

## **Tobacco industry interference in India: implications on public health and measures to protect effective tobacco control policies/programs**

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### **Background**

In this section, we describe what is tobacco industry interference and why it is problematic for effective tobacco control and public health in general. We then briefly describe the nature and extent of tobacco industry interference globally and in India. We also highlight some of the major tobacco industry interference tactics observed in India.

## **Tobacco industry interference**

The World Health Organization (WHO) defines tobacco industry interference as “...a broad array of tactics and strategies used directly or indirectly by the tobacco industry to interfere with, or influence, the setting and implementation of effective tobacco control measures...”(1). Tobacco industry is unique and it is unlike many other industries as (i) tobacco industry produces products that are known to be lethal killing half of their users prematurely, (ii) tobacco industry negatively affects environment (land, air, water) throughout the lifecycles of tobacco products, (iii) for long, tobacco industry kept hidden from public and governments, the knowledge that tobacco and nicotine are harmful to human health, and (iv) there has been a well-documented history of its interference in public policy and programs related to tobacco to delay, dilute or stall tobacco control measures and/or make them in favor of industry interests. Tobacco industry can't be seen as a legitimate stakeholder in tobacco control as there is a fundamental and irreconcilable conflict between the interest of tobacco industry. Tobacco industry primarily produce and profit from sales of lethal tobacco products, whereas public health policies and programs aim to protect people's health from tobacco-related harms (2).

Tobacco industry may be understood narrowly or more broadly. For example, the World Health Organization Framework Convention on Tobacco Control (WHO-FCTC) defines the tobacco industry to be made up of “...tobacco manufacturers, wholesale distributors and importers of tobacco products” (3). The Africa Centre for Tobacco Industry Monitoring and Policy Research defines tobacco industry to be made up of “...large trans-national companies, state-owned entities and domestic growers, manufacturers, importers, wholesalers and retailers of tobacco. It also includes a wide range of supporting consultancies specializing in such areas as marketing, legal services and lobbying” (4). Hence, in the context of tobacco industry interference in public health, the tobacco industry is seen as not just those entities that are directly engaged in production and sale of tobacco products but also any other individual or entity that works towards furthering the interest of the tobacco industry.

## **Tobacco Industry Interference: A Global Challenge**

Tobacco industry interference in effective tobacco control policies and programs is indeed a global challenge. There have been several documented instances of industry interference within global tobacco control efforts. An inquiry by the WHO revealed tobacco industry interference within the process and functions of the WHO (1). WHO-FCTC, the first ever global health treaty initiated by the WHO, in its preamble, recognizes “the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts...” (3). The WHO-FCTC in its Article 5.3, part of the general obligations, states that “In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law”(3).

The global tobacco industry interference index, which is produced by the Global Centre for Good Governance in Tobacco Control, uses publicly available information to map tobacco industry interference and implementation of the WHO FCTC Article 5.3 in several countries across the globe (5). The index provides a score of up to 100 for each country, wherein greater the score greater the degree of tobacco industry interference and lesser the implementation of the WHO FCTC Article 5.3. The global tobacco industry interference index for the year 2023 included 90 countries covering about

87% of the world's population (5). It revealed that none of the countries were spared from tobacco industry interference. For the 80 countries that had previous reports or index scores available for comparison, the tobacco industry interference worsened in 43 countries. Some improvement indicating progress in protecting their public health policies from tobacco industry interference was seen in 29 countries, while eight of the countries experienced status quo (5).

### **Tobacco Industry Interference in India**

India is no exception when it comes to tobacco industry interference in public health policies and programs. There have been several documented instances of tobacco industry interference resulting in negative impact on effective tobacco control policies/programs or their implementation. For example, delay and dilution in implementation of pictorial health warnings on tobacco products, and delays and/or setbacks in implementation of prohibitions on gutka and/or pan masala containing tobacco (6,7). Trade Representatives of Electronic Nicotine Delivery System (TRENDS) opposed all government-led efforts right from issuing

an advisory to making an ordinance and passing “The Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement)”, 2019 Act (8).

The tobacco industry interference index score for the year 2023 for India was 58 out of 100 indicating a relatively high degree of tobacco industry interference (5). Globally, out of 90 countries that were ranked (in an increasing order of tobacco industry interference) in the year 2023, India stood at 43rd place (5). India has shown some improvements in reducing the tobacco industry interference index scores since the year 2018 when such index was produced for the first time for India. A study analyzing the trend in tobacco industry interference and the level of implementation of WHO-FCTC Article 5.3 from 2018 to 2021 revealed that the overall score of the tobacco industry interference index for India decreased by 15 points from 72 (in 2018) to 57 (in 2021) (8). This improvement in implementing the WHO-FCTC Article 5.3 has largely come from limiting the unnecessary interactions between the tobacco industry and public agencies, avoiding conflicts of interest within public officials for tobacco control, and adopting preventive measures for tobacco industry interference. However, major gaps remain in areas of preventing industry participation and influence in policy development and implementation, regulating the so-called corporate social responsibility (CSR) activities by tobacco industry, preventing state provision of benefits or incentives to tobacco industry, and enhancing transparency (8). Also, one needs to be cautious about interpreting such change as these indices are based only on publicly available information while tobacco industry interference by its very nature may be hidden from public gaze. In fact, the most recent tobacco industry interference index (in 2023) reported a score of 58, one point higher than in the year 2021.

More recently, studies in India have also looked at tobacco industry interference at sub-national (state) level. Kumar et al (9). used an index adopted from the Southeast Asia tobacco control alliance tobacco industry interference index to assess the implementation of the WHO-FCTC Article 5.3 in Karnataka. They put the index score at 46 out of the total score of 95 indicating high degree of tobacco industry interference in the state. They found that the so-called CSR activities by tobacco industry, conflicts of interest among public officials/agencies for tobacco, and unnecessary interactions between public agencies and tobacco industry were the major areas of tobacco industry interference (9,10).

Another study (unpublished) looked at assessing the level of tobacco industry interference in 10



Indian states over a period of nearly 3 decades (1990-2017). It used a tool adopted from the South-East Asia Tobacco Control Alliance (SEATCA) on tobacco industry interference. The index score implied the extent of industry interference, i.e., higher the score was for a state, greater was extent of its interference. A wide variability was seen across the states. Karnataka had the highest number of tobacco industry interference incidents (n=112) with the index score of 441.8, while Nagaland had no such incidents with an index score of zero (11). Of course, we need to keep in mind that the index relied only on publicly available information. They found that the highest number of tobacco industry interference incidents were related to governments providing benefits to tobacco industry, followed by the so-called CSR activities by tobacco industry, followed by unnecessary interactions between governments and tobacco industry, followed by industry participation in policy development (11).

### **Major Tobacco Industry Interference Tactics**

Tobacco industry is known to use several interference tactics that are well documented globally

(1). We highlight some of the major interference tactics used in the Indian context (12). Tobacco industry has been known to exaggerate the economic and livelihood significance of itself. It does this through reports it publishes, through press meets as well as through paid advertisements and lobbying. While it is difficult to arrive at the precise estimates of tobacco dependent livelihoods in India (given the informality in the sector), Nayak NS (13). shows that a careful estimation based on reliable government sources puts tobacco dependent livelihoods in India to be around 7.25 million against an exaggerated claim of about 45.7 million workers by a tobacco industry body. When industry boasts of contributions to the economy, it does not highlight the economic costs of tobacco-related diseases. John et al. (14) estimated that the cost of tobacco-attributable diseases and deaths for the year 2017-18 for people aged 35 years and older to be INR 1773.4 billion amounting to about 1.04% of India's Gross Domestic Product. Also, they reported that the excise revenues generated from tobacco in the previous year accounted for merely 12.2% of the total costs incurred. At household level, the consumption expenditures on tobacco have shown to cut down expenditures on some of the essential items such as child education and food (15).

Litigations by the tobacco industry, especially challenging tobacco control reforms, is another common strategy to delay or stall effective tobacco control measures. Dsouza and Bhojani (7,16), demonstrate how the tobacco industry systematically used litigations to challenge regulations by state governments to prohibit smokeless tobacco products. Litigations not only result in delays and/or dilutions in policies and their implementation, but also leads to intimidation of regulatory authorities and tobacco control advocates. The use of the so-called corporate CSR activities by the tobacco industry is another such tactic. While CSR by businesses is seen as a desirable attribute of responsible business conduct in India and globally, the WHO considers such activities by tobacco industry as nothing but personal relations strategy (17). This is because the core business of the tobacco industry, which is to produce and profit from tobacco products that are lethal, is not in line with the social goals. The CSR activities create a favorable image of tobacco industry among public and policy makers while hiding its hazardous impact on society. It enables companies to use CSR as an instrument to earn societal recognition and license to operate, while erasing the harm accruing from the product it produces. It also enables tobacco industry an ease-of-access to policy influencers or policy makers as it often gets into partnerships with public agencies or provides sponsorship to public events through its CSR. This remains one of the major problematic aspects of tobacco industry

operations in India. In fact, Yadav et al. (18). estimated that the tobacco industry spent/claimed about USD 36.6 million into CSR activities during the COVID 19 pandemic in India.

Besides political donations, tobacco industry is also known to fund research as well as educational programs. It is known to fund non-government organizations (NGOs) working in the social sector (19). Such contributions create a potential for the tobacco industry to shape these programs while raising its public profile. Political donations could become a barrier for those political parties, when they come to power, in taking stringent regulatory actions on tobacco industry. Tobacco industry has been one of major purchasers of electoral bonds, between 2019 and 2024. Tobacco industry is also known to engage in lobbying. Several actors and organized associations within the tobacco sector have often expressed their resistance to effective tobacco control measures through public demonstrations. Tobacco industry is also known to use front groups which “purports to represent one agenda which in reality is meant to solely serve interest/s of tobacco industry whose sponsorship is hidden or rarely mentioned.”. (20).

### **Preventing Industry Interference**

In this section, we provide a brief account of how policies to prevent tobacco industry interference evolved in India and the present status. We then describe gaps in existing policies as well as major challenges in effective implementation of these policies in states and at national level.

### **Evolution of policies to prevent tobacco industry interference in India**

In the year 2004, India signed and fully ratified the WHO-FCTC and was the eighth country to do so. India played a leading role in FCTC negotiations to finalize its provisions and was the regional coordinator for the South-East Asian countries. As mentioned earlier, Article 5.3 of the WHO-FCTC, a part of general obligations, relates to protecting public health policies from tobacco industry interference. The WHO FCTC has also evolved guidelines for its implementation. The key recommendations for the parties (member countries signatories to the convention) include: (i) raising awareness on tobacco harms and the industry interference; (ii) limiting interactions with the industry and make them transparent; (iii) rejecting partnerships and non-binding/enforceable agreements with the industry; (iv) avoiding conflicts of interest for government officers; (v) mandating the industry to provide transparent and accurate information; (vi) denormalizing and regulating the so-called CSR activities by the industry; (vii) avoiding preferential treatment to the tobacco industry; and (viii) treating state-owned tobacco industry in the same way as any other tobacco industry (2).

However, neither tobacco control legislation at national level in India (cigarette and other tobacco products act, 2003) include a specific provision, nor there exists a separate national- level policy in line with the Article 5.3 of the WHO-FCTC. There have been voices demanding such a policy in India. A few public interest litigations specifically sought reliefs relating to implementation of the Article 5.3 of the WHO-FCTC. For example, in 2010, Karnataka High Court (W.P.No.27692/2010) directed Tobacco Board of India (a public agency) to withdraw funding and participation from a tobacco industry supported Global Tobacco Networking Forum (21). In the same litigation, the petitioner demanded the national government to form a policy in line with the Article 5.3 of the WHO-FCTC and submitted to the court a draft for such a policy that the respondent undertook to ‘consider’ while framing such a policy (22). The Ministry of Health and Family Welfare (Government of India) brought in a code of conduct for officials working for the ministry and various institutions governed by the ministry to prevent tobacco

industry interference in the year 2020. In a later litigation in Madras High Court (W.P.

No. 9955 of 2014), a petitioner challenged CSR by tobacco industry and demanded that such funds be collected by the state- and/or central- government from tobacco industry for their specific use in strengthening tobacco control and/or care of those suffering from tobacco related diseases (23). As a result, a notification was issued from the Ministry of Corporate Affairs indicating that the businesses shall comply with the laws of the land including the tobacco control law while doing CSR activities.

In 2015, Punjab became the first Indian state to adopt a policy in line with the Article 5.3 of the WHO-FCTC. Since then, several states and some of the districts within states have adopted a policy in line with the Article 5.3 of the WHO-FCTC (24). In 2021, the Ministry of Health and Family Welfare (Government of India) adopted a code of conduct to prevent tobacco industry interference. This code applies to all the officials working within institutions governed by this ministry, its departments and all the autonomous institutions and offices under its jurisdiction and to any person acting on their behalf (25).

## **Gaps and Challenges**

We now discuss some of the major gaps in policies as well as challenges in preventing tobacco industry interference in India.

### ***Lack of a comprehensive national policy***

While India has signed and fully ratified the WHO-FCTC, India is yet to adopt a national policy in line with the Article 5.3 of the Convention. The Ministry of Health & Family Welfare has adopted a code of conduct for public officials working within the ministry as well as within institutions governed by the ministry (25). The drawbacks of this policy are that it does not cover the entire government and its agencies and it does not have clear provisions on how the policy will be administered in case violations occur or are reported under this policy.

### ***Gaps in sub-national level policies***

There are still several states and union territories that are yet to adopt a policy in line with WHO FCTC Article 5.3. A study by Bassi et al. (26), that reviewed policies in line with the WHO-FCTC Article 5.3 adopted at state and district levels in India between the year 2015 and 2019 revealed several gaps in these policies. The study revealed that none of these policies had provisions mandating tobacco industry to report information to governments in a transparent and accountable manner. Also, none of these policies prevented preferential treatment to the tobacco industry by states. Many of these policies had no provisions to regulate the so-called CSR activities of the tobacco industry (26). Since 2019, some more states have adopted a policy in line with the WHO FCTC Article 5.3, in varying formats. While these policies imply a positive leadership at sub-national level, there remains a room to enhance these policies for them to have provisions corresponding to all the recommendations contained in the WHO- FCTC Article 5.3 implementation guidelines.

### ***Sub-optimal implementation of existing policies***

While 22 states and union territories in India have adopted WHO-FCTC Article 5.3 policy guidelines in some form to prevent tobacco industry interference, these policies are not being fully implemented as already described in the preceding paragraph. Some of these policies are yet to fully develop the implementation mechanisms including clear procedures on how to deal when complaints are received or what kind of penalties are to be imposed on violators. While health department officials



are generally aware of such policies, non- health departments that are equally or often more frequently the targets for tobacco industry interference are not always aware about these policies (26,27).

#### ***Lack of systematic monitoring of tobacco industry interference***

At present, monitoring of tobacco industry activities including industry interference remains limited to producing a national level tobacco industry interference index on an annual basis using publicly available information. Many NGOs that are active in tobacco control serve as a watchdog and have flagged several incidences of tobacco industry interference. Often, its NGOs who have produced the India Tobacco Industry Interference Indices over the years. However, there is a lack of a robust sustainable system for comprehensive, systematic, ongoing monitoring of tobacco industry activities/interference in India. Given that publicly available information may not be enough to capture industry interference and given the lack of systematic monitoring efforts, it is highly likely that much of the industry interference goes undetected or is recognized only in hindsight. Also, there is no protection offered to whistleblowers under the prevailing policies.

#### ***Conflicts of interest within governments for tobacco control***

India is among the largest producers and exporters of tobacco leaf in the world. Hence, tobacco, apart from being a health hazard, evokes many different interests including that of revenue and employment generation within governments. So, there remains conflicting interest by various public agencies in tobacco. An exploratory study by Rao et al. (28). In India could locate at least 100 instances of conflicts of interest within a two-year period of the study. They categorized these instances into six categories: (i) public support for tobacco industry by government representatives; (ii) ownership of, or investments in, tobacco companies by government functionaries; (iii) a person holding simultaneous positions in tobacco companies and the government; (iv) partnerships between the tobacco industry and public agencies; (v) conflicting public policies; and (vi) government agencies offering incentives to tobacco industry. The presence of conflicting interest for tobacco within governments makes it complex and creates potential for the tobacco industry to interfere with public policies related to tobacco, which needs to be addressed urgently by governments (28).

#### ***The changing face of tobacco industry in India***

Due to several factors, tobacco businesses and associated entities have transformed and are transforming in a way that either makes it difficult to identify them as tobacco businesses or makes them a stakeholder in public health. For example, some of the large cigarette companies, globally and in India, have expanded into sectors other than tobacco including pharmaceuticals. They then often argue that they should not be treated as tobacco businesses while they still earn revenues from the tobacco sector. Also, as they expand into sectors like food, agriculture, hospitality or health, they claim/seek a role in formulation of public policies related to health. There is no mandate for businesses operating in the tobacco sector to get registered as such as tobacco business in India.

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## RECOMMENDATIONS

### 5.1 Tobacco industry interference

#### 5.1.1 For government at national level

Recognizing and framing the tobacco-related harms/burden as a broader development issue and hence making it a part of the national vision and policy documents. It implies the need to have a national level all-of-the-government articulation of a strategic document/policy setting the vision for preventing tobacco- and nicotine-related harms with tangible goals and multi- departmental strategies (incorporating both supply- and demand-side measures and including but not limited to those promoting alternative safer livelihoods for workers engaged in tobacco industry) to achieve these goals including a review framework.

The strategic document shall specify how various ministries of the government of India, and the governments across national, state, and local level will work together to align their actions to prevent and manage tobacco-related harms. Such a document will articulate, in a tangible manner, how the prevailing conflicts in tobacco-related mandates of various ministries (esp. health, finance, agriculture, human resources, commerce and industry, cooperative) will be resolved to optimize synergies.

There is a need for a national whole-of-the-government policy in line with the WHO FCTC Article 5.3 guidelines. This could be a separate policy and/or could be inserted in the COTPA through appropriate amendment (possibly under the section 2 of the COTPA).

Such policy at minimum shall include provisions for governments to (1) raise

awareness about the addictive and harmful nature of tobacco products and tobacco industry interference with public policies related to tobacco; (2) establish measures (such as code of conduct or protocols) to limit interactions with tobacco industry to the minimum and when absolutely necessary for regulatory purposes and ensuring transparency of such interactions; (3) eliminate and/or reject partnerships and non-binding or non-enforceable agreements with tobacco industry; (4) avoid conflict of interests within government officials/employees for tobacco control; (5) mandating tobacco industry to provide accurate information in transparent manner; (6) denormalize and regulate so-called CSR and related activities by tobacco industry; (7) prohibited any preferential treatment to tobacco industry; (8) treat government-owned tobacco industry in the same way as any other tobacco industry.

Government shall issue an advisory to all the states and union territories explaining the WHO- FCTC Article 5.3 related commitments and urging for adoption of appropriate policy measures at state level. Here, having a comprehensive national framework/policy cutting across ministries and departments in line with the WHO- FCTC Article 5.3 guidelines, and advising it as a minimum framework to states and union territories will ensure uniformity across states and union territories.

Government shall consider expanding the scope of the WHO-FCTC Article 5.3 related policy to also include elected political leaders, political parties, and civil society.

Government shall consider disallowing retiring senior officers (who have served in decision making capacities) from key business-related sectors (finance, industry, agriculture etc.) to join tobacco industry boards.

It is important to recognize that the tobacco industry is a special case wherein the core business of the industry (i.e., production of the lethal products) is not aligned with the desirable social goals including public health. In such circumstances, the CSR activities by the tobacco industry ends up promoting the societal image of the industry while allowing access of the industry representatives to decision makers creating potential for policy/program interference. Hence, the tobacco industry shall not be allowed to publicize the claims of CSR like other sectors. This will require an amendment to the Companies Act (section 135) barring tobacco industry to engage in mandatory spending on CSR. Instead, the industry may be made liable to pay financial costs or a specific tax towards restoring/addressing health and environmental damages. A committee jointly formed through representatives from the Ministry of Health and Family Welfare and the Ministry of Corporate Affairs may govern the allocation of such funds for effective tobacco control measures.

In a similar logic, considering the negative impact of the tobacco industry on population health, social outcomes and environment, the tobacco industry shall either be excluded from ESG rating exercises treating it as a 'sin' sector or it needs to be compared with other sin/extractive industries. In either case, the tobacco industry shall not be allowed to publicize the ESG activities/ratings. Instead, the tobacco industry shall be mandated to comply with ESG norms and mandated to report in a tobacco sector-specific template as part of the Business Responsibility and Sustainability Reporting that includes its compliance with the prevailing

tobacco control laws.

Tobacco industry, being a special case, shall be mandated to be registered and function as tobacco business, preventing them from also operating into other sectors or emerging into a business conglomerate. Government shall adopt an operational definition of tobacco industry as any individuals and/or entities engaged in tobacco production, import, export, wholesale, or retail business of tobacco but also including a wide range of supporting entities specializing in such areas as marketing, packaging, legal services and lobbying.

Government agencies and business undertakings shall not invest in tobacco industry and divest the existing investments in a time-bound manner.

Tobacco industry shall be put in a negative list excluding it from any investment (domestic or foreign) and industrial incentives including any tax-related incentives/exemptions (inclusive of those given to the bidi industry).

Government shall regulate lobbying and/or personal relation activities by industries (including tobacco industry) making it transparent and providing information in the public domain.

Government (ideally through the ministry of health and family welfare) shall establish and fund robust monitoring and violation reporting mechanisms, ideally an autonomous independent body, to track progress of implementation of the WHO-FCTC Article 5.3. This shall include periodic production of Indian Tobacco Industry Interference Index and establishment of an observatory to monitor tobacco industry interference. Such an observatory shall include representatives from relevant government agencies, academic and civil society organizations. Reporting about the industry interference could be integrated with the prevailing management information system of the national tobacco control program.

Akin to the Article 5.3, Codes of conduct or staff regulations for all branches of governments should include a “whistleblower function” with adequate protection.

Government shall consider establishing a robust tobacco industry interference monitoring system employed in collaboration with civil society and other stakeholders and use existing enforcement mechanisms to meet their obligations under WHO-FCTC Article 5.3.

#### **5.12 For governments at state level**

Over and above the recommendations made above for the national level governance, the recommendations for governments at state level are following:

Several state governments that are yet to adopt a state-wide whole-of-the-government policy in line with the WHO FCTC Article 5.3 shall adopt the appropriate policy at earliest. Ideally, this could be achieved through amending the COTPA at state level or alternatively adopting a separate policy.

States that have adopted a policy (protocol or code of conduct) in line with the WHO FCTC Article 5.3 require to amend these policies in order to close some of the gaps in these policies in order to address all the recommendations provided in the guidelines for the WHO FCTC Article 5.3 (especially including but not limited to denormalizing and regulating CSR, preventing preferential treatment to tobacco



industry, treating government-owned tobacco industry in the same way as any other tobacco industry, mandating tobacco industry to provide accurate information in transparent manner, code of conduct for public officials, constitution of empowered committee).

States that have adopted a policy in line with the WHO FCTC Article 5.3 need to develop a detailed and operational implementation and enforcement related guidance. Governments shall strictly enforce the policy. Also, these should sever ties with the tobacco industry through a due notification.

Government shall consider expanding the scope of the WHO FCTC Article 5.3 related policy to also include elected political leaders, political parties, and civil society.

Government shall consider disallowing retiring senior officers (who have served in decision making capacities) from key business-related sectors (finance, industry, agriculture etc.) to join tobacco industry boards. Those already working in such positions should be asked to relinquish their positions within a timeline of not more than a year.

Government agencies and business undertakings shall not invest in tobacco industry and divest the existing investments in a time-bound manner, not exceeding three years.

Tobacco industry shall be put in a negative list excluding it from any investment (domestic or foreign) and industrial incentives including any tax-related incentives/exemptions.

Government (ideally through the ministry of health and family welfare) shall establish and fund robust monitoring and violation reporting mechanisms, ideally an autonomous independent body, to track progress of implementation of the WHO FCTC Article 5.3. This shall include periodic production of Indian Tobacco Industry Interference Index and establishment of an observatory to monitor tobacco industry interference. Such an observatory shall include representatives from relevant government agencies, academic and civil society organizations.

Government shall consider prohibiting societies and trusts receiving tobacco industry funding (donations, CSR etc.).

### **5.13. For civil society**

(We include here the entities that are not government in nature and that are not for-profit private businesses, and hence including but not limited to community-based organizations, non- government and voluntary organizations, faith-based organizations, academic institutions, research organizations)

Civil society organizations shall not receive tobacco industry funds (donations, CSR etc.) and shall adopt a policy in line with the WHO FCTC Article 5.3.

Civil society organizations shall raise awareness on tobacco industry interference with tobacco related public policy and programs.

Civil society organizations shall invest in building capacity of relevant stakeholders including courses on tobacco control for effectively monitoring and addressing tobacco industry interference.

Civil society organizations shall support the state- and national-level tobacco control authorities in their endeavors to prevent tobacco industry interference including but not limited to monitoring of tobacco industry interference and bringing it to the notice of relevant authorities.

Civil society organizations may play a mediating role sensitizing and bringing together diverse stakeholders for shared understanding and actions for preventing tobacco industry interference.

Civil society organizations shall invest in researching various facets related to tobacco industry interference and promote knowledge dissemination, thus enhancing understanding of the issues related to tobacco industry interference.

#### **5.14. For businesses**

Businesses operating in the tobacco sector aimed at producing tobacco for human consumption (recreational use) shall consider deliberate, planned, and tangible exit from tobacco business.

Businesses operating in the tobacco sector must comply with the prevailing tobacco control regulations.

Conglomerate businesses that also operate in tobacco sector shall make tobacco-sector specific reporting as part of their Business Responsibility and Sustainability Reports to the SEBI

Business conglomerates, which includes tobacco in its product portfolio, should do independent branding for tobacco, thus making it different from other products.

Businesses shall consider divesting from tobacco sector investments including investments in shares/mutual funds and adopt appropriate ethical financing frameworks.

Businesses shall be mandated to raise awareness about the addictive and harmful nature of tobacco products and tobacco industry interference among their employees.

Business conglomerates, which include tobacco in its product portfolio should disclose the percentage of profit from tobacco that is being invested in CSR activities.

Mandatory CSR activities, under the Companies Act, should be banned for potentially harmful industries such as tobacco companies and instead an equivalent amount should be collected as a direct government levy. This funding could then be distributed by the state to be allocated for tobacco control and other public health purposes.

Celebrities across sectors (sports, films etc.) shall refrain from endorsing and advertising tobacco as well as other alleged non-tobacco products (routinely used for surrogate advertising of tobacco products). There shall be strict punitive measures to deter celebrity endorsement of tobacco products.