resource Centre for Tobacco Control (RCTC), PGIMER Chandigarh, to intensify awareness and advocacy around tobacco control. The campaign featured a series of impactful activities including rallies, community outreach programmes, webinars, student engagement sessions, signature campaigns, and

Continuing Medical Education (CME) sessions on tobacco control. These coordinated efforts successfully mobilized medical students, faculty, and communities across the country, reinforcing the critical role of academic institutions in shaping tobacco-free environments and advancing national tobacco control goals. The initiative served as a model for inter-institutional collaboration and public health education during the WNTD 2025 observance



RCTC at Dublin, Ireland – Representation at the World Conference on Tobacco Control (WCTC 2025)

From June 23 to 25, 2025, team members from the Resource Centre for Tobacco Control (RCTC), PGIMER Chandigarh, got two scholarships to participate in the World Conference on Tobacco Control (WCTC 2025) held in Dublin, Ireland. This reflects RCTC's growing recognition on the global tobacco control stage.

The team made significant contributions to the scientific discourse through the following presentations:

Oral Presentations:

- Resource Centre for Tobacco Control (RCTC) 2.0: Navigating Challenges to Advance Tobacco Control in India
- Pre- and Post-Implementation Analysis of the FCTC E-Cigarette Ban: Insights from Google Trends in India.



E-Poster Presentations:

- Price Dynamics and Affordability of Tobacco Products in India: A Study on the Impact of GST Implementation
- Challenges and Barriers to the Participation of Non-Governmental Organizations (NGOs) in Tobacco Control: A Qualitative Study from India
- A Month of Action: India's Leading Medical Institutions Unite for Tobacco Control on WNTD 2024
- Understanding the Integration of Brief Advice for Tobacco Cessation in Healthcare: A Qualitative Study Using the COM-B Model



These presentations showcased RCTC's work in areas such as policy advocacy, youth engagement, and digital innovations for tobacco cessation.

Throughout the event, RCTC representatives actively engaged with global experts, researchers, and public health leaders, enriching the collective dialogue on advancing evidence-based strategies in tobacco control.

This international representation marked a proud milestone for RCTC, reinforcing its commitment to scientific advocacy, youth leadership, and the global movement toward a tobacco-free world.



MPOWER and Smokeless Tobacco: The Missing Piece in Global Tobacco Control?

When we think of tobacco control, most people picture cigarettes. But globally, more than 350 million people use smokeless tobacco (SLT)—chewed, sucked, or applied in forms like gutka, khaini, betel quid with tobacco, and snus. These products are deeply embedded in cultures, often sold cheaply, and wrongly believed to be “safer” than smoking.

Yet smokeless tobacco causes oral cancer, heart disease, pregnancy complications, and thousands of premature deaths every year. Despite this, global strategies—especially the MPOWER package, designed to help countries implement the WHO Framework Convention on Tobacco Control (FCTC)—often leave smokeless tobacco as the “missing piece.”

The Table 1 below provides a critical examination of the MPOWER framework through the lens of smokeless tobacco (SLT).

MPOWER Pillar	Current Focus (Smoking-centric)	Challenges with Smokeless Tobacco	What Needs to Change
Monitor	Smoking prevalence tracked through GATS, GYTS, and national surveys; strong global surveillance for cigarettes.	Smokeless tobacco often poorly measured: <ul style="list-style-type: none"> Limited or no survey questions Lumping diverse products together Poor data on dual use (smoke + smokeless) Disaggregated data by gender, age, socioeconomic status, geography, and product type should be captured. Include emerging products like nicotine pouches and areca nut mixtures. Surveillance should also cover informal/unregulated markets. Promote behavioral research on initiation, addiction patterns, and cessation behavior among SLT users. 	Standardize definitions of smokeless products. <ul style="list-style-type: none"> Include culturally specific products (gutkha, khaini, toombak, snus, etc.) in surveys. Track dual use explicitly. Strengthen national and global data systems for smokeless tobacco. Disaggregate SLT surveillance data by gender, age, socioeconomic status, and region. Include new and hybrid products (e.g., nicotine pouches, areca nut blends). Extend monitoring to informal/unregulated sectors. Integrate behavioral and cessation research into national tobacco surveillance.
Protect	Focuses on shielding people from secondhand smoke in public spaces, workplaces, and homes.	Smokeless tobacco has no “secondhand smoke” but other harms: <ul style="list-style-type: none"> Public spitting - hygiene & infection risk (TB, hepatitis). Social normalization - early initiation among children. Shared use increases disease spread. Address spitting-related hygiene and dignity concerns (mentioned as “dignity-related consequences”). Expand tobacco-free zones to include markets, schools, transport hubs, and religious sites. Train local enforcement agencies to identify and act on SLT-specific violations. Encourage long-term spit-free campaigns modeled on smoke-free movements. 	Expand “protection” to cover: <ul style="list-style-type: none"> Bans on spitting in public spaces. Restrictions in schools, workplaces, hospitals. Awareness of indirect social exposure (role modeling for children). Include SLT and spitting bans in clean public spaces (markets, schools, transport hubs, temples). Conduct long-term “spit-free” social campaigns. Train local enforcement agencies to implement SLT-specific protections.

Offer	Cessation services (quit lines, NRT, counseling, mobile interventions) mainly designed for smokers.	<p>Smokeless users face distinct barriers:</p> <ul style="list-style-type: none"> • Higher nicotine doses, stronger addiction. • Deep cultural acceptance in many regions. • Health professionals often lack training. • Few pharmacological trials for smokeless cessation. • SLT withdrawal symptoms differ (oral discomfort, habit cues). • Integrate SLT cessation into primary and peripheral health services (not just tertiary hospitals). • Include SLT cessation in national health programs and insurance schemes. • Involve community health workers, dentists, nurses, and traditional practitioners (AYUSH). • Promote CSR and health insurance support for cessation affordability. 	<ul style="list-style-type: none"> • Train providers in smokeless cessation. • Add smokeless users to quit lines, mobile platforms, and counseling. • Develop culturally relevant strategies (community-based, faith-based). • Fund more research on medicines effective for smokeless tobacco. • Integrate SLT cessation into primary healthcare and national programs. • Include SLT cessation coverage under insurance and CSR initiatives. • Train dentists, nurses, and AYUSH practitioners for community outreach. • Recognize distinct withdrawal symptoms and adapt treatment accordingly.
Warn	Large graphic health warnings on cigarette packs; mass media campaigns targeting smokers.	<p>Smokeless challenges:</p> <ul style="list-style-type: none"> • Packets are small, warnings tiny. • Loose products sold without packs. • Widespread myths (seen as safer, aids digestion/stress relief). 	<ul style="list-style-type: none"> • Enforce large pictorial warnings on all smokeless products. • Ban loose sales to ensure labeling applies. • Media campaigns to debunk myths. • School/community education targeting cultural practices.
Enforce	Bans on tobacco advertising, promotion, sponsorship (TAPS) applied well to cigarettes in many countries.	<p>Smokeless products often escape regulation:</p> <ul style="list-style-type: none"> • Packets marketed with bright colors/flavors. • Celebrity endorsements in South Asia. • Informal retail networks beyond regulation. • Cultural positioning as “traditional” products. • Address digital marketing and influencer campaigns. • Penalize celebrity endorsements and cross-branding. • Enforce vendor licensing to regulate informal markets. • Conduct compliance audits and public reporting of violations. • Strengthen monitoring systems and penalties for non-compliance. 	<ul style="list-style-type: none"> • Extend TAPS bans to smokeless tobacco fully. • Ban point-of-sale advertising and displays. • Regulate cross-branding with non-tobacco items (pan masala, candy). • Ban flavors/additives that attract youth. • Involve community monitoring. • Extend bans to digital media, influencer marketing, and cultural sponsorships. • Regulate and penalize celebrity endorsements and cross-branding. • Introduce vendor licensing for retail monitoring. • Establish audit and public reporting mechanisms for enforcement transparency.
Raise	Cigarettes heavily taxed in many countries; revenues fund health programs.	<p>Smokeless tobacco often cheap, accessible:</p> <ul style="list-style-type: none"> • Inconsistent tax structures. • Very low prices (affordable for children). • High informal sector/illicit trade. • Implement floor pricing and standardized pack sizes to curb affordability. • Use revenue earmarking to fund cessation, awareness, and SLT-specific programs. 	<ul style="list-style-type: none"> • Standardize excise tax across all tobacco products. • Set tax levels to reduce affordability. • Dedicate revenues to cessation/prevention. • Strengthen systems against tax evasion/illicit trade. • Earmark part of tax revenue for SLT cessation and public education. • Publish transparent SLT-specific tax data annually.

Tobacco control efforts protect three-quarters of the world's population, WHO report finds



Tobacco use continues to kill over seven million people annually, the World Health Organization (WHO) warned in its 2025 Global Tobacco Epidemic Report released Monday. The report highlights progress under the MPOWER measures – six proven strategies to curb tobacco use – with 155 countries adopting at least one since 2007, now protecting 6.1 billion people, or three-quarters of the world's population.

Key gains include 110 countries mandating graphic health

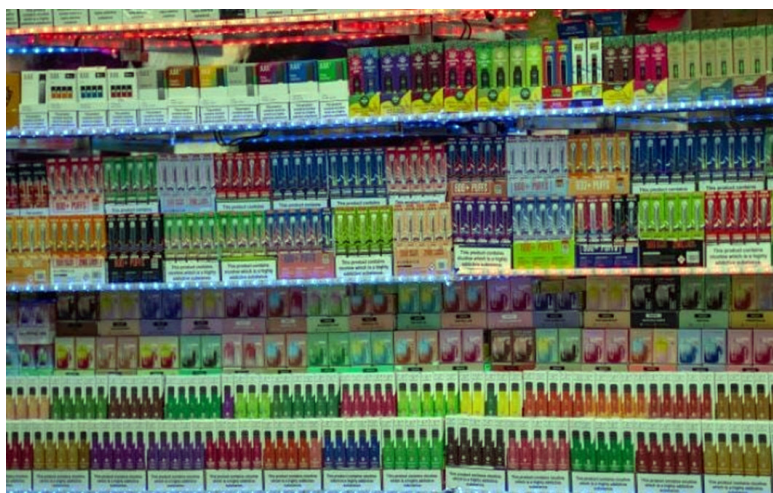
Source: UN News (<https://news.un.org/en/story/2025/06/1164806>)

warnings on tobacco packs and a rise in regulation of e-cigarettes, with 133 countries now restricting or banning them. However, major gaps persist: 40 countries have yet to adopt any MPOWER measure, over 30 still allow sales without health warnings, and 110 countries have not run anti-tobacco campaigns since 2022.

"Governments must act boldly to close remaining gaps, strengthen enforcement, and invest in tools that save lives," urged Dr. Ruediger Krech, WHO's Director of Health Promotion.

Ukraine May Completely Ban Electronic Cigarettes — Bill Registered in Rada

Ukraine is moving toward a complete ban on electronic cigarettes, with a new bill registered in the Verkhovna Rada. The proposal seeks to prohibit the circulation of e-cigarettes, liquids, cartridges, and all related consumables, excluding them from consumer trade and licensed goods. Lawmakers cite health concerns, noting toxic substances such as acetaldehyde, formaldehyde, and heavy metals in vape liquids, which may cause respiratory diseases, cancer, and conditions like EVALI. The Public Health Center reports high usage: over 70% of smokers aged 18–29 and about 20% of teens (13–15) actively use vapes. Additional measures include removing vapes from state registers, banning state support for producers, imposing fines, addressing environmental hazards from waste, and combating counterfeit products. A recent KIIS survey shows 31% of Ukrainians use nicotine products, with higher prevalence among men (41%) than women (16%). From January 2026, all tobacco and nicotine products, including vape liquids, will carry DataMatrix codes.



Source: UNN (<https://unn.ua/en/news/ukraine-proposes-a-complete-ban-on-the-sale-of-e-cigarettes-what-its-about>)

WHO urges Nigeria, others to raise taxes on sugary drinks, alcohol, tobacco by 50%



The World Health Organisation (WHO) has called on Nigeria and other nations to raise taxes on sugary beverages, alcohol, and tobacco by at least 50 per cent over the next decade as part of a global strategy to tackle the growing burden of non-communicable diseases (NCDs).

In a statement published on its website, the UN health agency said higher taxes would not only reduce the consumption of products

linked to conditions like diabetes, cancer, and heart disease but also generate substantial revenue for critical sectors such as health, education, and social services.

The recommendation is part of WHO's new "3 by 35 Initiative," which aims to increase the real prices of tobacco, alcohol, and sugar-sweetened beverages (SSBs) by half through fiscal policies by 2035.

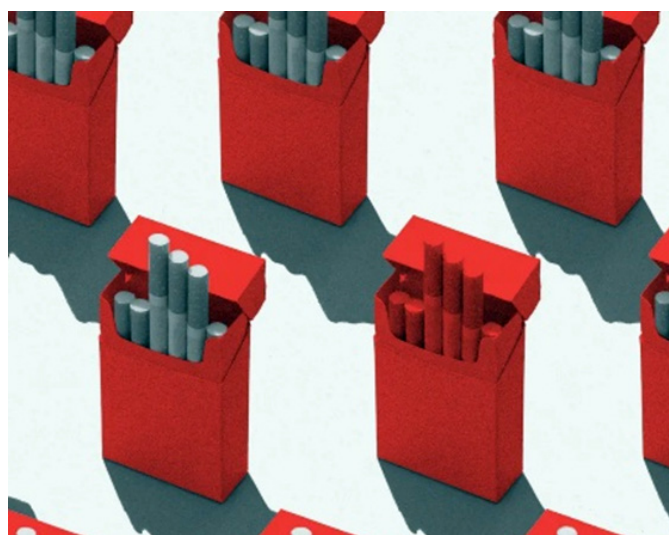
Source: *The Nation* (<https://thenationonlineng.net/who-urges-nigeria-others-to-raise-taxes-on-sugary-drinks-alcohol-tobacco-by-50/>)

The sale of illegal cigarettes signals a deeper problem with UK high streets

In Hull, investigators uncovered a secret underground tunnel beneath a high street shop, where thousands of illegal cigarettes were hidden among rotting beams and rubble. Trading Standards officers say such finds are increasingly common, as counterfeit and smuggled tobacco floods local mini marts.

During a week-long probe, reporters witnessed repeated sales of illicit cigarettes and faced threats from shop workers who tried to seize cameras. The problem extends nationwide: in April, the National Crime Agency (NCA) raided hundreds of high street businesses suspected of being supplied by international crime gangs. Trading Standards teams warn the illegal trade is thriving, undermining public health measures, depriving the government of tax revenue, and putting legitimate retailers under pressure.

Authorities say the scale of the problem highlights both the sophistication of smuggling networks and the need for tougher enforcement to tackle Britain's growing illicit tobacco market.



Source: *BBC News* (<https://www.bbc.com/news/articles/cy9097lwxg9o>)

Ban on tobacco sale near schools goes up in smoke



Chennai: A multi-country study has found rampant violations of tobacco zoning laws near Chennai schools. Despite a ban on sales within 100 yards of educational institutions under the Cigarettes and Other Tobacco Products Act, 2003, researchers found 392 outlets selling tobacco near 247 schools, colleges, and universities. Of these, 61% were small groceries, followed by food stalls, carts, and even supermarkets and restaurants. Easy access, experts warn, normalises tobacco use and increases early addiction risk. Alcohol violations were fewer, with just 12 non-compliant shops, though some unlicensed stalls sold liquor illegally. Tamil Nadu has also banned gutka and pan masala, yet enforcement remains weak. The study, published in BMC Medicine, showed Delhi faring worse, with at least three violating shops near each school. Researchers stressed that poor enforcement undermines public health, citing rising oral cancer rates in young men, which nearly tripled in Chennai over the past decade.

Source: *The Times of India* (<https://timesofindia.indiatimes.com/city/chennai/ban-on-tobacco-sale-near-schools-goes-up-in-smoke/articleshow/121916073.cms>)

Karnataka tobacco control cell bags World No Tobacco Day 2025 award

The Karnataka Tobacco Control Cell, under the state's Department of Health and Family Welfare, has won the WHO Southeast Asia World No Tobacco Day 2025 Award. The honour is given to individuals and organisations for outstanding contributions to tobacco control in the region. Karnataka faces a high tobacco burden, with 22.8% of adults—about 2.5 crore people—using some form of tobacco, according to the Global Adult Tobacco Survey (2016-17). The award recognises the state's sustained efforts to curb tobacco use through awareness campaigns, enforcement of anti-tobacco laws, and public health initiatives aimed at reducing consumption and protecting communities from the harmful effects of tobacco.

Source: <https://www.deccanherald.com/india/karnataka/karnataka-tobacco-control-cell-bags-world-no-tobacco-day-2025-award-3596934>



India Gets Global Award at Dublin for Bold Fight Against Tobacco - WHO Director-General Praises India's Strong Leadership in Tobacco Control

India's Ministry of Health and Family Welfare has received the prestigious Bloomberg Philanthropies Award for Global Tobacco Control in the "O" category, recognizing its efforts to help people quit tobacco under WHO's MPOWER strategy. The award, presented by Michael R. Bloomberg at the World Conference on Tobacco Control in Dublin (June 23, 2025), highlights India's success in tobacco cessation through the National Tobacco Control Programme (NTCP). With over 675 cessation centers providing 1.35 million counseling sessions in FY 2023-24 and the National Quitline handling 42,000 calls monthly in 16 languages, India has emerged as a global leader in public health. Key measures include mandatory quitline numbers on tobacco packs, e-cigarette bans under PECA 2019, and anti-tobacco warnings on OTT platforms. Tobacco use in India declined from 34.6% (2009-10) to 28.6% (2016-17), saving millions of lives. The award reaffirms India's commitment to a tobacco-free future.

Source: <https://impressivetimes.com/ncr/news-5300/>



Tobacco exports touch an all-time high of ₹16,000 crore during 2024-25, says TII Director

At the Silver Jubilee of the TII Tobacco Farmers' Awards in Mysuru, Tobacco Institute of India (TII) director Sharad Tandan announced that India's tobacco and tobacco product exports hit an all-time high of over ₹16,000 crore in 2024-25. He highlighted India's position as the world's third-largest producer of Flue Cured Virginia (FCV) tobacco, exporting to over 100 countries, and urged the government to extend export incentives to boost competitiveness and support the 4.6 crore people dependent on the sector.

Tandan warned that India's "extremely high" cigarette taxes were fueling illegal trade, with illicit cigarettes making up a third of the market, costing the exchequer ₹21,000 crore annually. He stressed that smuggled cigarettes bypass domestic tobacco, reducing farmer demand. Looking ahead, he expressed concern that the upcoming WHO FCTC Conference of Parties in Geneva may propose "unreasonable" policy measures impacting the industry. Mysuru royal Yaduveer Krishnadatta Chamaraja Wadiyar attended the event.



Source: The Hindu (<https://www.thehindu.com/news/national/karnataka/tobacco-export-reaches-all-time-high-of-16000-crore-during-2024-25-says-tii/article69652772.ece>)

Education Ministry launches multilingual quiz to mark World No Tobacco Day 2025

The Ministry of Education, in collaboration with MyGov, has launched the *World No Tobacco Day Awareness Quiz 2025* to educate students, teachers, and citizens about the dangers of tobacco use. What makes this year's campaign unique is its multilingual format—offered in 12 languages including English, Hindi, Tamil, Telugu, Bengali, Marathi, and Punjabi—ensuring inclusivity in line with the National Education Policy (NEP) 2020.

"This is more than a health initiative; it's a social and educational

mission," said a Ministry spokesperson, stressing the goal of reaching every learner in their own language.

The quiz is free and open to all at quiz.mygov.in. Participants can register using a mobile number or email, complete the quiz in their preferred language, and receive a digital certificate. The Ministry has urged schools and communities to join and spread the message, turning awareness into a nationwide movement for a tobacco-free India.

Source: <https://ddnews.gov.in/en/education-ministry-launches-multilingual-quiz-to-mark-world-no-tobacco-day-2025/>



Tobacco board trims crop size for Andhra Pradesh by 18%

The Indian Tobacco Board has slashed Andhra Pradesh's tobacco crop size for 2025-26 by 18%, fixing it at 142 million kg against 167 million kg last year. This marks the first significant cut in recent times, prompted by a market crisis triggered by excess production. In 2024-25, output was expected to touch 240 million kg—about 30% above the authorized quota—causing prices to crash from ₹340 to ₹220 per kg during auctions.

Union commerce minister Piyush Goyal had urged strict enforcement of crop regulation to stabilize the market. The board imposed cuts across all regions: northern light soils (48.1m kg vs 58.25m), southern light soils (49.7m vs 56.01m), SBCS (42.1m vs 49.26m), and NBCS (2.1m vs 3.48m). Unauthorized cultivation of black and white burley tobacco further deepened the glut. The move aims to balance supply, restore price stability, and protect both growers and the trade.



Source: The Times of India (<https://timesofindia.indiatimes.com/city/vijayawada/tobacco-board-trims-crop-size-for-andhra-pradesh-by-18/articleshowprint/122096686.cms>)

Send us your feedback, comments and suggestions at rctcupdates@gmail.com

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