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# **Rise in Tobacco Consumption and Policy Implications**

**An Analysis of Household Consumption Expenditure Survey**

**2011-12 and 2023-24**



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## *Executive Summary*

The Household Consumption Expenditure Survey (HCES) 2023-24 delivers an uncomfortable truth India can no longer afford to ignore: tobacco consumption is rising fast, spreading wider, and embedding itself deeper into the lives of poorer households - just as the state expands publicly funded healthcare. This collision of trends is not accidental, and it carries serious implications for health outcomes, fiscal sustainability, and social policy.

Adjusted for inflation, per capita spending on tobacco rose sharply between 2011-12 and 2023-24 - by 58 % in rural India and an even steeper 77 % in urban areas. Tobacco now accounts for around 1.5 % of monthly per capita consumption expenditure (MPCE) in rural areas and 1 % in urban areas. On the surface, these shares may appear modest. But the real alarm lies elsewhere: in the explosion of the number of households consuming tobacco. In rural India, tobacco-consuming households increased from 9.9 crore (59.3 % of all households) to 13.3 crore (68.6 %) - a rise of 33 % in just over a decade. Urban India tells an even more dramatic story. The number of tobacco-consuming households jumped by 59 %, from 2.8 crore (34.9 %) to 4.7 crore (45.6 %). Tobacco use is no longer confined to traditional pockets or demographics; it is becoming mainstream across rural and urban India alike.

The composition of tobacco use reveals a particularly disturbing shift. In rural areas, the surge is driven primarily by gutkha and leaf tobacco. In cities, cigarette consumption has increased sharply, but gutkha has followed close behind. The most startling statistic in the survey concerns rural gutkha use: the share of rural households consuming gutkha has risen more than six-fold - from 5.3 % to 30.4 % of households. Today, 41 % of all rural tobacco expenditure goes towards gutkha, making it the single largest tobacco product by value. Urban India, often assumed to be more health-aware, is hardly immune. Cigarettes remain the most widely consumed tobacco product in cities, used by 18.1 % of urban households. But gutkha is no longer a rural vice. Nearly 16.8 % of urban households now consume it, underscoring how aggressively this product has penetrated city markets.

Geography sharpens the picture further. Gutkha consumption is heavily concentrated in India's central belt - Madhya Pradesh, Uttar Pradesh, Bihar, Chhattisgarh and Rajasthan - where prevalence far exceeds the national rural average of around 30 %. In rural Madhya Pradesh, more than six in ten households consume gutkha; Uttar Pradesh has crossed the 50 % mark. What is more worrying is that urban patterns are beginning to mirror rural ones. Nearly half of urban households in Madhya Pradesh consume gutkha, while Uttar Pradesh, Bihar and Rajasthan all record rates well above one-third. Beyond the central belt, the North-East shows significant penetration, with several states recording gutkha consumption above the national average in both rural and urban areas. Southern states report lower prevalence overall, but even here the numbers are troubling - Karnataka, for instance, sees one in four rural households consuming gutkha.

Equally concerning is who bears the brunt of this epidemic. Tobacco use in India is increasingly concentrated among poorer households. In rural areas, more than 70 % of households in the bottom 40 % of the income distribution consume tobacco. In states such as Uttar Pradesh, Madhya Pradesh and Bihar, this figure exceeds 85 % - compared to just over 63

% among the richest 20 %. Poorer rural households spend a larger share of their MPCE on tobacco (1.7 %) than the top 20 % (1.2 %). Urban India exhibits an even sharper class divide. Over half of bottom-40 households consume tobacco, while usage among the top 20 % stands below 37 %. The poor spend nearly twice the share of their MPCE on tobacco compared to the rich. Across both rural and urban settings, tobacco consumption remains highest among the poorest and lowest among the wealthiest.

Gutkha cuts across classes in rural India in a particularly worrying way. Consumption has surged across all income groups, with prevalence among the bottom 40 (30.7 %) and the top 20 (28 %) now nearly identical. This suggests not a class-specific shift, but a broad-based social normalisation. In urban areas, however, inequality reasserts itself: more than one in five bottom-40 households consume gutkha, compared to fewer than one in ten among the top 20.

The health consequences of this trajectory are well known and devastating. The Ministry of Health and Family Welfare estimates that nearly 13 lakh deaths annually in India are attributable to tobacco. Tobacco is a leading risk factor for non-communicable diseases (NCDs) such as cardiovascular disease, respiratory illness, cancer and hypertension. NCDs now account for 63 % of all deaths in India, according to the WHO's India NCD Profile, with cardiovascular diseases alone responsible for 27 %. What makes the current moment particularly fraught is the interaction between rising tobacco use and expanding public healthcare coverage. Ayushman Bharat was designed as a safety net to protect vulnerable families from catastrophic health expenditures. As of October 2025, over 42 crore Ayushman cards have been issued, covering nearly 12 crore families. The scheme has already helped households save an estimated ₹1.52 lakh crore in out-of-pocket health spending.

Government health expenditure as a share of total health spending rose from 29 % to 48 % between FY2015 and FY2022, while out-of-pocket expenditure fell sharply. This is a success story, when viewed partially. But declining private health spending alongside rising tobacco consumption raises a classic moral hazard concern. When tobacco use - concentrated among poorer households - drives chronic disease, the costs increasingly fall on the state. Without corrective action, the long-term financial sustainability of publicly funded healthcare schemes could come under serious strain.

This risk is compounded by weak fiscal offsets. Tobacco products generated just 2.4 % of gross tax revenue in FY23. While the Central Excise (Amendment) Bill, 2025 proposes a significant hike in duties - raising the levy on chewing tobacco to 100 % tax policy alone will not suffice. Regulatory oversight must be strengthened. Surrogate advertising continues unabated, with leading Bollywood celebrities promoting gutkha and pan masala under the fig leaf of "silver-coated cardamom." The twin-product strategy - selling pan masala and tobacco separately to circumvent bans - has hollowed out enforcement. These practices should not be tolerated in a country grappling with a mounting NCD crisis.

Perhaps the starkest indictment comes from household budgets themselves. In rural India, bottom-40 households spend just 2.5 % of MPCE on education, while spending 4 % on pan, tobacco and intoxicants. A welfare state cannot credibly champion human capital development while allowing addictive products to crowd out spending on education, nutrition

and health. India stands at a crossroads. The government's commitment to social protection and universal health coverage cannot coexist with an unchecked rise in tobacco consumption. The HCES data is not just a statistical warning - it is a policy alarm bell.

## 1. Introduction

The Household Consumption Expenditure Survey (HCES) 2023–24 provides the first nationally representative post-pandemic evidence of household-level spending patterns since 2011–12. The data reveal that monthly per capita expenditure on tobacco products has increased substantially over the last decade. In rural India, nominal per capita expenditure on tobacco rose from ₹21 in 2011–12 to ₹61 in 2023–24, while in urban India it increased from ₹19 to ₹63 over the same period. After adjusting for inflation, this represents a 58 percent increase in rural areas and a 77 percent increase in urban areas. The share of tobacco in Monthly Per Capita Expenditure (MPCE) has also increased in both sectors.

While rising expenditure is itself troubling, the more consequential development is the dramatic expansion in the number of households reporting tobacco consumption. The incidence of tobacco use—defined in this report as the proportion of households reporting consumption of any tobacco product—has increased significantly in both rural and urban India. This expansion is not confined to any single geography or income group. Instead, tobacco use has spread across states and Union Territories, cutting across economic classes and reflecting shifting product preferences, particularly toward gutkha and cigarettes.

The transformation in product composition is especially striking. Traditional products such as bidi have shown stagnation or decline in incidence, while packaged and branded products—most notably gutkha and cigarettes—have experienced rapid growth. In rural India, gutkha consumption has expanded more than six-fold over the decade. Urban areas, often assumed to exhibit lower vulnerability to smokeless tobacco products, have witnessed a similarly sharp rise. Cigarette consumption has also increased significantly, particularly among higher consumption classes, indicating changing aspirations and substitution patterns away from lower-cost tobacco products.

These developments carry serious public health implications. Tobacco use remains a leading risk factor for non-communicable diseases (NCDs), including cardiovascular diseases, cancers, respiratory disorders, and metabolic conditions. As India’s disease burden shifts decisively toward NCDs, the rising incidence of tobacco consumption threatens to intensify mortality, morbidity, and long-term healthcare costs. At the same time, the expansion of publicly funded health insurance reduces out-of-pocket expenditure for households—an important welfare gain—but may also weaken financial deterrents against risky health behaviours, raising concerns of moral hazard and fiscal sustainability.

Against this backdrop, this paper undertakes a detailed empirical analysis of changes in tobacco consumption between 2011–12 and 2023–24 using unit-level data from the National Sample Survey (NSS) 68th Round and the HCES 2023–24. The study focuses on six key objectives:

1. To examine changes in national-level incidence of tobacco consumption.
2. To analyse state- and Union Territory-level variations in tobacco use.

3. To assess product-wise shifts in consumption patterns (bidi, cigarette, gutkha, leaf tobacco and other products).
4. To evaluate consumption-class-wise differences in tobacco incidence.
5. To explore the implications of changing tobacco patterns for public health outcomes.
6. To assess the fiscal and policy implications for public finance and healthcare sustainability.

By systematically documenting the scale, distribution and composition of tobacco consumption in India, this paper seeks to inform evidence-based policy responses. Rising tobacco use is not merely a behavioural issue; it is a structural challenge that intersects with inequality, health financing, taxation policy and regulatory enforcement. The findings presented in this report aim to contribute to a broader policy debate on how India can reconcile its commitment to universal healthcare with the urgent need to curb preventable health risks.

## 2. Data

This report uses the unit-level data from the National Sample Survey (NSS) 68th round Type 2, conducted in 2011-12, and the Household Consumption Expenditure Survey (HCES) conducted in 2023–24. In both surveys, a detailed questionnaire of items that households typically spend money on was prepared.

There are four components of the survey:

- (i) Household characteristics, where detailed information on household members, such as gender and age, is collected. Detailed information on which state the household belongs to, whether it resides in a rural or urban area, and the religion and social group of the household are collected. Survey weights are assigned based on the information on the listing of households from the latest census to capture the representativeness of the household.
- (ii) The survey elicited detailed information on household expenditure on food items, such as cereals, milk & milk products, pulses, vegetables, eggs, fish, & meat, fresh fruits, dry fruits, edible oil, salt & sugar, spices, beverages, served processed food, and packaged processed food. Detailed data on sub-items was also collected for each of these broad items. The survey not only captured data on expenditure but also reported the quantities that were consumed by the household. Therefore, detailed data on the consumption of goods that were either home-produced or freely provided by the government was also captured in the survey. Both these surveys followed a mixed method recall, whereby for some food items, such as cereals, a 30-day recall was used, while for fresh fruits, a 7-day recall was used. It is also important to mention that in terms of food items, the NSS 68th round 2011–12 is very similar to HCES 2023–24, except for milk & milk products where in 2011–12 a 30-day recall period was used while in 2023–24 a 7-day recall period was used. Furthermore, the survey also provided data on the quantity and expenditure of food items from the Public Distribution System (PDS).
- (iii) Data on consumables and services was collected. These items typically include medical expenditure, education, conveyance, expenditure on fuel & light, pan, tobacco, & intoxicants, etc. As in food items, mixed recall methods were used; for example, medical expenditure related to hospitalization was collected on a 365-day recall, whereas medical spending that did not require hospitalization was collected based on a 30-day recall. Pan, tobacco & intoxicants-related expenditure was collected based on a 7-day recall. Detailed data on sub-items was collected for each broad items. For the purpose of this paper, we focus on the expenditure tobacco products like bidi, cigarettes, gutka, zarda, kimam, surti, leaf tobacco, hookah tobacco, cheroot, snuff and other products. The Survey collects data on consumption of these products out of home produce, total consumption and total expenditure on tobacco products.

- (iv) Data on durable items such as clothing, bedding, footwear, furniture, household appliances, etc., was collected on a 365-day recall.

However, in 2023–24, the households were not surveyed in a single sitting to improve the data quality regarding the response rate. Instead, the households were visited three times. In the first visit, data on household characteristics was always collected. However, the food, consumables and durable goods surveys were randomized across the first and the subsequent two visits across the two successive months. The sequence of the survey was randomly determined for each household. Furthermore, the interviewing methodology was based on computer-assisted personal interviewing (CAPI).

A stratified two-stage sampling methodology was adopted to make the survey representative. The geographical coverage of the survey was all over India except for a few villages in the Andaman and Nicobar Islands. The survey duration was one year. For NSS 2011–12, it started in July 2011 and ended in June 2012, while for HCES, the survey was started in August 2022 and ended in July 2023. In HCES 2023–24, 261953 households were surveyed (154357 in rural areas, 107596 in urban areas) while in NSS 2011–12, 101651 households were surveyed.

This study compares parameters of states and UTs in 2011-12 against the same in 2023-24. During this time, few state and UTs were reorganized. For the purpose of comparison, we have compared the new state in 2023-24 against the parameters of the undivided states in previous period and vice versa. For example, the share of households consuming tobacco in Telangana in 2023-24 is compared against the share of Andhra Pradesh in 2011-12. Similarly, parameters of Ladakh in 2023-24 is compared against that of Jammu and Kashmir in 2011-12.

### 3. Methodology

The objective of the paper is to understand how the tobacco consumption has changed over the last decade. The methodology of the paper is following:

**Dummy Creation:** We have used the unit level data of NSS 68<sup>th</sup> round and HCES 2023-24 data to create dummy variables for consumption of each tobacco product combined as well as separated. For all the households that have incurred expenditure on any tobacco items, the dummy variable takes a value of 1, otherwise 0. It is important to note that when we consider tobacco (overall) dummy, the objective is to know whether the household is consuming any tobacco product. So, if a household consumes more than one tobacco product, then it counts the household just once, to avoid overestimating the number of households consuming tobacco. Further, we have created individual tobacco product dummy variables. If a household consumes two tobacco products, it is included in both corresponding dummy variables. By design, when we add up the individual share of tobacco products, it would be greater than the share of tobacco (overall) as there are households with consumption of more than one tobacco product. These dummy variables are created at sector and state level for further analysis.

**Consumption Class-wise classification:** we have created 3 consumption categories of the households for further analysis. Households are ranked according to their respective MPCE within each state and sector. Households in top 20% MPCE percentile are classified as Top 20 households. Bottom 40 implies households in the 0-40 percentile MPCE, Top 20 indicates households in the 80-100 percentile MPCE and Average implies across all consumption group groups.

**Calculation of Incidence:** In this report, the term incidence of tobacco use refers to the proportion of households reporting consumption of tobacco products, rather than the epidemiological definition of incidence as the occurrence of new cases over time. Using the dummy variables and weights, we calculated the weighted value of dummy variables of each household. We took the sum of household's weights to arrive at the population level. Then consumption incidence share of each tobacco items is calculated at state and sector level.

$$\text{Incidence of Tobacco} = \frac{\sum_{i=1}^N d_i w_i}{\sum_{i=1}^N w_i} \times 100$$

where  $d_i$  is the tobacco dummy &  $w_i$  is the household weight

$$\text{Incidence of Tobacco in B40} = \frac{\sum_{i=1}^N d_i w_{40,i}}{\sum_{i=1}^N w_{40,i}} \times 100,$$

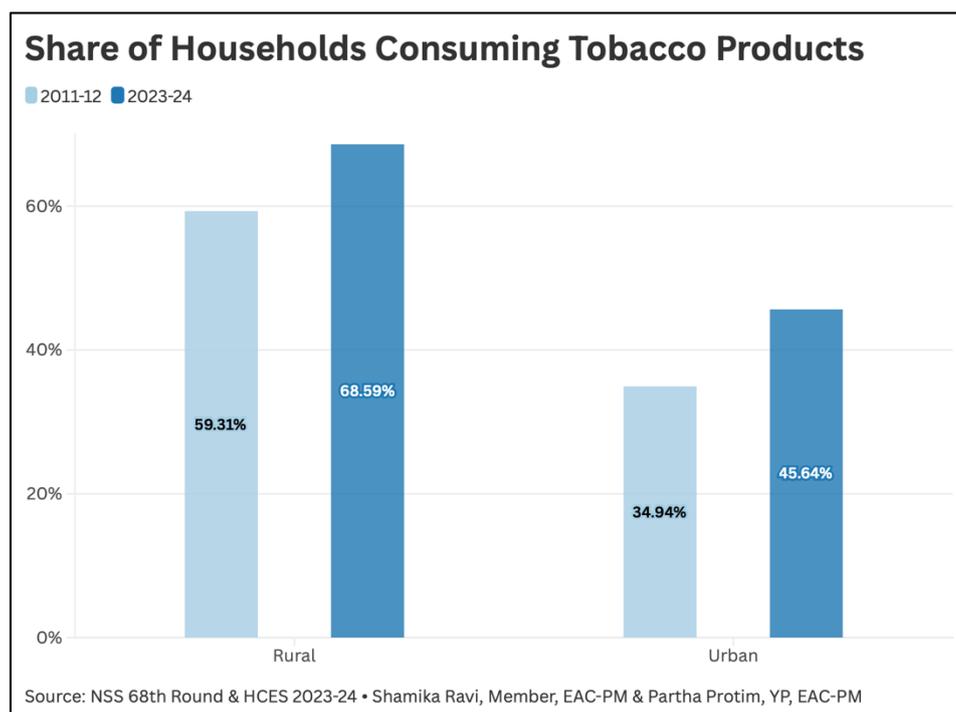
where  $d_i$  is the tobacco dummy &  $w_{40,i}$  is household weight of Bottom 40 consumption class

## 4. National Level Incidence of Tobacco Consumption

Incidence of tobacco consumption has increased rapidly both in urban and rural area over the last decade. Harmful effects of tobacco consumption are well established and widely known through various programmes, campaigns, statutory warnings on packages of tobacco products etc. Despite the efforts, tobacco consumption patterns do not show any major sign of decline. In this context, understanding the changes in consumption pattern of various tobacco products is extremely crucial.

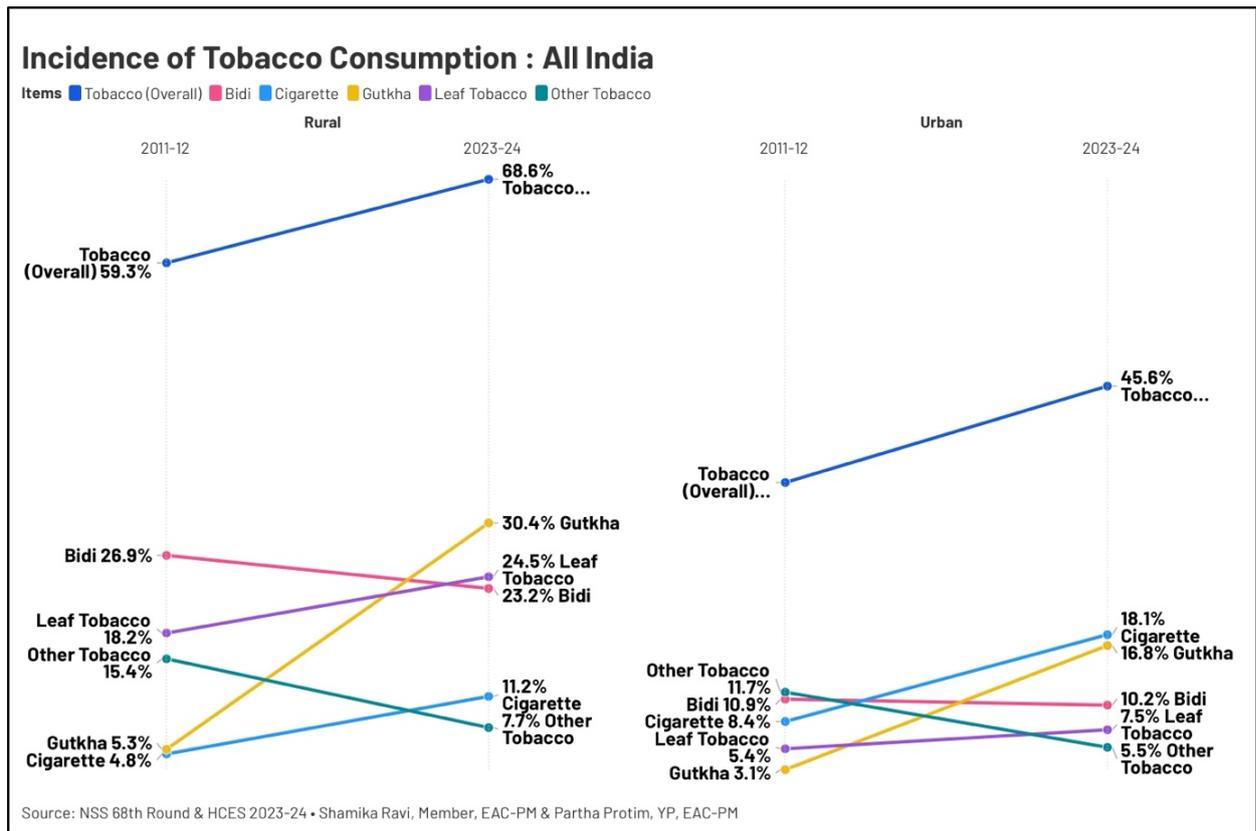
Consumption of tobacco in rural areas increased significantly. 9.9 crore households (59.31% of the households) consumed any kind of tobacco products in 2011-12. This has increased to 13.3 crore households (68.49% households) consuming tobacco products in 2023-24. Tobacco consumption in rural areas has risen by 33%. Similarly, 2.8 crore households (34.94% of urban households) consumed tobacco products in 2011-12 which increased to 4.7 crore households (45.64 % of the households) in 2023-24. Tobacco consumption incidence in urban areas increased by a staggering 59% during 2011-2024.

**Figure 4.1: Share of Households Consuming Tobacco Products**

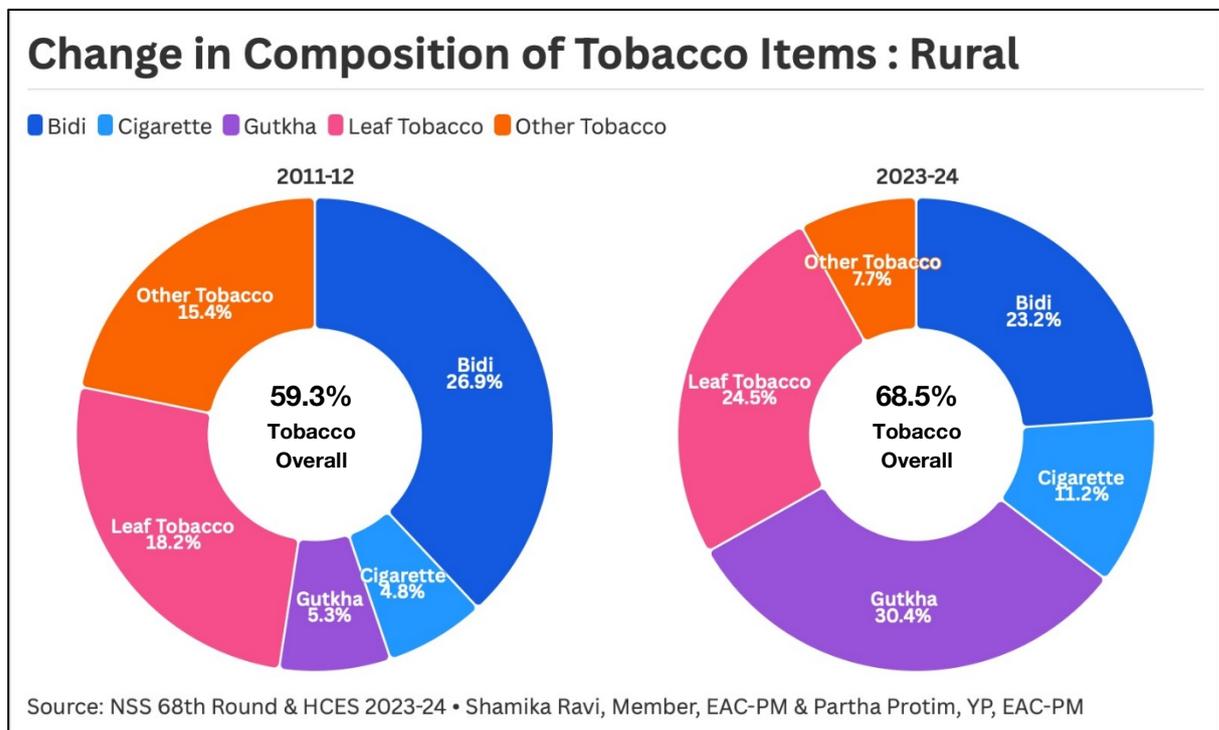


In figure 4.2 we have depicted the big picture in tobacco consumption pattern both in rural and urban areas. The overall tobacco consumption has increased however the composition of different products has changed.

**Figure 4.2: National Level Incidence of Tobacco**



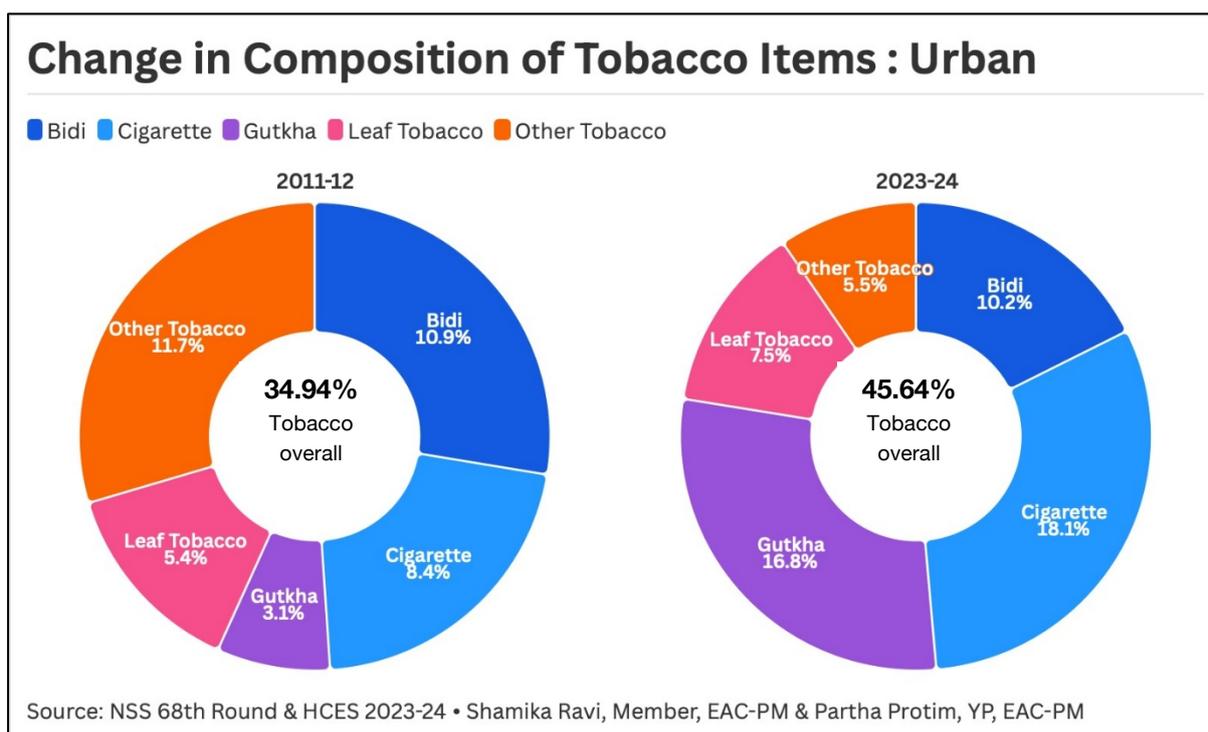
**Figure 4.3: Change in Share of households consuming various tobacco items: Rural**



Consumption of three major tobacco items- gutkha, cigarette and leaf tobacco has increased significantly. *Key takeaway from the composition analysis is the astronomical rise in consumption incidence of gutkha and cigarettes in rural areas.* Only 89 lakhs households consisting of 5.33% of the households were consuming Gutkha in 2011-12. It has increased significantly to 5.96 crores households (30.45% of households) in 2023-24. *Household consuming gutkha in rural areas increased by staggering 565%. The rapid rise in gutkha consumption is very alarming.* Cigarette consumption incidence was 4.81% of households (80 lakh households) in 2011-12. Now 11.20% of households (2.2 crore households) consume cigarettes in 2023-24, *registering a growth of 171% in rural India.* Incidence of leaf/chewing tobacco consumption increased from 18.23% of households (3.1 crore households) in 2011-12 to 24.48% of households (4.8 crore households) in 2023-24.

In 2011-12, 26.85% of the households was consuming bidi in rural areas. In 2023-24, the share of households consuming bidi reduced to 23.18%. Similar trend is observed in consumption of other tobacco products. It reduced from 15.37% in 2011-12 to 7.74% in 2023-24. Other tobacco products include snuff, hookah, cheroot and other products.

**Figure 4 4: Change in share of households consuming various tobacco products: Urban**



Similar to rural areas, consumption incidence of gutkha and cigarettes increased significantly in urban areas. In 2011-12, 3.07% of households (25 lakh households) in urban areas were consuming gutkha, which now increased to 16.84% of households (1.6 crores) in 2023-24. *Share of households with gutkha consumption has increased by 544%.*

Consumption of Cigarette in urban areas increased significantly. 8.41% of households (67 lakh households) smoked cigarettes in 2011-12. *At present, 18.05% of households (1.7 crores households) have reported consumption of cigarettes in 2023-24, marking a high growth*

*rate of 156%*. Cigarette smoking phenomena has risen in both urban and rural area, however, its prevalence is relatively more in urban areas (figure 4.2)

Consumption incidence of bidi in urban areas was 10.89% in 2011-12. Bidi consumption has marginally declined to 10.23% of households in 2023-24. Share of households consuming Leaf tobacco increased from 5.39% in 2011-12 to 7.5% in 2023-24. Incidence of other tobacco products reduced significantly from 11.67% in 2011-12 to 5.55% in 2023-24.

## 5. State & Union Territory Level Incidence of Tobacco Consumption

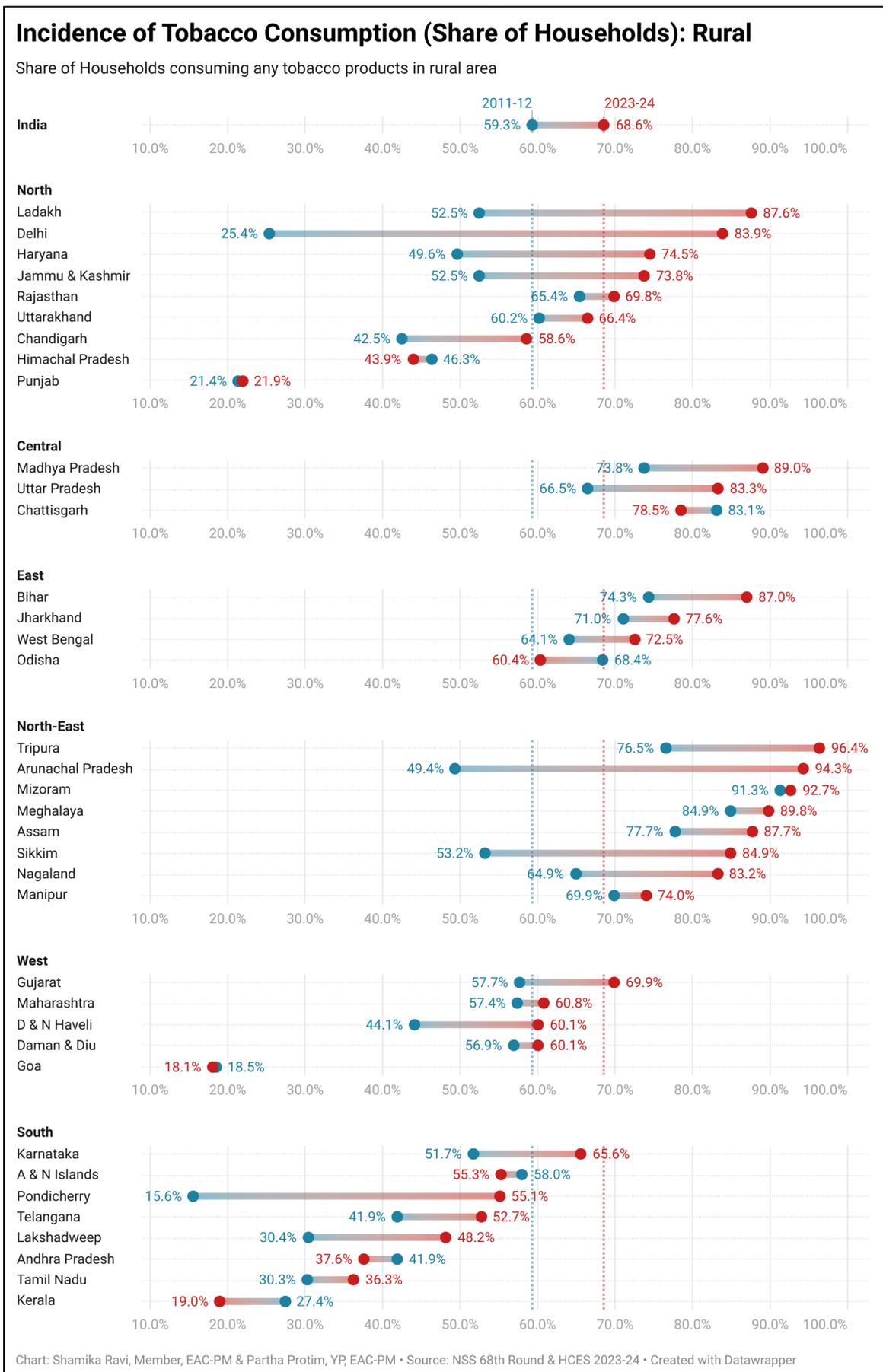
In this section, we focus on state level analysis of tobacco consumption. Prevalence of tobacco consumption varies significantly across states. For ease of analysis, we have classified the states/UTs into 6 zone, namely, North, Central, East, North-East, West and South.

### 5.1 Tobacco (Overall)

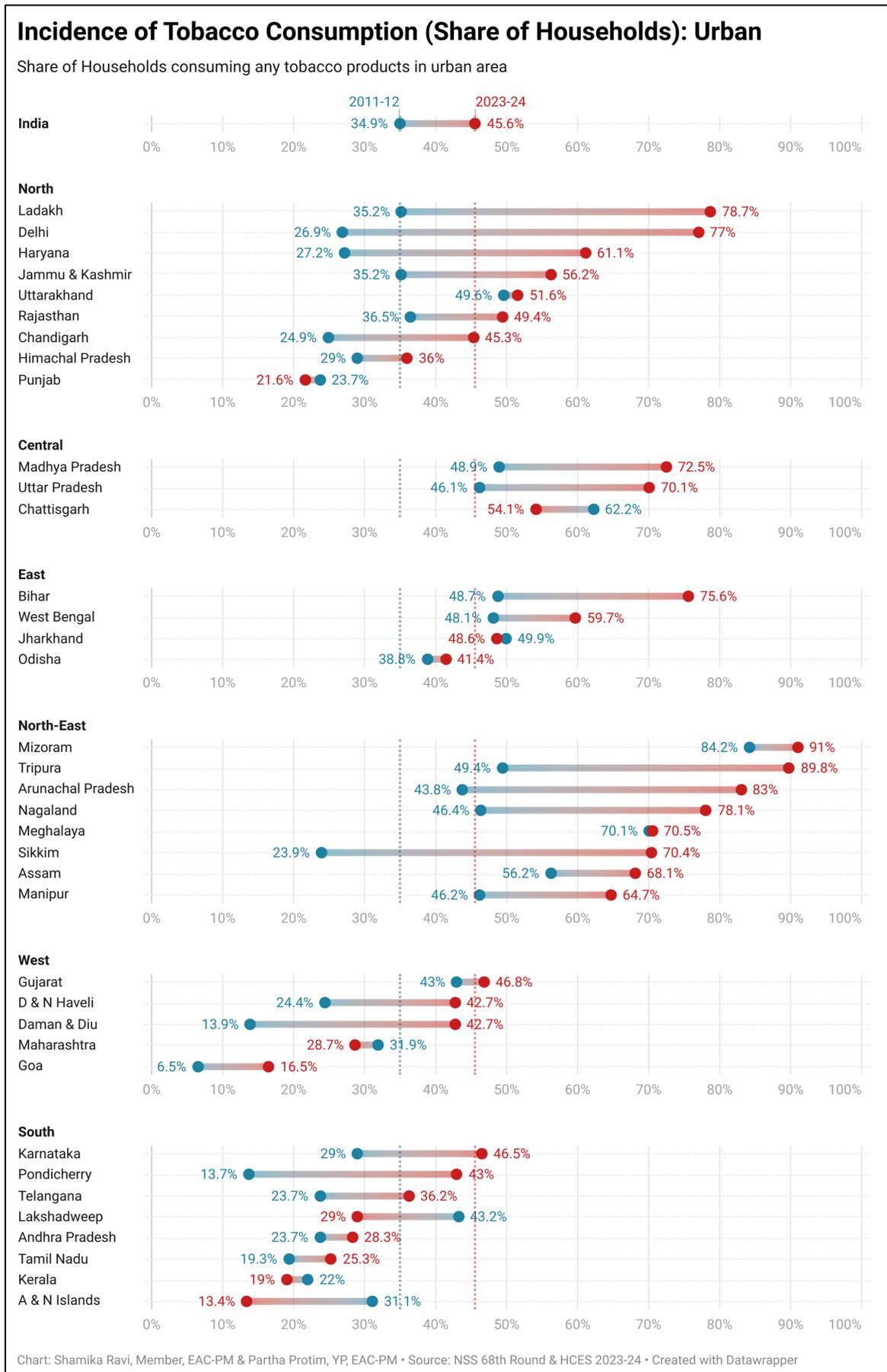
Fig. 5.1 depicts the change in consumption incidence of tobacco (overall) in rural areas of the states and UTs. Tripura has the highest incidence of tobacco consumption. 96.4% of households have reported consuming any of the tobacco products. It is followed by Arunachal Pradesh (94.3%), Mizoram (92.7%), Meghalaya (89.8%) and Madhya Pradesh (89%). *Interestingly, tobacco consumption incidence in the states in North-East zone are significantly higher than the national average consumption incidence.* Among the large states, Madhya Pradesh has the highest share of household consuming tobacco products (89%), followed by Bihar (87%), Delhi (83.9%), Uttar Pradesh (83.3%) in rural areas. Zone wise comparison reveals that most of the states in North, Central, East and North-East zone have relatively high level of tobacco consumption, with majority of the states having higher than average consumption at all India level. Incidence of tobacco in rural area has reduced in Odisha from 68.4% in 2011-12 to 60.4% in 2023-24. Himachal Pradesh, Chhattisgarh, Kerala has also registered decline in overall tobacco consumption (fig-5.1)

In urban area, incidence of tobacco consumption has increased over the last decade. *Mizoram has the highest incidence of tobacco consumption (91%) in 2023-24*, followed by Tripura (89.8%), Arunachal Pradesh (83%). Delhi has the high level of tobacco consumption (77%). Among the large states, Bihar (75.6%) has the highest tobacco consumption, followed by Madhya Pradesh (72.5%), Uttar Pradesh (70.1%). Incidence of tobacco in urban area has reduced in Odisha from 41.4% in 2011-12 to 38.8% in 2023-24. Himachal Pradesh, Chhattisgarh, Punjab, Maharashtra has also registered marginal decline in overall tobacco consumption (fig-5.2). Zone wise consumption trends in urban areas are similar to that of rural areas. Majority of the states having higher than average consumption are concentrated in North, Central, East and North-east zone.

**Figure 5.1: Incidence of Tobacco (overall) consumption: Rural**

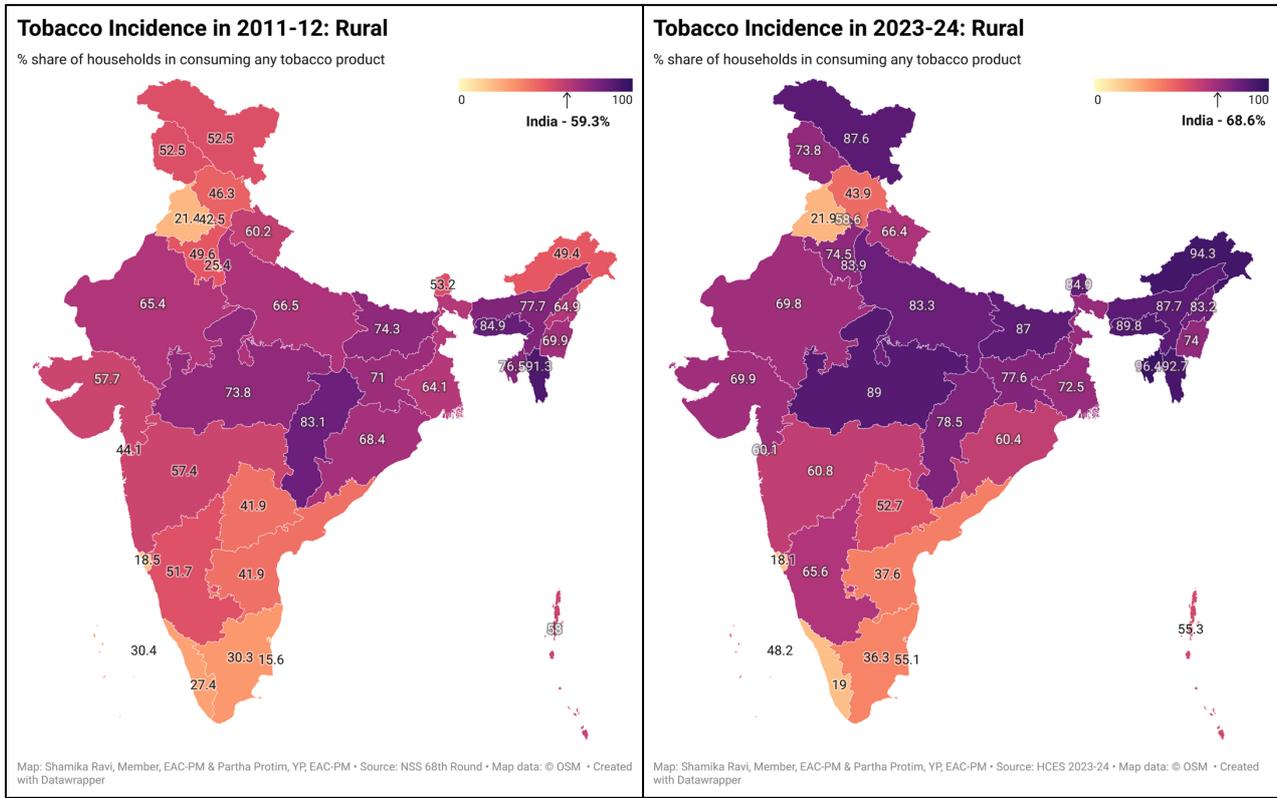


**Figure 5.2: Incidence of Tobacco (overall) Consumption: Urban**

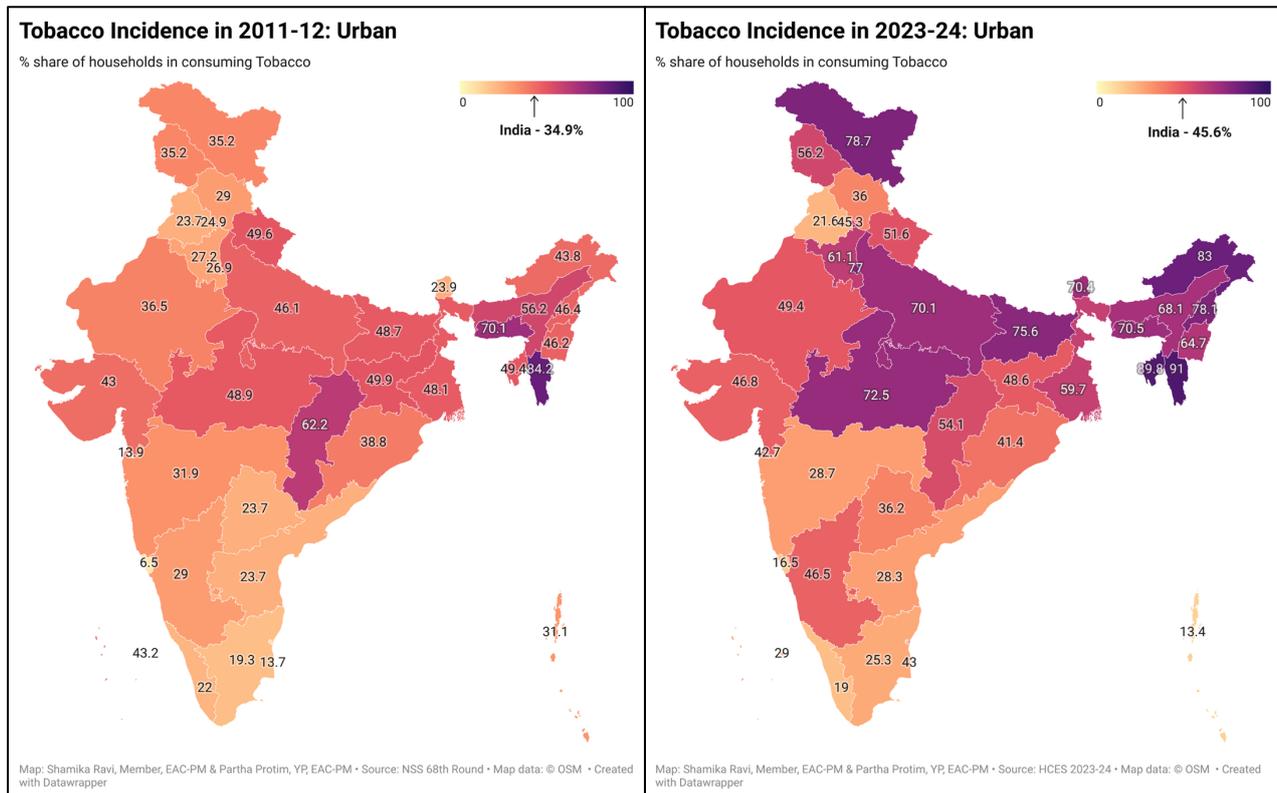


**Figure 5.3: Tobacco consumption incidence**

**Rural**



**Urban**

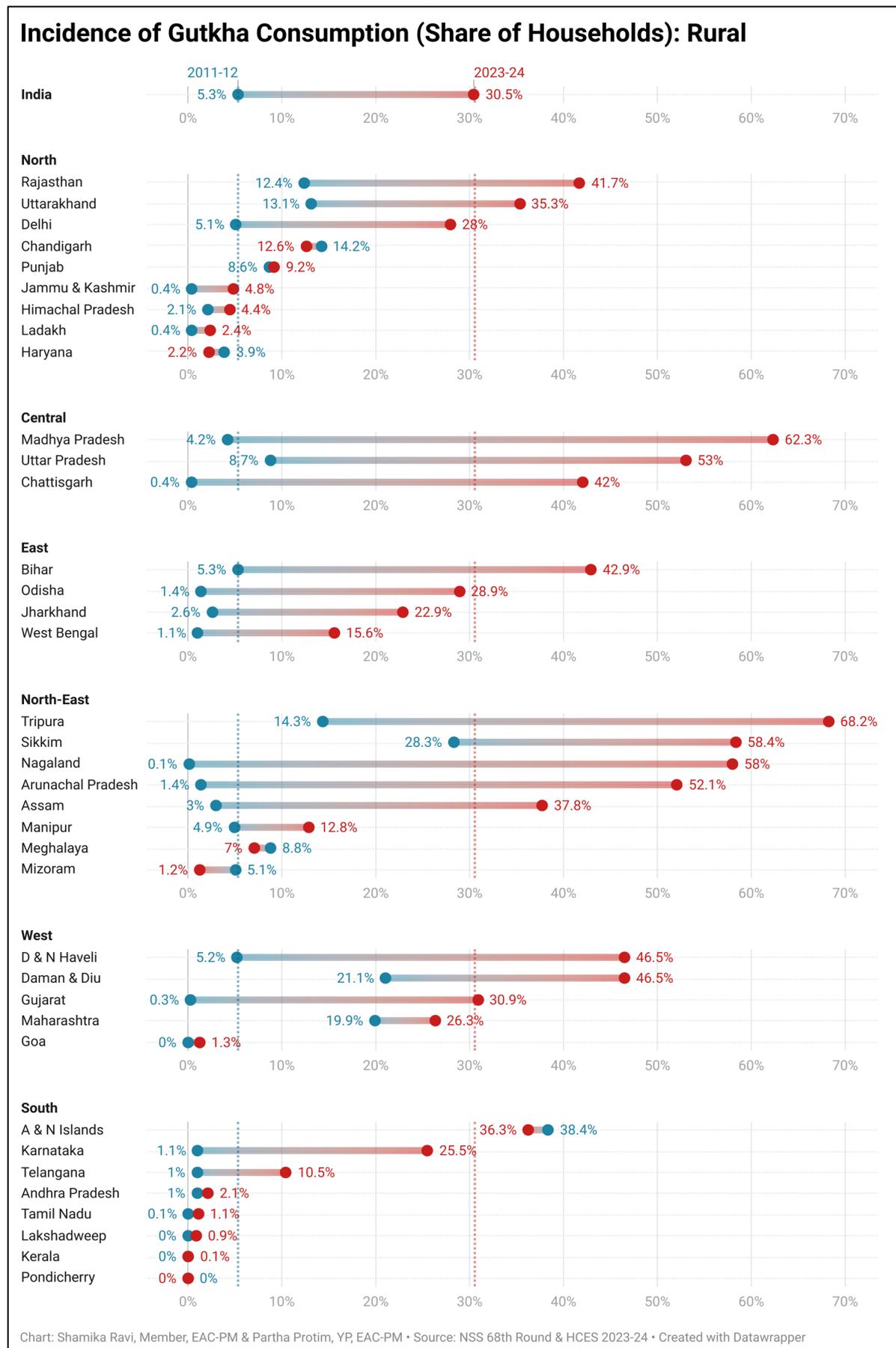


## 5.2 Gutkha

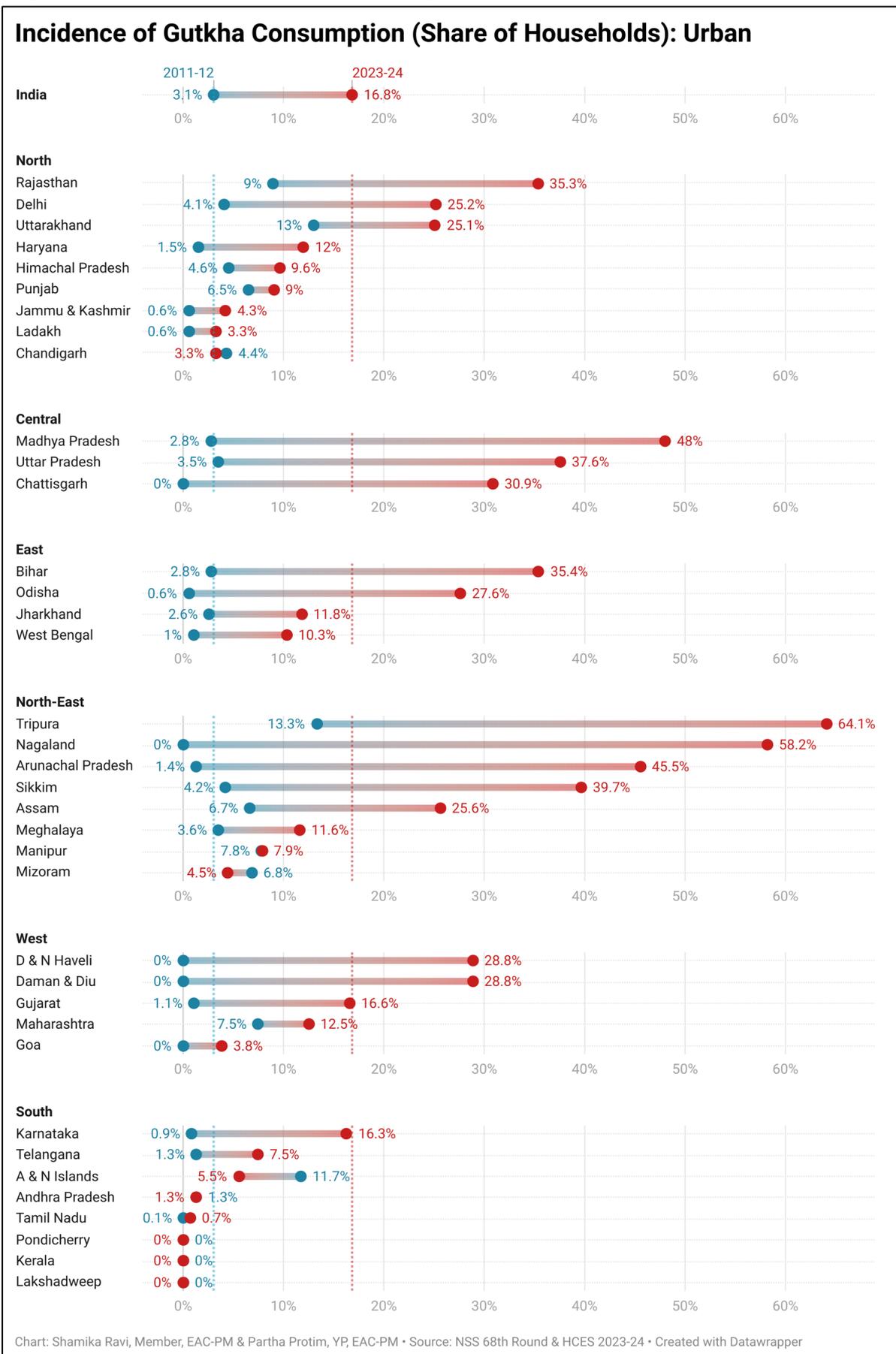
Gutkha consumption incidence in rural India has increased manifold from 5.3% in 2011-12 to 30.5% in 2023-24. Highest incidence in rural areas is reported in MP (62.3%), followed by UP (53%), Bihar (42.9%), Chhattisgarh (42%), Rajasthan (41.7%) (fig-5.4) North-East zone has quite significant prevalence of Gutkha as well. Consumption incidence of gutkha in Tripura, Sikkim, Nagaland, Arunachal Pradesh and Assam is higher than national average. Notably, the share declined in Meghalaya (from 8.8% to 7%) and Mizoram (5.1% to 1.2%). *Gutkha is very prevalent in central region, all the states having more than average consumption in 2023-24.* Rajasthan (41.7%), Uttarakhand (35.3%) and Delhi (28%) has high incidence of gutkha in North zone. In west zone, *Gujarat (30.8%) has gutkha consumption marginally greater than average.* Gutkha consumption is relatively less in south zone, however, Karnataka (25.5%) and Telangana (10.5%) have significant presence of gutkha consumption in rural areas. Gutkha accounts for 41% of total expenditure on tobacco in rural areas in 2023-24, highest of all tobacco products.

Gutkha consumption in urban areas has increased from 3.07% in 2011-12 to 16.84% in 2023-24. *Among large states Madhya Pradesh has the highest consumption incidence (48.03%), followed by UP (37.6%), Bihar (35.4%) and Rajasthan (35.3%).* Urban consumption incidence has followed similar trends of rural India. Central zone and North-east zone have significant prevalence of gutkha. However, *Mizoram reported a decline in gutkha consumption from 6.83% in 2011-12 to 4.48% in 2023-24.* In east zone, Bihar (35.4%) and Odisha (27.62%) lie beyond the national average. *The meteoric rise in consumption incidence of gutkha both in urban and rural areas poses a significant threat.* Common misperception about gutkha used to be that it is mainly a rural phenomenon. This no longer holds true. Gutkha is relatively cheap compared to cigarettes and very widely available. Gutkha is one of the most advertised (surrogate advertising) product with lot of mainstream celebrities promoting it. Gutkha is not just a public health issue but also causes public property damage through the gutkha stains. We will discuss the implications and larger consequences of increased tobacco products consumption in later sections.

Figure 5.4: Incidence of Gutkha Consumption: **Rural**

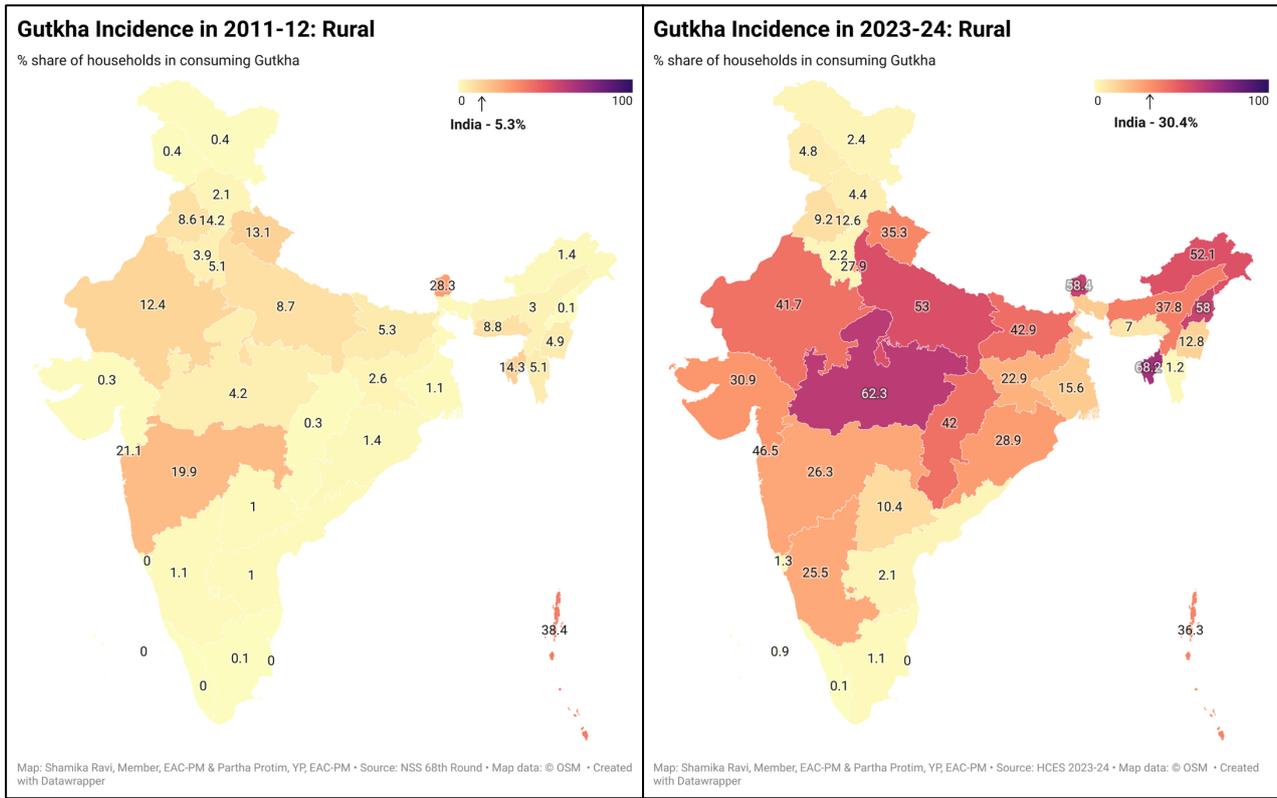


**Figure 5.5: Incidence of Gutkha Consumption: Urban**

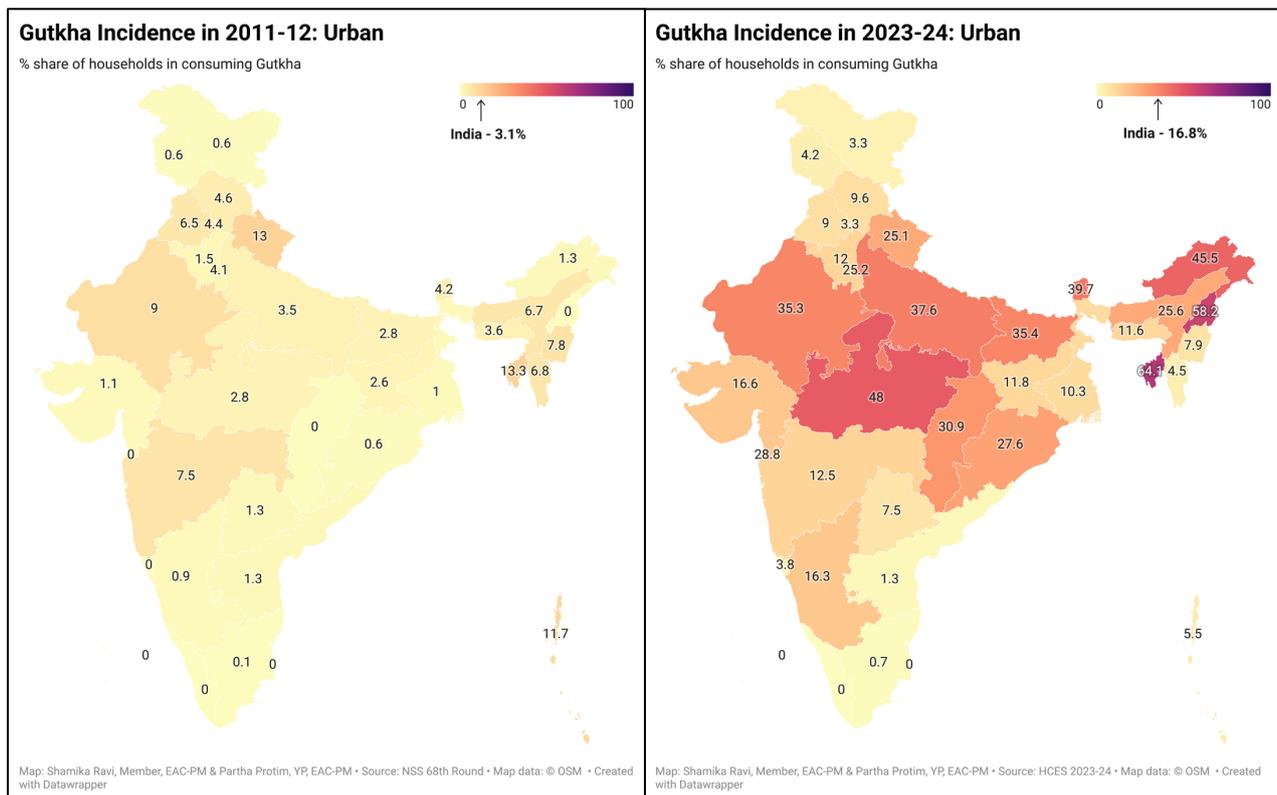


**Figure 5.6: Gutkha incidence**

**Rural**



**Urban**

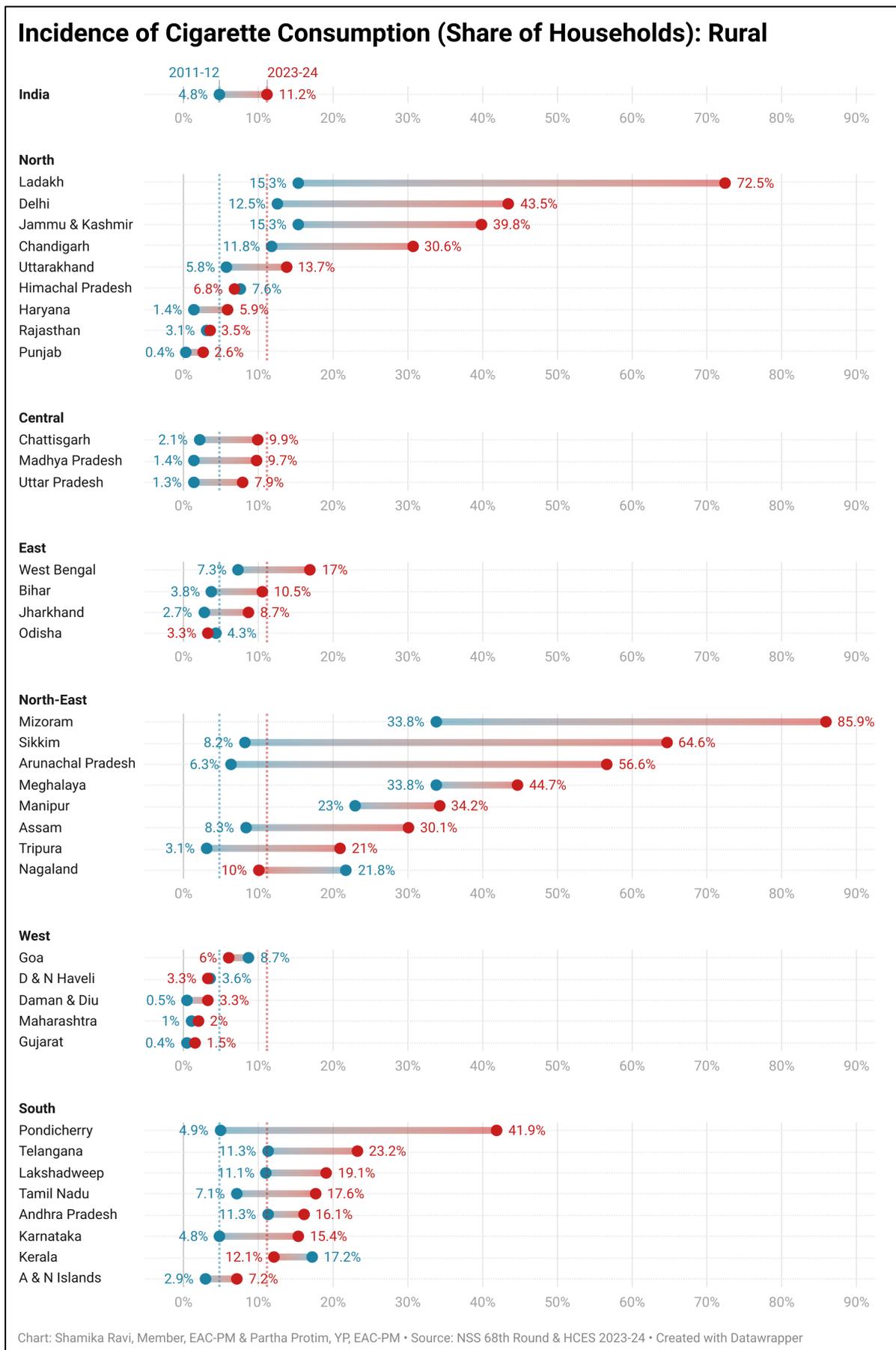


### 5.3 Cigarette

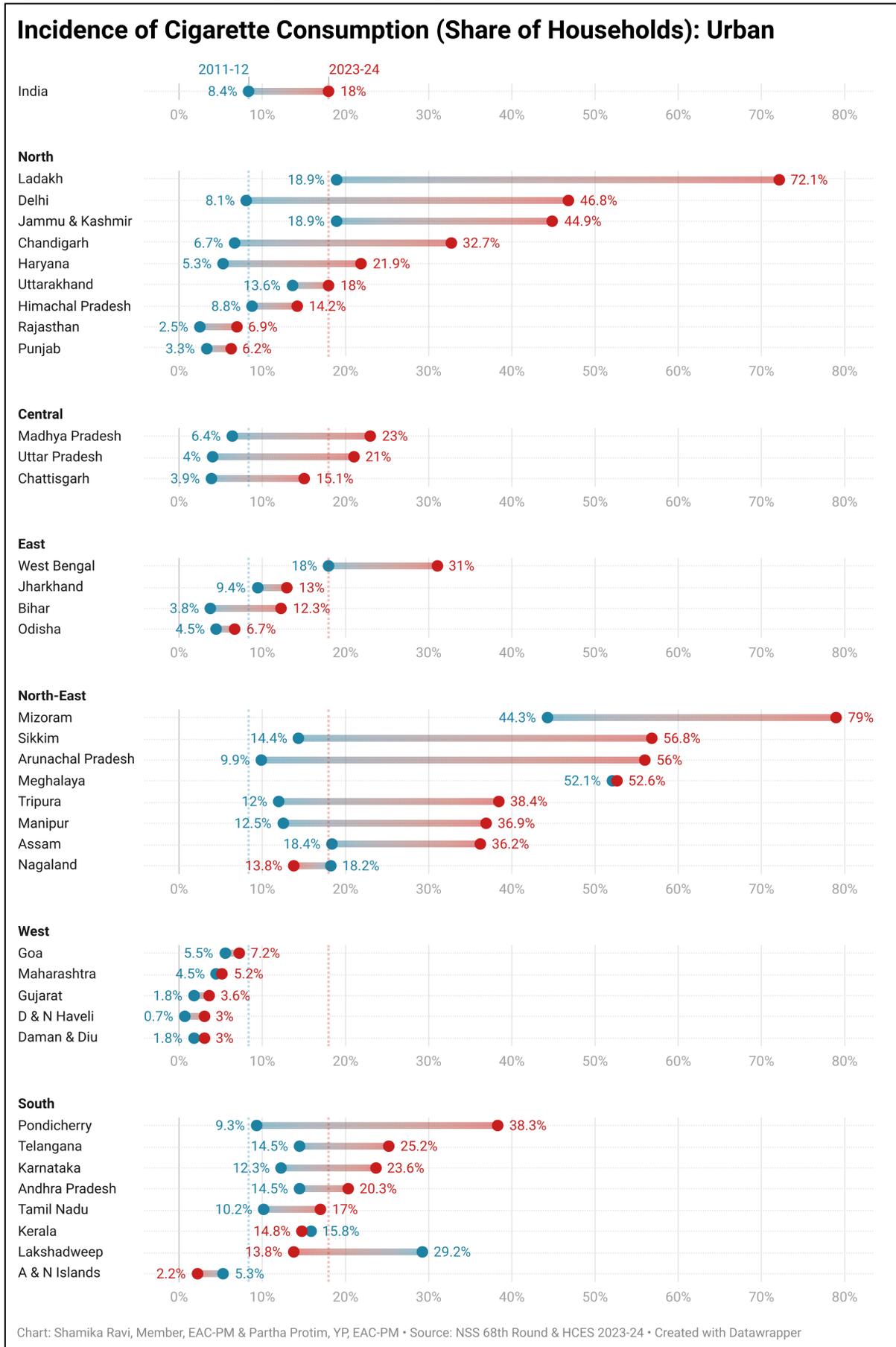
Now we focus on consumption incidence of cigarette. At national level, 11.2% of households consume cigarettes in 2023-24 as against 4.8% of households in 2011-12. When we look at the state level analysis, we notice few states have exorbitant amount of increase in cigarette consumption. In rural area, highest incidence of cigarette is in Mizoram (85.9%), followed by Ladakh (72.5%) and Sikkim (64.6%). Among the large states Delhi (43.5%) tops the list, followed by Telangana (23.2%), Tamil Nadu (17.6%) and West Bengal (17%). Himachal Pradesh, Odisha, Kerala has experienced decline in cigarette consumption (Fig-5.7). In North-East zone, while rest of the states experienced massive increase, Nagaland has achieved a decline in cigarette consumption incidence from 21.85% in 2011-12 to 10% in 2023-24.

Incidence of cigarette consumption is relatively more prevalent in urban areas compared to rural areas. Cigarette is probably the most popular tobacco products in urban areas. *Cigarettes accounted for the 47% of total tobacco expenditure, highest among other tobacco products.* Mizoram has the highest incidence in urban area as well (79%), followed by Ladakh (72.1%) & Sikkim (56.8%). Among the large states Delhi has the highest incidence of cigarette consumption (46.8%), followed by West Bengal (31%), Telangana (25.2%), Karnataka (23.6%). If we look at the growth rate over the time period, share of households consuming cigarettes in urban areas increase by 567% in Delhi. followed by Haryana (516%), Uttar Pradesh (500%), Madhya Pradesh (312%) & Bihar (245%). These figures are very alarming; cigarette smoking has peaked up so drastically that it's now a public health concern. Few states also marked decline in cigarette consumption. In Kerala, the share declined marginally from 15.8% in 2011-12 to 14.8% in 2023-24; In Goa it reduced from 7.2% to 5.5% and in Nagaland, the share reduced significantly from 18.2% in 2011-12 to 13.8% in 2023-24.

**Figure 5.7: Incidence of Cigarette Consumption: Rural**

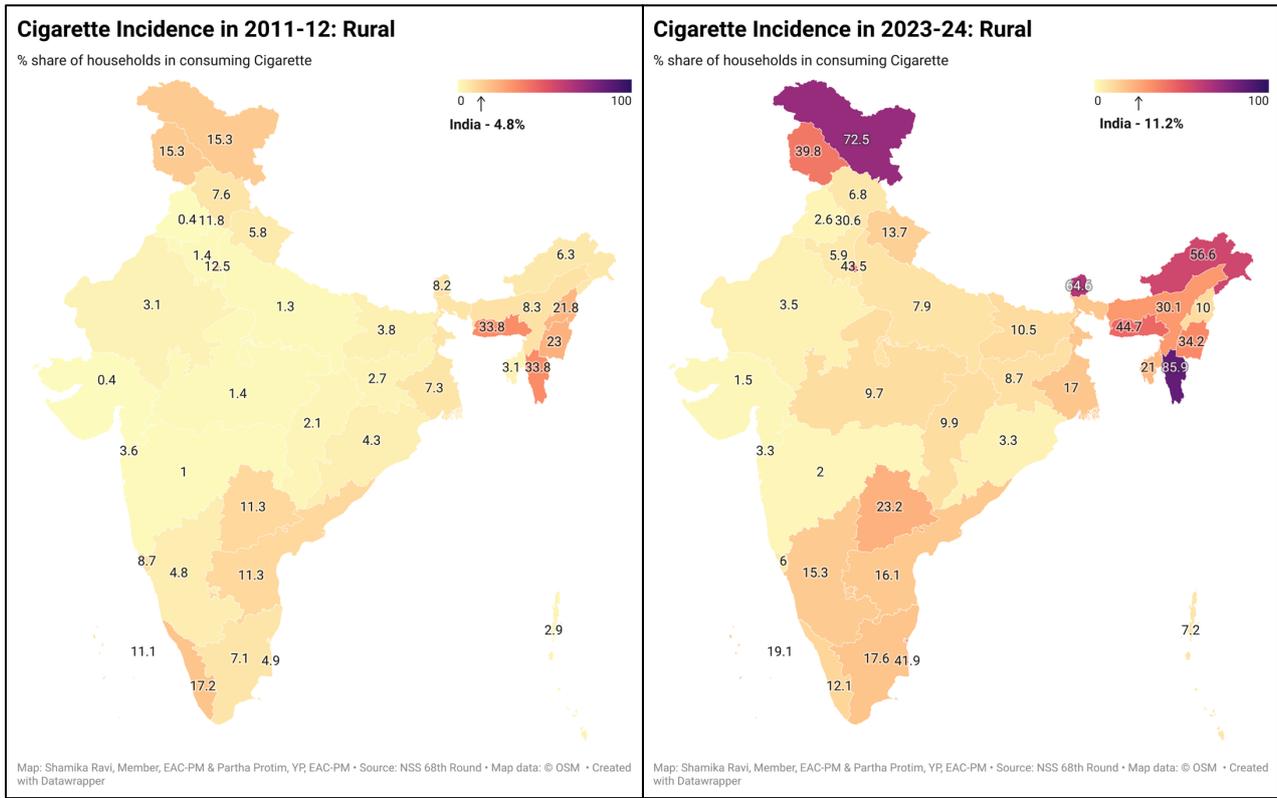


**Figure 5.8: Incidence of Cigarette Consumption: Urban**

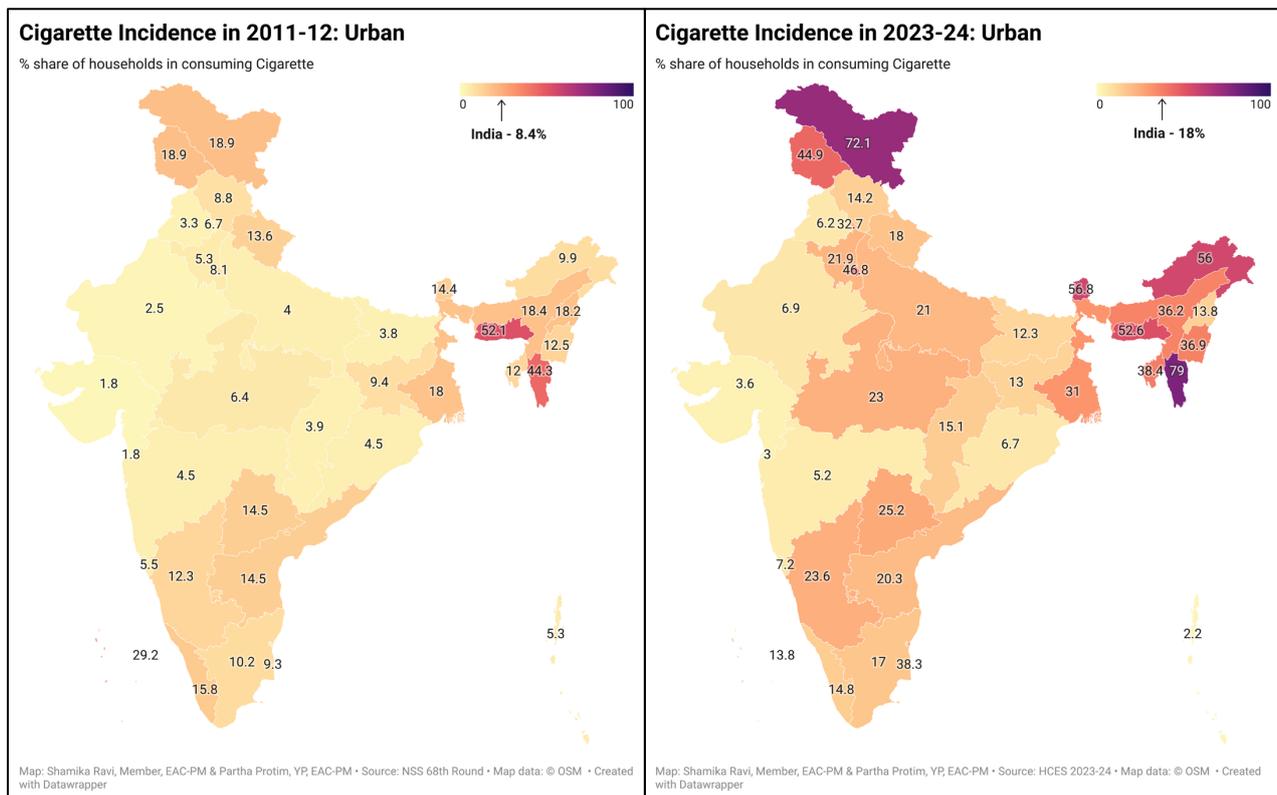


**Figure 5.9: Cigarette incidence**

**Rural**



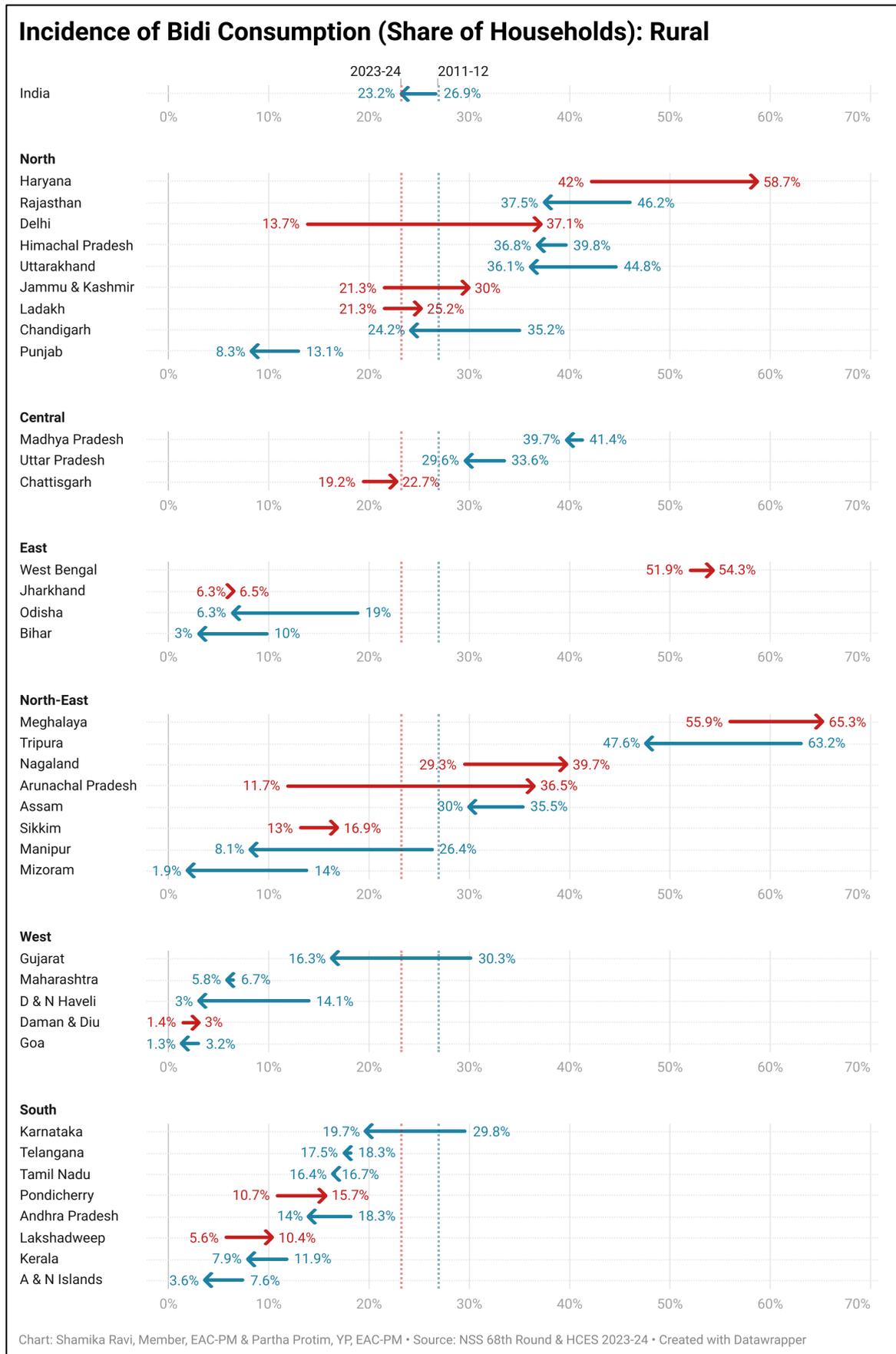
**Urban**



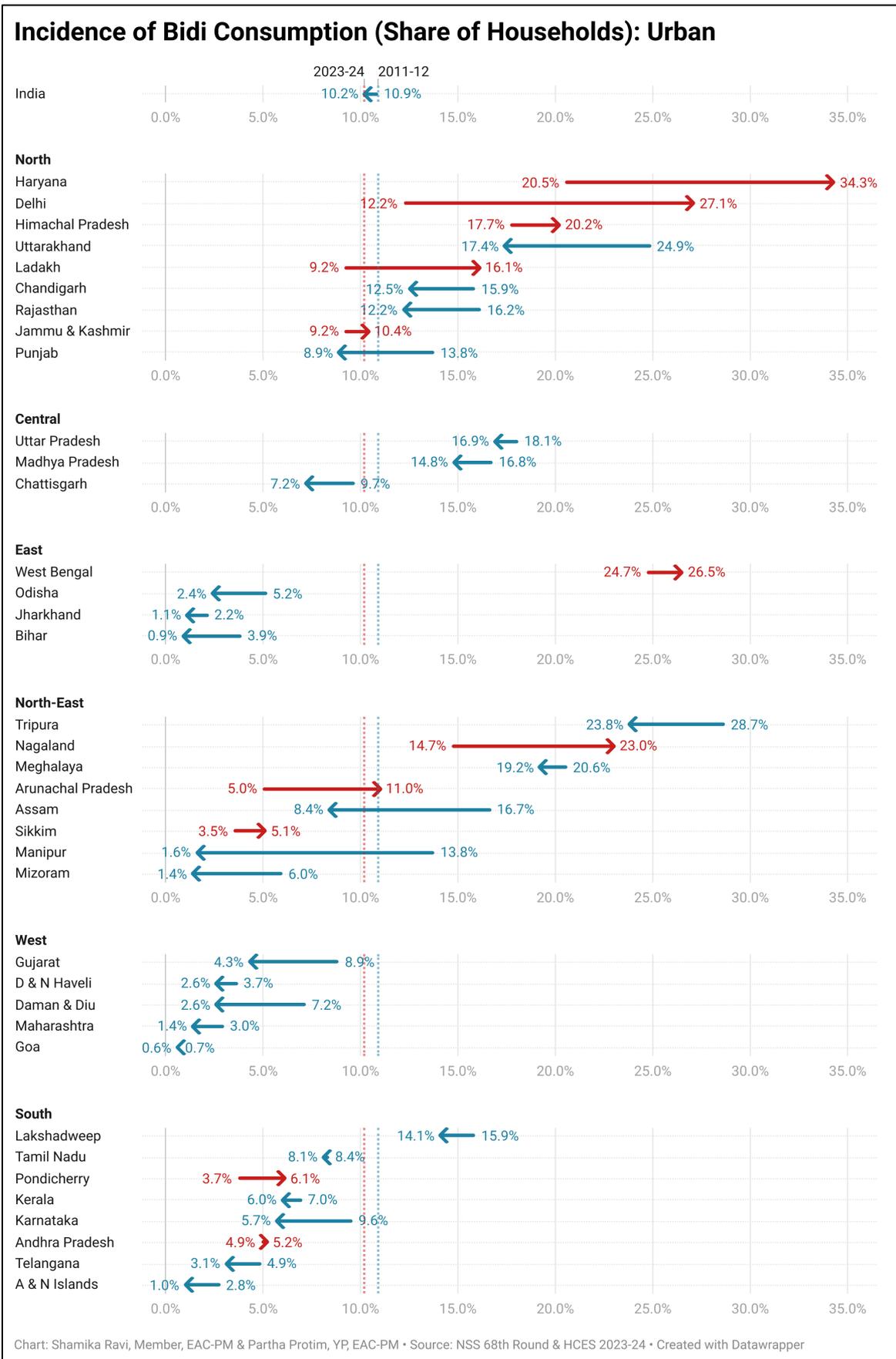
## 5.4 Bidi

*Bidi consumption incidence has declined from 26.9% to 23.2% in rural India.* In figure 5.10, we have shown the change in consumption incidence of bidi in rural area. Red arrows signify increase in consumption in 2023-24 and blue arrows implies decline in bidi consumption. Among the large states, Haryana (58.7%) has the highest bidi consumption followed by West Bengal (54.3%), Madhya Pradesh (41.4%), Rajasthan (37.5%). *In Urban area, national average marginally reduced from 10.9% in 2011-12 to 10.2% in 2023-24.* Highest consumption incidence among large states is reported in Haryana (34.3%) followed by Delhi (27.1%), West Bengal (26.5%). In both rural and urban area, most of the states have experienced decline in share of households consuming bidi. This is very interesting as it suggests a shift in preference of desired tobacco products. As monthly per capita consumption expenditure has increased, people started to move away from bidi to more packaged and branded tobacco items like cigarette and gutkha.

**Figure 5.10: Incidence of Bidi Consumption: Rural**

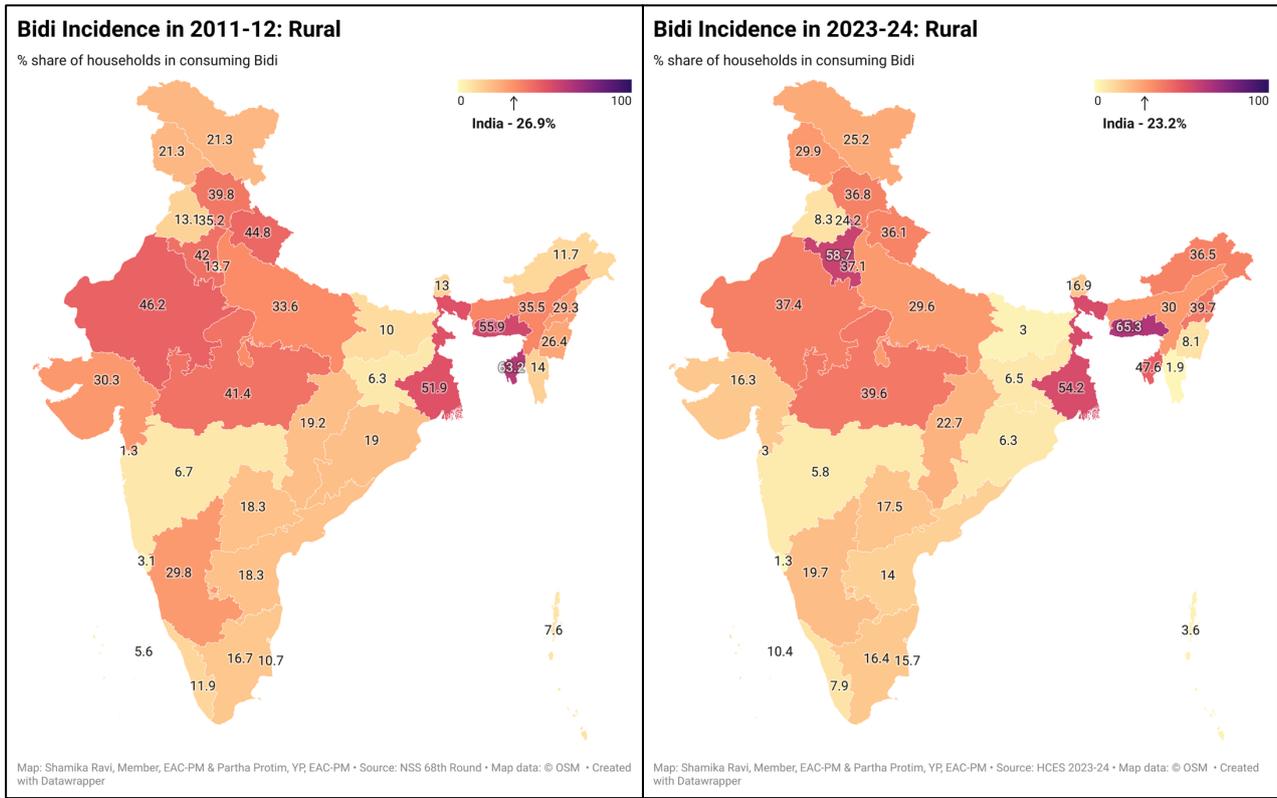


**Figure 5.11: Incidence of Bidi Consumption: Urban**

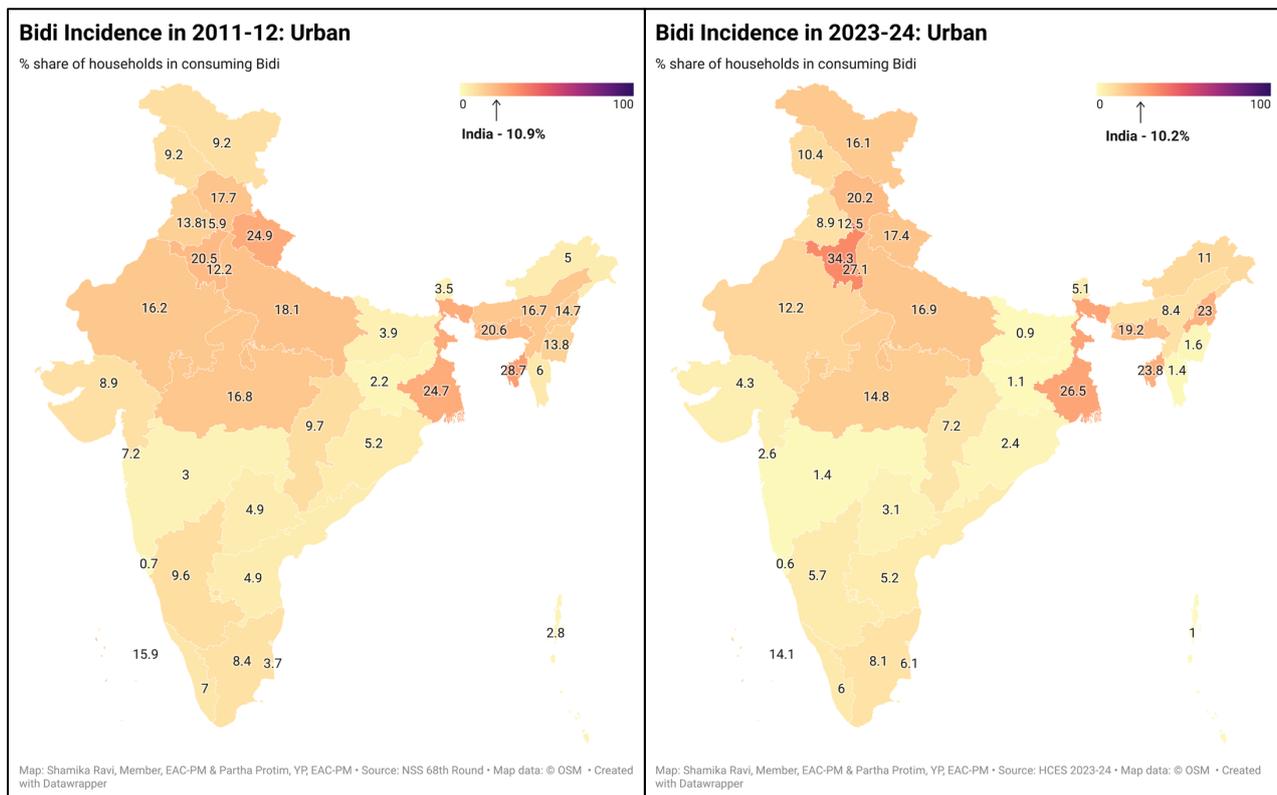


**Figure 5.12: Bidi incidence**

**Rural**



**Urban**

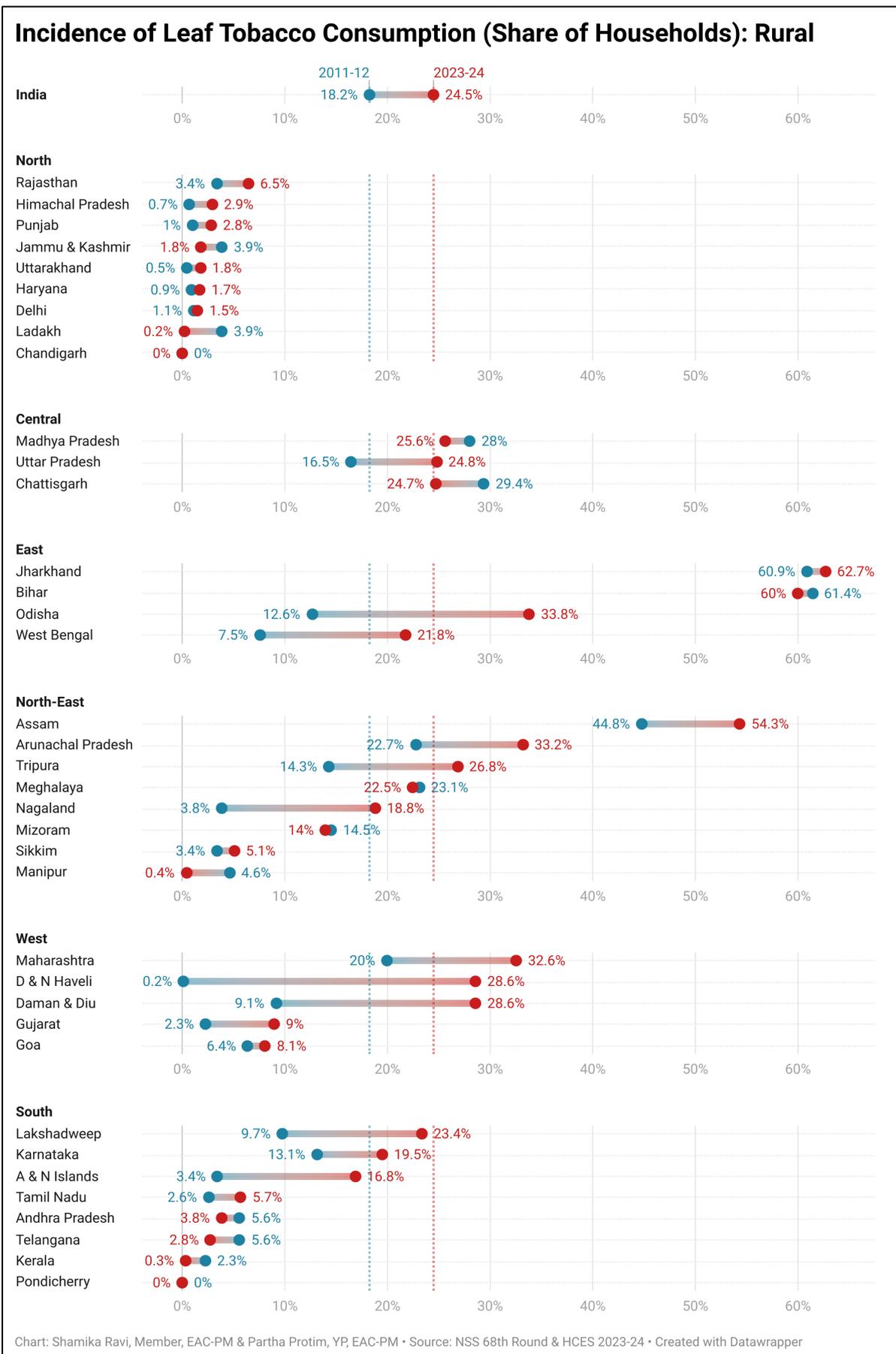


## 5.5 Leaf Tobacco & Other Tobacco Products

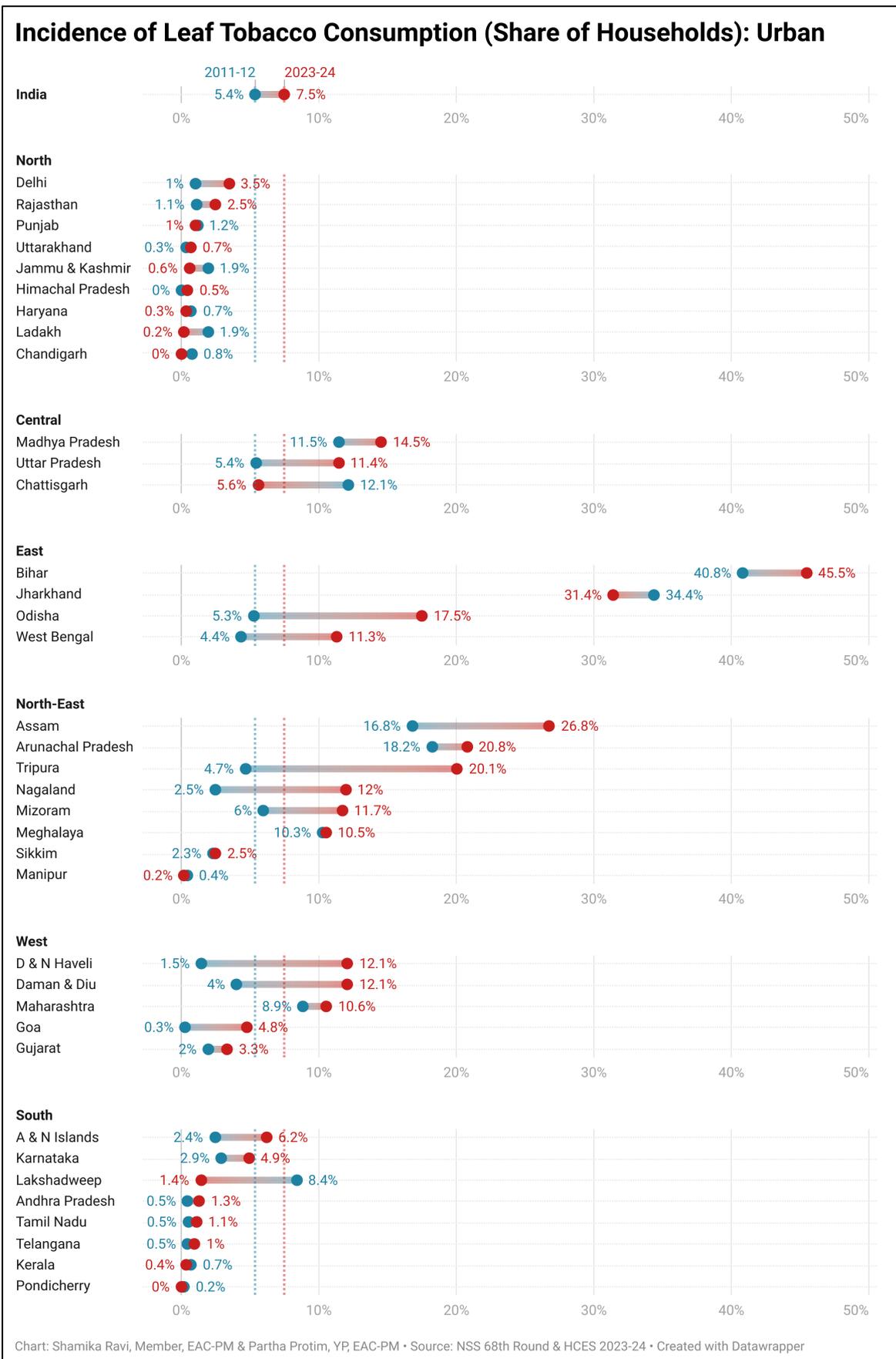
Leaf tobacco consumption in rural area is significantly high in east zone. Highest consumption is reported in Jharkhand (62.7%) followed by Bihar (60%), Assam (54.3%), Odisha (33.8%) (fig 5.13). In west zone Maharashtra has 32.6% incidence of leaf tobacco consumption. In urban area, prevalence of leaf tobacco is relatively less. Bihar (45.5%) has the highest share, followed by Jharkhand (31.4%), even though Jharkhand has experienced a decline from 2011-12 level of 34.4%. Chhattisgarh has reported significant reduction in share from 12.1% in 2011-12 to 5.6% in 2023-24.

Incidence of other tobacco products has reduced in most of the states. It declined from 15.4% in 2011-12 to 11.7% in 2023-24 at national level in rural areas (fig 5.16). Other tobacco products consist of hookah, snuff, cheroot and other tobacco related products. Consumption of other tobacco products increased marginally in Delhi, Jharkhand, West Bengal (fig 5.16). Urban India has experienced decline in share of other tobacco products from 7.7% to 5.6% during the time period. Similar to rural areas, most states experienced reeducation in the share. However, it has marginally increased in Ladakh, Chandigarh, Mizoram, Arunachal Pradesh (fig 5.17).

**Figure 5.13: Incidence of Leaf Tobacco Consumption: Rural**

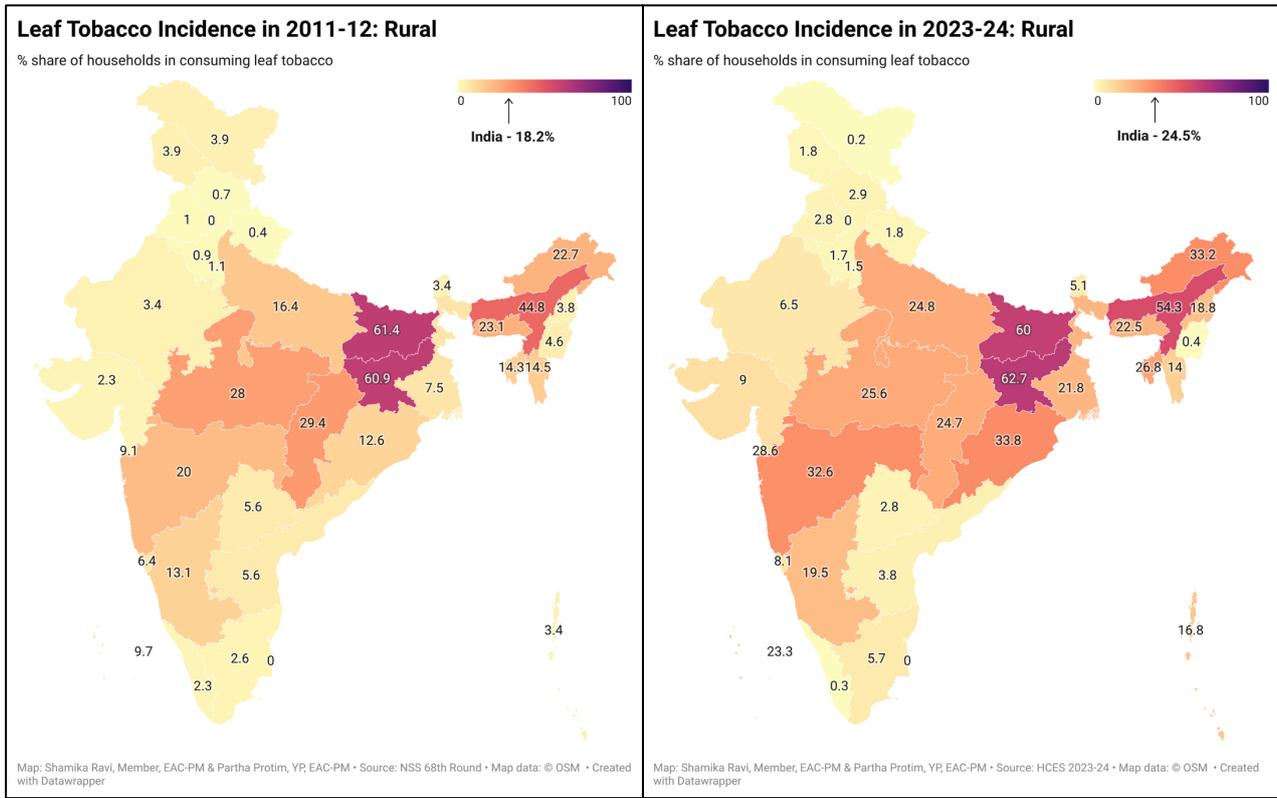


**Figure 5.14: Incidence of Leaf Tobacco Consumption: Urban**

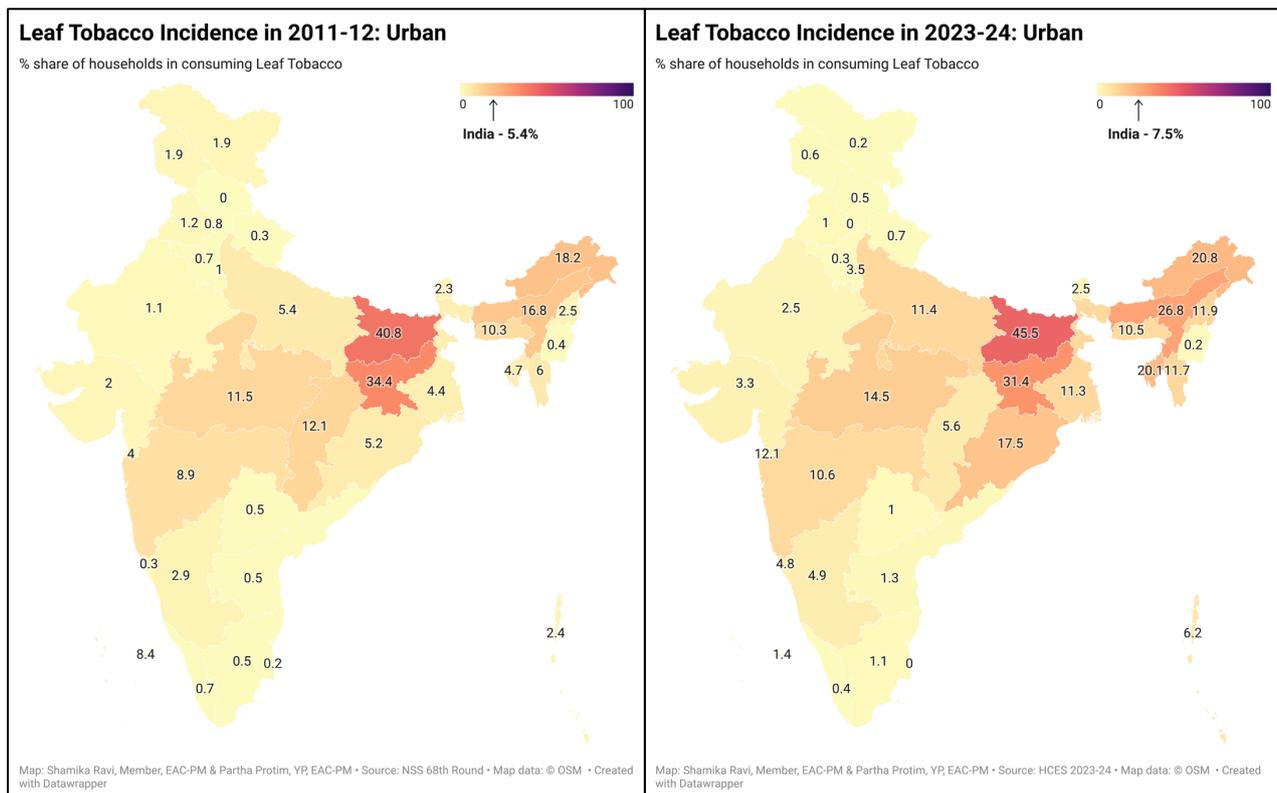


**Figure 5.15: Leaf Tobacco incidence**

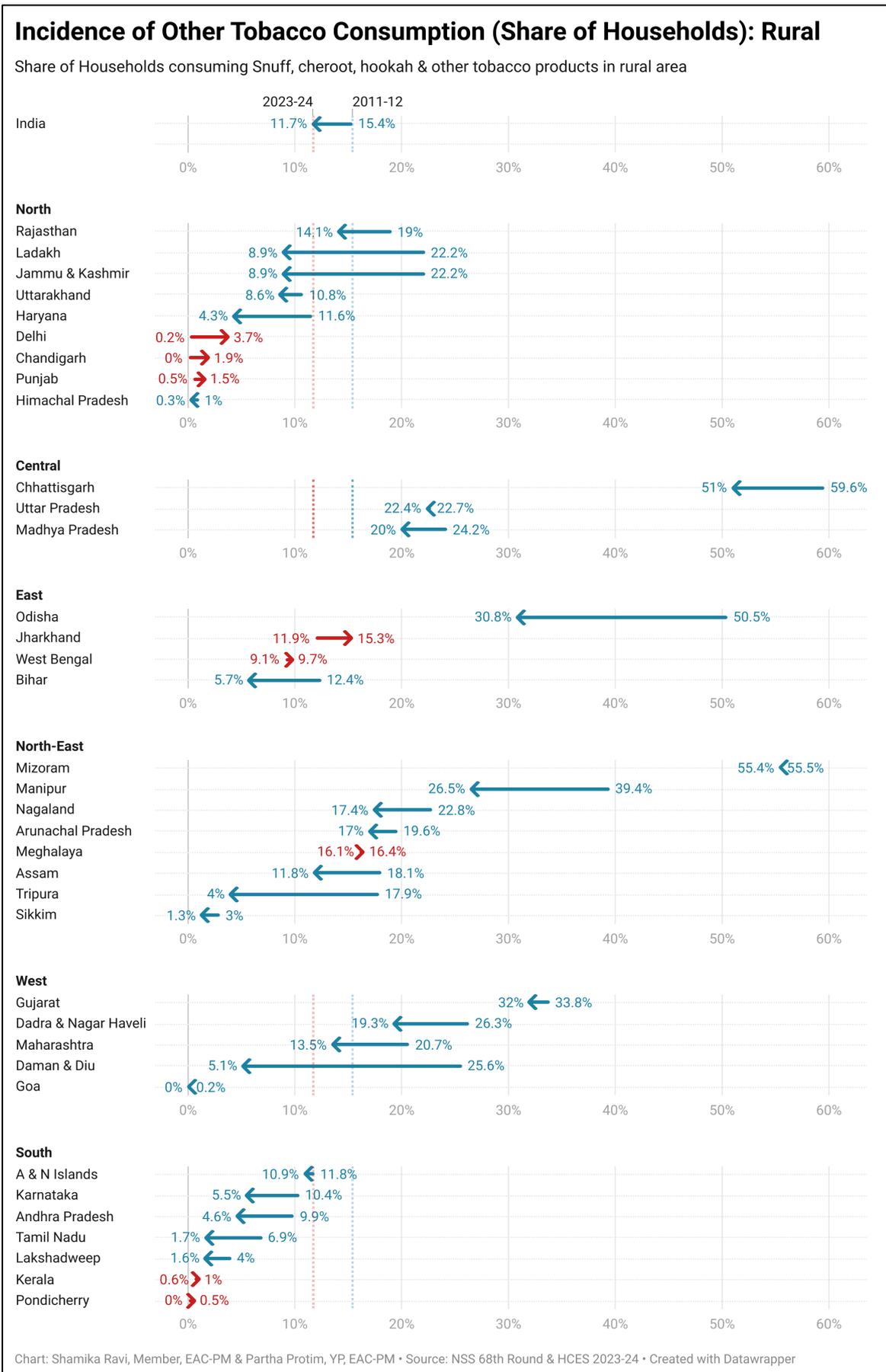
**Rural**



**Urban**



**Figure 5.16: Incidence of Other Tobacco Products consumption: Rural**



**Figure 5.17: Incidence of Other Tobacco Products consumption: Urban**

**Incidence of Other Tobacco Consumption (Share of Households): Urban**

Share of Households consuming Snuff, cheroot, hookah & other tobacco products in urban area

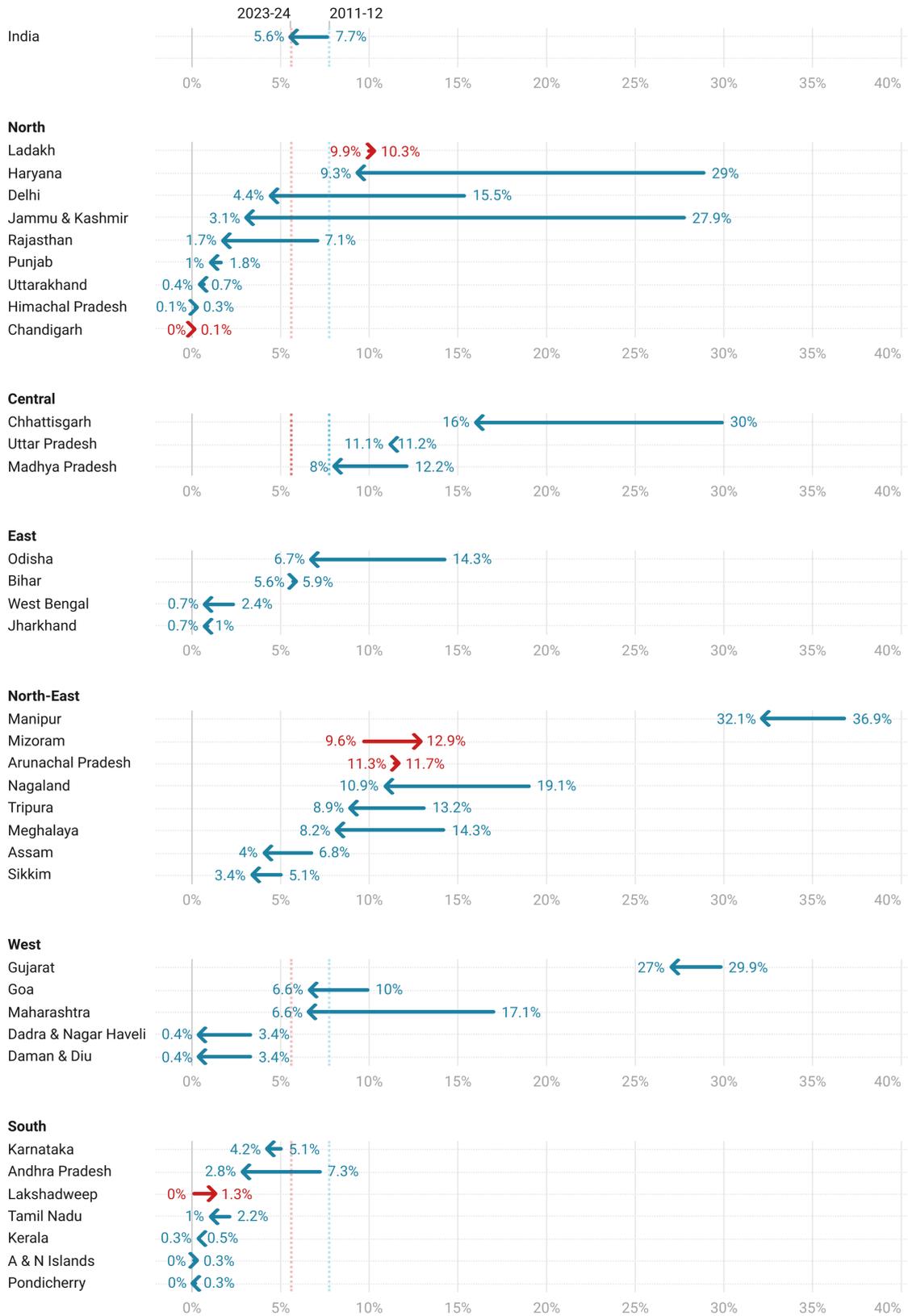


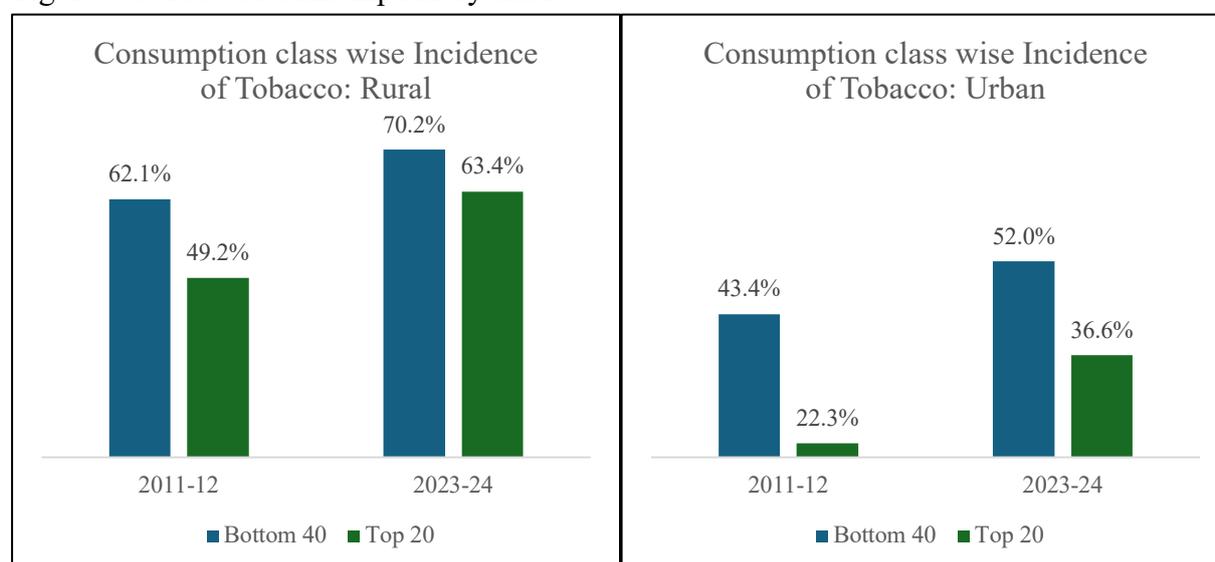
Chart: Shamika Ravi, Member, EAC-PM & Partha Protim, YP, EAC-PM • Source: NSS 68th Round & HCES 2023-24 • Created with Datawrapper

## 6. Tobacco Consumption by class

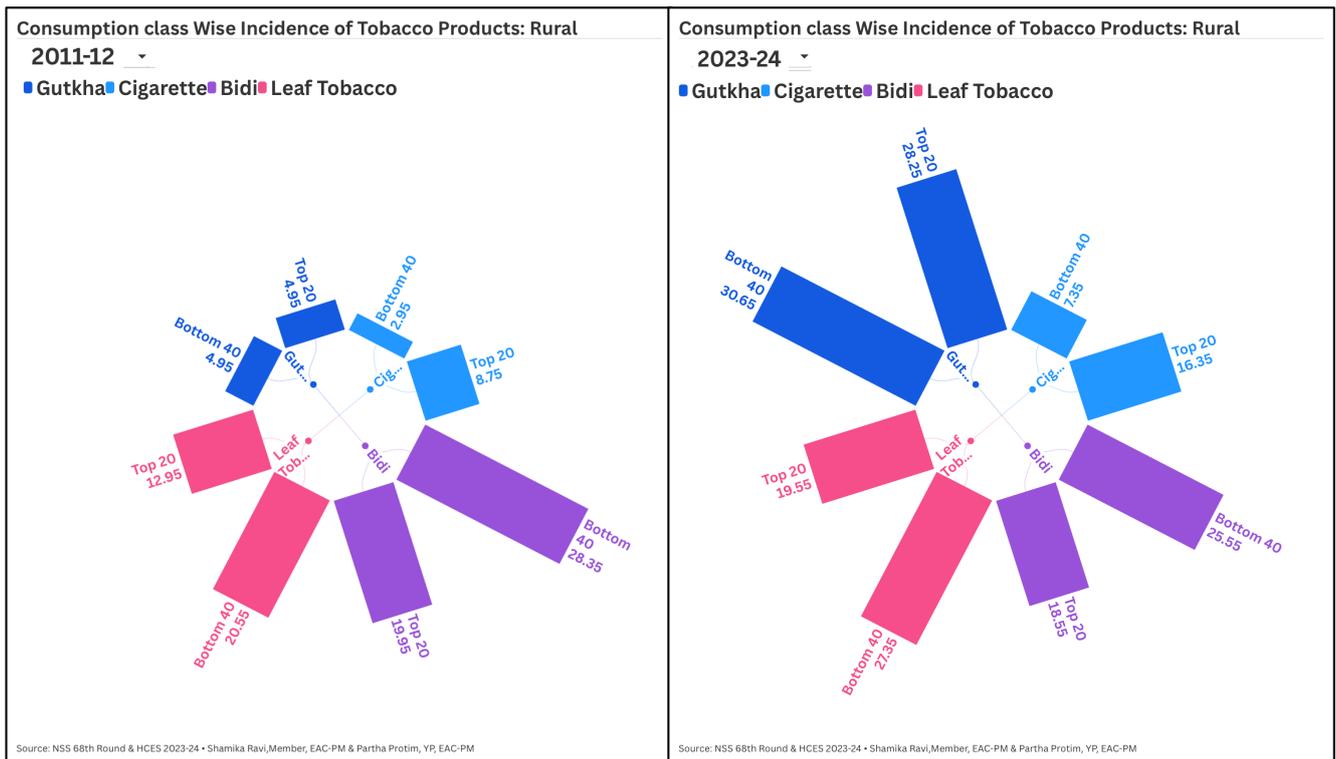
As we have seen in the previous section, the consumption incidence of tobacco products has broadly increased over the last decade both in rural as well as in urban areas. Now it is crucial to look at the incidence across the consumption categories. Share of households consuming any tobacco products was 59.3% in 2011-12 in rural areas which increased to 68.6% of households in 2023-24. *Incidence of tobacco is higher among bottom 40 households compared to households in average and top 20 consumption class (fig 6.1).* While 62.1% of bottom 40 households were consuming tobacco in 2011-12, the share has increased to 70.2% of households in 2023-24. Incidence of tobacco has increased from 49.2% of households to 63.4% of households during the same time in top 20 consumption group. Incidence of tobacco among top 20 households has increased but remained the lowest among the consumption classes both in 2011-12 and 2023-24.

In urban areas, 34.9% of households consumed tobacco products in 2011-12 which now increased to 45.6% of households. Tobacco incidence in bottom 40 households increased from 43.4% of households in 2011-12 to 52% of households in 2023-24 (fig 6.1). Prevalence of tobacco consumption has increased from 22.3% of households in 2011-12 to 36.6% of households in 2023-24 among top 20 consumption class. *The incidence of tobacco use is higher among the bottom 40 consumption group relative to the overall average, whereas it is lower among the top 20 consumption class both in urban and rural areas.*

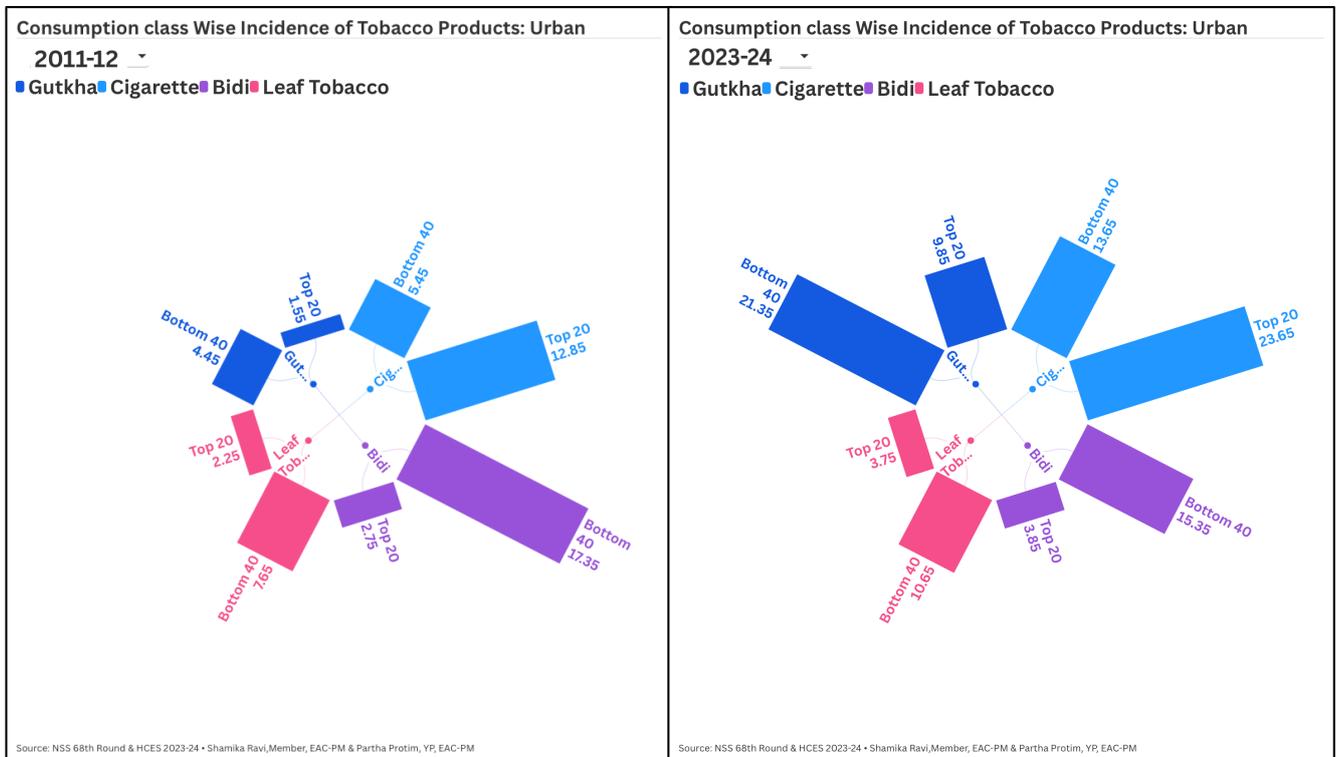
Figure 6.1: Tobacco consumption by class



**Figure 6.2: Consumption class wise tobacco product incidence: Rural**



**Figure 6.3: Consumption class wise tobacco product incidence: Urban**



Incidence of gutkha experienced a significant increase across consumption classes. 5.3% households reported consuming gutkha in 2011-12 which has now astronomically increased to 30.4% households in 2023-24 in rural areas. Among the households in bottom 40 consumption class, 4.9% households consumed gutkha in 2011-12. Now 30.6% of bottom 40 households reported gutkha consumption in 2023-24. *Incidence of gutkha among bottom 40 households increased by staggering 524%*. Incidence for top 20 households increased from 4.9% in 2011-12 to 28.2% in 2023-24 in rural areas. In urban areas, 3.1% of households consumed gutkha in 2011-12 which now increased to 16.8% in 2023-24. Incidence of gutkha among bottom 40 households increased from 4.4% of households in 2011-12 to 21.3% of households in 2023-24. It increased from 1.5% in 2011-12 to 9.8% in 2023 among top 20 households in urban areas. *Gutkha incidence of the bottom 40 and the top 20 consumption class are close to the overall average in rural areas, indicating broadly similar growth across groups. A sharper divergence is observed in urban areas, where the bottom 40 group record a substantially higher incidence than the average, while the top 20 households remain markedly lower.*

Incidence of cigarette increased significantly in rural areas from 4.8% of households in 2011-12 to 11.2% of households in 2023-24. Among bottom 40 households, the incidence of cigarettes has risen manifold from 2.9% to 7.3% during the same period. 8.7% households in top 20 class reported cigarette smoking in 2011-12. *It now stands at 16.3% of households in top 20 class, registering a growth of 287%*. Share of top 20 consumption class in cigarettes is higher than bottom 40 and overall average consumption class. In urban areas, 5.4% households in bottom 40 reported smoking cigarettes in 2011-12 and it increased to 13.6% in 2023-24, *registering a staggering growth of 151%*. Overall incidence of cigarettes increased from 8.4% to 18% of households during the same time. Prevalence of smoking among top 20 consumption class increased from 12.8% households in 2011-12 to 23.6% households in 2023-24. *Cigarette is the only tobacco product which has a higher incidence among the top 20 consumption class compared to both the bottom 40 consumption group and the overall average, with prevalence being more pronounced in urban areas than in rural areas.* Rising share of cigarette smoking against the decline in share of bidi consumption indicates a clear shift in preference from relatively inferior product, bidi, to packaged, branded and relatively premium tobacco products like cigarettes.

In rural areas, consumption incidence of bidi for declined from 26.9% households in 2011-12 to 23.2% households in 2023-24. Similarly, it reduced for bottom 40 households from 28.3% to 25.5% households during the same period. Similar declined is observed among top 20 consumption class as well. In urban areas, bidi consumption for average households decreased from 10.9% to 10.2%. Among the bottom 40 households, bidi incidence declined from 17.3% to 15.3%. However, share of households consuming bidi among top 20 class marginally increased from 2.7% households in 2011-12 to 3.8% households in 2023-24.

20.5% households in bottom 40 class consumed chewing tobacco in rural areas in 2011-12. It now increased to 27.3% households in 2023-24. *Incidence of leaf tobacco/chewing tobacco is higher among bottom 40 consumption class and chewing tobacco is more prevalent in rural areas.*

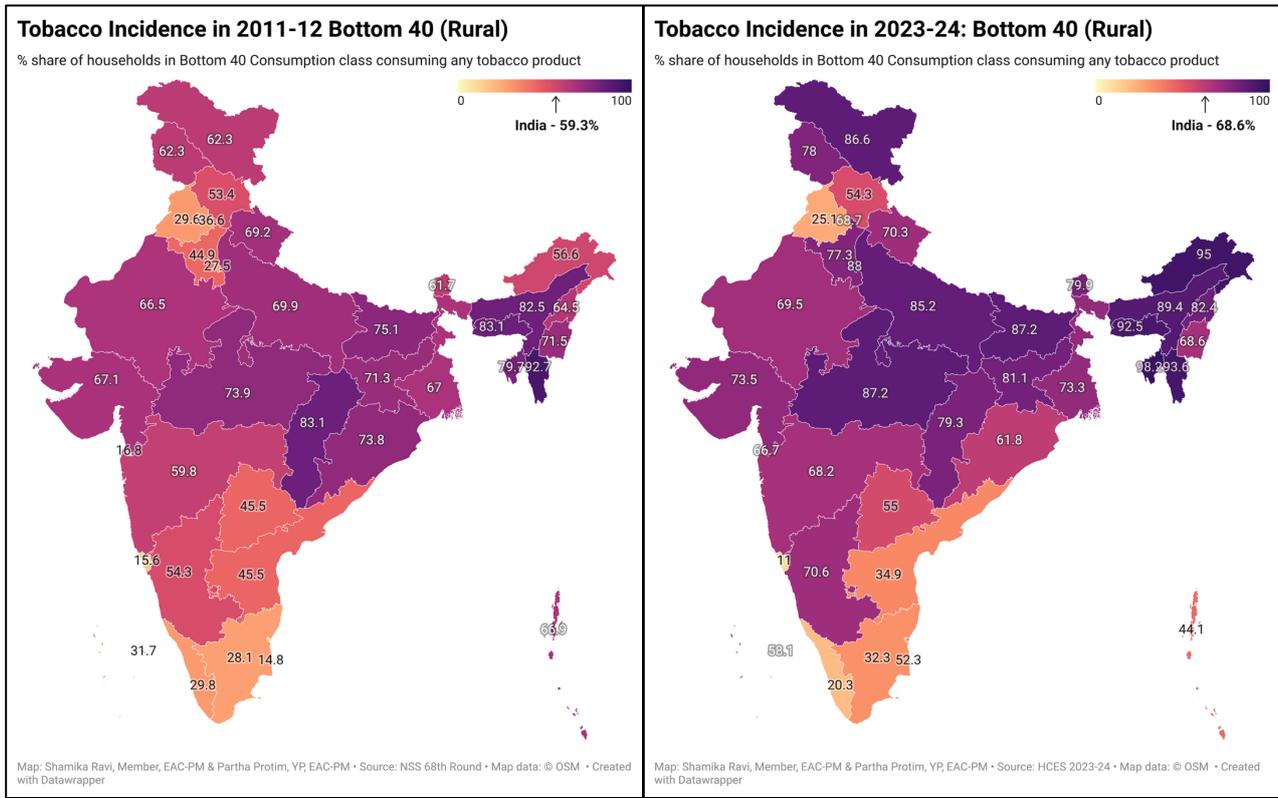
We have given state wise incidence for Tobacco (overall), Gutkha and Cigarette across Bottom 40 and Top 20 Consumption group in Rural and Urban Sector. Darker shades indicate higher incidence of Tobacco products. Incidence of gutkha consumption among Bottom 40 households in rural area is significantly high in Tripura (67.7%), Madhya Pradesh (58.6%), Arunachal Pradesh (53.4%), Uttar Pradesh (55%), Bihar (40%), Rajasthan (39.2%), in 2023-24. In south zone, Karnataka has high incidence of Gutkha (36.2%). The same states have high incidence in urban sector as well among bottom 40 households (Fig 6.6)

In case of Cigarette consumption incidence among bottom 40 in rural areas Mizoram highest with 81.7% households (fig 6.5), followed by Ladakh (67.9%), Meghalaya (56.1%) Arunachal Pradesh (55.4%). Interestingly, cigarette smoking is relatively prevalent in south zone compared to north zones among poor households across both consumption group.

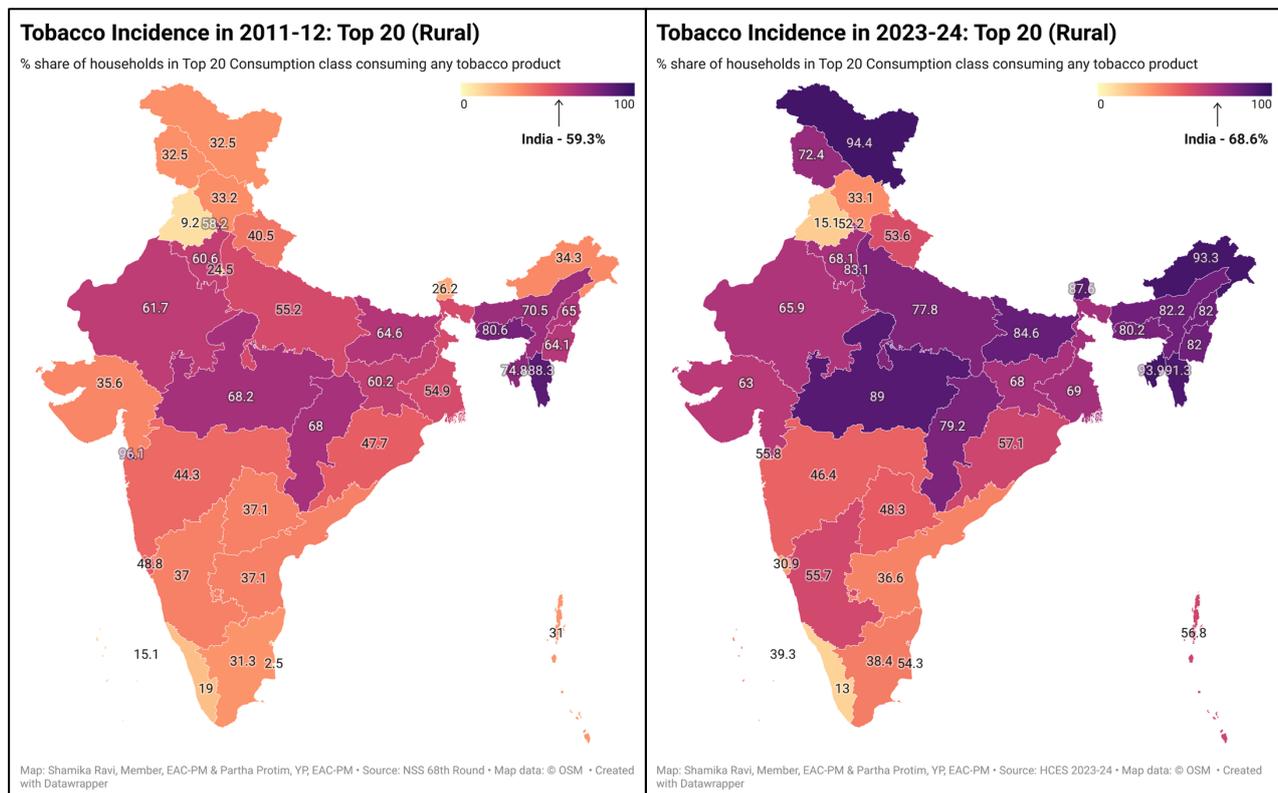
In the following section we have added visualizations to depict state wise changes in consumption patterns of tobacco (both overall and product wise) across bottom 40 and top 20 consumption class in rural and urban areas.

**Figure 6.4: Consumption class wise Tobacco incidence: Rural**

**Bottom 40**

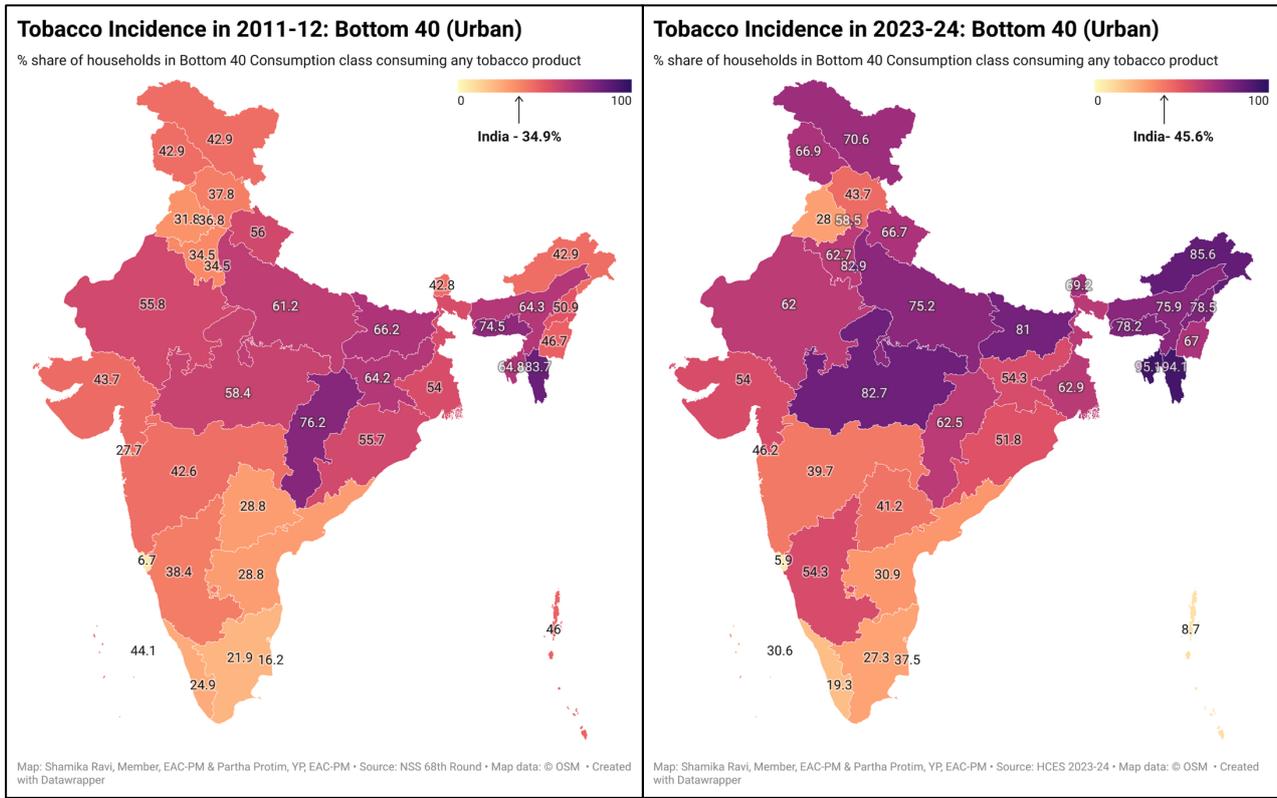


**Top 20**

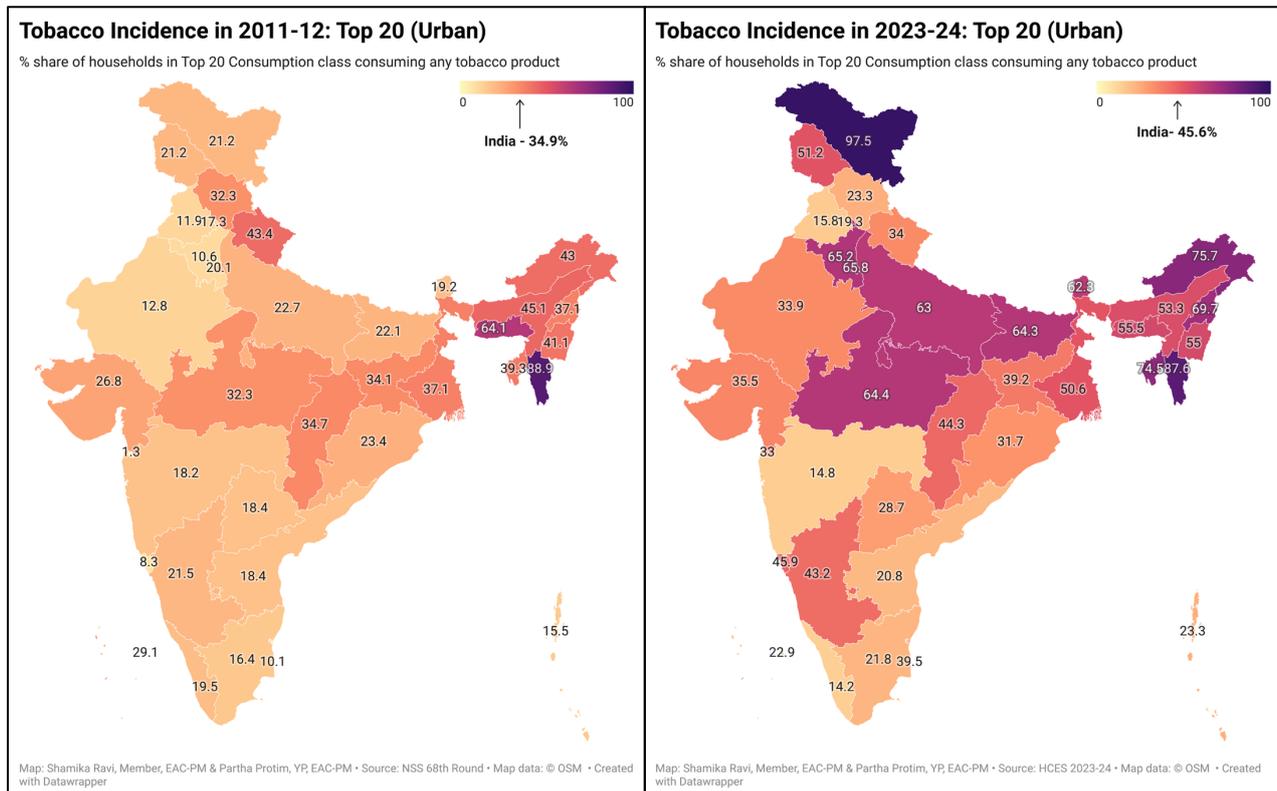


**Figure 6.5: Consumption class wise Tobacco incidence: Urban**

**Bottom 40**

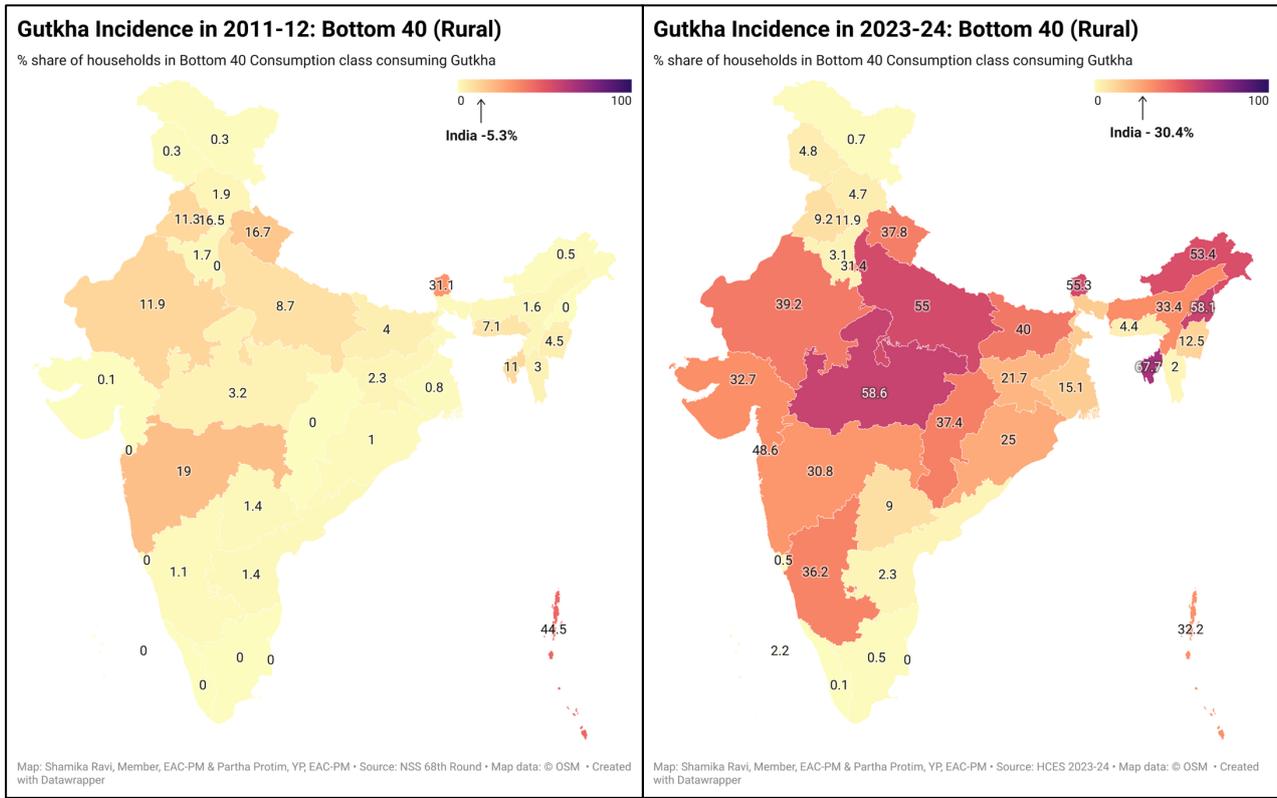


**Top 20**

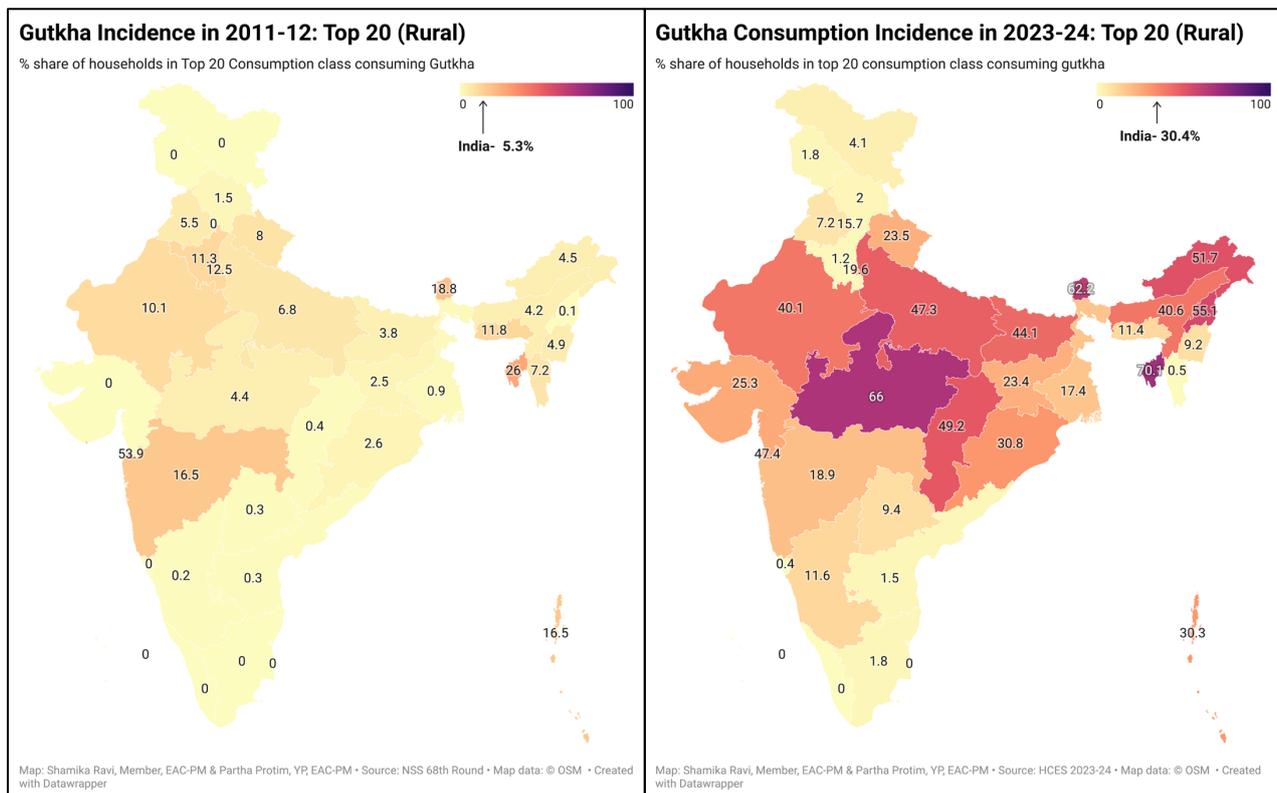


**Figure 6.6: Consumption class wise incidence of Gutkha: Rural**

**Bottom 40**

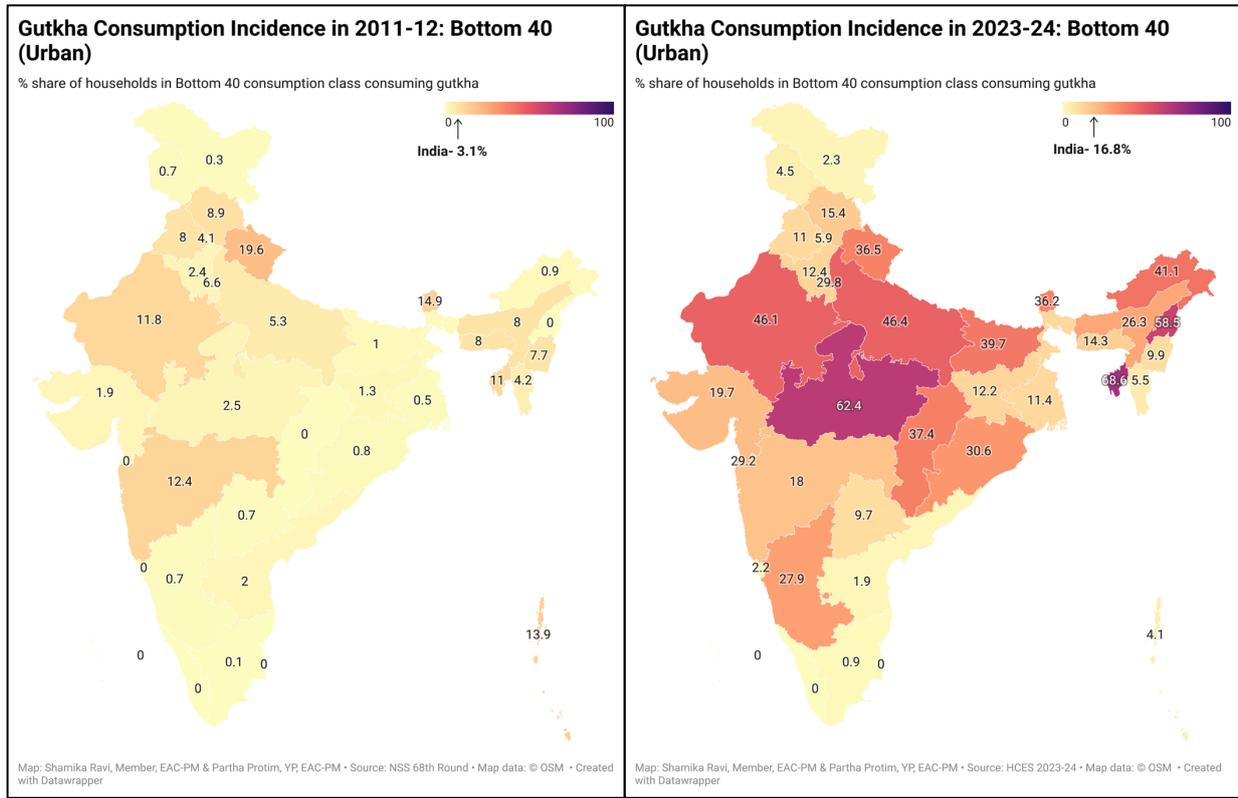


**Top 20**

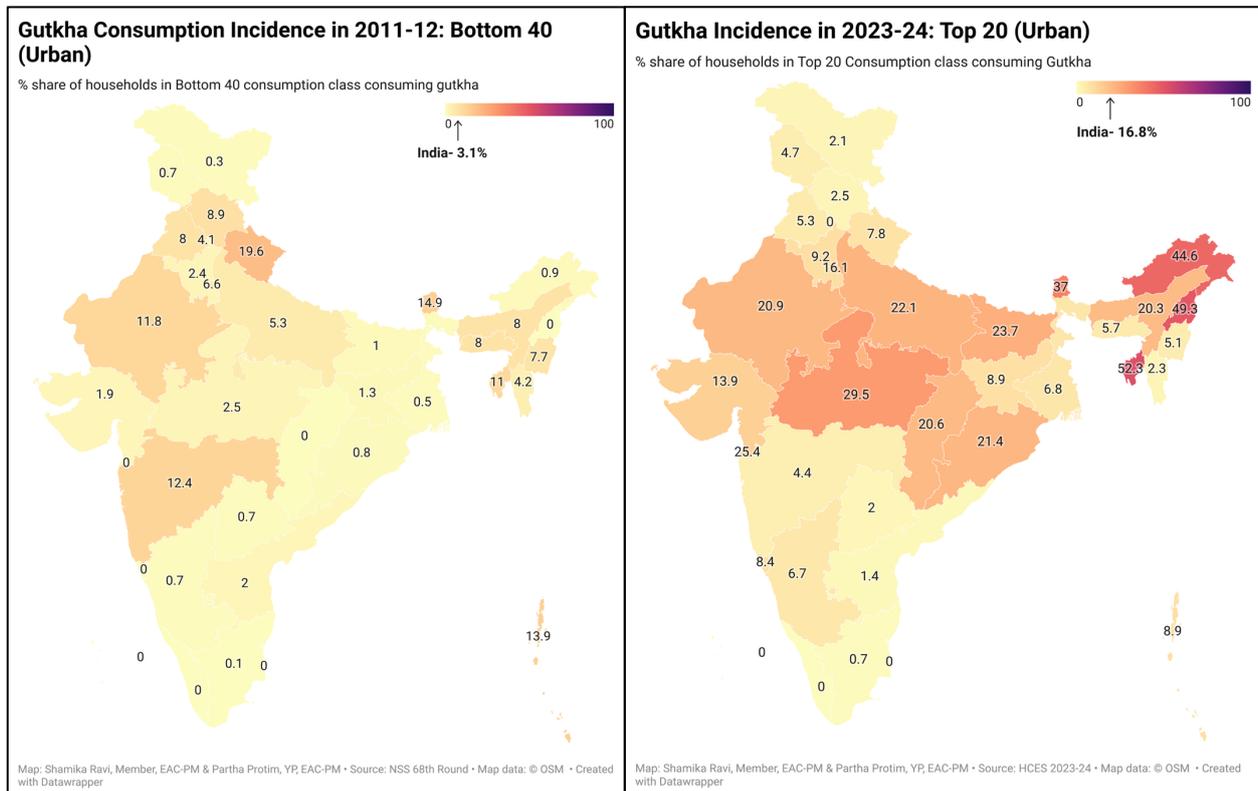


**Figure 6.7: Consumption class wise incidence of Gutkha: Urban**

**Bottom 40**

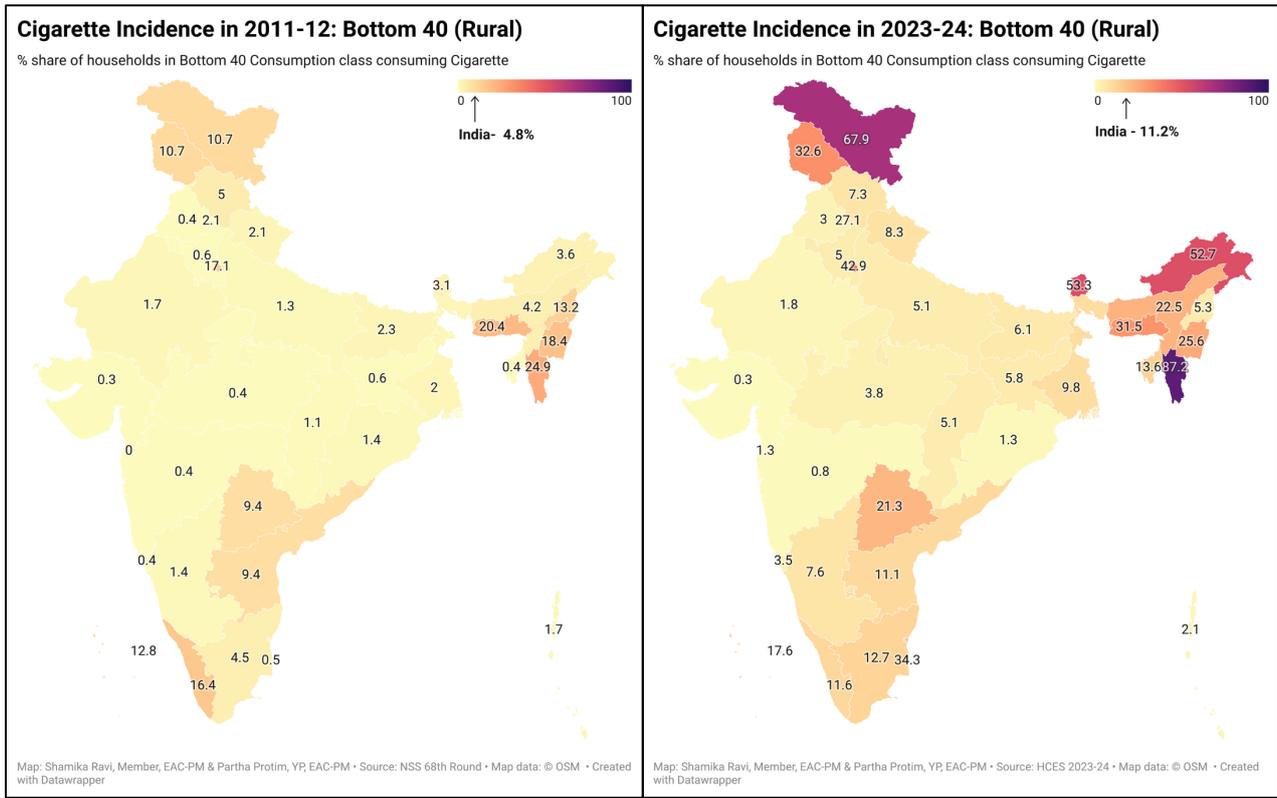


**Top 20**

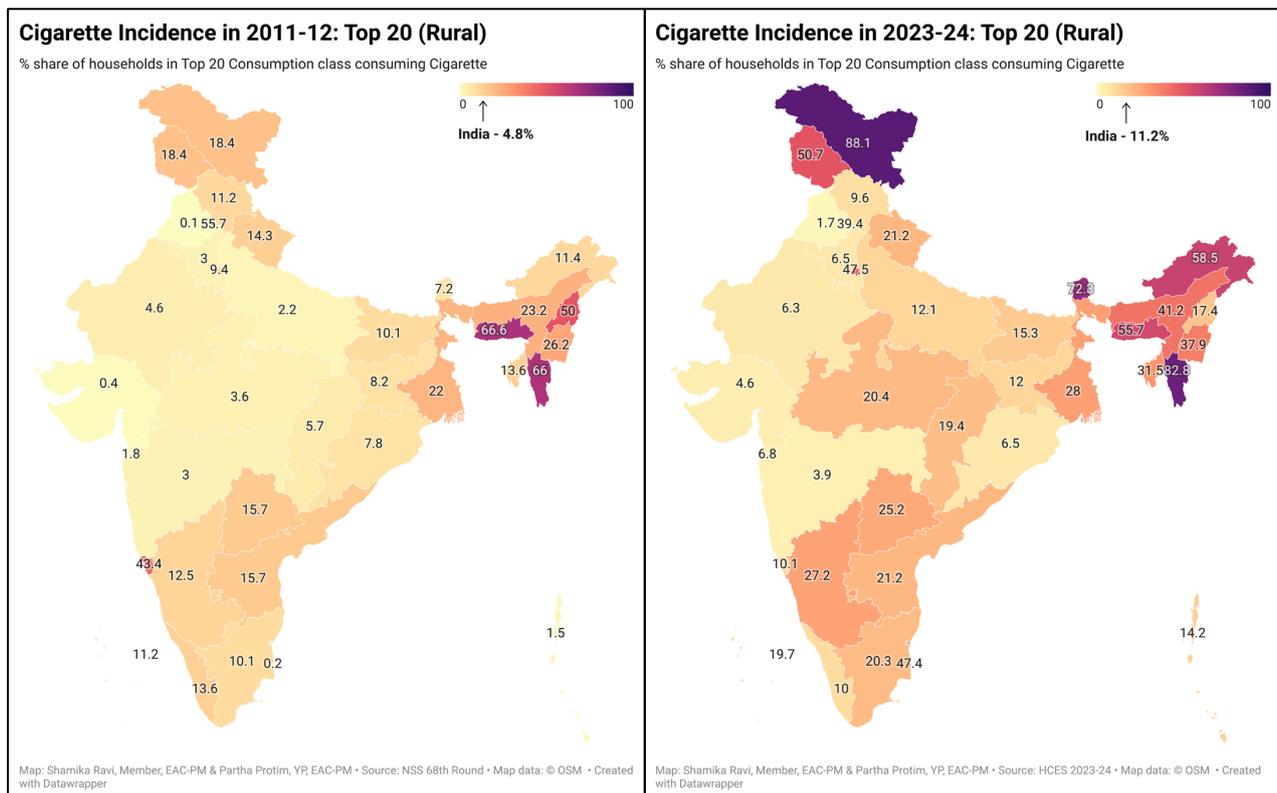


**Figure 6.8: Consumption class wise incidence of Cigarette: Rural**

**Bottom 40**

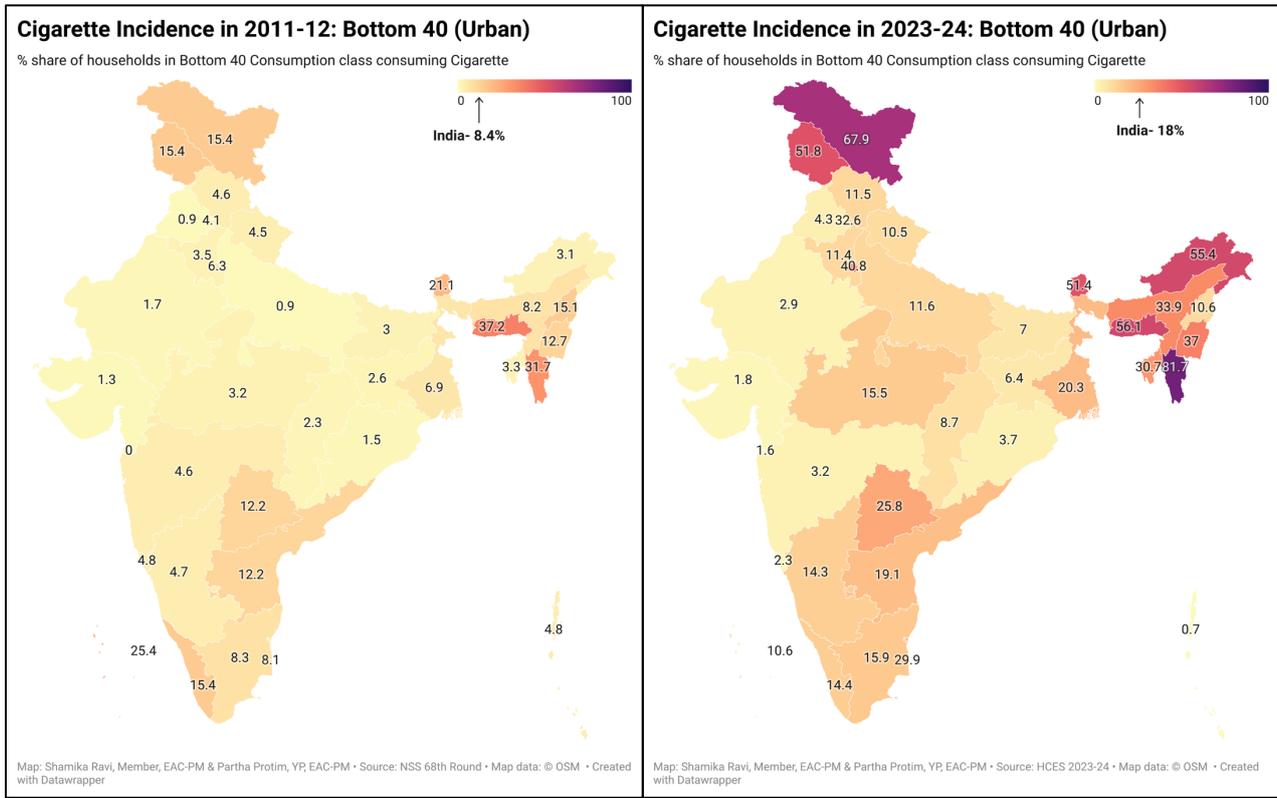


**Top 20**

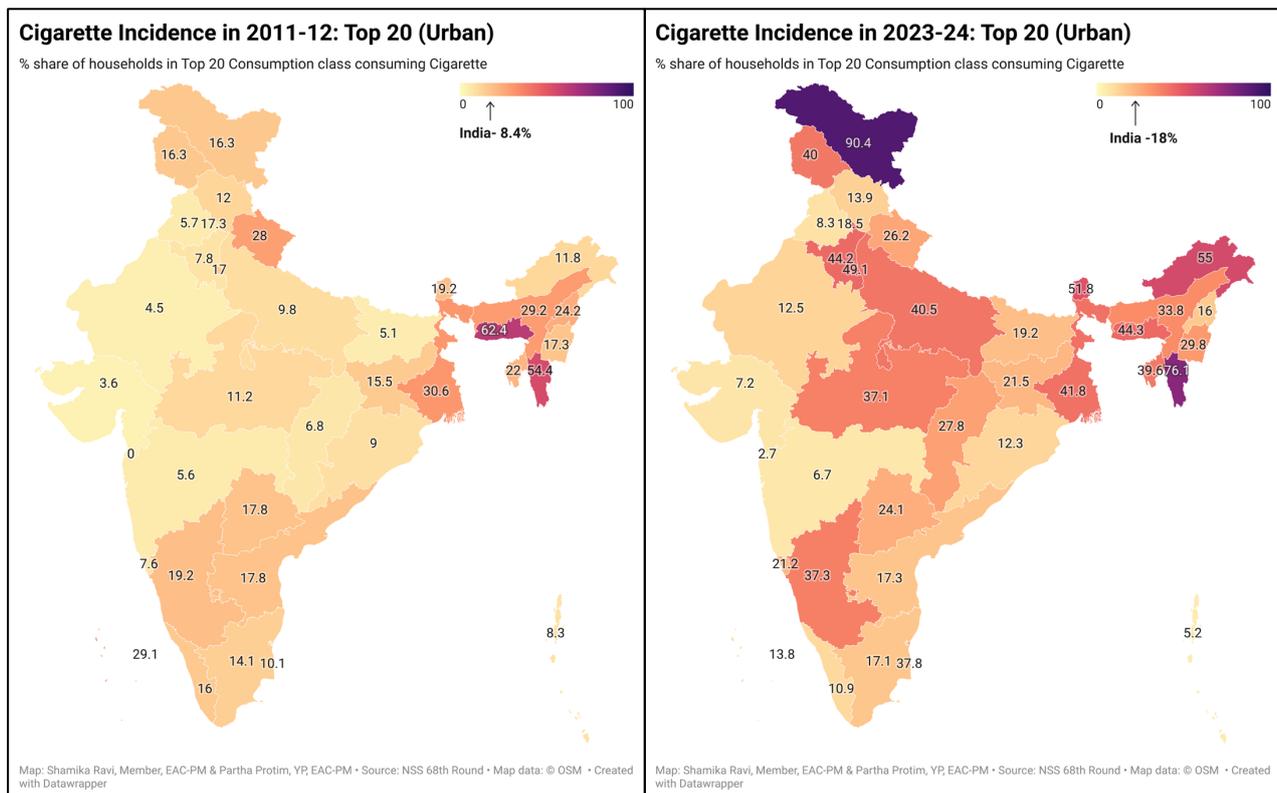


**Figure 6.9: Consumption class wise incidence of Cigarette: Urban**

**Bottom 40**

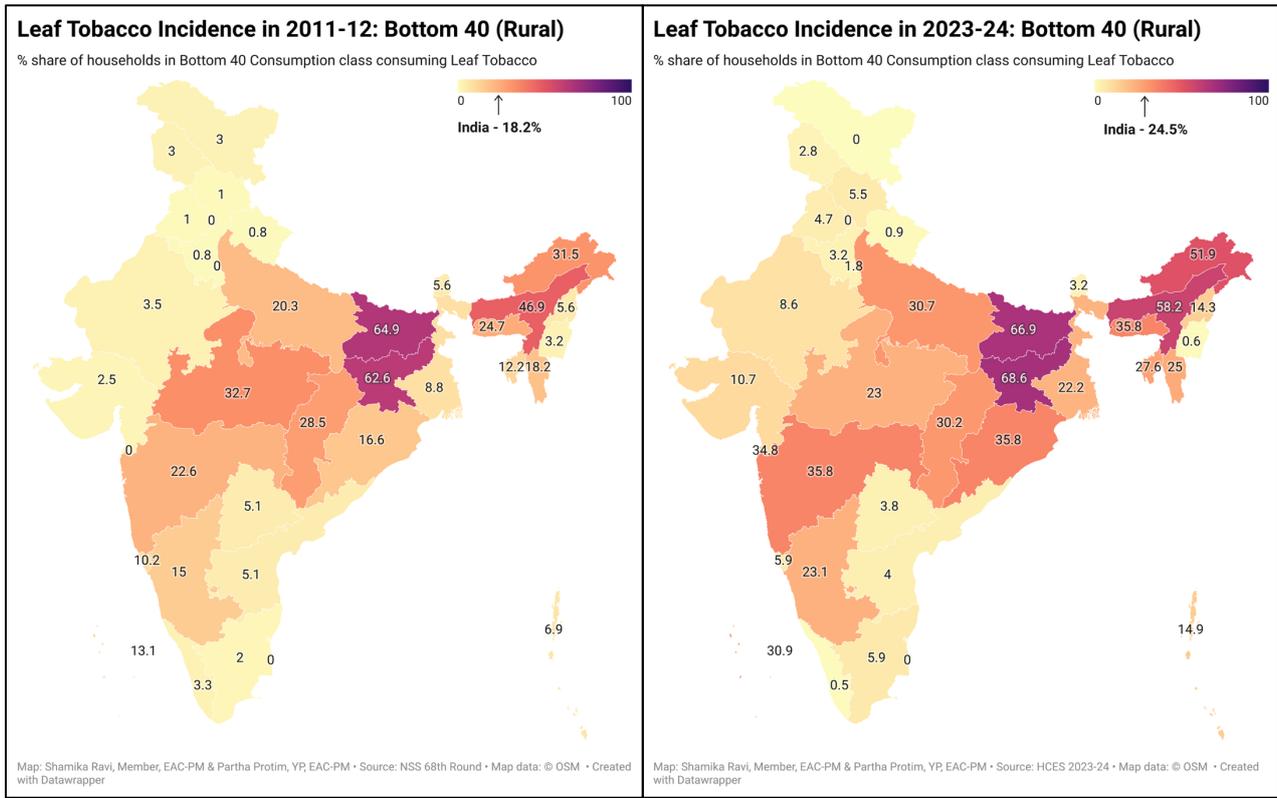


**Top 20**

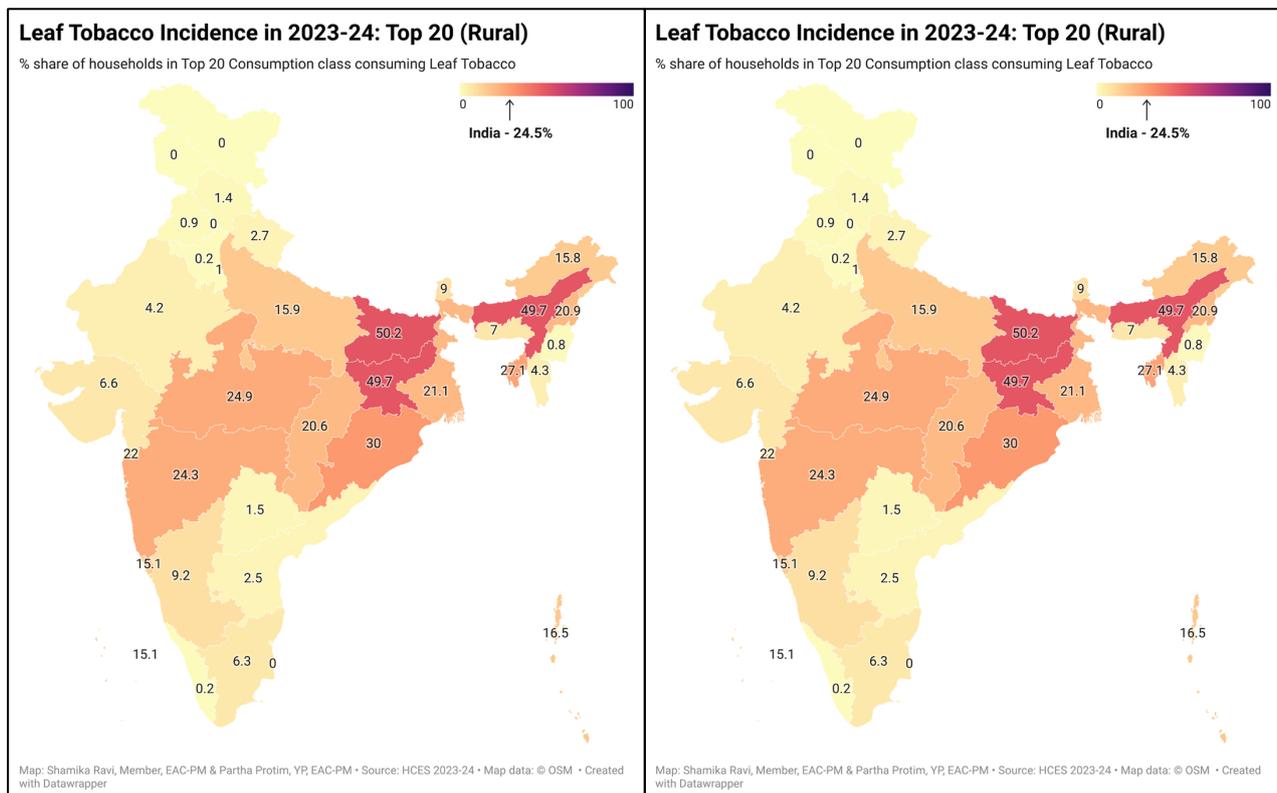


**Figure 6.10: Consumption class wise incidence of Leaf Tobacco: Rural**

**Bottom 40**

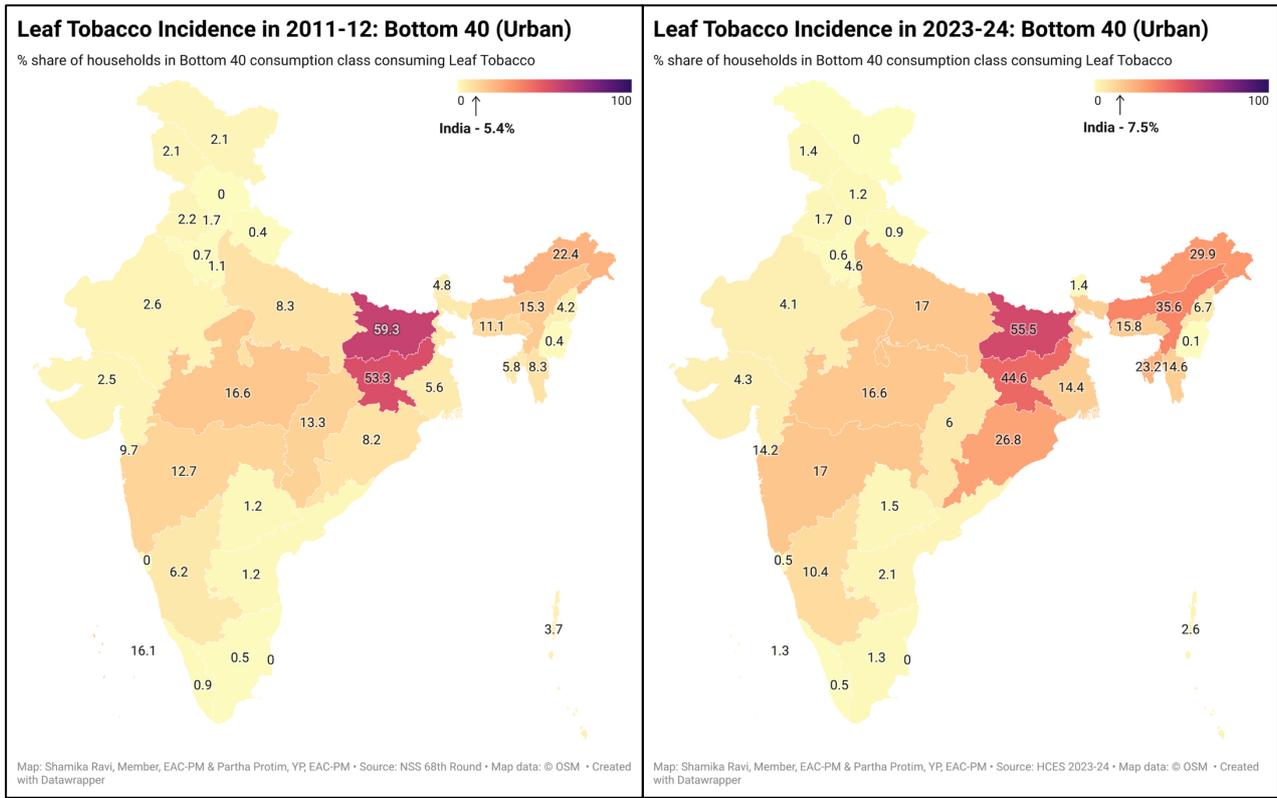


**Top 20**

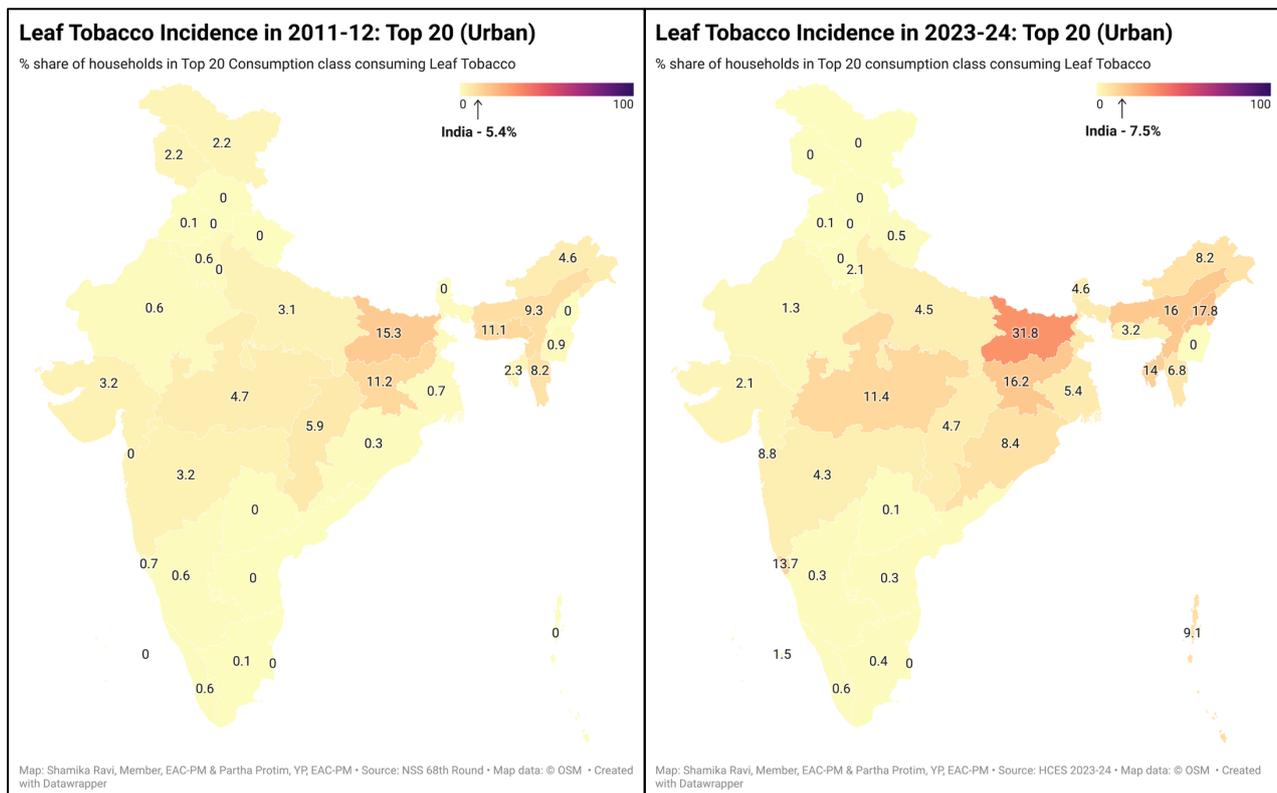


**Figure 6.11: Consumption class wise incidence of Leaf Tobacco: Urban**

**Bottom 40**

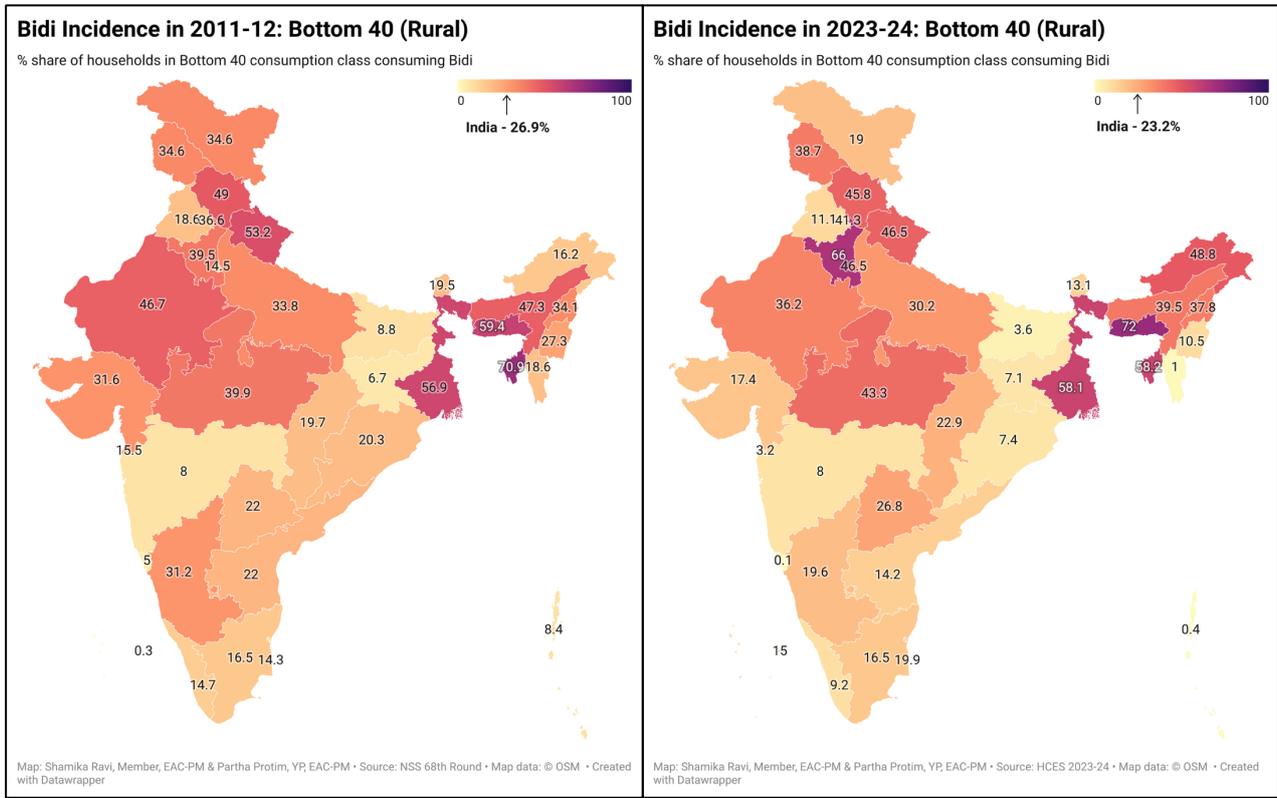


**Top 20**

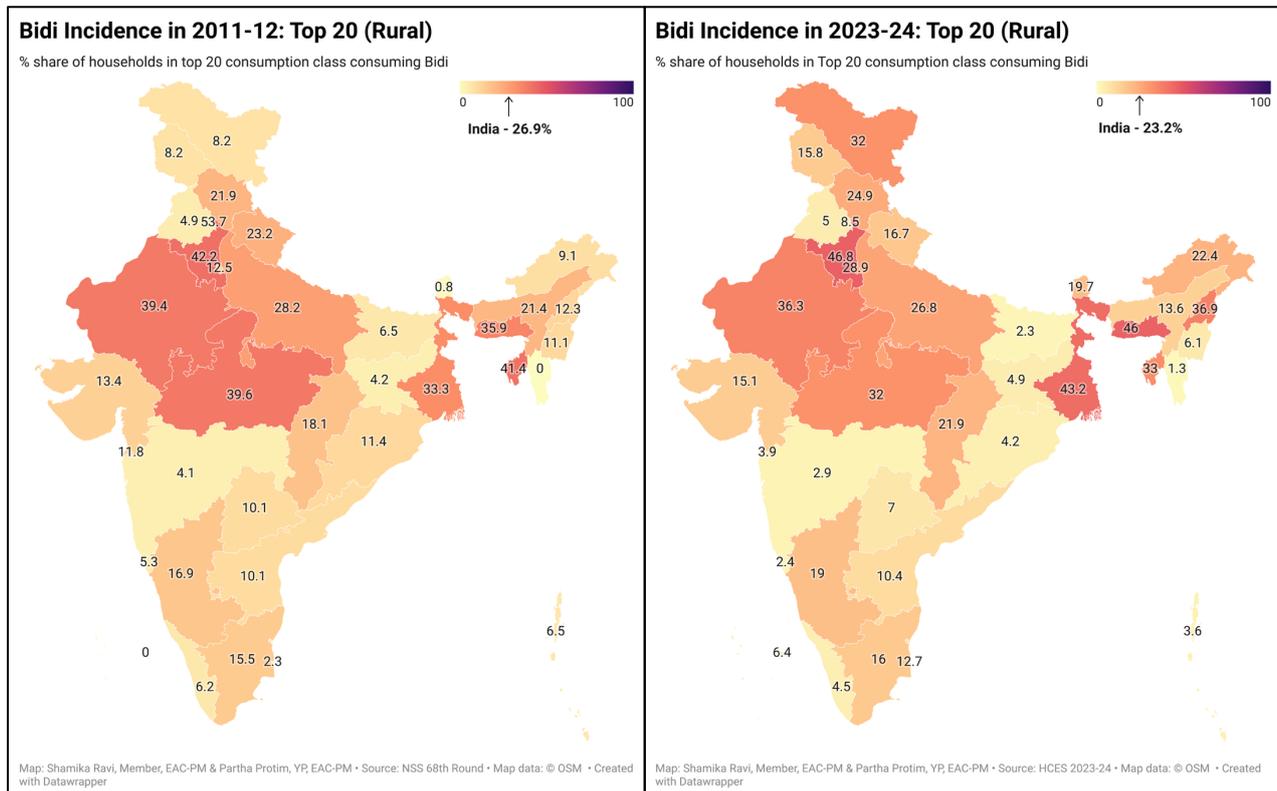


**Figure 6.12: Consumption class wise incidence of Bidi: Rural**

**Bottom 40**

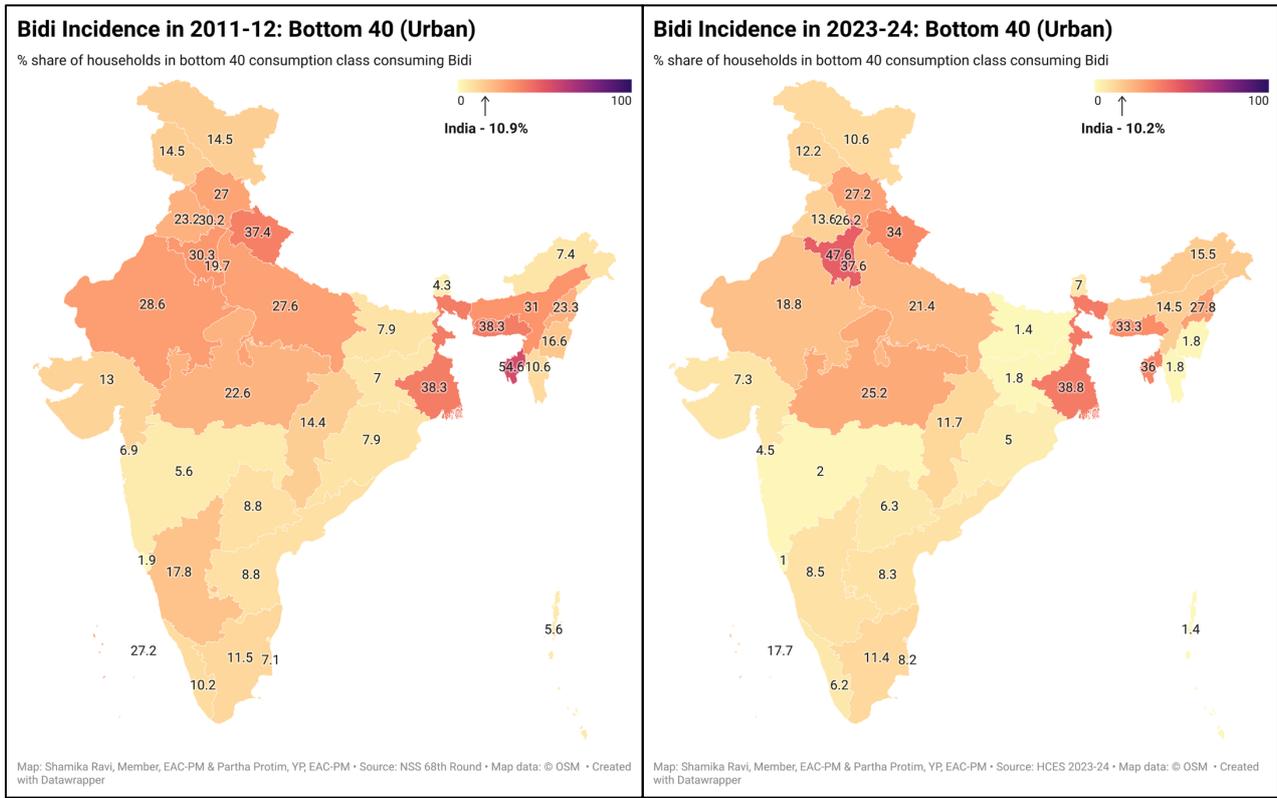


**Top 20**

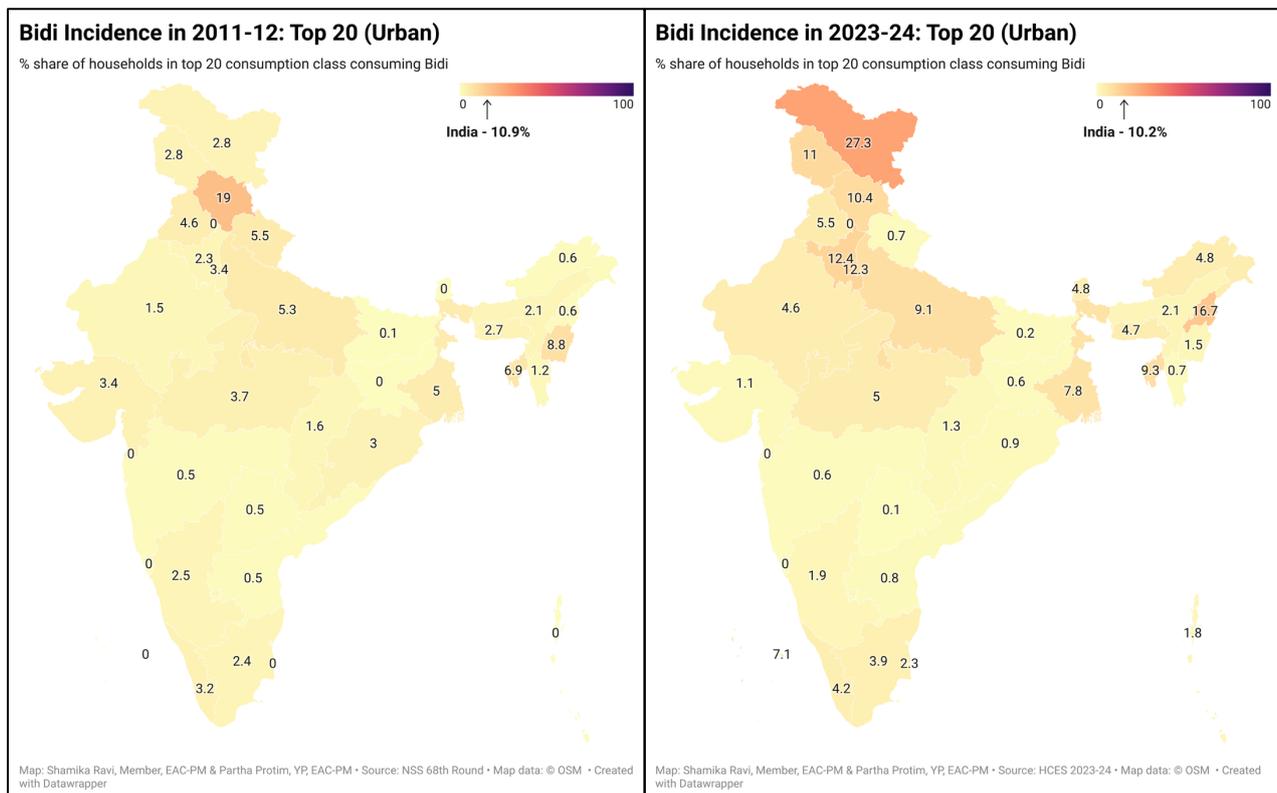


**Figure 6.13: Consumption class wise incidence of Bidi: Urban**

**Bottom 40**



**Top 20**



## 7. Policy Discussion

Proliferation of tobacco use across rural and urban areas poses some serious policy questions. We would discuss the impact of rising tobacco use from the lenses of public health, public expenditure on healthcare and public finance implications.

### (i) Public Health Crisis

The harmful effects of tobacco consumption are not unknown to people anymore. From screens of movies, tv serials to packets of gutkha and cigarettes- the statutory warning cautions about the potential damage of tobacco- “Tobacco causes cancer” “Smoking is injurious to health”. However, tobacco consumption has increased over the last decade and moving towards a large-scale health crisis.

Tobacco consumption is one of the main factors of increasing Non-Communicable Diseases (NCD) in India. Tobacco is responsible for cardiovascular, respiratory diseases and cancer specially lung cancer and oral cancer. Smoke Tobacco like cigarettes, bidi etc. exacerbates NCDs like lung cancer, Chronic Obstructive Pulmonary Disease, heart disease, stroke, diabetes. Smokeless tobacco products like gutkha, khaini, zarda cause oral, esophageal, pancreatic cancers, dental disease, cardiovascular disease<sup>1</sup>.

Most noncommunicable diseases are the result of four particular behaviours (tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol) that lead to four key metabolic/physiological changes (raised blood pressure, overweight/obesity, raised blood glucose and raised cholesterol).

According to WHO, almost 1.35 million deaths in India can be attributed to tobacco. In India, the burden of NCDs has surpassed that of infectious diseases such as tuberculosis, malaria and HIV. An estimated 5.8 million Indians die from NCDs each year, with conditions like heart disease, cancer, and diabetes accounting for a significant proportion of deaths. Approximately one in four Indians faces the risk of dying from an NCD before reaching the age of 70.

While discussing on tobacco consumption, we cannot ignore the negative externality associated with it. In case of smoke tobacco, passive smoking is equally harmful. A study estimates that diseases caused by exposure to second-hand tobacco smoke put an economic burden of Rs 56,700 crore (in 2017) in health care costs, accounting for 0.33 per cent of India’s GDP and 8.1% healthcare expenditure.<sup>2</sup>

### (ii) Public Expenditure on Health

A WHO study finds that the economic burden from tobacco constitutes more than 1% of India’s GDP, and the direct health expenditures on treating tobacco-related diseases alone accounts for 5.3% of the total private and public health expenditures in India in a year. It

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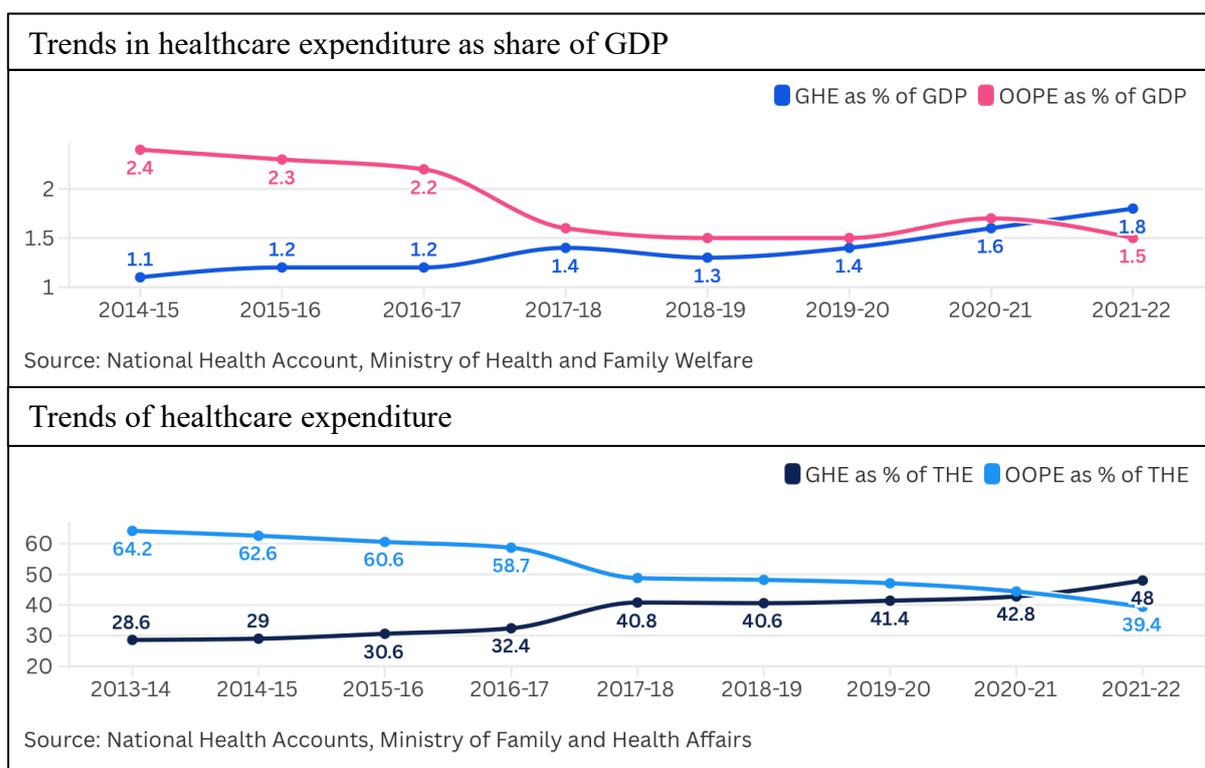
<sup>1</sup> Niaz K, Maqbool F, Khan F, Bahadar H, Ismail Hassan F, Abdollahi M. Smokeless tobacco (paan and gutkha) consumption, prevalence, and contribution to oral cancer. *Epidemiol Health*. 2017 Mar 9

<sup>2</sup> John RM, Dauchy EP. Healthcare Costs Attributable to Secondhand Smoke Exposure Among Indian Adults. *Nicotine Tob Res*. 2022 Aug 6;24(9):1478-1486. doi: 10.1093/ntr/ntac048. PMID: 35176165.

shows that, for every INR 100 that is received as excise taxes from tobacco products, INR 816 of costs is imposed on society through its consumption.<sup>3</sup>

Government has been consistently increasing the allocation towards public healthcare. According to the National Health Accounts, the share of Government Health Expenditure (GHE) out of Total Health Expenditure (THE) increased from 29% to 48% while Out-Of-Pocket Expenditure (OOPE) as a share of THE declined from 62.6% to 39.4% during FY 2015 to FY 2022. Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) has played a decisive role in the significant reductions observed in OOPE through an increase in social security and primary health expenditure, with over ₹1.25 lakh crore in savings recorded.

Fig 7.1: Trends in healthcare expenditure



Ayushman Bharat provides health cover of 5 lakh per family per year for secondary and tertiary healthcare. This scheme covers more than 12 crore family belonging to the bottom 40 income group. Additionally, 37 lakh ASHA, Anganwadi workers and their families and senior citizens aged 70 years and above (regardless of their income class) were brought under the coverage of PMJAY. The estimated number of beneficiary families aged 70 years and above is 4.5 crore, which corresponds to the 6 crore individuals under the scheme.<sup>4</sup> As of Oct 1, 2025, 42 crore Ayushman cards have been created and 86.71 lakh senior citizens have been provided Ayushman Vaya Vandana cards<sup>5</sup>.

<sup>3</sup> John RM, Sinha P, Munish VG, Tullu FT. Economic Costs of Diseases and Deaths Attributable to Tobacco Use in India, 2017-2018. *Nicotine Tob Res.* 2021 Jan 22;23(2):294-301. doi: 10.1093/ntr/ntaa154. PMID: 32805055.

<sup>4</sup> <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2086513&reg=3&lang=2>

<sup>5</sup> <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2185049&reg=3&lang=2>

At the time when OOEPE on healthcare is constantly declining, consumption on tobacco products specially cigarettes, gutkha, chewing tobacco are rising. This is a classic moral hazard problem of insurance. Moral hazard problem arrives when people take more risk or become more careless when someone else takes care of the cost. In case of health insurance, when government takes care of health care costs, people may feel less urgency to avoid unhealthy practices. Now we discuss what policy changes are required to address the growing moral hazard problem.

**(iii) Taxation of Tobacco products:**

Government has recently amended the Central Excise (Amendment) Bill 2025 to increase tax on tobacco products- duty on chewing tobacco to increase from 25% to 100%; from 25% to 40% for gutkha; from 60% to 325% for cigarettes<sup>6</sup>. Now if we look at the revenue collection from tobacco products before the new bill, share of tobacco products in Gross Tax Revenue have increased from 1.27% in 2016-17 to 2.39% in 2022-23<sup>7</sup>.

The share of taxes (inclusive of GST, Compensation Cess, Basic Excise Duty, National Calamity Contingent Duty (NCCD) and duties of customs) collected from Tobacco products in the Gross Tax Revenue of Government for the financial years 2016-17 to 2023-24 is as follows:

Table 1: Trends in tax collection from tobacco products

| <i>Financial Year</i> | <b>Gross tax Revenue (INR Crore)</b> | <b>% share of taxes collected from Tobacco in Gross Tax Revenue</b> | <b>Approximate Tax Revenue from Tobacco (INR Crore)</b> |
|-----------------------|--------------------------------------|---|---|
| 2016-17               | 17,15,822                            | 1.27  | 21,791  |
| 2017-18               | 19,19,008                            | 2.3   | 44,137  |
| 2018-19               | 20,80,465                            | 2.58  | 53,676  |
| 2019-20               | 20,10,059                            | 2.75  | 55,277  |
| 2020-21               | 20,27,104                            | 2.62  | 53,110  |
| 2021-22               | 27,09,316                            | 2.29  | 62,043  |
| 2022-23               | 30,54,192                            | 2.39  | 72,995  |

Source- Lok Sabha Unstarred question no 215

Bidi was exempted from Compensation cess under previous tax regime. Many bidi manufacturers are classified as small-scale producer in cottage industries, and they claim tax exemption from excise duty. These keeps the tax burden low and also results in revenue loss. In recent GST tax on Bidi is now reduced to 18% while other tobacco products are taxed at 40%. There is medical research that prove bidi is even more harmful than commercial cigarettes. Bidi has lower amount of tobacco, but it usually has higher nicotine concentration than commercial cigarettes. Bidi has poor combustibility than cigarettes. This leads to frequent

<sup>6</sup> <https://prsindia.org/billtrack/the-central-excise-amendment-bill-2025>

<sup>7</sup> [https://sansad.in/getFile/loksabhaquestions/annex/184/AU215\\_yUq0q5.pdf?source=pqals](https://sansad.in/getFile/loksabhaquestions/annex/184/AU215_yUq0q5.pdf?source=pqals)

puffs and deeper inhalation which are relatively more damaging than cigarettes<sup>8</sup>. Tax rates on bidi should be revisited.

Consumption of tobacco products have increased across both bottom 40 consumption class as well as top 20 consumption group. Growth rate of consumption of certain tobacco products by top 20 consumption class is higher than that of bottom 40 consumption class. Higher price as a result of increased tax rate will act as deterrent to people in bottom 40 group. Affordability is less of an issue for people in top 20 consumption group. If they choose to consume tobacco products regardless of the price hike due to its inelasticity of demand, government will be able to earn more tax revenue from this group.

#### **(iv) Introducing filters and disincentives in PMJAY:**

How to disincentive people to consume tobacco, there is no straight answer to it. For a welfare state, carrying out a universal health coverage programme is essential, and attempt should be bringing more people under the coverage. We acknowledge this aspect. However, we need to start exploring the ideas to possible filtering out/exclusion of beneficiaries to disincentives tobacco consumption. National Health Authority (NHA) is the apex body responsible for implementation of PMJAY. NHA should explore the possibility of introducing premium in PMJAY for those individuals who are consuming tobacco or any other suitable alternatives. It is a common market practice to charge more premium from smoker. According to ICICI Prudential life insurance, compared to a non-smoker, the term insurance premiums for a person who smokes can be almost 30%-40% higher<sup>9</sup>. However, Government naturally cannot operate like market players as the main concern is upholding equity and access to healthcare. Introducing any filter or disincentive mechanism in PMJAY comes with its own set of challenges. But in the context of growing tobacco consumption, we need to think about strong deterrence. So, conversations in this line should be brought into public debate to formulate a balanced mechanism with least number of unintended consequences

We have observed in the previous section that North-east zone has high significance of tobacco consumption across products. All the states in North-East zone have higher than average tobacco (overall) consumption both in rural and urban area. Centre and state contribution ratio is 90:10 in north-east and hilly regions for PMJAY<sup>10</sup>. Union government may explore the idea of linking disbursement of fund to outcome of tobacco control programmes, specially for states with high tobacco consumption. This will incentivize the states to take up measures to curb tobacco use.

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<sup>8</sup> Pednekar MS, Gupta PC, Yeole BB, Hébert JR. Association of tobacco habits, including bidi smoking, with overall and site-specific cancer incidence: results from the Mumbai cohort study. *Cancer Causes Control*. 2011 Jun;22(6):859-68. doi: 10.1007/s10552-011-9756-1. Epub 2011 Mar 24. PMID: 21431915; PMCID: PMC3756904.

<sup>9</sup> <https://www.iciciprulife.com/term-insurance/term-insurance-for-smokers.html>

<sup>10</sup>

[https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1694437&reg=3&lang=2#:~:text=Presently%2C%20it%20is%20being%20implemented,comparison%20with%20State%20health%20schemes.&text=The%20Minister%20of%20State%20\(Health,the%20Rajya%20Sabha%20here%20today.](https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1694437&reg=3&lang=2#:~:text=Presently%2C%20it%20is%20being%20implemented,comparison%20with%20State%20health%20schemes.&text=The%20Minister%20of%20State%20(Health,the%20Rajya%20Sabha%20here%20today.)

**(v) Advertisement control:**

Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA), 2003 imposes a comprehensive ban on advertisement of tobacco products across India. Strong editorial reasoning is required for inserting smoking scenes in movies and the scene comes with statutory warnings. Displaying of advertisements of tobacco products like cigarettes are restricted within the premise of the point of sale with strict conditions. However, tobacco products companies use loopholes and take surrogate advertisement routes to advertise their products. Then there is “twin sachet” method of selling tobacco less pan masala and tobacco sachet together to circumvent the gutkha ban. Gutkha advertisement goes unabated and big Bollywood stars promote gutkha under the fig leaf of “silver coated cardamom”. Cricket is the most widely watched sport event in India and gutkha products dominates in the ad breaks. These subtle steps go a big way in normalizing the tobacco consumption. This is alarming. We need clearly worded act to stop any kind of advertising, including surrogate advertising and prevent manufacturers from exploiting loopholes. There need to be public consensus to call out big celebrities who mindlessly promote tobacco products.

The COTPA acts prohibits selling tobacco products to person below the age of 18 and restricts sale in an area within 100 yards of school or educational institutes. These are not enforced properly, thus, sight of small tobacco shops adjacent the school premises are quite common. Strict enforcement of the act and penal provisions, random checks with flying squads can help reducing young person’s exposure and accessibility of tobacco products.

## 8. Conclusion

The evidence presented in this study points to a clear and concerning shift in India’s tobacco landscape. Between 2011–12 and 2023–24, both expenditure and incidence of tobacco consumption have risen significantly across rural and urban India. The increase is not confined to specific regions or income groups; rather, it reflects a broad-based expansion cutting across states, consumption classes, and product categories. Particularly notable is the sharp rise in packaged and branded tobacco products such as gutkha and cigarettes, signalling changing consumption preferences and the growing penetration of commercial tobacco markets.

This trend carries serious implications for public health and fiscal sustainability. Tobacco remains a leading risk factor for non-communicable diseases, which already account for a majority of India’s disease burden. Rising consumption today implies higher morbidity, premature mortality, and greater long-term healthcare demand in the years ahead. At a time when public expenditure on health has expanded and financial protection through government insurance schemes has deepened, the growth in tobacco use risks placing additional strain on public resources.

The findings underscore that tobacco control must be viewed not only as a health priority but also as a fiscal and developmental imperative. Effective responses will require a multi-

pronged strategy: rationalizing and strengthening tobacco taxation across products; tightening enforcement against illicit and surrogate sales; expanding targeted awareness campaigns; and integrating preventive counselling within primary healthcare systems. Particular attention must be paid to emerging products and to younger and aspirational consumers who appear increasingly drawn to packaged tobacco.

India's progress toward universal health coverage will be incomplete if preventable risk factors continue to expand unchecked. Curbing tobacco consumption is therefore central to safeguarding both population health and the long-term sustainability of public finance.

## 9. Appendix

Table 1: Incidence of Tobacco Consumption at National Level

| <b>All India</b>  | <b>2011-12</b> |              | <b>2023-24</b> |              |
|-------------------|----------------|--------------|----------------|--------------|
|                   | <b>Rural</b>   | <b>Urban</b> | <b>Rural</b>   | <b>Urban</b> |
| Tobacco (Overall) | 59.31%         | 34.94%       | 68.59%         | 45.64%       |
| Bidi              | 26.85%         | 10.89%       | 23.18%         | 10.23%       |
| Cigarette         | 4.81%          | 8.41%        | 11.20%         | 18.05%       |
| Gutkha            | 5.33%          | 3.07%        | 30.45%         | 16.84%       |
| Leaf Tobacco      | 18.23%         | 5.39%        | 24.48%         | 7.50%        |
| Other Tobacco     | 15.37%         | 11.67%       | 7.74%          | 5.55%        |

Table 2a: State wise Tobacco Incidence: North Zone

| Sl. No | State            | Items             | 2011-12 |        | 2023-24 |        |
|--------|------------------|-------------------|---------|--------|---------|--------|
|        |                  |                   | Rural   | Urban  | Rural   | Urban  |
| 1      | Jammu & Kashmir  | Tobacco (Overall) | 52.5%   | 35.23% | 73.8%   | 56.23% |
|        |                  | Bidi              | 21.3%   | 9.15%  | 29.9%   | 10.39% |
|        |                  | Cigarette         | 15.3%   | 18.87% | 39.8%   | 44.94% |
|        |                  | Gutkha            | 0.4%    | 0.6%   | 4.8%    | 4.2%   |
|        |                  | Leaf Tobacco      | 3.88%   | 1.94%  | 1.83%   | 0.58%  |
|        |                  | Other Tobacco     | 22.16%  | 8.90%  | 27.85%  | 3.06%  |
| 2      | Himachal Pradesh | Tobacco (Overall) | 46.3%   | 28.96% | 43.9%   | 36.04% |
|        |                  | Bidi              | 39.8%   | 17.75% | 36.8%   | 20.17% |
|        |                  | Cigarette         | 7.60%   | 8.85%  | 6.80%   | 14.16% |
|        |                  | Gutkha            | 2.1%    | 4.6%   | 4.4%    | 9.6%   |
|        |                  | Leaf Tobacco      | 0.69%   | 0.03%  | 2.92%   | 0.47%  |
|        |                  | Other Tobacco     | 0.98%   | 0.26%  | 0.05%   | 0.27%  |
| 3      | Punjab           | Tobacco (Overall) | 21.4%   | 23.72% | 21.9%   | 21.60% |
|        |                  | Bidi              | 13.1%   | 13.78% | 8.3%    | 8.87%  |
|        |                  | Cigarette         | 0.4%    | 3.34%  | 2.6%    | 6.23%  |
|        |                  | Gutkha            | 8.6%    | 6.5%   | 9.2%    | 9.0%   |
|        |                  | Leaf Tobacco      | 0.99%   | 1.17%  | 2.83%   | 1.02%  |
|        |                  | Other Tobacco     | 0.46%   | 1.51%  | 1.76%   | 1.02%  |
| 4      | Chandigarh       | Tobacco (Overall) | 42.5%   | 24.87% | 58.6%   | 45.34% |
|        |                  | Bidi              | 35.2%   | 15.85% | 24.2%   | 12.48% |
|        |                  | Cigarette         | 11.8%   | 6.65%  | 30.6%   | 32.74% |
|        |                  | Gutkha            | 14.2%   | 4.4%   | 12.6%   | 3.3%   |
|        |                  | Leaf Tobacco      | 0.00%   | 0.76%  | 0.00%   | 0.00%  |
|        |                  | Other Tobacco     | 0.00%   | 1.87%  | 0.00%   | 0.14%  |
| 5      | Uttarakhand      | Tobacco (Overall) | 60.2%   | 49.58% | 66.4%   | 51.64% |
|        |                  | Bidi              | 44.8%   | 24.86% | 36.1%   | 17.39% |
|        |                  | Cigarette         | 5.8%    | 13.57% | 13.7%   | 17.97% |
|        |                  | Gutkha            | 13.1%   | 13.0%  | 35.3%   | 25.1%  |
|        |                  | Leaf Tobacco      | 0.45%   | 0.31%  | 1.78%   | 0.69%  |
|        |                  | Other Tobacco     | 10.77%  | 8.62%  | 0.73%   | 0.39%  |
| 6      | Haryana          | Tobacco (Overall) | 49.6%   | 27.24% | 74.5%   | 61.09% |
|        |                  | Bidi              | 42.0%   | 20.51% | 58.7%   | 34.28% |
|        |                  | Cigarette         | 1.4%    | 5.26%  | 5.9%    | 21.92% |
|        |                  | Gutkha            | 3.9%    | 1.5%   | 2.2%    | 12.0%  |
|        |                  | Leaf Tobacco      | 0.91%   | 0.73%  | 1.71%   | 0.33%  |
|        |                  | Other Tobacco     | 11.62%  | 4.26%  | 28.95%  | 9.32%  |
| 7      | Delhi            | Tobacco (Overall) | 25.4%   | 26.95% | 83.9%   | 77.03% |
|        |                  | Bidi              | 13.7%   | 12.17% | 37.1%   | 27.15% |

| Sl. No | State     | Items             | 2011-12 |        | 2023-24 |        |
|--------|-----------|-------------------|---------|--------|---------|--------|
|        |           |                   | Rural   | Urban  | Rural   | Urban  |
|        |           | Cigarette         | 12.5%   | 8.11%  | 43.5%   | 46.80% |
|        |           | Gutkha            | 5.1%    | 4.1%   | 27.9%   | 25.2%  |
|        |           | Leaf Tobacco      | 1.10%   | 1.02%  | 1.50%   | 3.46%  |
|        |           | Other Tobacco     | 0.20%   | 3.71%  | 15.47%  | 4.40%  |
| 8      | Rajasthan | Tobacco (Overall) | 65.4%   | 36.53% | 69.8%   | 49.37% |
|        |           | Bidi              | 46.2%   | 16.16% | 37.4%   | 12.24% |
|        |           | Cigarette         | 3.1%    | 2.52%  | 3.5%    | 6.92%  |
|        |           | Gutkha            | 12.4%   | 9.0%   | 41.7%   | 35.3%  |
|        |           | Leaf Tobacco      | 3.35%   | 1.08%  | 6.45%   | 2.50%  |
|        |           | Other Tobacco     | 19.03%  | 14.09% | 7.14%   | 1.73%  |
| 9      | Ladakh    | Tobacco (Overall) | 52.5%   | 35.23% | 87.6%   | 78.73% |
|        |           | Bidi              | 21.3%   | 9.15%  | 25.2%   | 16.12% |
|        |           | Cigarette         | 15.3%   | 18.87% | 72.5%   | 72.11% |
|        |           | Gutkha            | 0.4%    | 0.6%   | 2.4%    | 3.3%   |
|        |           | Leaf Tobacco      | 3.88%   | 1.94%  | 0.23%   | 0.21%  |
|        |           | Other Tobacco     | 22.16%  | 8.90%  | 9.87%   | 10.29% |

Table 2 b: State wise Tobacco Incidence: Central Zone

| Sl. No | State          | Items             | 2011-12 |        | 2023-24 |        |
|--------|----------------|-------------------|---------|--------|---------|--------|
|        |                |                   | Rural   | Urban  | Rural   | Urban  |
| 1      | Uttar Pradesh  | Tobacco (Overall) | 66.5%   | 46.14% | 83.3%   | 70.06% |
|        |                | Bidi              | 33.6%   | 18.1%  | 29.6%   | 16.9%  |
|        |                | Cigarette         | 1.32%   | 4.02%  | 7.9%    | 21.02% |
|        |                | Gutkha            | 8.7%    | 3.53%  | 53.0%   | 37.56% |
|        |                | Leaf Tobacco      | 16.4%   | 5.43%  | 24.8%   | 11.44% |
|        |                | Other Tobacco     | 22.74%  | 22.35% | 11.23%  | 11.14% |
| 2      | Madhya Pradesh | Tobacco (Overall) | 73.8%   | 48.90% | 89.0%   | 72.50% |
|        |                | Bidi              | 41.4%   | 16.8%  | 39.6%   | 14.8%  |
|        |                | Cigarette         | 1.43%   | 6.39%  | 9.7%    | 23.04% |
|        |                | Gutkha            | 4.2%    | 2.78%  | 62.3%   | 48.03% |
|        |                | Leaf Tobacco      | 28.0%   | 11.46% | 25.6%   | 14.54% |
|        |                | Other Tobacco     | 24.21%  | 19.99% | 12.22%  | 8.03%  |
| 3      | Chhattisgarh   | Tobacco (Overall) | 83.1%   | 62.24% | 78.5%   | 54.14% |
|        |                | Bidi              | 19.2%   | 9.7%   | 22.7%   | 7.2%   |
|        |                | Cigarette         | 2.11%   | 3.92%  | 9.9%    | 15.15% |
|        |                | Gutkha            | 0.3%    | 0.00%  | 42.0%   | 30.86% |
|        |                | Leaf Tobacco      | 29.4%   | 12.14% | 24.7%   | 5.57%  |
|        |                | Other Tobacco     | 59.56%  | 50.97% | 29.99%  | 15.99% |

Table 2c: State wise Tobacco Incidence: East Zone

| Sl. No | State       | Items             | 2011-12 |        | 2023-24 |        |
|--------|-------------|-------------------|---------|--------|---------|--------|
|        |             |                   | Rural   | Urban  | Rural   | Urban  |
| 1      | Bihar       | Tobacco (Overall) | 74.3%   | 48.65% | 87.0%   | 75.64% |
|        |             | Bidi              | 10.0%   | 3.9%   | 3.0%    | 0.9%   |
|        |             | Cigarette         | 3.8%    | 3.80%  | 10.5%   | 12.27% |
|        |             | Gutkha            | 5.3%    | 2.84%  | 42.9%   | 35.43% |
|        |             | Leaf Tobacco      | 61.4%   | 40.84% | 60.0%   | 45.46% |
|        |             | Other Tobacco     | 12.42%  | 5.70%  | 5.56%   | 5.86%  |
| 2      | West Bengal | Tobacco (Overall) | 64.1%   | 48.08% | 72.5%   | 59.70% |
|        |             | Bidi              | 51.9%   | 24.7%  | 54.2%   | 26.5%  |
|        |             | Cigarette         | 7.3%    | 18.01% | 17.0%   | 30.98% |
|        |             | Gutkha            | 1.1%    | 1.03%  | 15.6%   | 10.31% |
|        |             | Leaf Tobacco      | 7.5%    | 4.37%  | 21.8%   | 11.31% |
|        |             | Other Tobacco     | 9.06%   | 9.74%  | 2.44%   | 0.71%  |
| 3      | Jharkhand   | Tobacco (Overall) | 71.0%   | 49.93% | 77.6%   | 48.58% |
|        |             | Bidi              | 6.3%    | 2.2%   | 6.5%    | 1.1%   |
|        |             | Cigarette         | 2.7%    | 9.36%  | 8.7%    | 13.00% |
|        |             | Gutkha            | 2.6%    | 2.62%  | 22.9%   | 11.81% |
|        |             | Leaf Tobacco      | 60.9%   | 34.38% | 62.7%   | 31.43% |
|        |             | Other Tobacco     | 11.90%  | 15.30% | 0.95%   | 0.70%  |
| 4      | Odisha      | Tobacco (Overall) | 68.4%   | 38.79% | 60.4%   | 41.39% |
|        |             | Bidi              | 19.0%   | 5.2%   | 6.3%    | 2.4%   |
|        |             | Cigarette         | 4.3%    | 4.49%  | 3.3%    | 6.73%  |
|        |             | Gutkha            | 1.4%    | 0.55%  | 28.9%   | 27.62% |
|        |             | Leaf Tobacco      | 12.6%   | 5.25%  | 33.8%   | 17.50% |
|        |             | Other Tobacco     | 50.48%  | 30.82% | 14.34%  | 6.71%  |

Table 2d: State wise Tobacco Incidence: North-East Zone

| Sl. No | State             | Items             | 2011-12 |        | 2023-24 |        |
|--------|-------------------|-------------------|---------|--------|---------|--------|
|        |                   |                   | Rural   | Urban  | Rural   | Urban  |
| 1      | Sikkim            | Tobacco (Overall) | 53.2%   | 23.89% | 84.9%   | 70.38% |
|        |                   | Bidi              | 13.0%   | 3.5%   | 16.9%   | 5.1%   |
|        |                   | Cigarette         | 8.2%    | 14.44% | 64.6%   | 56.80% |
|        |                   | Gutkha            | 28.30%  | 4.17%  | 58.4%   | 39.65% |
|        |                   | Leaf Tobacco      | 3.4%    | 2.31%  | 5.1%    | 2.49%  |
|        |                   | Other Tobacco     | 2.95%   | 1.25%  | 5.1%    | 3.36%  |
| 2      | Arunachal Pradesh | Tobacco (Overall) | 49.4%   | 43.78% | 94.3%   | 83.00% |
|        |                   | Bidi              | 11.7%   | 5.0%   | 36.5%   | 11.0%  |
|        |                   | Cigarette         | 6.3%    | 9.86%  | 56.6%   | 56.04% |
|        |                   | Gutkha            | 1.39%   | 1.35%  | 52.1%   | 45.53% |
|        |                   | Leaf Tobacco      | 22.7%   | 18.23% | 33.2%   | 20.77% |
|        |                   | Other Tobacco     | 19.59%  | 16.96% | 11.3%   | 11.68% |
| 3      | Nagaland          | Tobacco (Overall) | 64.9%   | 46.38% | 83.2%   | 78.11% |
|        |                   | Bidi              | 29.3%   | 14.7%  | 39.7%   | 23.0%  |
|        |                   | Cigarette         | 21.8%   | 18.23% | 10.0%   | 13.81% |
|        |                   | Gutkha            | 0.09%   | 0.00%  | 58.0%   | 58.20% |
|        |                   | Leaf Tobacco      | 3.8%    | 2.48%  | 18.8%   | 11.95% |
|        |                   | Other Tobacco     | 22.84%  | 17.40% | 19.1%   | 10.86% |
| 4      | Manipur           | Tobacco (Overall) | 69.9%   | 46.15% | 74.0%   | 64.67% |
|        |                   | Bidi              | 26.4%   | 13.8%  | 8.1%    | 1.6%   |
|        |                   | Cigarette         | 23.0%   | 12.50% | 34.2%   | 36.88% |
|        |                   | Gutkha            | 4.90%   | 7.83%  | 12.8%   | 7.87%  |
|        |                   | Leaf Tobacco      | 4.6%    | 0.43%  | 0.4%    | 0.22%  |
|        |                   | Other Tobacco     | 39.43%  | 26.47% | 36.9%   | 32.14% |
| 5      | Mizoram           | Tobacco (Overall) | 91.3%   | 84.20% | 92.7%   | 90.99% |
|        |                   | Bidi              | 14.0%   | 6.0%   | 1.9%    | 1.4%   |
|        |                   | Cigarette         | 33.8%   | 44.27% | 85.9%   | 78.99% |
|        |                   | Gutkha            | 5.06%   | 6.83%  | 1.2%    | 4.48%  |
|        |                   | Leaf Tobacco      | 14.5%   | 5.99%  | 14.0%   | 11.71% |
|        |                   | Other Tobacco     | 55.50%  | 55.41% | 9.6%    | 12.87% |
| 6      | Tripura           | Tobacco (Overall) | 76.5%   | 49.41% | 96.4%   | 89.76% |
|        |                   | Bidi              | 63.2%   | 28.7%  | 47.6%   | 23.8%  |
|        |                   | Cigarette         | 3.1%    | 11.99% | 21.0%   | 38.41% |
|        |                   | Gutkha            | 14.34%  | 13.30% | 68.2%   | 64.07% |
|        |                   | Leaf Tobacco      | 14.3%   | 4.66%  | 26.8%   | 20.07% |
|        |                   | Other Tobacco     | 17.86%  | 3.96%  | 13.2%   | 8.91%  |
| 7      | Meghalaya         | Tobacco (Overall) | 84.9%   | 70.09% | 89.8%   | 70.53% |

| Sl. No | State | Items             | 2011-12 |        | 2023-24 |        |
|--------|-------|-------------------|---------|--------|---------|--------|
|        |       |                   | Rural   | Urban  | Rural   | Urban  |
|        |       | Bidi              | 55.9%   | 20.6%  | 65.3%   | 19.2%  |
|        |       | Cigarette         | 33.8%   | 52.12% | 44.7%   | 52.60% |
|        |       | Gutkha            | 8.80%   | 3.55%  | 7.0%    | 11.62% |
|        |       | Leaf Tobacco      | 23.1%   | 10.29% | 22.5%   | 10.52% |
|        |       | Other Tobacco     | 16.07%  | 16.39% | 14.3%   | 8.15%  |
| 8      | Assam | Tobacco (Overall) | 77.7%   | 56.23% | 87.7%   | 68.13% |
|        |       | Bidi              | 35.5%   | 16.7%  | 30.0%   | 8.4%   |
|        |       | Cigarette         | 8.3%    | 18.42% | 30.1%   | 36.16% |
|        |       | Gutkha            | 2.96%   | 6.66%  | 37.8%   | 25.61% |
|        |       | Leaf Tobacco      | 44.8%   | 16.80% | 54.3%   | 26.77% |
|        |       | Other Tobacco     | 18.08%  | 11.81% | 6.8%    | 4.04%  |

Table 2e: State wise Tobacco Incidence: West Zone

| Sl. No | State                | Items             | 2011-12 |        | 2023-24 |        |
|--------|----------------------|-------------------|---------|--------|---------|--------|
|        |                      |                   | Rural   | Urban  | Rural   | Urban  |
| 1      | Goa                  | Tobacco (Overall) | 18.5%   | 6.50%  | 18.1%   | 16.54% |
|        |                      | Bidi              | 3.15%   | 0.68%  | 1.32%   | 0.65%  |
|        |                      | Cigarette         | 8.71%   | 5.52%  | 6.04%   | 7.23%  |
|        |                      | Gutkha            | 0.0%    | 0.00%  | 1.3%    | 3.84%  |
|        |                      | Leaf Tobacco      | 6.4%    | 0.30%  | 8.1%    | 4.75%  |
|        |                      | Other Tobacco     | 0.2%    | 0.00%  | 10.0%   | 6.61%  |
| 2      | Maharashtra          | Tobacco (Overall) | 57.4%   | 31.91% | 60.8%   | 28.66% |
|        |                      | Bidi              | 6.65%   | 2.99%  | 5.83%   | 1.38%  |
|        |                      | Cigarette         | 1.02%   | 4.50%  | 2.0%    | 5.18%  |
|        |                      | Gutkha            | 19.9%   | 7.49%  | 26.3%   | 12.52% |
|        |                      | Leaf Tobacco      | 20.0%   | 8.87%  | 32.6%   | 10.56% |
|        |                      | Other Tobacco     | 20.7%   | 13.50% | 17.1%   | 6.58%  |
| 3      | Gujarat              | Tobacco (Overall) | 57.7%   | 43.00% | 69.9%   | 46.80% |
|        |                      | Bidi              | 30.31%  | 8.85%  | 16.28%  | 4.28%  |
|        |                      | Cigarette         | 0.39%   | 1.84%  | 1.5%    | 3.62%  |
|        |                      | Gutkha            | 0.3%    | 1.10%  | 30.9%   | 16.58% |
|        |                      | Leaf Tobacco      | 2.3%    | 1.96%  | 9.0%    | 3.34%  |
|        |                      | Other Tobacco     | 33.8%   | 31.95% | 29.9%   | 26.99% |
| 4      | Daman & Diu          | Tobacco (Overall) | 56.9%   | 13.90% | 60.1%   | 42.68% |
|        |                      | Bidi              | 1.35%   | 7.18%  | 3.03%   | 2.59%  |
|        |                      | Cigarette         | 0.50%   | 1.82%  | 3.3%    | 2.96%  |
|        |                      | Gutkha            | 21.1%   | 0.00%  | 46.5%   | 28.84% |
|        |                      | Leaf Tobacco      | 9.1%    | 4.03%  | 28.6%   | 12.09% |
|        |                      | Other Tobacco     | 25.6%   | 5.13%  | 3.4%    | 0.37%  |
| 5      | Dadra Nagar Haveli & | Tobacco (Overall) | 44.1%   | 24.45% | 60.1%   | 42.68% |
|        |                      | Bidi              | 14.14%  | 3.70%  | 3.03%   | 2.59%  |
|        |                      | Cigarette         | 3.60%   | 0.65%  | 3.3%    | 2.96%  |
|        |                      | Gutkha            | 5.2%    | 0.00%  | 46.5%   | 28.84% |
|        |                      | Leaf Tobacco      | 0.1%    | 1.46%  | 28.6%   | 12.09% |
|        |                      | Other Tobacco     | 26.3%   | 19.29% | 3.4%    | 0.37%  |

Table 2f: State wise Tobacco Incidence: South Zone

| Sl. No | State          | Items             | 2011-12 |        | 2023-24 |        |
|--------|----------------|-------------------|---------|--------|---------|--------|
|        |                |                   | Rural   | Urban  | Rural   | Urban  |
| 1      | Andhra Pradesh | Tobacco (Overall) | 41.9%   | 23.71% | 37.6%   | 28.27% |
|        |                | Bidi              | 18.3%   | 4.87%  | 14.0%   | 5.18%  |
|        |                | Cigarette         | 11.3%   | 14.52% | 16.1%   | 20.35% |
|        |                | Gutkha            | 1.0%    | 1.33%  | 2.1%    | 1.30%  |
|        |                | Leaf Tobacco      | 5.6%    | 0.47%  | 3.8%    | 1.32%  |
|        |                | Other Tobacco     | 9.9%    | 4.58%  | 7.3%    | 2.82%  |
| 2      | Karnataka      | Tobacco (Overall) | 51.7%   | 29.02% | 65.6%   | 46.45% |
|        |                | Bidi              | 29.8%   | 9.61%  | 19.7%   | 5.66%  |
|        |                | Cigarette         | 4.8%    | 12.32% | 15.3%   | 23.56% |
|        |                | Gutkha            | 1.1%    | 0.88%  | 25.5%   | 16.30% |
|        |                | Leaf Tobacco      | 13.1%   | 2.91%  | 19.5%   | 4.91%  |
|        |                | Other Tobacco     | 10.4%   | 5.49%  | 5.1%    | 4.22%  |
| 3      | Lakshadweep    | Tobacco (Overall) | 30.4%   | 43.15% | 48.2%   | 28.98% |
|        |                | Bidi              | 5.6%    | 15.92% | 10.4%   | 14.07% |
|        |                | Cigarette         | 11.1%   | 29.23% | 19.1%   | 13.84% |
|        |                | Gutkha            | 0.0%    | 0.00%  | 0.9%    | 0.00%  |
|        |                | Leaf Tobacco      | 9.7%    | 8.38%  | 23.3%   | 1.42%  |
|        |                | Other Tobacco     | 4.0%    | 1.60%  | 0.0%    | 1.30%  |
| 4      | Kerala         | Tobacco (Overall) | 27.4%   | 21.99% | 19.0%   | 18.97% |
|        |                | Bidi              | 11.9%   | 7.04%  | 7.9%    | 6.01%  |
|        |                | Cigarette         | 17.2%   | 15.84% | 12.1%   | 14.83% |
|        |                | Gutkha            | 0.0%    | 0.00%  | 0.1%    | 0.00%  |
|        |                | Leaf Tobacco      | 2.3%    | 0.71%  | 0.3%    | 0.37%  |
|        |                | Other Tobacco     | 0.6%    | 0.96%  | 0.5%    | 0.32%  |
| 5      | Tamil Nadu     | Tobacco (Overall) | 30.3%   | 19.34% | 36.3%   | 25.25% |
|        |                | Bidi              | 16.7%   | 8.43%  | 16.4%   | 8.05%  |
|        |                | Cigarette         | 7.1%    | 10.17% | 17.6%   | 17.04% |
|        |                | Gutkha            | 0.1%    | 0.07%  | 1.1%    | 0.70%  |
|        |                | Leaf Tobacco      | 2.6%    | 0.50%  | 5.7%    | 1.11%  |
|        |                | Other Tobacco     | 6.9%    | 1.65%  | 2.2%    | 1.02%  |
| 6      | Puducherry     | Tobacco (Overall) | 15.6%   | 13.71% | 55.1%   | 43.01% |
|        |                | Bidi              | 10.7%   | 3.75%  | 15.7%   | 6.15%  |
|        |                | Cigarette         | 4.9%    | 9.31%  | 41.9%   | 38.30% |
|        |                | Gutkha            | 0.0%    | 0.00%  | 0.0%    | 0.00%  |
|        |                | Leaf Tobacco      | 0.0%    | 0.20%  | 0.0%    | 0.00%  |
|        |                | Other Tobacco     | 0.0%    | 0.53%  | 0.3%    | 0.04%  |
| 7      | A & N Islands  | Tobacco (Overall) | 58.0%   | 31.11% | 55.3%   | 13.38% |

| Sl. No | State     | Items             | 2011-12 |        | 2023-24 |        |
|--------|-----------|-------------------|---------|--------|---------|--------|
|        |           |                   | Rural   | Urban  | Rural   | Urban  |
|        |           | Bidi              | 7.6%    | 2.79%  | 3.6%    | 0.98%  |
|        |           | Cigarette         | 2.9%    | 5.25%  | 7.2%    | 2.17%  |
|        |           | Gutkha            | 38.4%   | 11.74% | 36.3%   | 5.53%  |
|        |           | Leaf Tobacco      | 3.4%    | 2.43%  | 16.8%   | 6.20%  |
|        |           | Other Tobacco     | 11.8%   | 10.90% | 0.0%    | 0.29%  |
| 8      | Telangana | Tobacco (Overall) | 41.9%   | 23.71% | 52.7%   | 36.17% |
|        |           | Bidi              | 18.3%   | 4.87%  | 17.5%   | 3.13%  |
|        |           | Cigarette         | 11.3%   | 14.52% | 23.2%   | 25.16% |
|        |           | Gutkha            | 1.0%    | 1.33%  | 10.4%   | 7.46%  |
|        |           | Leaf Tobacco      | 5.6%    | 0.47%  | 2.8%    | 0.98%  |
|        |           | Other Tobacco     | 9.9%    | 4.58%  | 7.5%    | 3.55%  |

Table 3: Nationwide tobacco incidence by consumption class

| Sl. No. | Items           | Consumption Class | Rural   |         | Urban   |         |
|---------|-----------------|-------------------|---------|---------|---------|---------|
|         |                 |                   | 2011-12 | 2023-24 | 2011-12 | 2023-24 |
| 1       | Tobacco overall | Bottom 40         | 62.1%   | 70.2%   | 43.4%   | 52.0%   |
|         |                 | Average           | 59.3%   | 68.6%   | 34.9%   | 45.6%   |
|         |                 | Top 20            | 49.2%   | 63.4%   | 22.3%   | 36.6%   |
| 2       | Gutkha          | Bottom 40         | 4.9%    | 30.6%   | 4.4%    | 21.3%   |
|         |                 | overall           | 5.3%    | 30.4%   | 3.1%    | 16.8%   |
|         |                 | Top 20            | 4.9%    | 28.2%   | 1.5%    | 9.8%    |
| 3       | Cigarette       | Bottom 40         | 2.9%    | 7.3%    | 5.4%    | 13.6%   |
|         |                 | overall           | 4.8%    | 11.2%   | 8.4%    | 18.0%   |
|         |                 | Top 20            | 8.7%    | 16.3%   | 12.8%   | 23.6%   |
| 4       | Leaf tobacco    | Bottom 40         | 20.5%   | 27.3%   | 7.6%    | 10.6%   |
|         |                 | overall           | 18.2%   | 24.5%   | 5.4%    | 7.5%    |
|         |                 | Top 20            | 12.9%   | 19.5%   | 2.2%    | 3.7%    |
| 5       | Bidi            | Bottom 40         | 28.3%   | 25.5%   | 17.3%   | 15.3%   |
|         |                 | overall           | 26.9%   | 23.2%   | 10.9%   | 10.2%   |
|         |                 | Top 20            | 19.9%   | 18.5%   | 2.7%    | 3.8%    |
| 6       | other Tobacco   | Bottom 40         | 19.2%   | 30.4%   | 16.0%   | 7.3%    |
|         |                 | overall           | 18.0%   | 30.4%   | 12.4%   | 6.1%    |
|         |                 | Top 20            | 14.0%   | 10.5%   | 5.7%    | 4.1%    |