

**Optimizing Tobacco Cessation Through Dentists: Public Health Perspective, Behavior Change Models, Barriers, Policies, Taxes, Laws – A Narrative Review**<sup>1</sup>Dr Arshiya Nazneen, BDS, Goregaon Dental Centre, Mumbai, India<sup>2</sup>Dr Disha Deepak Churi, MDS ORTHO - 3<sup>rd</sup> Year, PDCH, Udaipur, India<sup>3</sup>Dr Anoli Agrawal, MDS, Public Health Dentistry, ACPM Dental College, Dhule, Goregaon Dental Centre, India<sup>4</sup>Dr Sabitha Sri Imandi, BDS, Goregaon Dental Centre, Mumbai, India**Corresponding Author:** Dr Arshiya Nazneen, BDS, Goregaon Dental Centre, Mumbai, India**Citation of this Article:** Dr Arshiya Nazneen, Dr Disha Deepak Churi, Dr Anoli Agrawal, Dr Sabitha Sri Imandi, “Optimizing Tobacco Cessation Through Dentists: Public Health Perspective, Behavior Change Models, Barriers, Policies, Taxes, Laws – A Narrative Review”, IJDSIR – June – 2026, Volume – 9, Issue – 3, P. No. 50 – 58.**Copyright:** © 2026, Dr Arshiya Nazneen, et al. This is an open access journal and article distributed under the terms of the creative common’s attribution non-commercial License. Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.**Type of Publication:** Review Article**Conflicts of Interest:** Nil**Abstract**

Smoking is a major risk factor for death from systemic diseases, as well as oral health problems, including stained teeth, bad breath (halitosis), impaired wound healing, periodontal diseases, and severe conditions like necrotizing ulcerative gingivitis and precancerous lesions. The World Health Organization (WHO) states that there are about 1.1 billion regular smokers worldwide, leading to 6 million deaths each year. By 2030, tobacco is expected to be the top global cause of death. Tobacco cessation plays a vital role in reducing tobacco-related mortality and morbidity. Currently, India has approximately 18 Tobacco Cessation Clinics (TCCs) nationwide. Tobacco cessation methods include Cognitive Behavioral Therapy (CBT), intensive therapy, and pharmacological options. Dentists can identify tobacco users during checkups. The “5 As Approach” is

recommended for tobacco users who are ready to quit, while the “5 Rs Approach” is intended for those who are not yet willing to stop using tobacco. The WHO introduced the MPOWER package in 2008, which includes six evidence-based tobacco control measures that support the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). The Ministry of Health and Family Welfare, Government of India, has established a toll-free national tobacco quit line under the National Tobacco Control Program (NTCP) to offer telephonic counseling to individuals who wish to quit tobacco. Quitting tobacco provides immediate health benefits that occur at various milestones. Collaboration among healthcare providers and strong public health policies are crucial to reducing tobacco use and its health impacts. By prioritizing tobacco cessation in dental

practice, we can not only improve oral health but also contribute to a healthier society.

**Keywords:** Tobacco, Tobacco Cessation, Dentists, Smoking, Public Health

### **Introduction**

Tobacco, discovered by Christopher Columbus among the treasures of the New World in 1492, is derived from the species of the plant genus *Nicotiana*. In 1753, Carl Linnaeus named the genus of the tobacco plant "*Nicotiana*" after the French Ambassador to Portugal, Jean Nicot<sup>1</sup>.

India is the third-largest tobacco-growing country in the world and the second-largest consumer of tobacco products globally, with an annual oral cancer incidence of 10 per 100,000 among Indian males<sup>1,5</sup>.

The World Health Organization (WHO) states that there are about 1.1 billion regular smokers worldwide, leading to 6 million deaths each year<sup>4,5</sup>.

Global Adult Tobacco Survey (GATS 2) states that approximately 100 million adults smoke tobacco, while around 199 million use smokeless tobacco products. By 2030, tobacco is expected to be the top global cause of death<sup>2,6</sup>.

In India, the prevalence of tobacco use is particularly high, with 34% of individuals using bidis, 31% smoking cigarettes, 19% chewing tobacco, 9% smoking hookah, and 7% using other tobacco forms, and 1 in 5 adult male deaths and 1 in 20 adult female deaths among those aged 30-69 are attributable to smoking<sup>3</sup>. Also, India will soon witness 1 million smoking-related deaths each year<sup>3</sup>.

Smoking is a major risk factor for death from systemic diseases, as well as oral health problems, including stained teeth, bad breath (halitosis), impaired wound healing, periodontal diseases, and severe conditions like necrotizing ulcerative gingivitis and precancerous lesions<sup>3,5</sup>.

Tobacco cessation refers to validated, sustained abstinence from cigarettes and/or other tobacco products for a minimum of 6 months, ideally for one year<sup>4</sup>.

Tobacco cessation plays a vital role in reducing tobacco-related mortality and morbidity<sup>1,5</sup>. Currently, India has approximately 18 Tobacco Cessation Clinics (TCCs) nationwide. Tobacco cessation methods include Cognitive Behavioral Therapy (CBT), intensive therapy, and pharmacological options<sup>1,5</sup>.

The World Dental Federation (FDI) created the Section on World Dentistry against Tobacco in 1996 and adopted its Position Statement on Tobacco<sup>1</sup>.

The Oral Health Network of Tobacco Use Prevention and Cessation (OHNTPC), was created in 2005 at European Workshop to support and promote collaboration among oral health professionals<sup>1</sup>.

In 2007-2008, the Government of India launched the National Tobacco Control Program (NTCP) to raise awareness about the harmful effects of tobacco use, and enforce "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply, and Distribution) Act, 2003" (COTPA) to help individuals quit smoking and the central government grants recognition to the testing laboratories for testing the nicotine and tar contents in cigarettes any other tobacco products in 2019<sup>2</sup>.

Prohibition of Electronic Cigarettes (Prohibition of production, manufacture, import, export, transport, sale, distribution, storage, and advertisement) Act, 2019, to protect people from tobacco-related harm<sup>20</sup>.

The World Health Organization recommends incorporating tobacco cessation into dental care, promoting collaboration between dental and non-dental professionals to support patients in quitting tobacco<sup>11</sup>.

Dentists can identify tobacco users during checkups by noticing intraoral signs such as halitosis, tobacco stains, and lesions related to smoking<sup>7</sup>. It is a duty of a dentist upon recognizing a patient as a smoker to ask and advise if he is ready to quit smoking<sup>7</sup>. By offering guidance, the dental team can help patients progress from unawareness to the reflection stage and ultimately towards action<sup>7</sup>. The sooner a smoker quits, the more they reduce their risk of developing smoking-related diseases<sup>7</sup>.

Barriers for dentists in addressing tobacco cessation include doubts about their knowledge and skills, lack of confidence in their advice, concerns about patient reactions, limited time, and inadequate compensation<sup>4</sup>.

Recommended adequate modifications in the dental education curriculum to improve dentists' involvement in smoking cessation<sup>8</sup>. Dentists require education to enhance their knowledge and skills while fostering positive attitudes toward tobacco cessation counseling<sup>8</sup>.

This study aims to examine the role of dental health professionals in tobacco cessation and the barriers they face in offering cessation services.

### **Methods And Materiology**

To review the literature, studies were selected from PubMed, Scopus, Web of Science, and Google Scholar without restrictions on publication year, to provide an overview of tobacco cessation by oral healthcare professionals. The review focused on the burden of oral cancer and tobacco use in India. The search terms included: "Tobacco," "Tobacco cessation," "dentists," "smoking," "public health," and "knowledge." The research encompassed case reports, laboratory studies, clinical studies, and systematic reviews.

### **Impact of smoking on overall and oral health**

#### **General Health**

Tobacco use is a significant risk factor for chronic conditions like cancer, cardiovascular disease, and

pulmonary disorders, which can have serious health effects such as during pregnancy it increases the risk of low birth weight, miscarriage, premature birth, and Sudden Infant Death Syndrome (SIDS), endocrine disruptions, infections like pneumonia, influenza and other issues like broken bones, bruises and sprains<sup>1,5</sup>.

Tobacco use causes oxidative damage and leads to increased inflammation<sup>5</sup>.

#### **Oral Health**

A variety of oral health issues and conditions are linked to smoking<sup>5</sup>. These include staining of teeth and dental restorations, bad breath (halitosis), impaired wound healing, periodontal diseases, failure of dental implants and surgical treatments, acute necrotising ulcerative gingivitis, and potentially life-threatening precancerous and cancerous lesions, and it also affects pregnant women, increasing the risk of cleft palate formation<sup>1,5</sup>.

It is essential to address the effects of tobacco on overall health to prevent these conditions<sup>5</sup>. Public health strategies should focus on educating the people about the harmful effects of tobacco, offering cessation programs, promoting regular dental check-ups, and implementing policies to decrease tobacco use and exposure<sup>5</sup>.

Recent research indicates that smoking is a major risk factor for tuberculosis in India<sup>1</sup>.

#### **Dentists' impact on smoking cessation**

Dentists serve as essential role models for their patients and are uniquely positioned to help reduce the prevalence of tobacco use in society<sup>4,5</sup>.

The "5 As Approach" is recommended for tobacco users who are ready to quit, while the "5 Rs Approach" is intended for those who are not yet willing to stop using tobacco<sup>1,6</sup>.

The 5 As Approach includes the following steps:

1. Ask patients about their tobacco use.
2. Advise users on the benefits of quitting.

3. Assess their readiness to quit.
4. Assist them in the quitting process.
5. Arrange follow-up meetings to monitor their progress.



Collidu. 5 A's of Tobacco Cessation [Internet]. Collidu.com. 2023. Available from:

**Source link:** <https://www.collidu.com/presentation-5-as-of-tobacco-cessation>

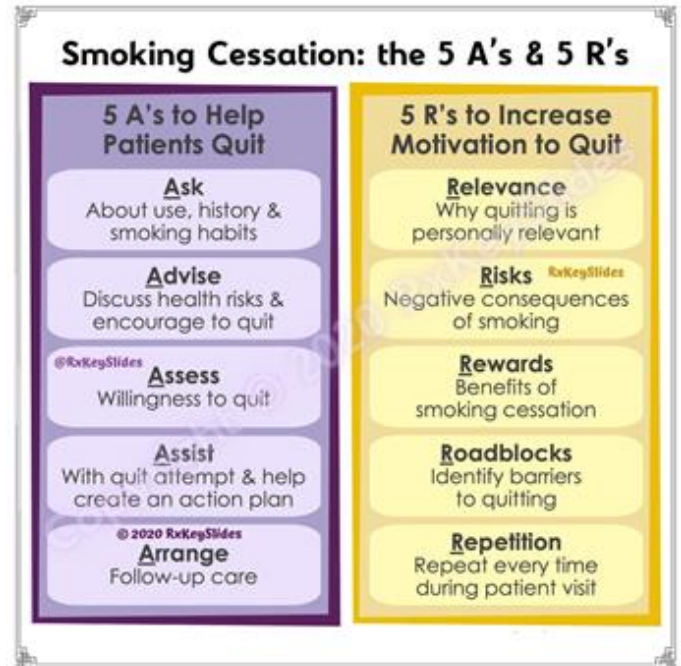
The 5 Rs Approach includes the following steps:

1. The Relevance of quitting for them personally.
2. The Risks associated with continued tobacco use.
3. The Rewards that come from quitting.
4. The Roadblocks that might hinder their efforts to quit.
5. The importance of the clinician to repeat these "5 Rs" to encourage the patient's decision to quit.



The Monday Campaigns. Start Your Quit this Monday with the 5-R Model for Smoking Cessation [Internet]. The Monday Campaigns. 2025. Available from:

**Source link:** <https://www.mondaycampaigns.org/quit-stay-quit/start-your-quit-this-monday-with-the-5-r-model-for-smoking-cessation>



PharmD, BCGP, BCMTMS, BCACP. Smoking Cessation: the 5 A's and 5 R's. Very useful ... [Internet]. GrepMed. 2020 [cited 2025 Oct 13]. Available from:

**Source link:** <https://www.grepmed.com/images/7282/smokingcessation-algorithm-cardiology-prevention-5>

### MPOWER

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was adopted in 2003 to handle the global tobacco crisis and to protect future generations from the harmful effects of tobacco <sup>2</sup>.

The WHO introduced the MPOWER package in 2008, which includes six evidence-based tobacco control measures that support the WHO FCTC <sup>2</sup>.

MPOWER stands for:

- M: Monitor tobacco use and prevention policies;
- P: Protect smoke-averse individuals;
- O: Offer assistance to quit tobacco;
- W: Warn about the risks of tobacco use;

E: Enforce bans on tobacco advertising, promotion, and sponsorship;

R: Raise taxes on tobacco products.

### **Behavior change models**

Activities at tobacco cessation clinics: awareness campaigns, community-based counseling, promotion of tobacco cessation facilities, and offering pharmacological treatment <sup>9</sup>.

Cognitive behavioral therapy includes Motivational Interviewing, setting quit dates, follow-up support, education, and resources, and brief conversations about smoking cessation <sup>5</sup>.

Intensive therapy includes personalized one-to-one counseling sessions as well as group therapy where individuals can share their experiences about quitting <sup>5</sup>.

Pharmacological treatment addresses withdrawal symptoms, such as Nicotine replacement therapy, which includes nicotine patches, gum, lozenges, nasal sprays, and inhalers and antidepressants such as Bupropion are used in some cases <sup>5</sup>.

Tobacco cessation theories explain behavior change to help people quit smoking, including the Trans theoretical Model (TTM) (or Stages of Change) developed by Prochaska and DiClemente, which describes moving through precontemplation, contemplation, preparation, action, and maintenance stages <sup>9</sup>.

The Health Belief Model (HBM) effectively explains health-related behaviors by connecting beliefs, actions, and motivations in decision-making. It helps in creating persuasive messages that encourage healthier choices <sup>10</sup>.

Other key theories are the Theory of Planned Behavior (TPB), which highlights attitudes, norms, and perceived control influencing intentions, and Social Cognitive Theory (SCT) <sup>8</sup>.

The Ministry of Health and Family Welfare, Government of India, has established a toll-free national

tobacco quit line under the National Tobacco Control Program (NTCP) to offer telephonic counselling to individuals who wish to quit tobacco <sup>9</sup>. It is accessible through telecom services, available in both English and Hindi, from 8:00 AM to 8:00 PM, six days a week (closed on Mondays) <sup>9</sup>.

The National Tobacco Quit Line Services (NTQLS) is available at 1800 112 356 (toll-free) and is established at Vallabhbhai Patel Chest Institute (VPCI) in New Delhi. Since 2018, services have been expanded to regional centers, offering counseling in local languages at Dr. Bhubaneshwar Borooah Cancer Institute (BBCI) in Guwahati, NIMHANS in Bangalore, and Tata Memorial Centre (TMC) in Mumbai <sup>12</sup>.

### **Barriers in tobacco cessation counseling**

Potential barriers to tobacco cessation include time constraints, the perceived complexity of cessation protocols, a lack of confidence in using behavioral management techniques, having doubts about patient's ability to quit, weak provider-patient relationships, reimbursement issues, inadequate education, limited postgraduate training, and poor coordination between dental and smoking cessation services <sup>9</sup>.

Understanding the pharmacology of addiction can help address pessimism about quitting <sup>9</sup>. However, supporting patients through cessation is time-intensive and requires sustained clinician patience at every stage of cessation process <sup>9</sup>.

Enrolling in quit line services represents a significant step forward in the ongoing efforts of the Government of India to provide cessation resources particularly in remote and rural areas <sup>9</sup>. It also offers patients a more convenient and anonymous alternative to face-to-face management, thereby easing the burden on busy dental health professionals <sup>9</sup>. Proactive telephone counseling

can increase the likelihood of quit rates by around 13%, according to Zhu et al.<sup>9</sup>.

While over 90% of dentists are aware of nicotine replacement therapies, as reported by Aggarwal et al., significantly higher than findings by Sahoo et al., which reported around 50%, and 19% as noted by Sujatha et al., only 5.4% of dental practitioners have received additional training in tobacco cessation, as found by Vinod et al., highlighting the need for more training sessions<sup>9</sup>.

In the study by Singla et al., 91% of dentists and 79.2% of dental hygienists supported training programs on tobacco cessation techniques<sup>9</sup>.

### **Policies**

#### **Restrictive Policies:**

These policies regulate behavior by prohibiting certain actions and imposing penalties for violations, and are also categorized as access controls and environmental controls<sup>1</sup>.

#### **Information Dissemination Policies:**

This policy includes promotion and prohibition of tobacco products. As per the Master Settlement Agreement (MSA), tobacco companies agreed to eliminate billboard advertisements and the use of cartoon characters<sup>1</sup>.

#### **Economic Incentive Policies:**

Information dissemination policies use price changes to clearly communicate costs, rather than relying on individuals to interpret information about discounts or externalities<sup>1</sup>.

A tobacco-free environment in dental settings encourages patients to quit smoking and enhances overall health<sup>5</sup>.

By enforcing policies and acting as role models, dental professionals can positively influence attitudes toward tobacco use, promoting better oral and general health<sup>5</sup>.

### **Tobacco Tax**

Current excise and VAT tax rates are inadequate to raise tobacco prices; the prices of tobacco products are even cheaper than essential food items in India<sup>21</sup>. The increased affordability impacts not only nationally but also among the poorest households in India<sup>21</sup>. The tax burden on tobacco does not align with WHO FCTC (World Health Organization Framework Convention on Tobacco Control) recommendations and has been declining recently<sup>21</sup>. Furthermore, the unorganized sector's production of bidis and smokeless tobacco, along with various cigarette brands, compromises the effectiveness of tobacco tax interventions<sup>21</sup>.

Sin goods (tobacco, pan masala, etc.) will be taxed at 40% starting 22<sup>nd</sup> September 2025, as announced in the 56<sup>th</sup> GST Council meeting<sup>13</sup>.

### **Tobacco Control Law and Related Laws in India**

- The Ministry of Health & Family Welfare, Government of India, has legislated laws to reduce tobacco use and protect public health<sup>14</sup>. First, the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA 2003)<sup>14</sup>. Additionally, the Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act was passed in 2019<sup>14</sup>. Further, the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Amendment Rules, in 2023<sup>14</sup>.
- Regulation 2.3.4 of the Food Safety and Standards (Prohibition and Restrictions on Sales) Regulations, 2011, issued on 1st August 2011 under the Food Safety and Standards Act, 2006, by the Food Safety

and Standards Authority of India (FSSAI), states that tobacco and nicotine are prohibited from use in any food products, leading to the ban on Gutka <sup>14</sup>.

- Under Section 77 of the Juvenile Justice Act, 2015, anyone who provides a child with intoxicating liquor, narcotic drugs, tobacco, or psychotropic substances—unless prescribed by a qualified medical practitioner—will face up to seven years of imprisonment and a fine up to one lakh rupees <sup>14</sup>.

### **World No Tobacco Day**

The World Health Organization created World No Tobacco Day in 1987 to raise global awareness to the tobacco epidemic and its preventable health impacts. In 1987, the World Health Assembly passed Resolution WHA40.38, calling for 7 April 1988 to be a "World No-Smoking Day" <sup>15</sup>. In 1988, Resolution WHA42.19 was passed, calling for the celebration of World No Tobacco Day every year on 31 May <sup>15</sup>.

World No Tobacco Day Themes:

2025 – “Unmasking the Appeal: Exposing Industry Tactics on Tobacco and Nicotine Products” <sup>16</sup>.

2024 – “Protecting Children from Tobacco Industry Interference” <sup>17</sup>.

2023 – “Grow Food, Not Tobacco” <sup>18</sup>.

Quitting tobacco provides immediate health benefits that occur at various milestones includes just in 20 minutes you can observe Heart rate drops, after 12 hours you will see Carbon monoxide levels in blood return to normal, between 2 to 12 weeks both circulation and lung function improve, after 1 to 9 months you may notice decrease in coughing and shortness of breath, after 5 to 15 years your risk of stroke equals to that of a non-smoker, after 10 years the lung cancer death rate is approximately half that of a smoker, after 15 years your risk of heart disease matches that of a non-smoker <sup>19</sup>.

These milestones emphasize the significant health improvements that occur after quitting smoking <sup>19</sup>.

### **Conclusion**

Tobacco use is a significant public health challenge in India and worldwide, leading to high rates of morbidity and mortality, including a high burden of oral diseases. Dental health professionals are uniquely positioned to play a pivotal role in tobacco cessation through early identification, patient education, and behavioral interventions. Despite existing barriers, such as limited training, time constraints, and lack of confidence, strengthening dental curriculum and ongoing professional development can empower dentists to deliver effective cessation counseling. Collaboration among healthcare providers and strong public health policies are crucial to reducing tobacco use and its health impacts. By prioritizing tobacco cessation in dental practice, we can not only improve oral health but also contribute to a healthier society. It is recommended that further research be conducted on alternative tobacco products for a better understanding of their potential effects on the human body. Additionally, the implementation of stricter laws and regulations on tobacco use is strongly encouraged to help reduce its harmful impact on public health.

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