



Report :- International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Chief Guest



Dr. L Swasticharan
Addl. DDG, MoHFW, GOI

Guests of Honour



Dr. Rana J Singh,
Deputy Regional Director,
The Union, SEA



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



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



Dr. Kevin Welding
Associate Director, Institute for
Global Tobacco Control, Johns Hopkins
Bloomberg School of Public Health

Speakers



Dr. Nirmalya Mukherjee
Director and Head-Tobacco Control,
MAIT, Kolkata



Dr. Amit Yadav
Senior Technical Advisor – Tobacco Control
International Union Against Tuberculosis
and Lung Disease (The Union)



Dr. Rijo M. John
Associate Professor,
Rajagiri College of Social Sciences,
Kochi Kerala



Dr. Pankaj Bhardwaj
Additional Professor, CM & FM
Coordinator, School of Public Health,
AIIMS Jodhpur



Ms. Mandvi Singh
Programme Lead,
i-FOREST



Dr. Shivam Kapoor
Technical Advisor STOR,
The Union South East Asia



Dr. Gopal Chauhan
SPO, NTCP
Govt. of Himachal Pradesh



Mr. Deepak Mishra
Executive Director, Socio Economic and
Educational Development Society (SEEDS),
New Delhi



Dr. Sejal Saraf
Senior Research Program Coordinator
Johns Hopkins Bloomberg
School of Public Health

Organisers



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



Mr. Rajeev Choudhary
Project Coordinator,
PGIMER Chandigarh



Mr. Rajesh Bhattaraya
Technical Officer, RCTC and
Tobacco Endgame Hub, PGIMER, Chandigarh



Ms. Diksha Wadia
Program Officer- RCTC,
PGIMER Chandigarh



Ms. Aanchal
Admin and Finance Assistant,
PGIMER Chandigarh

Organized by : E-Resource Centre for Tobacco Control (E-RCTC), Department of Community Medicine and School of Public Health, PGIMER Chandigarh
In collaboration with : Tobacco Control Section, The Union, AIIMS Jodhpur
Supported by: The Union, South East Asia office, New Delhi

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**11 APRIL 2023
(TUESDAY)
11.00-13:30 Hours**

Scan & Register



Date:- 11.04.2023

Time: 11.00 am to 1.15 pm

Department of Community Medicine & School of
Public Health, PGIMER, Chandigarh



International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Dated:- 11.04.2023

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International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Dated:- 11.04.2023

Background

Bidis (also widely recognized as beedis) are small hand-rolled cigarettes made of tobacco and wrapped in tendu or temburni leaf (*Diospyros melanoxylon*), an Asian plant. Bidis are manufactured in India and other Southeast Asian countries and exported worldwide. In India, bidi cigarettes are less expensive and more heavily consumed than traditional commercial cigarettes. It is a common misconception that because these cigarettes are less expensive, they are also less harmful. Bidis cigarettes contain three to five times the nicotine of traditional cigarettes, increasing the risk of nicotine addiction. Bidi cigarettes have elevated amounts of tar and carbon monoxide than regular cigarettes. People who smoke bidis inhale higher levels of toxins because bidis do not contain chemicals that aid in combustion. To keep a bidi cigarette from burning out, people must draw on it more frequently and with greater force. Bidis smokers are more likely to advance oral cancer, lung cancer, stomach cancer, and esophageal cancer. Bidi smokers have three times the risk of heart disease and heart attack as non-smokers. Bidi smoking is also linked to emphysema and increases the likelihood of chronic bronchitis.

India has the world's second highest number of adult smokers; bidis are the most commonly smoked tobacco product in India, with an estimated 71.8 million adults smoking them. As per the study in 2017, the total economic costs attributable to bidi smoking from all diseases and deaths in India amounted INR 805.5 billion (US\$12.4 billion), with 20.9% being direct and 79.1% being indirect. Men bear 93.7% of all costs.

In this regard, the Resource Centre for Tobacco Control under Department of Community Medicine, School of Public Health, PGIMER, Chandigarh-India in collaboration with The Union, South East Asia and Tobacco Control Section, The Union conducted an International webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Dated:- 11.04.2023

Specific Objectives:-

1. To sensitize researchers, academicians and program implementors on trends and harmful effects of beedi and similar products across globe and in India.
2. To orient the enforcers and implementers about the enforcement mechanism regarding the sales and purchases of traditional tobacco products particularly beedi
3. To educate the stakeholders about taxation on Bidi and combating tobacco industry interference in Bidi and similar tobacco products

Expected Outcomes:-

1. Increased awareness about harmful effects of traditional tobacco use.
2. Generate research ideas about various aspects of Bidi and other traditional tobacco products
3. Generate recommendations about taxation, Health warning and labelling along with combating tobacco industry interference in Bidi and similar tobacco products

Target group :-

Approximately 150-200 participants (including tobacco control professionals, policy makers, officials from various stakeholder departments from across globe)

Venue:-

Zoom Platform (Virtual)



International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

Dated:- 11.04.2023

Webinar Schedule:-

Time	Session	Facilitator
11.00 – 11.05 am	Introduction & Welcome address	Dr. Sonu Goel, Professor and Director E-RCTC Department of Community Medicine & School of Public Health, PGIMER, Chandigarh
11.05 – 11.30 am	Address by Guest of Honours	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. Suneela Garg, Chair, Programme Advisory Committee, NIHFWS and Co-Chair, MDRU, DHR Dr. Kevin Welding, Associate Director of the Johns Hopkins Institute for Global Tobacco Control Dr Leimapokpam Swasticharan, Additional Deputy Director General of Health Services -Directorate General of Health Services, Ministry of Health and Family Welfare, Govt of India
	Address by Chief Guest	
11.30 – 11.45 am	Beedi Smoking:- Global Perspectives introduction to Beedi and its harmful effects	Dr. Amit Yadav, Senior Technical Advisor, The International Union Against Tuberculosis and Lung Disease (The Union)
11.45 – 12.00 pm	Health Warnings and labelling Compliance on Beedi Packaging	Dr. Sejal Saraf , BDS, MPH Senior Research Program Coordinator Johns Hopkins Bloomberg School of Public Health
12.00 – 12.15 pm	Epidemiology and Trends of Bidi Consumption in India	Dr. Pankaj Bhardwaj, Additional Professor, Community Medicine & Family Medicine Coordinator, School of Public Health, AIIMS Jodhpur
12.15 – 12.30 pm	Taxation for Beedi:- An Economic Perspective	Dr. Rijo M. John, PhD, Associate Professor, Rajagiri College of Social Sciences, Kochi Kerala
12.30-12.45 pm	Forest fires and climate change due to Tendu lifecycle	Ms. Prena Sah, Senior Research Associate International Forum for Environment, Sustainability & Technology, (i-FOREST)
12.45 – 1.15 pm	A Panel Discussion:- How to Combat Tobacco industry interference in Beedi lessons from different states & Recommendations	Dr. Nirmalya Mukherjee, PhD, MPH, MSW, Director-MANT Dr. Gopal Chauhan, SPO, NTCP, Govt. of Himachal Pradesh Dr. Shivam Kapoor, Technical Advisor STOP, The Union South East Asia Moderated by:- Dr. Sonu Goel, Professor and Director E-RCTC Department of Community Medicine & School of Public Health, PGIMER, Chandigarh
1:15 pm	Vote of Thanks	Ms. Aanchal, Admin and Finance Assistant – RCTC, PGIMER Chandigarh

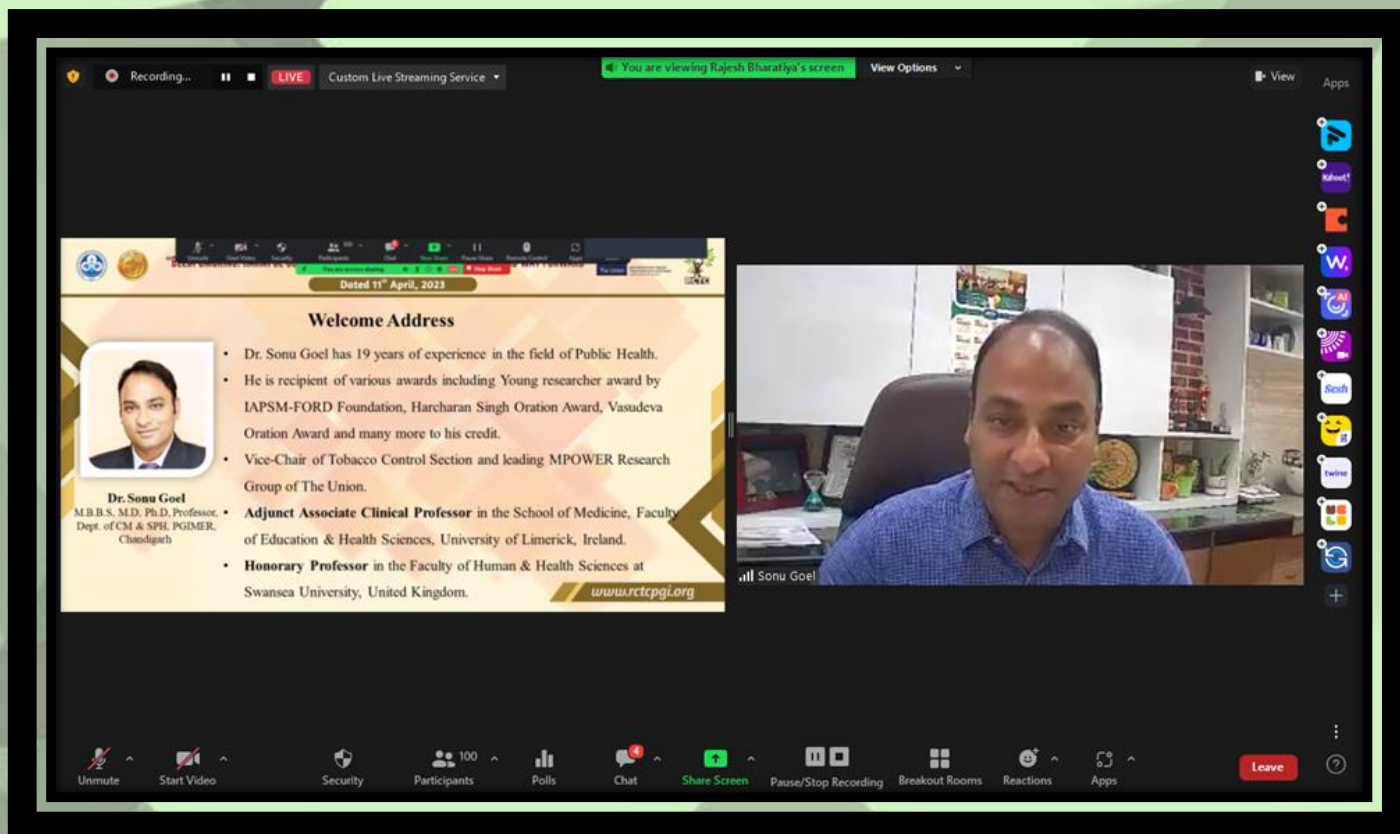


International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Dated:- 11.04.2023

Welcome Address



Dr. Sonu Goel, Director E-RCTC and Professor, Department of Community Medicine & School of Public Health, PGIMER, Chandigarh

Prof. Dr. Sonu Goel welcomed the distinguished dignitaries and participants from across world. With 100 participants on Zoom, the webinar was oversubscribed and livestreamed on YouTube. Dr. Goel explained the importance of the webinar, which is the sixth in the tobacco endgame series organized by the Resource Centre for Tobacco Control (RCTC). He emphasized the importance of controlling beedi menace in order to achieve tobacco abolition across the country. Dr. Goel then explained that beedi is a poor man's pleasure because it is inexpensive and easily accessible. It is uncured tobacco wrapped in tendu leaves that originated in the Indian subcontinent and has since spread throughout Asia and the Middle East. He stressed that beedi is more dangerous as compared cigarettes and it contains five times as much nicotine as cigarettes. Beedi is more popular among poor people due to its low taxation, and the taxation on beedi should be raised to reduce demand. Dr. Goel additionally mentioned that tobacco workers were the ones who discovered beedi.



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Dated:- 11.04.2023

Address by Guest of Honour

The screenshot shows a Zoom meeting interface with a slide titled "Address By Guest of Honour". The slide includes a portrait of Dr. Rana J. Singh and a list of his credentials and current roles. The Zoom toolbar at the top shows 100 participants and a "Dated 11th April, 2023" banner. A small video window in the top right corner shows Dr. Rana Singh speaking.

Address By Guest of Honour

- **Dr. Rana J. Singh**, Deputy Regional Director in International Union Against Tuberculosis & Lung Disease New Delhi, India.
- Medical doctor with MD in pulmonary medicine.
- 25+ years of experience in public health focusing on management and tobacco control.
- Master trainer of courses for mid and senior level managers.
- Currently supporting tobacco and NCD control programmes in South-East Asia Region.

Dr. Rana J. Singh,
Deputy Regional Director: NCD and Tobacco Control,
The UNION and SEA

zoom
www.rctcpgi.org

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

On behalf of The Union, Dr. Rana welcomed the participants to this international webinar. He emphasized the challenges and stories surrounding beedi control. Despite nearly two decades of legislation (FCTC, NTCP), beedi control remains a challenge. The main goal is to denormalize the beedi sector in India. Dr. Rana focused on the public's perception of beedi as 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 regulations, and what percentage of beedi manufacturers actually pay government taxes. Dr. Rana concentrated on the tobacco industry's interference in the beedi industry and the need for various schemes to provide alternative income to beedi rollers and increase taxation and regulations on the beedi industry.



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International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

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Address by Guest of Honour

The screenshot shows a Zoom meeting interface with a slide titled "Address By Guest of Honour". The slide includes a portrait of Dr. Prakash C Gupta and a list of his credentials and achievements. The Zoom toolbar at the top shows 100 participants and a "You are screen sharing" notification. A date banner at the top of the slide reads "Dated 11th April, 2023".

Address By Guest of Honour

- **Dr. Prakash C Gupta**, Director, Healis Sekhsaria Institute of Public Health
- Doctor of Science in Epidemiology (Johns Hopkins University) and alumnus of Harvard School of Public Health as Takemi Fellow.
- President of the 14th World Conference on Tobacco or Health held in 2009 and also of the first four National Conferences on Tobacco or Health, all in Mumbai.
- Received Luther Terry Award of the American Cancer Society in 2003 and World No-Tobacco Day Award from DG, WHO in 1999.
- Published several hundred research papers in peer-reviewed journals and edited or contributed to scores of scientific reports.
- Top position in India in public health and in dentistry in the top 2% list of scientists by

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

Dr. Gupta emphasized that for 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. Dr. Gupta pointed out that numerous regulations and the FCTC do not apply to the beedi industry, as well as that up to 40% of the beedi industry is exempt from taxes. He additionally highlighted that 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.



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Address by Guest of Honour

The screenshot shows a Zoom meeting slide with the following content:

- Top left: Logos of PGIMER and RCTC.
- Top center: Title "BEEDI SMOKING: HARMFUL CONSEQUENCES, POLICY LANDSCAPE, CHALLENGES AND WAY FORWARD" and date "Dated 11th April, 2023".
- Top right: Video thumbnail of Dr. Suneela Garg.
- Center: "Address By Guest of Honour" section.
- Left side: A portrait of Dr. Suneela Garg with her name and title: "Dr. Suneela Garg, Chair, Programme Advisory Committee, NIHF and Co-Chair, MDRU, DHR".
- Right side: A list of bullet points detailing her professional background and achievements.
- Bottom right: Zoom logo and website "www.rctcpgi.org".

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

Dr. Garg highlighted that India has been dealing with a persistently high burden of beedi for decades. She focused on 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. Dr. Garg emphasized the importance of regular health checkups for beedi rollers. 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. She emphasized that Johns Hopkins recently launched a multicenter study on beedi and congratulated Prof. Dr. Sonu Goel, PGIMER, Chandigarh, for taking the lead on tobacco endgame issues and organizing webinars on critical issues for tobacco control. She highlighted that there is a long way to go to achieve tobacco endgame in India, and it will be full of challenges.



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Address by Guest of Honour



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

Dr. Welding emphasized that 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. Dr. Welding highlighted 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. He cited ongoing research at the Institute of Global Tobacco Control, Tobacco Pack Surveillance System, Standard Packaging Work Health Harm of Beedi Workers, and discovered that none of the beedi manufacturers (taxes, warning, M.R.P) met the Indian government's standards. He pointed out the major challenges in beedi control because the beedi industry is highly secretive and segmented.



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Address by Chief Guest

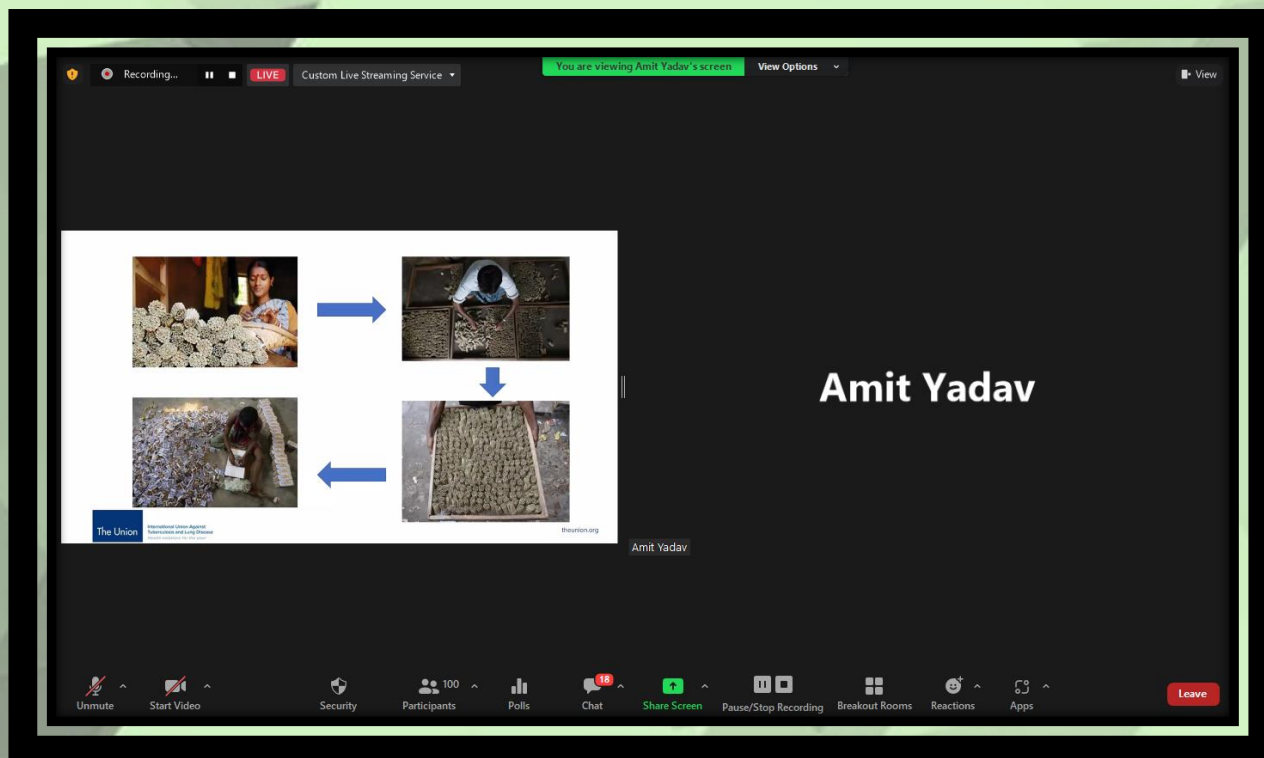
The screenshot shows a Zoom meeting interface. On the left, a slide titled "Address By Chief Guest" is displayed. The slide includes a small portrait of Dr. Leimapokpam Swasticharan and a list of his credentials and roles. On the right, a video feed shows Dr. L. Swasticharan speaking. The Zoom control bar at the bottom includes options like Unmute, Start Video, Security, Participants (100), Polls, Chat, Share Screen, Pause/Stop Recording, Breakout Rooms, Reactions, Apps, and a Leave button.

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

Dr. Swasticharan focused on the statistics related to tobacco consumption in India, where there are 267 million people using tobacco in one form or another, and 14% are smoking cigarettes, while 27% (72 million) are beedi smokers in the country. He emphasized the need to find an Indian solution for the beedi problem, as beedi is considered the poor man’s melody, and the lower economic section of society cannot find solutions to their healthcare problems due to inaccessibility. The beedi industry enjoys a lower taxation slab as compared to other tobacco products throughout the country. Dr. Swasticharan highlighted that the tobacco industry plays with three factors: the addictiveness of tobacco products, particularly nicotine, the attractiveness of tobacco products, and the toxicity. He pointed out that during the season of tendu leaf plucking, many school students drop out to collect the tendu leaves. He focused on the need to have a basket of choices for tobacco control to tackle the tobacco industry.

Dated:- 11.04.2023

Session 1:-Beedi Smoking:- Global Perspectives introduction to Beedi and its harmful effects



Dr. Amit Yadav, Senior Technical Advisor, The International Union Against Tuberculosis and Lung Disease (The Union)

Dr. Yadav emphasized on beedi smoking from a global perspective, citing that many manufacturers produce beedis for export purposes only, as beedi is considered a luxury product outside India, costing approximately \$35 for three pack. As the industry has evolved, beedi-flavored vapor has become available on the market. Dr. Yadav highlighted the fact that beedi smoking is more harmful than cigarette smoking, as it contains three times more carbon monoxide and five times more tar. Beedi smoking increases the risk of oral cancer, stomach cancer, and esophageal cancer, as well as the risk of heart attacks and coronary heart diseases by three-fold. Approximately 90% of beedi rollers are women aided by children, posing a significant risk to their health by causing musculoskeletal problems, respiratory diseases, cardiovascular diseases, skin problems, eye problems, UTI problems, and specifically miscarriages, which reduce fertility and increase the frequency of abortions among women. Dr. Yadav explained the entire cycle of tendu plucking and beedi making, as well as the vicious cycle of beedi smoking and manufacturing.

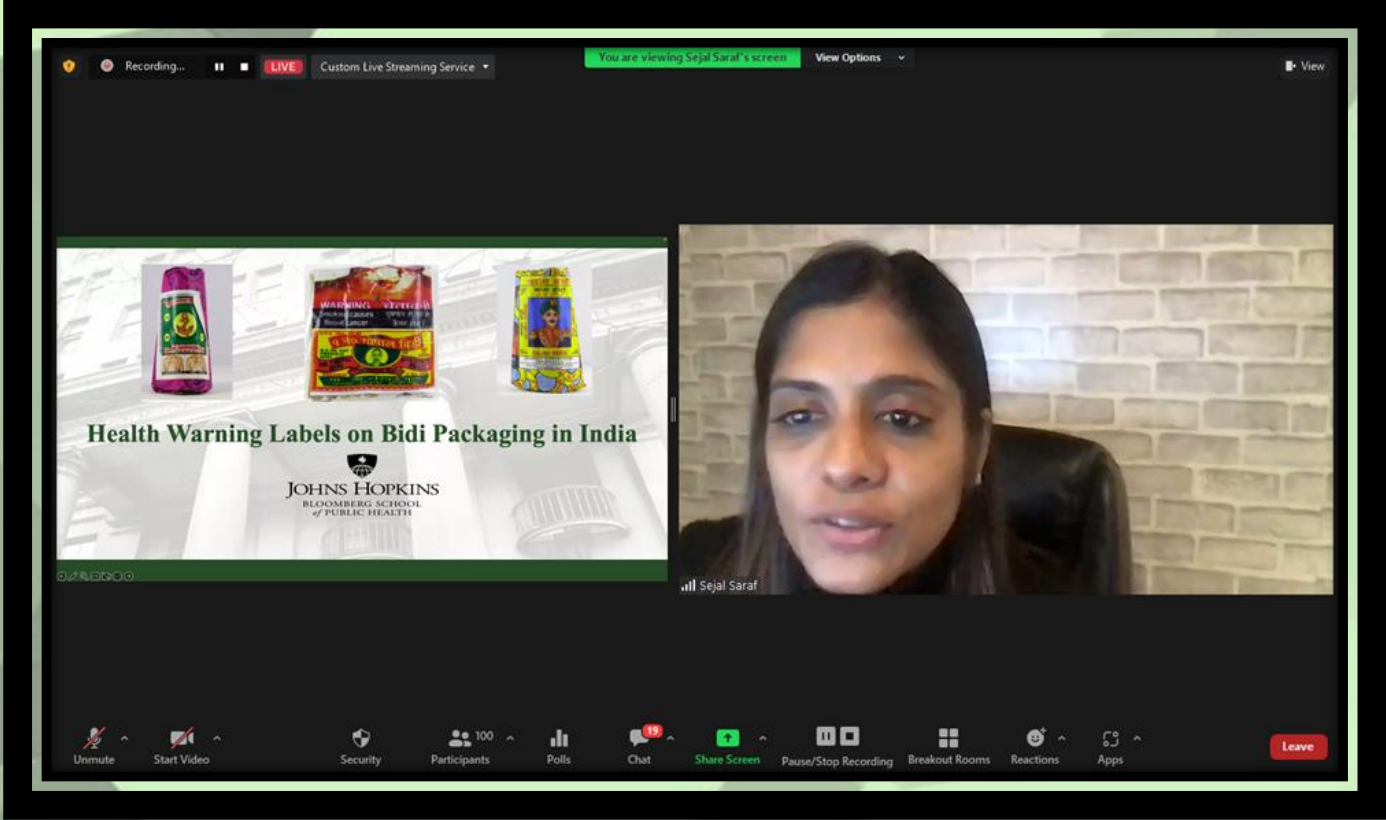


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Session 2:-Health Warnings and labelling - Compliance on Beedi Packaging



Dr. Sejal Saraf , BDS, MPH, Senior Research Program Coordinator, Johns Hopkins Bloomberg School of Public Health

Dr. Saraf focused on the health warnings and labeling on beedi packaging. According to statistics in India, 111% of tobacco users consume beedis, with a higher proportion of consumers in rural areas (9.3%). There is a diversity of materials (plastic, paper, shape, size) used in beedi packaging. Dr. Saraf highlighted the importance of packaging, citing that the tobacco industry uses packaging to showcase and highlight branding to draw the interest of new users and maintain previous consumers. She reiterated to the audience about Indian packaging and labeling laws. In 2009, India became the first country to implement HWLs on all tobacco products, including SLT, with 85% coverage as per COTPA amendment. She discussed a study conducted in 2016 in four cities - New Delhi, Chennai, Mumbai, Bengaluru - with the objective of examining the level of compliance of health warning labels on beedi packages with Indian packaging and labeling law. None of the beedi packs fully complied with all of the indicators laid out by Indian tobacco packaging law. Future research should focus on standardizing the packaging of beedis.

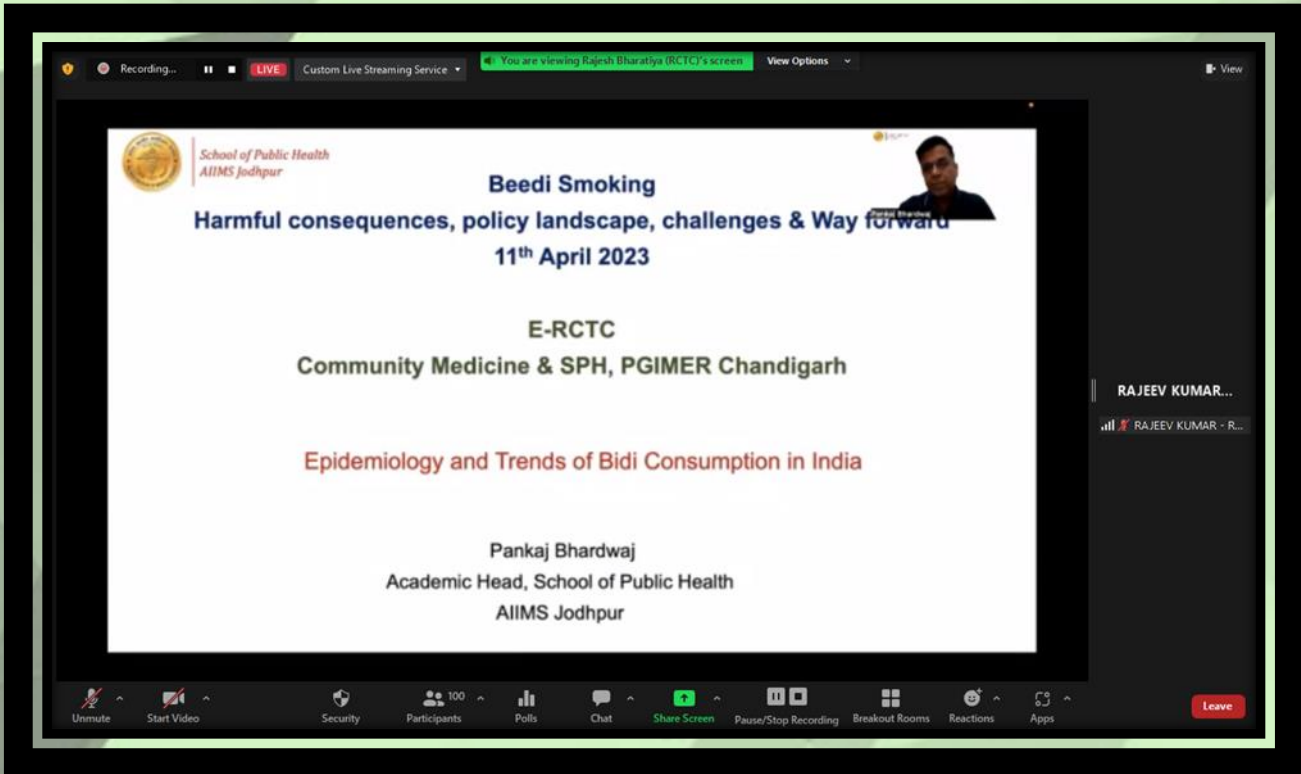


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Session 3:-Epidemiology and Trends of Bidi Consumption in India



Dr. Pankaj Bhardwaj, Additional Professor, Community Medicine & Family Medicine Coordinator, School of Public Health, AIIMS Jodhpur

Dr. Bharadwaj emphasized that beedis are one of the most commonly consumed tobacco products in India; in addition to the direct and indirect effects on health, the industry also poses a threat to workers based on their occupation. He highlighted the fact that for every cigarette sold in our country, approximately 8 beedis are sold. Unfortunately, beedi has taken the status of a poor man's cigarette. Beedi is currently the most common form used after smokeless tobacco; it is cheaper with poorly visible health warnings. Sir focused on the fact that the concentration of nicotine is significantly higher in beedi, with higher puff intensity and shorter inter-puff duration with deeper inhalations, delivering more CO and nicotine compared to cigarettes. He explained the epidemiology associated with beedi smoking; sociodemographic factors associated with beedi smoking are poor socioeconomic status, males aged 45-60 years, and northeast states have a higher prevalence of beedi smokers. The median age of initiation in young tobacco users is 10.5 years (11.6-boys, 8.6-girls). The proportion of beedi smokers has risen over the time period from 2009-10 to 2016-2017.

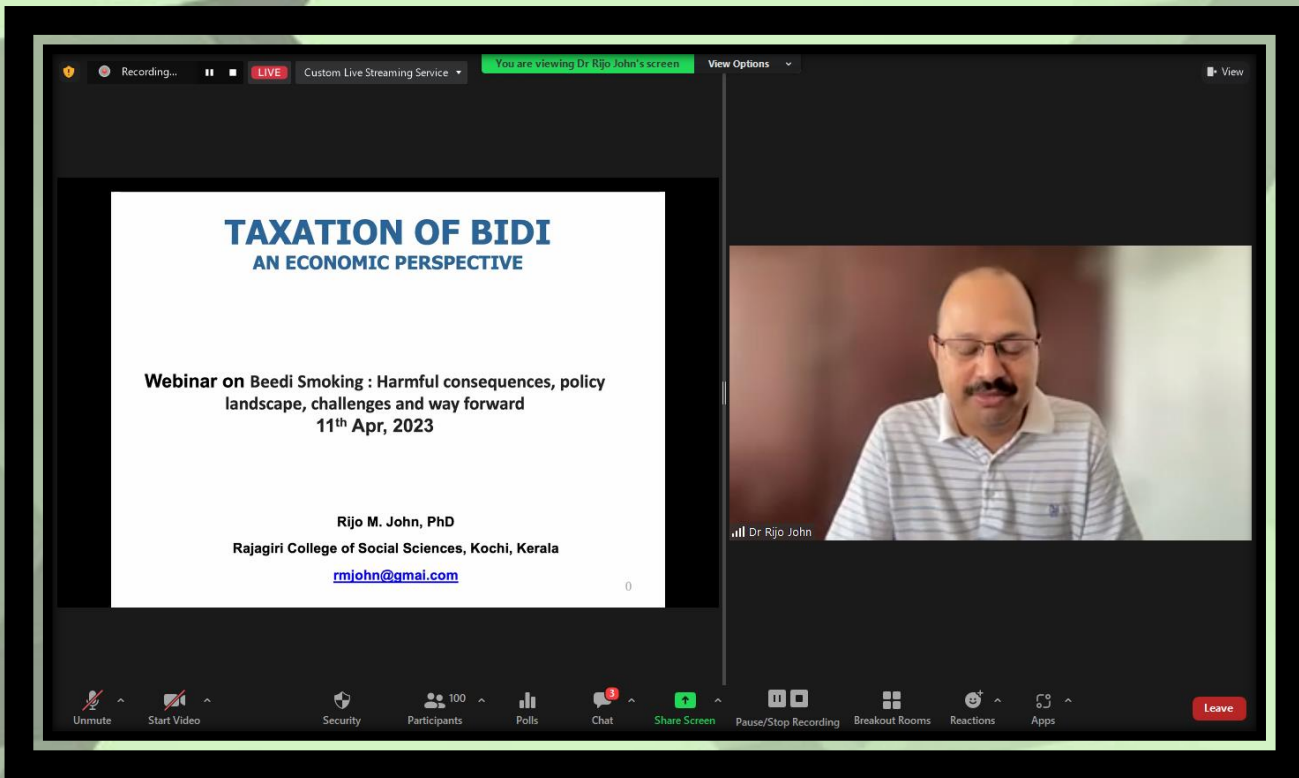


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Session 4:- Taxation for Beedi:- An Economic Perspective



Dr. Rijo M. John, PhD, Associate Professor, Rajagiri College of Social Sciences, Kochi Kerala

Dr. John emphasized the economic burden of beedi smoking in India, estimating that INR 805.5 billion (USD 12.4 billion), 0.5% of GDP, was due to beedi smoking and deaths in India in 2017, of which 21% is the direct cost and 71% is the indirect cost, with men bearing 94% of the total cost. Dr. John emphasized that, despite having more users than cigarettes, the tax collection is only 3%, as opposed to 85% for cigarettes. The current taxation regime primarily benefits beedi consumers. He pointed out the fact that beedi is the only tobacco product where compensation cess is not applied, a large part of the tax that is applied to cigarettes and smokeless tobacco is not applied to beedi. The total tax burden is only 52.7% for cigarettes, 22% for beedis, and 63.8% for smokeless tobacco products. Dr. John highlighted that as per WHO FCTC guidelines “All tobacco products should be taxed in the comparable way as appropriate, in particular where the risk of substitution exists.” In India, there is a lack of evidence that beedi and cigarettes are substitute products. The focus should be to have regulations and increase the current taxation on 15 beedis.

Dated:- 11.04.2023

Session 5:-Forest fires and climate change due to Tendu lifecycle

Recording... LIVE Custom Live Streaming Service

Study Objective & Approach

1. To establish linkages between tendu leaf collection and forest fires in India
2. To assess the impact in terms of burnt area & emissions

Focus on Chhattisgarh, Maharashtra & Odisha - 36 per cent of forest fires incidences, 35 per cent of tendu leaf collection

Utilize available satellite data on forest fires, vegetation type & emissions

Mix of mapping, spatial, statistical, modeling and back-of-the-envelope analysis tools

Your network bandwidth is low

Ms. Prerna Sah

Ms. Prerna Sah, Senior Research Associate ,International Forum for Environment, Sustainability & Technology, (iFOREST)

Ms. Sah focused on the environmental aspects of tendu leaf collection in India. Over the last decade, forest fires have increased tenfold throughout the nation. More than 2.5 lakh metric tons of tendu leaves are collected to produce 350 billion bidi sticks. Fires are used to facilitate the production of better quality tendu leaves, which is widely practiced despite being banned by the government. She discussed a study focusing on Maharashtra, Chhattisgarh, and Odisha, where 36% of tendu leaf collection occurs. The study aimed to understand the linkages between tendu leaf collection and the impact on these forest fires, conducted at iFOREST. There is substantial overlap between tendu leaf collection and forest fires, and a strong positive correlation is found between the forest fires and tendu leaf collection. The majority of fires occur from the month of March to May, which is the tendu leaf season. There were 14.2 million tons of CO₂ emissions dominated by tendu-related fires in the three focus states during the year 2021, which has a huge impact on climate change. Over 95% of the forest area in India is prone to forest fires.



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The Union

International Union Against
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Health solutions for the poor

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A Panel Discussion:-How to Combat Tobacco industry interference in Beedi lessons from different states & Recommendations



Dr. Nirmalya Mukherjee,
PhD, MPH, MSW,
Director-MANT



Dr. Dr. Gopal Chauhan,
SPO, NTCP,
Govt. of Himachal Pradesh



Dr. Shivam Kapoor,
Technical Advisor STOP,
The Union South East Asia



Dr. Sonu Goel, Director E-RCTC and
Professor, Department of Community Medicine & School
of Public Health,
PGIMER, Chandigarh
(Moderator)



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Panel Discussion

The topic of the panel discussion was “How to Combat Tobacco industry interference in Beedi lessons from different states & Recommendations”. Following were the panel experts Dr. Nirmalya Mukherjee, Dr. Gopal Chauhan, Dr. Shivam Kapoor moderated by Prof Dr. Sonu Goel. The pane discussion was very enlightening and interactive.

Highlights from the Panel Discussion

Dr. Nirmalya Mukherjee highlighted the role of civil society in controlling beedi consumption. He suggested cluster-wise upgradation of the bargaining skills of beedi rollers, and the need for livelihood missions to provide viable alternative trade and occupation options. There should be a basket of opportunities for rollers based on their skills.

Dr. Gopal Chauhan shared an example of tackling industry interference in Himachal Pradesh. Despite 14% of the burden of beedi consumption in the state as per GATS-2, when Shimla city was declared smoke-free on 02.10.2010, the beedi industry took a single-window clearance for production of beedi in one of the districts in Shimla. The case was taken to court, and with strong advocacy and evidence, production was stopped.

Dr. Shivam Kapoor focused on the strategies adopted by the beedi industry over time and the victim card that the industry uses, claiming to be a cottage industry, and opposing any measures that may threaten the jobs and livelihood of poor people. He shared an example from Karnataka of opposition received for the stop tobacco application, and how the union is currently advocating against it.



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Recommendations

1. Develop detailed documentation of activities related to beedi industry interferences.
2. Collect evidence of the number of beedi brands.
3. Address myths surrounding beedi in the community.
4. Create a cadre of ambassadors to mitigate the beedi industry.
5. Address beedi industry interference at all levels: political, administrative, and public.
6. The union government should adopt policy measures to regulate the beedi industry and make it more organized.
7. Involve the ministries of agriculture, forestry, environment, and labor welfare in addressing the beedi industry.
8. Establish formal and informal informant chains for the beedi industry at national and subnational levels.
9. Integrate a climate change perspective into beedi industry taxation.
10. Minimize the size of tobacco content in beedis to reduce their size.
11. Implement proper taxation on beedi products.



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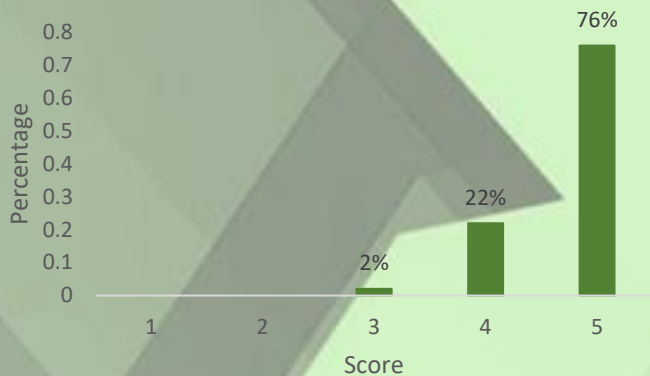
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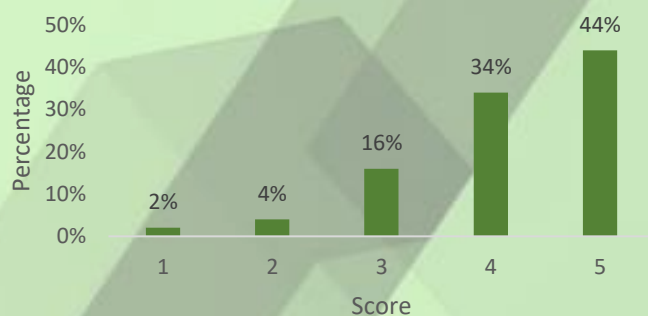
Feedback From Participants

All the answers have been recorded as per the scale from 01-05 poor to excellent

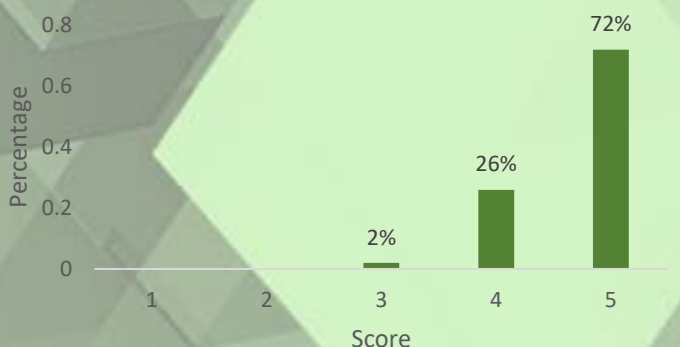
Prior information provided to participants about the webinar %age



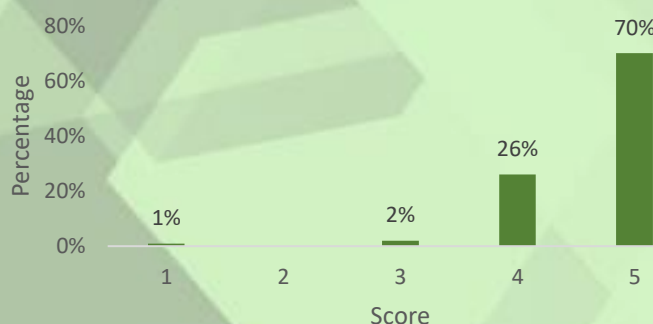
Prior knowledge of what would be key take away from the webinar % age



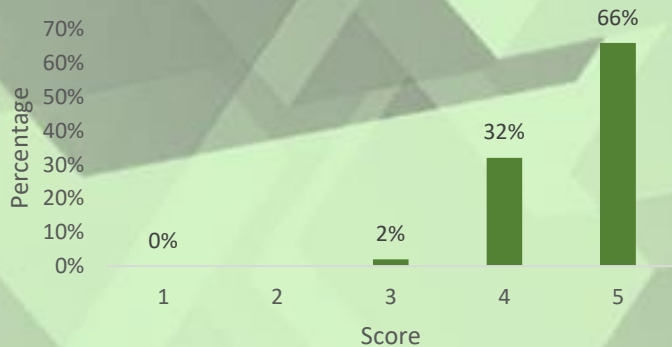
Presentations were well prepared and were on target % age



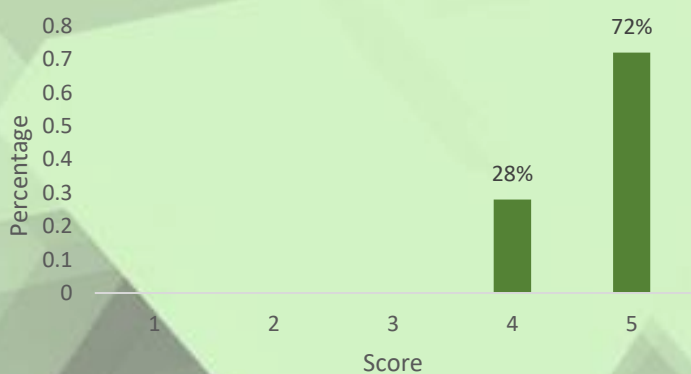
The session overcome other barriers and facilitated understanding % age



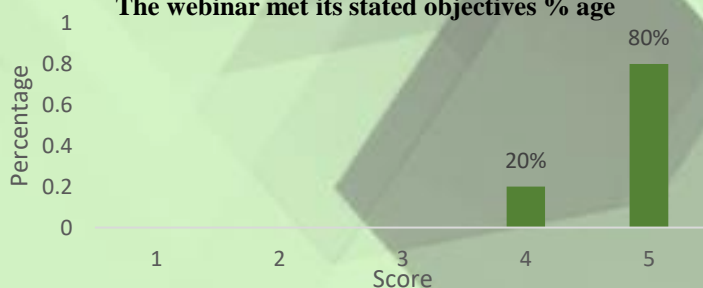
The pace and the sequencing of the session by facilitators facilitated easy transfer of learning inputs % age



The session engaged the participants in active learning related to goal of webinar % age



The webinar met its stated objectives % age



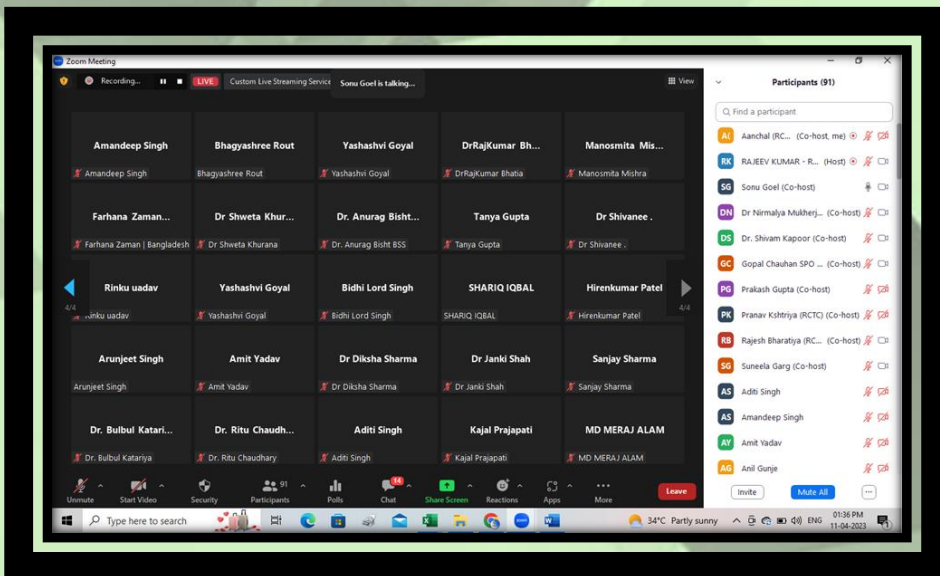
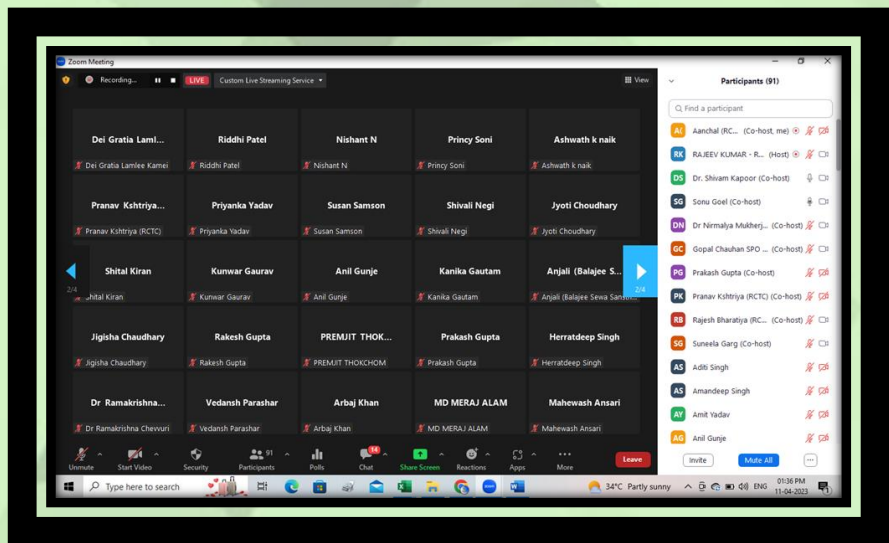
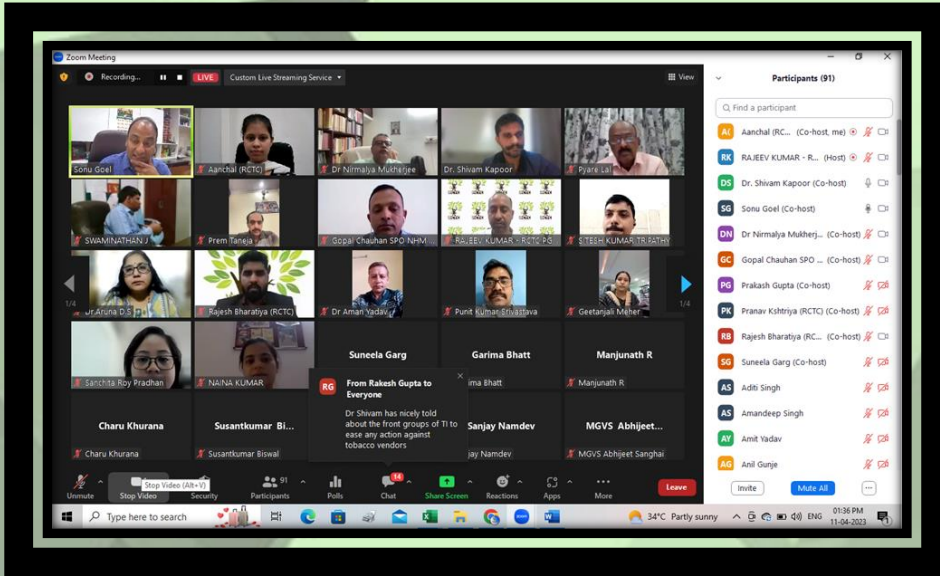


International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Dated:- 11.04.2023

Group Pictures





International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Dated:- 11.04.2023

Organizing Team



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International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Dated:- 11.04.2023

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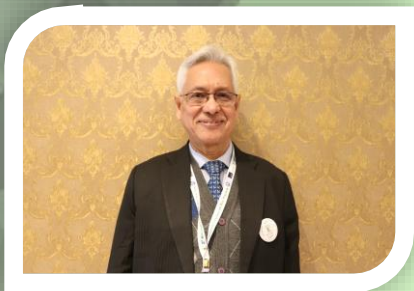
Dignitaries and Resource Persons



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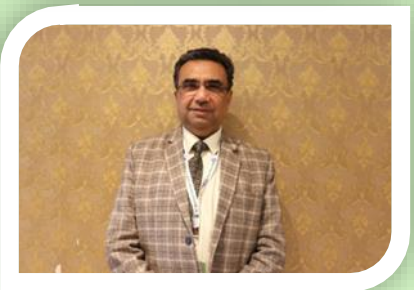
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International Webinar on “Beedi Smoking: Harmful consequences, policy landscape, challenges and way forward”



Dated:- 11.04.2023

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