



School of Public Health  
AIIMS Jodhpur



RESEARCH BRIEF

# Investing in Beedi Cessation: High-Value Strategies for India



**TRANSFORMING PUBLIC HEALTH**  
Escaping Smoke, Embracing Life

A rigorous financial, economic, and equity evaluation of beedi cessation strategies under India's National Tobacco Control Programme.

**Developed Jointly by:**

School of Public Health, AIIMS Jodhpur

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**PUBLISHED: JUNE 2026**

"Small investments in cessation can generate substantial health and economic returns."

## Why Act Now? (Problem + Key Evidence)

Understanding the true medical, economic, and social burden of the beedi epidemic in India.

### The Challenge

TOBACCO USER COHORT

# 7.2 Crore

Active Beedi Smokers in India

India faces an extraordinarily unique tobacco epidemic. While global focus remains on manufactured cigarettes, **beedis remain the most widely consumed smoking product** in the country.

- **Severe Health Burden:** Beedi smoking causes high rates of chronic respiratory diseases, cardiovascular conditions, tuberculosis, and aggressive cancers.
- **Deepened Inequities:** Beedi consumption disproportionately impacts low-income, rural, and marginalized populations who lack access to cessation support.
- **Perceived Inoffensiveness:** Due to low taxation and cheap cost, beedi products escape proper health scrutiny in marginalized families.

### THE NATIONAL INVESTMENT CASE

Consolidated health and productivity gains based on the scaled implementation of primary-level Brief Advice.

SUCCESS RATE



## 4.75 Crore

Beedi users enabled to successfully quit smoking permanently.

DALYS SAVED



## 77.22 Lakh

Disability-Adjusted Life Years saved over the lifetime of the cohort.

MORTALITY AVERTED



## 3.15 Lakh

Premature deaths prevented directly through intervention scaling.

ECONOMIC RETURN



## ₹325 Billion

Averted economic productivity losses equated with India's GDP per capita.

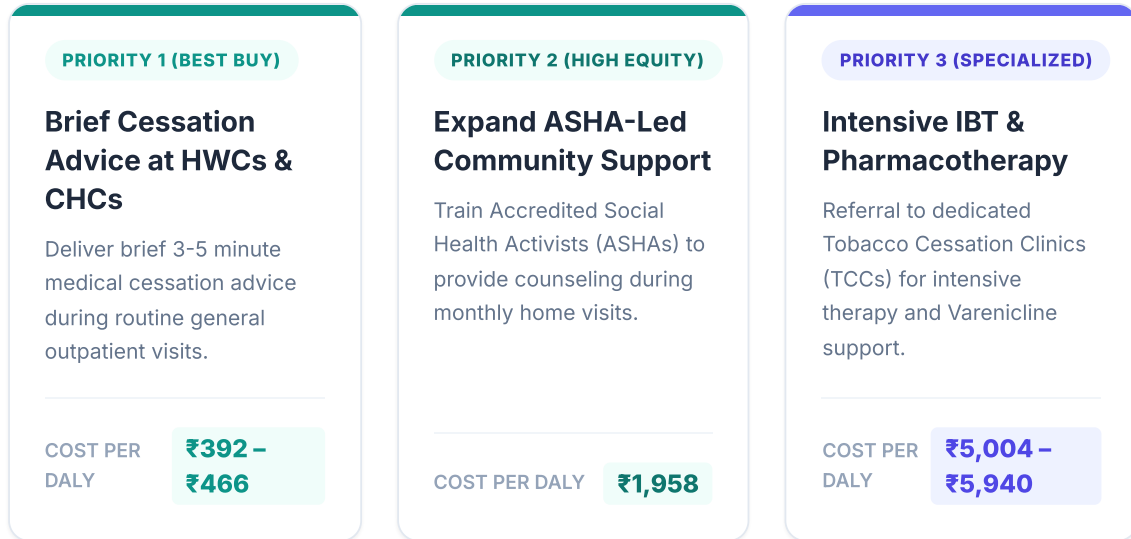
STELLAR RETURN ON INVESTMENT

## ₹42 Invested → ₹109 Direct Return

Yields an absolute return of ₹2.58 for every single rupee invested in beedi cessation.

# What Works? (Interventions + Recommendations)

An objective comparison of intervention cost-effectiveness and funding availability.



## FINANCING STRATEGY

### Utilize Underutilized NTCP Budget Allocations

Over the past decade, the National Tobacco Control Programme (NTCP) has consistently recorded significant unspent balances (e.g., **₹52.04 Crore underutilized in 2022-2023 alone**). Routing these existing, pre-allocated funds can finance state-wide primary-care tobacco advice without requiring any additional tax levies.

TOTAL  
UNSPENT  
(10-YR)

**₹573  
Crore**

Ministry of  
Health &  
Family Welfare

## POLICY RECOMMENDATIONS

1. Mandate brief medical cessation advice within routine outpatient workflows at all Ayushman Arogya HWCs.
2. Allocate 15% of annual unspent state NTCP funds directly to support structured community-level ASHA trainings.
3. Incorporate nicotine replacement therapy (NRT) and Varenicline into state essential medicine lists to prevent stockouts.

# Policy Action Roadmap

A phased, scalable timeline to systematically deploy nation-wide beedi cessation.

1

## SHORT TERM (0-1 YEAR)

### Integrate Brief Advice Protocols & Initiate Financing

- Publish standardized brief advice guidelines customized specifically for the unique context of beedi users.
- Reallocate underutilized state NTCP allocations to establish primary care training funds.

2

## MEDIUM TERM (1-3 YEARS)

### Scale Up Grassroots Capacity & Training

- Conduct comprehensive training for Community Health Officers (CHOs) and frontline ASHAs.
- Establish seamless referral systems between village-level HWCs and specialized CHC clinics.

3

## LONG TERM (3-5 YEARS)

### Nationwide Coverage & Impact Monitoring

- Enforce mandatory integration of tobacco status reporting into the national Digital Health Mission database.
- Deploy state-level dashboards to monitor budget utilization, successful quit rates, and DALYs saved.

☀️ "Beedi cessation can be implemented within existing public health systems and financing mechanisms."

## KEY CONTRIBUTORS

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## CITATION GUIDELINE

### How to cite:

"Cost effective interventions for beedi cessation in India. School of Public Health (SPH), AIIMS Jodhpur and ICMR – National Institute of Health Research (NIHR), Jodhpur; June 2026. Available from: <http://treesphaiimsjdh.org/reports>"



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