



Report of the 2nd National Consultation on Smokeless Tobacco (SLT) Control in India

21-22 FEBRUARY 2023
Multipurpose Hall, India International Centre
Max Muller Marg, New Delhi

Organised by

**ICMR-National Institute of Cancer
Prevention and Research (ICMR-NICPR),
NOIDA**

In collaboration with

National Tobacco Control Cell, NTCP, Ministry of Health
and Family Welfare (MoHFW), Government of India

International Union Against Tuberculosis and Lung
Disease (The Union), South East Asia Office, New Delhi

Socio Economic and Educational Development Society
(SEEDS), New Delhi

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EXECUTIVE SUMMARY

The ICMR-National Institute of Cancer Prevention and Research (ICMR-NICPR), NOIDA organized the '**2nd National Consultation on Smokeless Tobacco in India**' in collaboration with National Tobacco Control Programme, Ministry of Health and Family Welfare, Govt. of India, International Union Against Tuberculosis and Lung Disease (The Union), South East Asia Regional Office, New Delhi and Socio-Economic and Educational Development Society (SEEDS). The three main aims of this consultation were:

- to engage with national multi-sectoral partners and organizations to share experiences and ideate on innovative strategies for effective smokeless tobacco (SLT) control in India,
- to develop a national roadmap towards curbing the SLT epidemic in the country and
- to identify research priorities for SLT control.

The consultation witnessed great deliberations with academicians, experts, researchers, civil society members and officials working in SLT control in the country. The deliberations ranged from very specific adverse health burden due to SLT use such as the cardiovascular effects as the major cause of premature mortality in addition to cancer. The effect of tobacco use on the reproductive health of men and women and especially pregnant and breastfeeding women were identified as the low hanging fruits for tobacco cessation intervention with joint efforts of the Maternal and Child Health programme, RBSK and others.

Various aspects of SLT policy and its effective regulation were also discussed and it was unanimously recommended that there is a need for an exclusive policy framework to resolve inconsistencies within different laws and regulations to strengthen SLT control efforts and initiatives in the country.

Considering that India has 20 crore SLT users, serious, strategic and sustained efforts for advancing SLT cessation were also recommended with special focus on addressing not only tobacco product dependence but a holistic approach to treat nicotine dependence. The need for cessation strategies specific for smokeless tobacco is needed. Nicotine as the underlying constituent responsible for cardiovascular events was discussed and non-nicotine options for de-addiction need to be promoted, the experts said.

The Consultation also highlighted the huge burden of tobacco product packaging based litter and waste and recommended for levying and charging the tobacco product manufacturers for the related cost of cleaning, treatment, disposal and management of such waste.

Delegates from the high SLT burden states also suggested for increased testing of all kinds of SLT products through the National Tobacco Testing Laboratories to enable the law enforcers take action against violations of specific laws (whether Food Safety and Standards Act, Drugs and Cosmetics Act, Cigarettes and Other Tobacco Products Act, Juvenile Justice Act, Consumer Protection Act etc.) that are applied to such products. It was also suggested that state governments may consider stronger regulation of SLT products under the state specific public

health laws. The high content of carcinogens in Indian products as compared to other countries such as Sweden and the directions for quality control were also discussed.

The need for intensive research on SLT disease burden especially in high burden geographies was suggested to be taken up by medical colleges lead by ICMR-NICPR to present clinching evidences to support policy changes needed for advancing SLT control in the country. Inclusion of tobacco harms in school curricula and extensive public messaging like campaigns etc. was emphasized.

Surrogate advertising of SLT products was identified as one of the key areas of concern with its glaring presence on electronic and social media besides the OTT platforms. Efforts to curb the surrogate advertisements needs to be urgently taken up with full implementation of COTPA provisions while considering policies to prevent advertising of non-tobacco products that are pitched as tobacco surrogate products.

RECOMMENDATIONS FROM THE CONSULTATION

Advancing Research

- Undertake hospital/health facility based on various aspects of tobacco use, especially SLT use to provide morbidity and mortality data.
- Studies are needed to identify constituents of SLT products and their adverse health effects.
- Need for state wise expansion of the time trend registry data on tobacco use related cancers and other health effects such as cardiovascular morbidity etc.

Environment and tobacco

- Studies may look into wastes and harms to environment due to tobacco growing, curing, use and littering.
- Need to generate evidence on carbon footprints of tobacco industry.
- Study to compute the health and environmental cost of illicit tobacco products manufacturing.
- Study can be conducted on how the environmental cost of illicit tobacco products is different from other products.

Monitoring and surveillance of tobacco use

- Need to improve data collection methods to maintain sensitivity of the data including tobacco use in large scale surveys.
- GATS survey subsequent rounds should assess the prevalence of unfamiliar/unknown tobacco products consumption in Indian states.
- Samples received from various states can be used to map the geographical diversity of SLT products in the country.
- Time to move from MPOWER to MPOWERS i.e. by prioritizing Surveillance and Research

in tobacco control.

Awareness about harms of tobacco

- Regular assessment of the impact of population level awareness campaigns – like mass messaging services (m-health, social and other popular media) should be carried out.

Strengthening SLT cessation

- Gender sensitive approach needs to be applied to understand the socio-cultural factors around initiation and cessation of tobacco use among women.
- Introduction of customised tobacco cessation strategies among women of reproductive age including counselling for women as well as their family members regarding the harms of tobacco use.
- Research studies addressing effectiveness of non-nicotine pharmacotherapy Vs NRT to be undertaken.
- Designing socially and culturally appropriate cessation models (Behavioural Vs Pharmacological treatment) needs to be prioritised.
- Prevention and cessation programmes in school settings that are specifically based on SLT consumption should be introduced in the school programme under NTCP
- Integration of tobacco cessation with antenatal care services to monitor tobacco use among pregnant and lactating women.
- Integration of cessation support in routine medical/dental care and treatment, is crucial for long-term compliance.
- SLT cessation models should be customized to meet local and state level challenges.
- Assessment of effectiveness of cessation services should be carried out periodically to make course corrections.
- Promote combined oral examination, mouth self-examination and strengthen the follow-up protocols for advancing tobacco cessation.
- Robust and accessible tobacco cessation clinics for users integrated with QUIT line and Help Line in every district and sub-district health facilities.
- Health professionals including doctors, dentists, nurses, midwives should be trained in providing comprehensive tobacco cessation services and support tobacco users in their journey to quit tobacco use.

Tobacco testing

- New and relevant testing parameters (chemical and microbiological) need to be developed.
- New SOPs to be developed for addressing attractiveness, additives, addictiveness and

toxicity in all tobacco products.

- All NTTLs should consider getting NABL accreditation.
- Operational guidelines for NTTLs should be revised in light of experience gained and developments.
- NTCP should organize workshops with state representatives for fruitful discussion and way forward for tobacco product regulation.
- Develop methods for testing and analysis of novel tobacco products available in Indian markets.
- Regular testing of SLT products by states in the designated NTTLs is important for effective implementation of regulations.

Strengthening and enforcement of laws and regulations

- Implement the ban on sale of tobacco products in plastic packaging.
- Implement the ban on sale of smokeless tobacco as tooth paste or dentifrice.
- Chargeable smoking zones outfitted with deterrent posters and anti-smoking educational materials.
- Amendment of the Schedule-I of COTPA for tobacco products and further strengthening of COTPA to eliminate any kind of direct or indirect surrogate advertisements of tobacco products.
- Implementation of FSSA provisions related to harmful products for tobacco regulations and further strengthening of FSSA to eliminate any kind of direct or indirect or surrogate advertisements of such tobacco containing food products classified as harmful or injurious to health.
- Strict laws to combat surrogate advertising of tobacco products, with clear delineation of curbing indirect advertising methods.
- Restriction on tobacco companies from marketing or manufacturing any product other than tobacco to limit their influence on consumers.
- Collaboration of multiple stakeholders and law enforcement officials, especially for imposing ban and taxation of tobacco products.
- Introduction of standardized packaging of SLT and other tobacco products by amending COTPA packaging rules.
- Training of healthcare professionals and tobacco control Programme officials to screen and identify novel tobacco products usage and actively participate in community awareness campaigns against use of such products and work towards cessation.

Monitoring and reporting

- Proper monitoring and reporting of all forms of tobacco marketing, including surrogate products, and investment in strategic communication campaigns for awareness.

- Technology-based violation reporting and monitoring systems accessible to all stakeholders.
- Mandatory provision for monitoring data on the manufacture and sale of tobacco products and disclosure of the product wise amount spent on advertisements by tobacco companies.

Addressing environmental impact of tobacco

- Engage with environment ministry for stricter implementation of existing regulations and guidelines focusing on tobacco waste products and ensuring generation of biodegradable waste by tobacco industry.
- Tobacco companies to be responsible for and to bear the cost of waste collection, segregation and recycling the litter created from cigarette and bidi butts and SLT pouches.
- Tobacco industry's greenwashing efforts to be monitored and therefore environmental, social, and governance (ESG) by tobacco industry to be looked into.
- Need for a high-level consultation/meeting on tobacco and its environmental burden to bring out an action plan for Central Pollution Control Board (CPCB) and other stakeholders.
- Environmental burden due to tobacco products should be documented in every state and shared with State Pollution Control Board, National Green Tribunal, Ministry of Environmental and Climate Change for appropriate action.

Tobacco taxation and eliminating illicit trade in tobacco products

- Single tier taxation on all tobacco products and abolishment of all subsidies and other fiscal benefits to tobacco industry.
- A base price with slab increases of 40% GST in addition to CESS and other sin taxes on all tobacco products.
- Consider tracking and tracing not only of the products but also of the input products meant for tobacco products manufacturing.
- Fines collected for violation of COTPA to be used by state governments for tobacco control programs and IEC activities as is being done by several states.

Tobacco industry interference

- The government and its officials should distance itself from any event sponsored or supported by the tobacco industry.
- Robust implementation of WHO FCTC Article 5.3 policy guidelines and COTPA provisions to minimize tobacco industry interference in policy making and implementation.

Economically viable alternatives

- An alternative for tobacco farmers, labourers and retailers should be planned with the skill India initiative under the National Skill Development Mission and other initiatives of the Ministry of Rural Development.

DAY 1 (21st February 2023)

Inaugural Session

The inaugural session started with inviting and felicitating the distinguished guests Shri Rajesh Bhushan (IAS), Secretary, MoHFW, Govt. of India; Smt. V. Hekali Zhimomi (IAS) Additional Secretary, National Tobacco Control Programme (NTCP), MoHFW; Dr. L. Swasticharan, Addl. DDG & Director (EMR), Dte.GHS, MoHFW; Prof. K Srinath Reddy Honorary Distinguished Professor, PHFI, India; Dr. K.S. Sachdeva, Regional Director, The Union, Southeast Asia and Dr. Shalini Singh, Director, ICMR-NICPR, Noida on the Dias.



The session proceeded with the welcome address by Dr. Shalini Singh, Director, ICMR-NICPR, Noida and a brief about the objectives and expectations from the Consultation.



In their addresses Dr. K.S. Sachdeva, Prof. K Srinath Reddy, Smt. V. Hekali Zhimomi (IAS), Shri Rajesh Bhushan (IAS), also expressed their views on the colossal burden of tobacco epidemic, the various challenges and counter strategies being used in the country and how everyone attending the consultation could contribute towards the larger goals of combating tobacco use in the country.

Address by Dr. K.S. Sachdeva



Key Highlights

- Smokeless Tobacco products are very addictive and India shares the highest prevalence with almost 20 crore SLT users.
- The union is supporting state and national government on the various strategies for advancing tobacco control in the country.

- The Union advocates for implementation of stronger, effective and evidence based tobacco control interventions in the country such as implementation of COTPA, NTCP and ENDS ban law.

Address by Prof. K Srinath Reddy



Key Highlights

- Tobacco continues to remain a challenge globally and within these parts of the world from policy to practice.
- Tobacco products are available in many forms and it is important to recognize all consumable sets of tobacco products.
- Tobacco harm to human health is clearly recognized and quantified in various research studies. Tobacco consumption is associated with oral cancer and various oral pathologies.
- Tobacco can not only change the oral microbiome but also has detrimental effect on gastrointestinal microbiome and epigenetics.
- Nicotine in tobacco products known to cause vasoconstriction creating blood vessel damage, stimulate thrombosis and clotting. Nicotine causes damage to cardiovascular system and raise in the inflammatory marker.
- However, there is a need of recognizing beyond the cancer effect of tobacco and generate public awareness.
- Tobacco has substitution effect at agricultural level, household level, nutrition level and environmental effect. Many productive agricultural lands are being used to cultivate tobacco using huge amount of water and pesticides which is causing major environmental threat.
- Spitting after having SLT is another factor that causes spread of various infectious diseases.
- Nicotine creates huge addiction and dragging new users including women and children in

the country into nicotine addiction. We need to rededicate ourselves and deal with multiple elements towards tobacco control and we need to put an end to this menace as early as possible.

Address by Smt. V. Hekali Zhimomi



Key Highlights

- India has been recognized as a global leader for taking initiative on tobacco control and there are strong partnerships in the country that work towards the goal.
- As per the National Cancer Registry, 50% cancers reported from Northeast India are due to tobacco use and highest reported from Mizoram where people largely use tuibur, tobacco infused water.
- NIHFWS study already showed the harmful effect of tobacco products in India such as gutka, pan masala. From the components present in SLT products, 28 have already proved to be carcinogenic and there 33.3% cancer cases in the country are due to tobacco use.
- As nicotine causes chronic addiction, for prevention we need to implement COTPA and effective ban on SLT products in the country.
- To reduce the out-of-pocket expenditure on healthcare of the nation, we need strong legislation and policy and must need to control tobacco use.
- As per recent Global Youth Tobacco Survey (GYTS), the average age of initiation of SLT products in below 10 and in some of the states it is below 7 years. We need to reinforce the existing interventions such as TOFEI guidelines and strengthening the activities on tobacco control.
- Representatives from every level such as policy making, testing level, academic level should come together and the selective efforts will make significant contribution towards

tobacco control in the country.

Address by Shri Rajesh Bhushan



Key Highlights

- There are ongoing amendments on the three acts viz. Drugs & Cosmetics Act to New Drug & Cosmetic Bill; Food Safety and Standard Authority Act to New Food Safety and Standard Authority Bill and COTPA Act to COTPA Amendment Bill which would enable with strategic tobacco control measures.
- SLT being the cheapest available product and no standardization makes it difficult to take under taxation. These products need standardization.
- There is a lack of granular studies on various aspects of tobacco use. More studies are needed on specific smokeless tobacco products. We must use the clinical materials available in our public health care facilities in the country to generate data.
- There is a huge difference in communication by tobacco industries in convincing public as compared to the people fighting against them. More effective public communication is needed and skills of public communication experts should be utilized for this purpose to advance tobacco control and tobacco cessation.
- There should be implementation of the resolutions taken on the 1st National consultation held in Patna, 2020.

Release – National Report on Environmental Burden Due to Tobacco Product Waste in India

The National report on “**Environmental burden due to tobacco product waste in India**” was released on this occasion. The study was conducted by ICMR-National Institute of Cancer Prevention and Research in conjunction with the All India Institute of Medical Sciences, Jodhpur. The study revealed that that all forms of tobacco products starting from cigarettes and bidis to chewing tobacco leave behind a massive solid waste as an additional environmental burden on the people and the country.



Voice of Tobacco Victims & Voice of Tobacco Quitters

A real life experience of tobacco quitter was shared to demonstrate how one can win the battle with their strong determination and willpower and quit tobacco use.



Group Photograph



SESSION 1: Disease Burden Due to Smokeless Tobacco in India

Session Chair

Prof. K Srinath Reddy, Honorary Distinguished Professor, PHFI, India

Session Speakers

- Dr Anita Nath, Scientist E, **ICMR-NCDIR, Bengaluru**
- Prof. Shekhar Kashyap, Former Head, Department of Cardiology, Army Hospital Research & Referral, New Delhi
- Dr. Shalini Singh, Director, ICMR-NICPR, Noida



KEY HIGHLIGHTS

- In India, about a third of the population use's tobacco in some form and the proportion of smokeless tobacco users is double the proportion of those using smoked tobacco.
- India has witnessed a spike in the deaths attributable to tobacco use from 10% in 1990 to 13% in 2016.

- The International Agency on Research of Cancer identifies cancers of lung, lip, oral cavity and pharynx, stomach and oesophagus, larynx and kidney to be highly associated with tobacco use.
- Over 10% of the Disability Adjusted Life Years (DALYs) due to cancer are attributable to tobacco use in India.
- North eastern states have the highest incidence of tobacco related cancers.
- Cardiovascular diseases are responsible for 50% of the deaths among tobacco users of which high proportion of the reported deaths happen among younger generations.
- A prevailing public misconception that tobacco causes cancer but not cardiovascular diseases is less discussed.
- Nicotine is the central compound in tobacco products which results in morbidity and mortality.
- Nicotine affects the cardiovascular system immensely by causing problems such as increased thrombus (stickiness of platelets), increased sympathetic activity leading to high risk of heart failure, systematic hypertension and dyslipidemia. Hence, prohibition of nicotine, whether natural or synthetic, is to be emphasized.
- Smokeless tobacco is found to be more harmful than smoked tobacco in some studies which indicate higher levels of nicotine in the human body after its consumption.
- India is home to 12.8 % of women using smokeless tobacco in any form, which amounts to 94% of all women tobacco users.
- There are 4% of pregnant and 5% of lactating women using smokeless tobacco in any form in India.
- There has been a rapid increase in smokeless tobacco consumption in the north eastern states namely, Tripura, Manipur and Assam.
- Women share a dual burden of diseases due to smokeless tobacco as it not only affects their health but also hampers the health of their child.
- Studies also suggest under reporting of tobacco use among women in India due to various socio - cultural factors.

RECOMMENDATIONS

- Need for state wise expansion of the time trend registry data on tobacco causing cancers.
- Nicotine whether natural or synthetic is harmful for human consumption. Hence, need for research studies addressing substitution of tobacco cessation therapies such as pharmacotherapy with non-nicotine methods should be undertaken.
- Need to improve data collecting sensitive data including tobacco use in large scale surveys.
- Gender sensitive approach needs to be applied to understand the socio-cultural behaviour

around initiation and cessation of tobacco use among women.

- Introduction of tailored tobacco cessation strategies among women of reproductive age including counselling women as well as their family members regarding the harms of tobacco use.
- Integration of tobacco control counselling and tobacco cessation with antenatal care services to monitor tobacco use among pregnant and lactating women.

Quitters

Session chairs

Dr. Suneela Garg, Chair, Programme Advisory Committee NIHFV-MoHFW

Dr. Preeti Kumar, Director, IIPH, Delhi

Speakers

- Dr. Vikrant Mohanty, Head, Department of Public Health Dentistry, Maulana Azad Institute of Dental Sciences (MAIDS), New Delhi
- Dr. Pawan Gupta, Director, Head and Neck, Max Institute of Cancer Care, New Delhi
- Dr. Shalini Gupta, Additional Professor, Centre for Dental Education and Research, AIIMS, New Delhi
- Dr. Mira B Aghi, Behavioural Scientist and Communication Expert
- Dr. Rana J. Singh, Deputy Regional Director, The Union SEA





KEY HIGHLIGHTS

- Effectiveness of Tobacco Cessation Clinic (TCC) through digital tools for instance; Mobile health apps, m-Health intervention, Fagerstorm scale, Tobacco Quitline services, regular use of TrisCaRe, etc.
- Tobacco-free hospital, feasibility model approach, and compliance assessment of COPTA sections -4, 5, and 6 with the educational institution.
- All 22 brands of bacterial contamination of smokeless tobacco (SLT) products packaged should be banned in India. SLT users might be subjected to a significant health hazard, especially those who are immunocompromised.
- Challenges in cessation clinic management: patient-reported history, intention to quit, actual quit rates, loss to follow-up, malignant disorders, undermining benefits of cessation etc.

RECOMMENDATIONS

- Integration of cessation support in routine medical/dental care is crucial for long-term compliance.
- Different people have different notions for using SLT: Local problems require local solutions; we need to develop a local/state/national level model for SLT cessation.
- Cessation interventions should be based on four elements - Knowledge of tobacco use, Motivation to quit, Skills, and Environment.
- Required uniform assessment criteria for all health professionals dealing with tobacco cessation.

- Need for combined oral examination, mouth self-examination and strengthening the follow-up protocols.

SESSION 3: Smokeless Tobacco Control: Challenges and Opportunities

Session Chairs

Dr. L. Swasticharan, Addl. DDG & Director (EMR), Dte. GHS, MoHFW

Dr. Sanjay Gupta, Scientist-G, ICMR-NICPR

Session Speakers

- Mr. Pranay Lal, Consultant, Public Health & Environmental Health
- Mr. Ranjeet Singh, Lawyer, Supreme Court of India
- Mr. Deepak Mishra, Executive Director, SEEDS



Key Highlights

- The discussion started with highlighting the huge gap that exists between the current legislation that are in place and the lack of enforcement of these laws.
- Tobacco industry interference playing huge role in promoting SLT use. Their CSR activities especially those focused on women empowerment and environment also contribute.
- In the backdrop of development, the tobacco industry is largely mainstreaming itself into programs like rain-fed agricultural program.
- Despite a significant increase in import of Areca nut no increase in revenue generation from SLT industry.
- Addition of flavouring agents, spices and food ingredients in SLT products has led to a huge increase in the consumption ever since the 1st regulation on SLT in 1992.
- There are wide variety of SLT products by various names and each with a separate set of laws. Thus, the regulation on all of these needs to be addressed with a different perspective.
- There is need for standardization of all kinds of SLT products and Pan Masala products for effective regulation and reducing consumption.
- Levels of magnesium carbonate and nicotine in Pan Masala must be tested to curb and regulate the use of SLT.
- There are ample laws regulating the mixing, labelling, and packaging of SLT products yet there is lack of implementation.
- Legislation prohibits the addition of food ingredients into tobacco products as well as use of plastic in its packaging.
- Regulation on SLT products can be imposed through various IPC section that deal with adulteration, cheating, noxious food or poisoning and misleading advertisement.
- The better and regular the testing for magnesium carbonate and nicotine is done the better is the implementation of control mechanisms.
- The effective enforcement of ban in Jharkhand was based on the findings of adulteration and additives in pan masala samples.
- Pan India ban and conceptualization of SLT regulation into one law is the need of the hour.

RESEARCH QUESTIONS:

- a) Q. How big is the SLT industry in terms of its production?
- b) Q. How should we measure the production of SLT/chewing tobacco in the various states of the country
- c) Q. How to come to a conclusion regarding the tax liability of the SLT products
- d) Q. Impact study of bans/regulation of laws has not been done
- e) Q. Markers/ footprints for identification of tobacco

RECOMMENDATIONS

- Regular testing of SLT products for presence of food ingredients and prohibited items like calcium carbonate and magnesium carbonate
- Regular testing of food items sold as surrogates or SLT products like pan masala for

presence of tobacco, nicotine and prohibited items like calcium carbonate and magnesium carbonate

- Implement the ban on sale of tobacco products in plastic packaging
- Implement the ban on sale of smokeless tobacco as tooth paste or dentifrice
- Consider prohibiting spitting in public places to reduce tobacco use in public

SESSION 4: Curbing surrogate advertisement of smokeless tobacco-developments and way forward

Session Chairs

Mr. Pranay Lal, Consultant, Public Health & Environmental Health

Ms. Sonal Matharu, Senior Assistant Editor, The Print

Speakers

- Dr. Amit Yadav, Senior Technical Advisor, The Union, New Delhi
- Ms. Neha Garg, Communication Officer, Vital Strategies, India
- Dr. Upendra Bhojani, Director, Institute of Public Health, Bengaluru





KEY HIGHLIGHTS

1. Advertising of Pan Masala is permitted in India as it has an FSSAI license. However, since tobacco is usually mixed into Pan Masala before consumption, it serves as a promotion for several SLT products.
2. Several laws are already in place to curb surrogate advertisements like the Consumer Protection Act, MeITY rules, and COTPA. However, there has been a shift from direct to indirect surrogate ads, and direct advertisements like Chaini Chaini are still being used.
3. Section 5(1) of the COTPA clearly defines indirect advertisements, which includes the use of tobacco products and smoking situations when advertising other goods and services.
4. Surrogate products are not readily available, while the SLT products with the same appearance/name are easily accessible.
5. Celebrities are often used as brand ambassadors to promote such surrogate brands that act as promotion for look-alike, used alike tobacco products. Vimal, a popular SLT product, is endorsed by star actors like Mr. Shahrukh Khan, Mr. Akshay Kumar, and Mr. Ajay Devgan. Baba is another tobacco brand endorsed by Mr Akshay Kumar both brands are established tobacco product brands have look alike tobacco products.
6. Tobacco advertisements are not only attracting and addicting children but also reminding adults to consume tobacco through surrogate ads. This can have a detrimental effect on the future generation and increase further experimentation and initiation among young and minors.
7. Various penalties are listed in COTPA, but they are not always properly implemented. The tobacco industry has been known to violate laws at every level.

8. The internet, including social media platforms, is one of the primary sources of tobacco use promotion. Along with print, television, and OTT, it attracts a large audience, particularly youth, who are the primary target of the tobacco industry.
9. The Tobacco Enforcement and Reporting Movement called TERM, enables the government to identify and capture concealed online marketing activities related to tobacco products in India. This initiative serves as an important tool in regulating and curbing the promotion of tobacco products through online channels.
10. The tobacco industry is increasingly using surrogate marketing and brand extension to promote tobacco products on the internet. In brand extension; the tobacco industry lends its name to an entirely different product that has no relation to tobacco.
11. Approximately 75% of surrogate marketing occurs on *meta* platforms, and almost all surrogate advertisements deal with smokeless tobacco products.
12. Tobacco companies use community celebrations, youth-oriented entertainment, and popular celebrities as brand ambassadors to promote various tobacco products. By acquiring mind space on consumers, these may act as trigger for subsequent tobacco use.

RECOMMENDATIONS:

- Amendment of the Schedule-I of COTPA for tobacco products and further strengthening of COTPA to eliminate any kind of direct or indirect surrogate advertisements of tobacco products.
- Collaboration of multiple stakeholders and law enforcement officials, especially on the ban and taxation of tobacco products.
- Proper monitoring and reporting of all forms of tobacco marketing, including surrogate products, and investment in strategic communication campaigns for awareness.
- Restriction of tobacco companies from marketing or manufacturing any product other than tobacco to limit their influence on consumers.
- Mandatory provision of data on the manufacturing and selling of tobacco products and disclosure of the product wise amount spent on advertisements by tobacco companies.
- The government should distance itself from events sponsored by the tobacco industry. There should be a responsible body to take action against surrogate advertisements.

DAY 2 - 22 February 2023

Session 5: SLT Control and Environment Protection

Session Chairs:

Prof. Yogesh Pratap Singh, Vice Chancellor, National Law University, Tripura &

Dr. Pankaj Bhardwaj, Addl Prof & Academic Head, School of Public Health, AIIMS, Jodhpur

Speakers

- Dr. Prashant Kumar Singh, ICMR-NICPR
- Dr. Yogesh Jain, AIIMS, Jodhpur
- Mr. Ranjeet Singh, Lawyer, Supreme Court of India
- Mr. Pranay Lal, Consultant, Public Health & Environmental Health



KEY HIGHLIGHTS

- The study on tobacco waste, released the previous day, assessed the four types of waste viz paper, foil, aluminum and filter paper generated from tobacco products.
- All kinds of tobacco products contributed to generation of 1,70,330 tonnes of waste.
- Types of waste generated by the tobacco products: Cigarette (Paper followed by foil); Bidi (Plastic followed by paper); SLT (Plastic followed by paper).
- UP state alone with 20% of highest burden of tobacco waste generated in the country

followed by West Bengal and Tamilnadu.

- UP, Maharashtra and Bihar collectively contributes to the 50% waste generated due to SLT consumption.
- No specific data on estimation of quantity of SLT products used is provided by GATS though it provides the quantity of consumption of cigarette.
- Poor implementation of two laws - banning plastic use in tobacco products and NGT guidelines on littering of cigarette and bidi butts.
- Environmental law and tobacco control in the country.
- Complete ban on single use plastics on use for cigarette and any kind of SLT products and how tobacco industries are violating the same.
- Central pollution control board should produce some guidelines to dispose cigarette butts as there are no existing guidelines till now.
- How do we ensure that the recommendations come out from court order is implemented properly.
- Focus should be on environmental aspects of tobacco control.
- How much water, carbon and plastic credits are generated by the tobacco industries.
- Food security aspects of tobacco that tobacco cultivation violates.
- Global community has started tracking and tracing of not only the products but also the impacts of those products. All plastics are plastic and they should be banned following a timeline of 2025-2026.

RECOMMENDATIONS

- Engage with Environment ministry for stricter implementations of existing regulations and guidelines focusing on generation of biodegradable waste by tobacco industry
- Cess imposition on tobacco industry for management of waste generated by their products will be useful
- Further studies may look into wastes and harm from deforestation due to tobacco plantation.
- Generating evidence on carbon footprints of tobacco industry was suggested.
- A study looking into the environmental cost of illicit tobacco products manufacturing (plastic)
- India to consider at tracking-tracing not only on the products but also the inputs for tobacco products
- Re-release of state level factsheets on tobacco waste targeting and collaborating with SPCB and NGT offices.
- Waste segregation and recycling, litter fees for cigarette companies, tobacco industry's greenwashing efforts to be monitored and therefore ESG by tobacco industry to be looked

upon.

- Study can be conducted on environmental cost of growing tobacco vs other crops.
- Study can be conducted on how the environmental cost of illicit tobacco products are different from other products.
- Need for a high-level consultation/meeting on tobacco and its environmental burden that concludes with sending recommendations and a call-out action plan to CPCB and NGT offices.

SESSION 6: Advancing Smokeless Tobacco Control in India

Session Chairs

Dr. Upendra Bhojani, Director, Institute of Public Health, Bangalore

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Dr. Amit Yadav, Senior Technical Adviser, The Union, New Delhi

Speakers

- Dr. Vikrant Mohanty, Head, Department of Public Health Dentistry, Maulana Azad Institute of Dental Sciences (MAIDS), New Delhi
- Dr. Shekhar Salkar, President, National Organisation for Tobacco Eradication of India, Panjim, Goa



KEY HIGHLIGHTS

- An overview on Goa's trysts with tobacco control and state tobacco control laws.
- Goa Public Health Act amended to retain the ban on gutkha in the state.
- Scope of advancing tobacco control in India and challenges ahead.
- Need for a long-term action plan for the states to promote tobacco cessation in India.
- Inclusion of tobacco control in National Education Policy of India.
- Social mobility influences tobacco users to carry on their tobacco-related practices across the country.

- Need to unearth the unfamiliar/hidden tobacco products being consumed in different parts of India.
- Concern about tobacco consumption practices among India's migrant population and the availability of emerging tobacco products from foreign countries, in India.

RECOMMENDATIONS

- Need to ensure robust and accessible tobacco cessation clinics for citizens with integrated QUIT line and Help Line at the grass root level.
- Technology-based violation reporting and monitoring systems for all stakeholders.
- Single tier taxation on all tobacco and abolishment of all subsidies and other fiscal benefits to tobacco industry.
- A base price with slab increases of 40% GST in addition to CESS and other sin taxes on all tobacco products.
- Stop tobacco promotion by Tobacco Board of India by realigning its mandate to gradually phase out tobacco growing in the country.
- Chargeable smoking zones outfitted with deterrent posters and anti-smoking educational materials.
- Robust implementation of WHO FCTC Article 5.3 and COTPA provisions to minimize tobacco industry interference in policy making.
- Strict laws to combat surrogate advertising of tobacco products, with clear delineation of indirect advertising methods.
- Counter and prohibit brand stretching or brand sharing of tobacco products with other surrogate products like pan masala and mouth fresheners.
- Revenue generated from imposed fines to be shared by state governments for tobacco control programs and IEC activities for strengthening implementation at state level.
- Research based dedicated policy for systematically reducing SLT burden.
- Standardized packaging of SLT products following the implementation of COTPA packaging rules.
- An alternative for tobacco farmers should be planned with the skill India initiative under the National Skill Development Mission and other initiatives of the Ministry of Rural Development.
- GATS survey subsequent rounds should assess the prevalence of unfamiliar/unknown tobacco products consumption in Indian states.
- Community-based awareness programs in areas of migrant settlement colonies to educate the incoming migrant population about the ill effects of tobacco use.
- Training of healthcare professionals to screen and identify unfamiliar tobacco products usage and actively participate in community awareness against use of such products.
- Testing and analysis of unfamiliar tobacco products available in Indian markets.

Session 7: Utilizing NTTLs to enhance policy implementation for SLT control and other innovative strategies: experiences of the states

Session Chairs

Dr. L. Swasticharan, Addl. DDG & Director (EMR), Dte.GHS, MoHFW

Dr Mausumi Bhardwaj, Scientist G, ICMR-NICPR

Speakers:

All State Nodal Officers & Representatives (Bihar, Chhattisgarh, Delhi, Goa, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh)



KEY HIGHLIGHTS

- NTTLs (NOIDA, Mumbai and Guwahati) are recognized by Gazette of India on 5th September, 2019.
- Test results from NTTLs were pivotal in banning ghutka/pan masala in various states.
- NTTLs are member of WHO TobLabNet.
- NTTLs are helping in developing WHO SOPs for SLTs.
- There is no clear idea of the operational guidelines of NTTLs to state nodal officers on the mandate and timeline for sample testing. There should be a proper flow chart of operational guidelines.
- There is no annexure or form attached with the guidelines to follow
- For effective communication state representatives are looking for capacity building workshops with the NTTL labs for better understanding of the testing protocols.
- Issues related to sending samples to the testing labs by state representatives while sending the collected samples through state govt.
- There is a lack of coordination between the academic departments and the people working on the enforcement part.
- Lack of connection between the people who collect the samples and people who analyzes the test results.
- Collection protocols of tobacco products to be formulated by the state governments and the same can be included in the operational guidelines of NTTLs.
- We need to focus on both research & implementation-oriented approaches for effective tobacco control in the country.

RECOMMENDATIONS

- Samples received from various states can be used to map the geographical diversity of SLT products.
- New testing parameters (chemical and microbiological) need to be developed.
- New SOPs to be developed for attractive, additives, addictive's and toxicants in all tobacco products.
- All NTTLs should consider getting NABL accreditation
- All states should consider getting various SLT products tested on a regular basis for their effective regulations.
- State nodal officers should design their study properly before sending samples for testing and the labs will test those samples as per their study design.
- In case of issues faced while sending collected samples through state govt., the district collectors or nodal officers can directly send the samples to the testing laboratory informing the state govt.
- Operational guidelines need to be revised.
- NTTLs should organize workshops with joining all the labs in the country and state representatives for fruitful discussion and way forward.

SESSION 8: ROUND TABLE: Identifying Research Questions on SLT Control in India

Session Chairs

Dr. R.S. Dhaliwal, Scientist-G & Head, Division of Non-Communicable Diseases, ICMR Hqrs., New Delhi

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

Speakers:

- Dr Y.P.S. Balhara, Additional Professor, Dept. of Psychiatry, AIIMS, New Delhi
- Dr. Monika Arora, Vice President, Research & Health Promotion, PHFI
- Mr. Pranay Lal, Consultant, Public Health & Environmental Health
- Dr. Nirmalya Mukherjee, Director, Manbhumi Ananda Ashram Nityananda Trust (MANT), Kolkata



KEY HIGHLIGHTS

- The 2021 WHO report on the global tobacco epidemic highlights a significant gap between definition and enforcement of tobacco control policies.
- Smoking has long been used instead of tobacco in scientific literature, campaign materials, legislature, policies, and services. This may not be problematic for countries where smoking is the only or principal form of tobacco consumption; could even be desirable to use colloquial terms. However, in reality, this would apply to very few countries.
- Globally, limited information available on SLT cessation intervention trials, need to encourage research, especially in the low-resource, high SLT burden countries
- Currently, 45% of the global paper is made by illicit paper companies. There is a need to look upon the cigarette companies that source the material from companies that are responsibly harvesting and processing the pulp of the paper.

- There is a need to gather data on production, consumption and revenue generated from SLT products, with full cost accounting of tobacco products in terms of carbon, water and plastic credits.
- Understanding determinants around the use of betel quid and areca nut with tobacco, guidelines for cessation of SLT use, areca nut use, combined use and dual use.
- Integrating SLT control strategies across different national programs including RCH, RBSK, NPCDCS and also including all medical professionals for clinic based cessation.
- SLT-related spitting in public areas can increase transmission of communicable diseases such as SARS-CoV-2 virus, influenzas and TB
- Tobacco studies majorly refer to physical health problems however, we need to focus on research on common health conditions related to SLT use including addiction and psychiatric conditions.
- Need to highlight the plight of daily wage labourers involved in bidi making including underpaid, health hazards, child labour, unfair tactics of the industry.
- There are about 300 major manufacturers of branded beedis but there are thousands of small-scale manufacturers cum contractors who account for the bulk of the beedi production in India.
- Government estimates of the total number of beedi workers is about 4.5 million, majority of who are home based women workers.

RECOMMENDATIONS:

- Tracking and tracing of not only the tobacco products, but also the imports. There is a need to start looking at the responsibly procured products that are being used in tobacco products. For example, if the paper that is used to make cigarette packaging coming from renewable sources from responsible harvesting or not.
- Environmental burden by tobacco products report should be released in every state, and with State Pollution Control Board, National Green Tribunal, Ministry of Environmental and Climate Change.
- Designing socially culturally appropriate cessation models (Behavioural Vs Pharmacological treatment studies) needs to be given salience.
- Time to move from MPOWER to MPOWERS for Surveillance and Research
- Prevention and cessation programmes in school setting that are specifically based on SLT consumption need to be introduced.
- Population level awareness campaigns – centered around messaging services (mhealth) should be promoted.

CONCLUDING SESSION

Summary of Sessions by Rapporteurs – Team ICMR-NICPR & The Union

Session Moderators:

Dr. Shalini Singh and Dr. L. Swasticharan

In the concluding session, summary of all the sessions were presented highlighting the key points and recommendations by each speaker of the sessions by the representatives of ICMR-NICPR and The Union in august presence of Dr Rajiv Bahl, DG ICMR & Secretary DHR and the session was moderated by Dr. Shalini Singh and Dr. L. Swasticharan.



Remarks by Dr Rajiv Bahl, DG ICMR & Secretary DHR

Dr. Rajiv Bahl, DG ICMR & Secretary DHR, in his remarks congratulated the organizing team for conducting the consultation and recommended more evidence-based research on tobacco and tobacco use to create some impact. He stressed upon investigating various ill effects of tobacco use and broadening the scope beyond cancer. Dr. Bahl expressed whether any studies could be performed especially in the northeastern states of the country investigating the tobacco consumption practices they follow and link those practices with cancer. He also highlighted the importance of the effective cessation interventions in the healthcare set up and how the

intervention could help making SLT products not so acceptable by the society and women in rural areas. While talking about the tobacco industry interference, Dr. Bahl expressed that tobacco is not the problem of the developed nations and being a developing nation, we should come up with our own solutions to tackle the tobacco industry and come up with effective counter measures and marketing strategies to counter the tobacco industries. Special attention should be given while regulating the tobacco products and there should be policy brief on regulation of tobacco products. Good effective practices followed by some states such as Jharkhand etc. should be used as a rationale to encourage other states of the country to follow such good practices. There should be proper documentation on how the tobacco industry is bypassing the measures in the country to help policy makers formulating effective policies. Dr. Bahl stressed upon making a movement towards the end of tobacco epidemic and we must focus on the prevention. There is a need to find the way out to fight four risk factors such as unhealthy diet, no physical activity, tobacco and tobacco related adverse effects. NTTLs should be more vigilant in testing the tobacco products and formulate improved mechanism of sampling from all over the nation.



The 2nd National Consultation was concluded with the vote of thanks by Dr. Prashant Kr. Singh, Scientist D and Nodal officer of WHO FCTC Knowledge Hub on Smokeless Tobacco, ICMR-National Institute of Cancer Prevention and Research and a group photograph with all the attending delegates and dignitaries.

Group Photograph



2ND NATIONAL CONSULTATION ON SMOKELESS TOBACCO (SLT) CONTROL IN INDIA

21-22 FEBRUARY 2023, NEW DELHI

Venue: Multipurpose Hall, India International Centre, Max Muller Marg, New Delhi

AGENDA

Day 1 – February 21 st , 2023	
Timing	Description
INAUGURAL SESSION	
8.30–9.30	Registration of Participants – ICMR-NICPR Team
9.30-9.35	Inviting Guests on the Dias & Guests Felicitation
9.35-9.40	Welcome and Objectives of the National Consultation: Dr. Shalini Singh , Director, ICMR-NICPR, Noida
9.40-9.45	Address by K.S. Sachdeva , Regional Director, The Union, Southeast Asia
9.45-9.50	Address by Prof. K Srinath Reddy Honorary Distinguished Professor, PHFI, India
9.50-9.55	Address by Smt. V. Hekali Zhimomi (IAS) Additional Secretary, National Tobacco Control Programme (NTCP), MoHFW
9:55-10.00	Address by Dr. Atul Goel Director General of Health Services (DGHS), MoHFW
10.00-10.10	Address by Shri Rajesh Bhushan (IAS) , Secretary, MoHFW, Govt. of India
10.10-10.15	Release – National Report on Environmental Burden Due to Tobacco Product Waste in India: All Dignitaries on the Dias
10.15-10.30	Voice of Tobacco Victims & Voice of Tobacco Quitters

10.30	Vote of thanks – Dr. Ruchika Gupta , Scientist-D, ICMR-NICPR
GROUP PHOTOGRAPH	
10.30-11.00	TEA BREAK
SESSION 1: Disease Burden Due to Smokeless Tobacco in India	
<p>Session Chairs:</p> <p>Prof. K Srinath Reddy, Honorary Distinguished Professor, PHFI, India & Dr. Saurabh Varshney, Director, AIIMS-Deoghar</p> <p>Rapporteurs: Dr. Malasha Kumari, Scientist-C & Ms. Isha Joshi, PTO, ICMR-NICPR</p>	
11.00-12.00 (15 minutes for each speaker)	<ul style="list-style-type: none"> • Tobacco Related Cancers in India: Evidence from PBCR data – Dr Anita Nath, Scientist E, ICMR-NCDIR, Bengaluru • Cardiovascular diseases due to Tobacco – Prof. Shekhar Kashyap, Former Head, Department of Cardiology, Army Hospital Research & Referral, New Delhi • Women’s Health and Tobacco: Evidence from research studies – Dr. Shalini Singh, Director, ICMR-NICPR, Noida <p>Discussion & Remarks by Chairs – 10 minutes</p>
SESSION 2: Ground Realities of SLT: Experience of Physicians, Civil Society, Victims & Quitters	
<p>Session Chairs:</p> <p>Dr. Suneela Garg, Advisor, NIHFWMoHFW & Dr. Preeti Kumar, Director, IIPH, Delhi</p> <p>Rapporteurs: Dr. Garima Bhatt, The Union & Dr. Vandana Tamrakar, Project Research Scientist, ICMR-NICPR</p>	
12.00-13.15 (10 minutes for each speaker)	<ul style="list-style-type: none"> • Dr. Vikrant Mohanty, Head, Department of Public Health Dentistry, Maulana Azad Institute of Dental Sciences (MAIDS), New Delhi • Dr. Pawan Gupta, Director, Head and Neck, Max Institute of Cancer Care, New Delhi • Dr. Shalini R Gupta, Additional Professor, Centre for Dental Education and Research, AIIMS, New Delhi • Dr. Mira B Aghi, Behavioural Scientist • Dr. Rana J. Singh, Regional Deputy Director, The Union, South-East Asia, New Delhi <p>Discussion & Remarks by Chairs – 10 minutes</p>
13.15-14.15	LUNCH BREAK
SESSION 3: Smokeless Tobacco Control: Challenges and Opportunities	
<p>Session Chairs:</p> <p>Prof Dr (Col) C.D.S. Katoch, Executive Director, AIIMS, Jodhpur &</p>	

Dr. Sanjay Gupta , Scientist-G, ICMR-NICPR	
Rapporteurs: Dr. Nazneen Arif , Scientist-D & Ms. Varsha Pandey , Project Research Scientist, ICMR-NICPR	
14.15-15.30 (15 minutes for each speaker)	<ul style="list-style-type: none"> • Smokeless tobacco control in India – Dr. L. Swasticharan, Addl. DDG & Director (EMR), Dte.GHS, MoHFW • Addressing tobacco industry interference in SLT control – Mr. Pranay Lal, Consultant, Public Health & Environmental Health • Application & examples of SLT control legislations – Mr. Ranjeet Singh, Lawyer, Supreme Court of India • Pan Masala Ban: A case study of Jharkhand – Mr. Deepak Mishra, Executive Director, SEEDS <p>Discussion & Remarks by Chairs – 10 minutes</p>
15.30-15.45	TEA BREAK
<p>SESSION 4: Curbing surrogate advertisement of smokeless tobacco – developments and way forward</p> <p>Session Chairs:</p> <p>Mr. Pranay Lal, Consultant, Public Health & Environmental Health & Ms. Sonal Mathru, Senior Assistant Editor, The Print</p> <p>Rapporteurs: Dr. Shamsuz Zaman, Scientist-D & Ms. Sagarika Rout, Project Research Scientist, ICMR-NICPR</p>	
15.45-16.45 (15 minutes for each speaker)	<ul style="list-style-type: none"> • Dr. Amit Yadav, Senior Technical Adviser, The Union, New Delhi • Ms. Vaishaki Mallik, Associate Director, South Asia Policy Advocacy and Communication, Vital Strategies, New Delhi • Dr. Upendra Bhojani, Director, Institute of Public Health, Bengaluru <p>Discussion & Remarks by Chairs -- 10 minutes</p>
END OF DAY 1	

DAY 2 - February 22nd, 2023	
9.00-9.05	Welcome by Dr. Ekta Gupta , Scientist E, ICMR-NICPR, Noida
<p>SESSION 5: Smokeless Tobacco Control and Environment Protection</p> <p>Session Chairs:</p> <p>Prof. Yogesh Pratap Singh, Vice Chancellor, National Law University, Tripura & Dr. Pankaj Bhardwaj, Addl Prof & Academic Head, School of Public Health, AIIMS, Jodhpur</p> <p>Rapporteurs: Dr. Shivam Kapoor, Technical Advisor, The Union & Dr. Jigisha, Project Research Scientist, ICMR-NICPR</p>	
9.05-9.45	<ul style="list-style-type: none"> • Key Findings of National Report on Environmental Burden Due to Tobacco Product Waste

	<p>in India – Dr. Prashant Kumar Singh, ICMR-NICPR & Dr. Yogesh Jain, AIIMS, Jodhpur</p> <ul style="list-style-type: none"> • Mr. Ranjeet Singh, Lawyer, Supreme Court of India • Mr. Pranay Lal, Consultant, Public Health & Environmental Health <p>Discussion & Remarks by Chairs -- 10 minutes</p>
<p>SESSION 6: Advancing Smokeless Tobacco Control in India</p>	
<p>Session Chairs:</p> <p>Dr. Pulkesh Kumar, Deputy Secretary, MoHFW &</p> <p>Dr. Amit Yadav, Senior Technical Adviser, The Union, New Delhi</p> <p>Rapporteurs: Dr. Sudheer Tanwar, Scientist-B & Ms. Sweta Yadav, Project Research Scientist, ICMR-NICPR</p>	
9.45-10.15	<ul style="list-style-type: none"> • Drugs and Cosmetic Acts – Dr. Vikrant Mohanty, Head, Department of Public Health Dentistry, Maulana Azad Institute of Dental Sciences (MAIDS), New Delhi • State Public Health Laws – Dr. Shekhar Salkar, President, National Organisation for Tobacco Eradication of India, Panjim, Goa <p>Discussion & Remarks by Chairs</p>
<p>SESSION 7: Utilizing NTTLs to Enhance Policy Implementation for SLT Control and Other Innovative Strategies: Experiences of the States</p>	
<p>Session Chairs:</p> <p>Dr. L. Swasticharan, Addl. DDG & Director (EMR), Dte.GHS, MoHFW</p> <p>Dr Mausumi Bhardwaj, Scientist G, ICMR-NICPR</p> <p>Rapporteurs: Dr. Anuj Kumar, Scientist-C, ICMR-NICPR, Dr. Shahid & Dr. Ashu Rathi, ICMR-NICPR</p>	
10.15-11.00	<ul style="list-style-type: none"> • All State Nodal Officers & Representatives (Bihar, Chhattisgarh, Delhi, Goa, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh) <p>Discussion & Remarks by Chairs</p>
11.10 -11:15	TEA BREAK
<p>SESSION 8: ROUND TABLE: Identifying Research Questions on SLT Control in India</p>	
<p>Session Chairs:</p> <p>Dr. R.S. Dhaliwal, Scientist-G & Head, Division of Non-Communicable Diseases, ICMR Hqrs. &</p> <p>Dr. Rana J. Singh, Deputy Regional Director, The Union South East Asia Regional Office, New Delhi</p> <p>Rapporteurs: Dr. Nazneen Arif, Scientist-D & Ms. Rupal Jain, PTO, ICMR-NICPR</p>	
11.15-12.00	<ul style="list-style-type: none"> • Dr YPS Balhara, Additional Professor, Dept. of Psychiatry, AIIMS, New Delhi • Dr. Monika Arora, Vice President, Research & Health Promotion, PHFI • Mr. Pranay Lal, Consultant, Public Health & Environmental Health • Dr. Nirmalya Mukherjee, Director, Manbhumi Ananda Ashram Nityananda Trust (MANT), Kolkata

	Discussion & Remarks by Chairs -- 10 minutes
CONCLUDING SESSION	
12.00-12.20	Summary of Sessions by Rapporteurs – Team ICMR-NICPR Session Moderators: Dr. Shalini Singh; Dr. L. Swasticharan
12:20 -12.40	Remarks - Smt. V. Hekali Zhimomi (IAS) , Additional Secretary, National Tobacco Control Programme (NTCP), MoHFW Remarks by Dr Rajiv Bahl , DG ICMR & Secretary DHR
12.40-12.45	Vote of thanks by Dr. Prashant Kumar Singh , Scientist-D, ICMR-NICPR
12.45 – 13.45	LUNCH

LIST OF PARTICIPANTS

Sl. No.	Name	Designation	Organization	Location
1	Ms Asha Tandon		The Union, South East Asia	New Delhi
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48	Mr.Pranay Lal	SLT Expert	Expert & Author, Public	New Delhi

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94	Dr. Yogesh Kumar Jain	Project Manager	AIIMS, Jodhpur	Rajasthan
95	Ms Neha Garg	Communication Officer	Vital Strategies	
96	Dr. Pritam Datta	Fellow	National Institute of Public Finance and Policy	New Delhi
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98	Ms Srikala	Section officer	MoHFW, Govt. Of India	New Delhi
99	Mr Anit Malik	Web Consultant	NICPR	Noida
100	Mr Vijay	Adminstrative staff	NICPR	Noida