



TOBACCO-FREE

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Issue XXIV: February-March, 2023

RNI Title Approval No: CHAENG01153

Tobacco Endgame Series Edition 6: Tackling Tobacco Industry Interference

E-RCTC:- A Unique Tobacco Control Platform

The E-Resource Center for Tobacco Control, a collaborative venture of PGIMER and The International Union Against Tuberculosis and Lung Diseases (The Union), has become progressively engaged in tobacco control advocacy activities, as well as effectively establishing technical resource material for capacity building of program implementers, academia, and researchers for multistakeholder engagement and networking at the national and global levels. The resource center's information repository adds to India's existing database of tobacco control information which provides various circulars, orders, pamphlets, and other tobacco control materials from various states and at the national level.

Tobacco Free Times 23rd Edition Released



The 23rd edition of the bi-monthly publication "Tobacco Free Times," which focuses on pricing and taxation of tobacco products in India, was released during the 20th International Public Health Management Development Program. The program was organized by the Department of Community Medicine and School for Public Health, with support from the Indian Technical and Economic Cooperation of the Ministry of External Affairs, Government of India. The event was attended by 37 senior international delegates from 21 countries worldwide. Dignitaries such as Shri Anup Gupta, Mayor of Chandigarh, Shri Kumar Gaurav Dhawan, Deputy Director of Administration at PGIMER Chandigarh, Shri Kumar Abhay, Financial Advisor-cum-Chief Accounts Officer at PGIMER Chandigarh, Dr. Rana J Singh, Deputy Regional Director of The Union (Southeast Asia), Dr. Rakesh Gupta, Director of SIPHER, Dr. Arun Kumar Verma, Director of Finance at SIPHER, and Mr. Deepak Mishra, Executive Director of Socio-Economic and Educational Development Society (SEEDS), New Delhi, released the 23rd edition of TFT. The 23rd TFT was distributed to all the senior international delegates. The event was held on March 2nd, 2023, at Hotel Parkview in Sector 24, Chandigarh.

EDITOR'S SPEAK



India has been a pioneer in many tobacco control initiatives, but there are still some areas that require attention. One such area is WHO Article 5.3, which aims to safeguard effective tobacco control policies from the harmful influence of the tobacco industry. The industry undermines public policy and should not be allowed to fund any endeavor. To achieve

the "Tobacco Endgame" across the country, it is essential to tackle tobacco industry interference. Through this issue, we aim to establish a cohort for future partnerships with stakeholders and non-governmental organizations committed to ending tobacco industry interference. We need to build better data and resources to counter the tobacco industry's interference and promote effective tobacco control policies.

- Dr Sonu Goel,

Director, E-RCTC & Professor, PGIMER Chandigarh

EXPERTS' SPEA





The e-Resource Centre for Tobacco Control (e-RCTC) is not just a repository of information, but a vital tool that fosters networking and partnerships among the stakeholders through collaboration and knowledge-sharing to create a more cohesive approach to tobacco control.

- **Dr. Garima Bhatt,** Manager- Networking & Partnerships - NTCP The Union – SEA Office



The e-Resource Centre for Tobacco Control is a one-of-a-kind and dynamic e-learning platform that promotes information sharing in order to boost tobacco control in India. It serves as a focal point for policymakers, organizations, and academics to participate and collaborate on the National Tobacco Control Program This

e-platform is also a motivator for young minds to learn about the harmful consequences of tobacco.

- Vivek Awasthi, Executive Director U.P.Voluntary Health association (UPVHA)



PROJECT UPDATES ///

National webinar on "Tackling Tobacco Industry Interference"

A national webinar on "Tackling Tobacco Industry Interference" was organized by the Resource Center for Tobacco Control at the Postgraduate Institute of Medical Education and Research (PGIMER) in Chandigarh, supported by The UNION, on march 10,2023 from 11.00 am to 1.00 pm through zoom platform. The objectives of the webinar were a). To sensitize the key stakeholders about potential allies and front groups of the tobacco industry, b)To deliberate upon an effective monitoring mechanism for tobacco industry interference for addressing their compliance to national regulations and laws, c). To denounce industry interference at various forums and role of various stakeholders to mitigate the same.

Dr. Rana J Singh, Deputy Regional Director, The Union (South-East

Asia), New Delhi; Dr. Prakash C Gupta, Director, Healis - Sekhsaria

Institute of Public Health, Navi Mumbai were guest of honor and Dr Leimapokpam Swasticharan, Additional Deputy Director General of Health Services -Directorate General of Health Services, Ministry of Health and Family Welfare, Govt of India was the chief quest for the webinar. Dr. Nirmalya Mukherjee, Director-MANT, Dr. Amit Yadav, Senior Technical Advisor, The International Union Against Tuberculosis and Lung Disease (The Union), Tshering Bhutia, Vice President, Preventive Health & Nutrition at Salaam Bombay Foundation sensitized audience by giving presentations on the topics Tobacco industry interference: a threat to public health, Irreconcilable conflict between the tobacco industry's interests and public health policy interests, TII and Youth involvement in tobacco practices and How to beat tobacco industry interference respectively. A panel discussion with panelist Mr. Cyril Alexander,

> Executive Director, Mary Anne Charity Trust, Tamil Nadu, Susan Samson, Director Faith Foundation and Dr. Murulidhar Kulkarni Associate Professor Manipal Faculty - MAHE, on "Role of Nongovernmental groups and academia to monitor and denounce interferences" was also held. The panel discussion was very enlightening and interactive with renowned experts including, Dr. Rana J Deputy Regional Director, The Union (South-East Asia), New Delh; Dr. Prakash C Gupta, Director, Healis -Sekhsaria Institute of Public Health, Navi Mumbai: Dr. Sonu Goel, Director E-RCTC and Professor. Department of Community Medicine & School of Public Health, PGIMER, Chandigarh and Dr. Rakesh Gupta, President Cancer Foundation, Jaipur providing excellent suffusion and enlightened the audience during the discussion. The webinar was packed with full capacity of 100 participants.

Capacity Building Workshop / Sensitization Workshop/Webinar: Telangana

A district-level capacity building workshop on the National Tobacco Control Programme (NTCP) was successfully conducted with active participation from the Health, Municipal Administration, School Education Department, Police, Food Safety, Public Relations, Intermediate Education, Agriculture, Sales Tax, Local NGOs, and Panchayat Raj departments in Mancherial district of Telangana on February 24th, 2023, at Hotel Surabhi Grand in Mancherial district. The Chief Guest of the workshop was Bhagavati Santosh, I.A.S District

Collector Mancherial. The Guests of Honour were Dv Dist. Medical & Health Officer - Dr Vijaya Purnima and Dist. Medical & Health Officer - Dr Subba Rayudu. The one-day workshop was enriched by various technical sessions. The sessions highlighted the Epidemiology of Tobacco at National and Subnational levels, COTPA ACT - 2003 legislations, Tobacco-Free Educational

Institutions, Tobacco cessation, the Role of Counselling, Roles and Responsibilities of Government stakeholder departments, Tactics of Tobacco Industry Interference, and Best practices of Tobacco control in India. The collector emphasized the importance of effective implementation of the National Tobacco Control Programme (NTCP) in the district and the need for collaborative efforts from all departments to create awareness and promote tobacco-free living in the community.



Live interactive session for Basic Course in Tobacco Control



On 03.02.2023 from 3.00-4.00 pm, a live interactive session for the Basic course in Tobacco Control was conducted on the Zoom platform for the participants, where participants cleared their doubts about the modules and discussed project work.

Baseline COTPA Compliance Assessment

A thorough evaluation of Sections 4, 5, 6, 7, and 8 of the Cigarette and Other Tobacco Products Act (COTPA) was successfully completed, as was a baseline study in seven districts of Telangana and Meghalaya with the assistance of the AMC, and a report from the AMC has been obtained with complete analysis.

Evaluation of Case Studies and discussion on the case studies

From 3.00-4.00 pm on 13.02.2023, a discussion on case studies to be included in the "Compendium on Good, Replicable, and Innovative Practices (GRIP) of Tobacco Control in India - Volume 2" was held on the zoom platform. Each case study was extensively discussed and critiques were taken down and sent to the participants.

One-to-one meeting

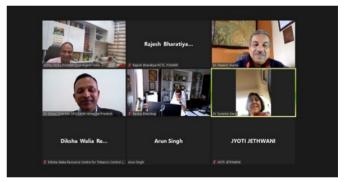


A total of (10) meetings in Telangana were held with the high level officials viz IAS district collector, District Medical and Health Officer of Mancherial of Jagtial, District NCD program Officer of Hanumakonda (Warangal Urban), IAS commissioner of Health and Family department, IAS commissioner of Municipal administration and rural department, IAS district collector of Manchiryal, NCD Program Officer of Manchiryal, IAS district collector of Adilabad, APO, NTCP, NHM Telangana psychologist, Health department of Adilabad.

Valedictory ceremony and certificate distribution of 2nd Batch of Basic course on Tobacco control

On 13, march 2023, 17 students successfully completed the Basic course on Tobacco control (BCTC-02) which was conducted virtually from 03.00-04.30 pm. The three-month course, aimed to enhance the knowledge and skills of participants who were interested in supporting tobacco control. During the course participants were exposed to 09 modules Epidemiology of Tobacco Use, Tobacco Use Practices in India, Health and Socio-Economic Consequences and Implications of Tobacco Use, Global Tobacco Control Policies and Legislations, National Tobacco Control Programme, Tobacco Control Legislation (COTPA) and related laws, Tobacco Cessation, Stopping Tobacco Industry Interference (TII), Role of CSOs and academic institutes in Tobacco Control and project work.





SLCC/DLCC

A DLCC meeting has held on 24th February 2023 in Mancherial district of Telangana before the start of the



workshop. Additional Collector Bhagavati Santosh, IAS chaired the meeting. He retreated an aim to create awareness programs in all the blocks of the district regarding provisions of COTPA. He advised to place 'NO SMOKING' signage's in all government buildings. He advised the Government Officials to not to interfere in any Tobacco industry related activities. He also advised the Education department to ensure follow the Tobacco Free Guidelines strictly and make Tobacco Free Educational Institutions. He advised Police department and Food safety departments to start enforcement activities upon violations of COTPA sections. He released the IEC Posters designed by PGIMER team on various COTPA sections and harmful products of tobacco.



"Tackling Tobacco Industry Interference"



Background

Tobacco use is a major global public health concern, leading to more than 8 million deaths annually worldwide. India is a hub of diverse tobacco products and second largest consumer in the world. This has led to the growth of the tobacco industry in the country, which has in turn contributed to India having one of the highest rates of oral cancer in the world, particularly among men(1). Despite the fact that tobacco kills half of its users, it is still consumed by 1.3 billion people globally, thanks in part to the strategies and tactics employed by the multibillion-dollar tobacco industry to attract new users and retain existing ones(2). To safeguard public health interests, it is crucial for all key stakeholders and government officials to develop strategies to combat tobacco industry interference.

What is the "tobacco industry"?

The "tobacco industry" refers to the entire industry involved in the development, production, marketing, and sale of tobacco products, including cigarettes, cigars, smokeless tobacco, and others. This industry includes tobacco growers, manufacturers, wholesalers, distributors, and retailers, among others.

Despite the well-known health risks associated with tobacco use, the industry has continued to promote and sell tobacco products, often using deceptive tactics to downplay the harm caused by these products. The tobacco industry has a long history of prioritizing profits over public health, and its actions have contributed to the ongoing global tobacco epidemic. Despite efforts to regulate the industry, tobacco remains a major source of revenue for governments worldwide, due to taxes and excise duties on tobacco products.

Evolution of Tobacco consumption

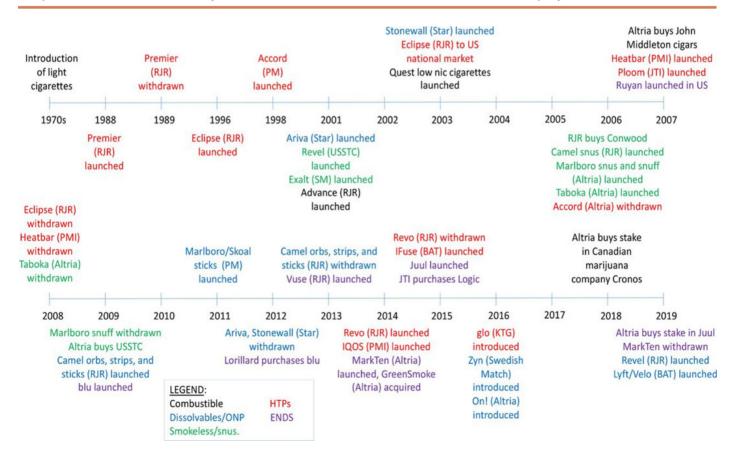
Year	Event			
6,000 BC	Native Americans first start cultivating the tobacco plant.			
Circa 1 BC	Indigenous American tribes start smoking tobacco in religious ceremonies and for medicinal purposes.			
1492	Christopher Columbus first encounters dried tobacco leaves. They were given to him as a gift by the American Indians.			
1492	Tobacco plant and smoking introduced to Europeans.			
1531	Europeans start cultivation of the tobacco plant in Central America.			
1558	First attempt at tobacco cultivation in Europe fail.			
1571	European doctors start publishing works on healthy properties of the tobacco plant.			
1600	Tobacco used as cash-crop – a monetary standard that lasts twice as long as the gold standard.			
1602	King James I condemns tobacco in his treatise A Counterblast to Tobacco.			
1614	Tobacco shops open across Britain, selling the Virginia blend tobacco.			
1624	Popes ban use of tobacco in holy places.			
1633	Turkey introduces a death penalty for smoking.			
1650	Tobacco arrives in Africa – European settlers grow it and use it as a currency.			
1700	African slaves are first forced to work on tobacco plantations.			
1730	First American tobacco companies open their doors in Virginia.			
1753	Tobacco genus named by a Swedish botanist Carolus Linnaeus – nicotiana rustica and nicotiana tabacum named for the first time.			
1791	British doctors find that snuff leads to increased risk of nose cancer.			



1794	First American tobacco tax.			
1826	Nicotine isolated for the first time.			
1847	Philip Morris opens their first shop in Great Britain, selling hand-rolled Turkish cigarettes.			
1880	Bonsack develops the first cigarette-rolling machine.			
1890	American Tobacco Company opens its doors.			
1902	Philip Morris starts selling cigarettes in the US – one of the brands offered is Marlboro.			
1912	First reported connection between smoking and lung cancer.			
1918	An entire generation of young men returns from war addicted to cigarettes.			
1924	Over 70 billion of cigarettes are sold in the US.			
1925	Philip Morris starts marketing to women.			
1947	Lorillard chemist admits that there is enough evidence that smoking can cause cancer.			
1950	50% of a cigarette now consists of the cigarette filter tip.			
1961	First American cigarette factory produces 20 million cigarettes.			
1967	Surgeon General definitively links smoking to lung cancer and heart problems.			
1970	Tobacco manufacturers legally obliged to print a warning on the labels that smoking is a health hazard.			
1970-1990	Tobacco companies faced with a series of lawsuits. Courts limit their advertising and marketing.			
1990	4 billion cigarettes are sold this year and manufacture is on the rise.			
1992	Nicotine patch is introduced.			
1996	Researchers find conclusive evidence that tobacco damages a cancer-suppressor gene.			
1997	Liggett Tobacco Company issues a statement acknowledging that tobacco causes cancer and carries a considerable health risk.			
1997	Tobacco companies slammed with major lawsuits.			
1997	For the first time in history a tobacco company CEO admits on trial that cigarettes and related tobacco products cause cancer.			
1990	Bans on public smoking come into effect in most states in America, as well as in other countries in the world.			

(Source:https://tobaccofreelife.org/tobacco/tobaccohistory/#:~:text=Circa%201%20BC%20%E2%80%93%20Indigenous%20 American,and%20smoking%20introduced%20to%20Europeans.)

Timeline of new product introductions by the tobacco industry, 1970–2019. BAT, British American Tobacco; ENDS, electronic nicotine delivery systems; HTP, heated tobacco product; JTI, Japan Tobacco International; ONP, oral nicotine product; PM, Philip Morris; PMI, Philip Morris International; RJR, RJ Reynolds; SM, Swedish Match; USSTC, US Smokeless Tobacco Company.



How tobacco industry works?

Three factors contribute significantly to tobacco use and addiction which are manipulated by the tobacco industry. The first is the addictiveness of tobacco products, particularly nicotine, the second is their attractiveness, and the third is their toxicity. Tobacco companies use design elements, sweeteners, flavors, and toxicity to increase societal addiction and consumption. The tobacco industry manipulates tobacco products and misleads the public by claiming that nicotine is not carcinogenic and that the products are less harmful. (4)

The tobacco industry has a long history of interfering with public health policies aimed at reducing tobacco use. Here are some common forms of tobacco industry interference:

- **1. Lobbying:** The tobacco industry spends vast sums of money on lobbying government officials to shape policies that favour their interests. This includes advocating for weaker regulations and introducing lesser tax on tobacco products.
- **2. Political donations:** Tobacco companies donate large sums of money to political candidates and parties that support their agenda. This creates a conflict of interest for politicians and makes it more difficult for them to take action against the tobacco industry.
- **3. Advertising and promotion:** Tobacco companies use aggressive marketing tactics to promote their products, especially in countries with weak tobacco control regulations. They sponsor events and concerts, advertise in magazines and on billboards, and use social media to target young people.
- **4. Industry-funded research:** Tobacco companies fund research studies to generate scientific evidence that supports their interests. They often use this research to cast doubt on the harmful effects of tobacco use and to argue against stronger tobacco control policies.
- **5. Litigation:** Tobacco companies use the legal system to challenge tobacco control policies and regulations. They file lawsuits against governments and public health organizations to delay or block policies that would harm their profits.
- **6. Corporate social responsibility:** Tobacco companies engage in corporate social responsibility (CSR) activities to improve their public image and gain legitimacy. These activities often involve supporting education or health initiatives, but they are also used to influence policy makers and promote their products.
- **7. Influence on international treaties:** Tobacco companies exert pressure on international organizations and governments to weaken tobacco control treaties and agreements. This includes opposing measures such as tax increases, graphic warning labels, and advertising restrictions.
- **8. Strategic alliances:** Tobacco companies form alliances with other industries, such as the hospitality industry or the media, to create a united front against tobacco control policies. This allows them to use their combined power to influence policy makers and public opinion.
- **9. Funding front groups:** Tobacco companies fund front groups that appear to be independent but are actually working on their behalf. These groups often promote industry-friendly policies and create confusion about the health risks of tobacco use.
- **10.Influence on scientific research:** Tobacco companies have been known to influence scientific research by funding studies that promote their interests and suppressing studies that show the harmful effects of tobacco use.

The tobacco industry prioritises revenue over people health

The tobacco industry prioritizes profits over public health by misrepresenting scientific findings, donating to politicians who oppose regulation, and funding biased research. These conflicts with the goals of governments and public health professionals who seek to improve health and discourage tobacco use. The industry is aware of the negative impact of policies on its sales and actively works to stop them. (5, 6)

Tobacco industry and research

The tobacco industry tries to manipulate young researchers and promote biased research to cover up the harmful effects of tobacco. Accepting industry-sponsored research in scientific journals and conferences gives the industry credibility and allows them to use scientific forums to confront policy initiatives. This legitimizes their findings and allows them to present them to regulators. (5)

Tobacco industry interference in low and middle income coubtries

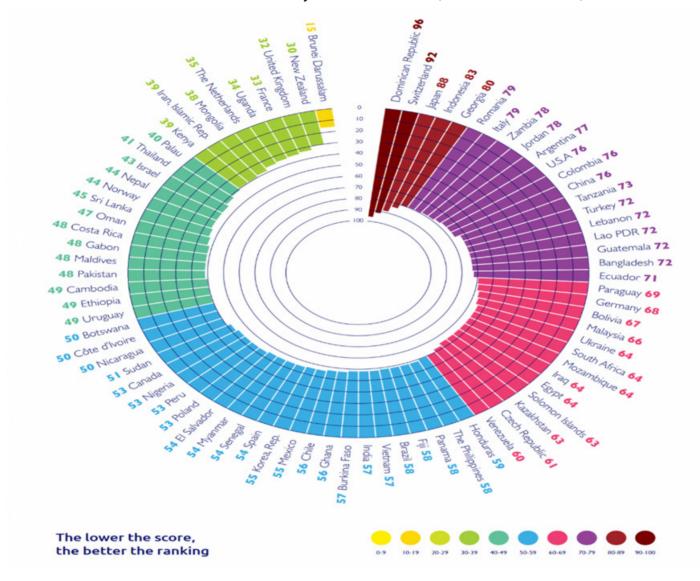
"The enemy, the tobacco industry, has changed its face and its tactics. The wolf is no longer in sheep's clothing and its teeth are bared." - Dr. Margaret Chan's (Director General of WHO) keynote speech at 15th world conference on Tobacco or health, Singapore 20th march 2012.

The tobacco industry hides behind deceptive tactics while making huge profits from a product that kills half its users each year. They market their products in low- and middle-income countries where regulation is lacking, targeting children and youth with appealing flavours, celebrity endorsements, and social media influencers. They position tobacco products prominently at points of sale frequented by young people, making them easily accessible and attractive.





The Global Tobacco Industry Interference Index (Global Tobacco Index)



The Global Tobacco Industry Interference Index (Global Tobacco Index) evaluates how governments are protecting public health policies from tobacco industry interference, despite the industry's harmful impact. Governments have succumbed to the industry's demands and lobbying, including accepting its charity, contributing to 8 million deaths and \$1.4 trillion in annual health and productivity losses

The Tobacco Industry and Corporate Social Responsibility

The tobacco industry uses CSR to create a positive image of their company and products, even to youth, by highlighting "positive" business practices and making contributions to community, health, and environmental organizations. However, this should be prohibited as it indirectly promotes tobacco use. The WHO sees tobacco industry and CSR as inherently contradictory, as they conflict with public health goals.(9-10).



COVID-19 and Tobacco Industry CSR activities in India

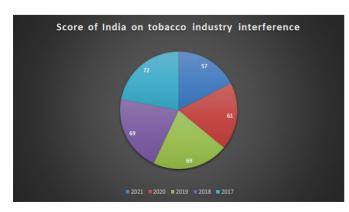
Name of company	Amount (US\$, in 000)	Type of support	Partners
Donation to PM CARES Fund			
ITC	13212	PM CARES Fund	Government of India
Dharampal Satyapal	2642	PM CARES Fund and other organisation fighting against coronavirus	Government of India; Gurudwara Prabandhak Samiti
Donation to Chief Minister's Relie	f Fund		
Deccan Tobacco Company	33	Andhra Pradesh Chief Minister's Relief Fund	Government of Andhra Pradesh
ITC	264	Karnataka Chief Minister's Relief Fund	Government of Karnataka
ITC	264	Tamil Nadu Chief Minister's Relief Fund	Government of Tamil Nadu
ITC	264	Maharashtra Chief Minister's Relief Fund	Government of Maharashtra
VST Industries	132	Telangana Chief Minister's Relief Fund	Government of Telangana
Donation to health and hospital a	dministration		
Gujarat Tobacco Merchants Association	24	Portable ventilator machines	Kheda Government Civil Hospital, Gujarat
ПС	In kind	Support Bharat Heavy Electricals (BHEL) to operationalise a 30- bed temporary centre for COVID-19 in Haridwar, Uttarakhand	BHEL is a public sector undertaking
Donation to administration			
Godfrey Phillips India	In kind	Masks for front-line COVID-19 workers in Srinagar	Srinagar District Administration
Godfrey Phillips India	In kind	Personal protective equipment to Inspector General of Police Kashmir for use among the police staff	Jammu and Kashmir Police Department
Awareness targeting kids and wo	men		
пс	In kind	Awareness among kids about the five steps to prevent the spread of COVID-19 brings out the 'Do the 5' song	Green Gold Animations, the creator of cartoon series Chhota Bheem
пс	In kind	Awareness on handwashing with the state government of Kerala to help 'Break the Chain'	Government of Kerala
ПС	In kind	Salutes mothers with 'Stay Strong Moms' campaign through virtual music concert	Leading singers of the Indian film industry
Essential commodities and food it	tems		
пс	In kind	Food and hygiene essentials across 17 states of India	State, district, local administration, 'Child Rights and You (CRY), SOS Children's Village India and other NGOs
ITC	In kind	Distribution of milk for children in Kolkata	Save the Children India, The Hope Foundation India and SOS Children's Villages of India
ITC	In kind	Distribution of free meals and groceries	Government of Telangana
ITC	In kind	Help customers order grocery essentials	Domino's, Zomato, Dunzo, Swiggy, Apna Complex, MyGate, NoBroke and Azgo
ITC	In kind	Juices and soaps for the police department in Srinagar	Jammu and Kashmir Police Department
ITC	In kind	17 000 refreshment kits containing fruit juice, milkshake and chocolates for corona warriors in Bengaluru	Municipal Corporation of Greater Bengaluru
Self-administered contingency fur	nd		
ITC	19817	COVID-19 contingency fund for vulnerable sections of society	State, district and local administration besides NGOs

CSR, corporate social responsibility; NGOs, non-governmental organisations; PM CARES Fund, Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund.

India's score on tobacco industry interference

India's score on the 2021 Tobacco Industry Interference Index is 57 out of 100, slightly better than the 2020 score of 61. This indicates an improvement in implementing FCTC Article 5.3 compared to previous years.

India's score on Tobacco Industry Interference form 2017-2021



Barrier between the tobacco industry and the government

India has implemented a new code of conduct to prevent interactions between the government and the tobacco industry. The code applies to all officials in the Union Health Ministry and its related entities, and it requires termination of any existing partnerships with tobacco companies. The code outlines guidelines for interactions with the tobacco industry, including avoiding conflicts of interest and reporting violations. This code is in compliance with the FCTC treaty ratified by India and 181 other countries in 2004.





How to beat tobacco industry interference

WHO FCTC Article 5.3

WHO FCTC Article 5.3 is designed to safeguard robust tobacco control policies from the detrimental influence of the tobacco industry. Specifically, Article 5.3 legally compels treaty parties "to protect public health policies related to tobacco control from commercial and other vested interests of the tobacco industry." The article aims to prevent the tobacco industry from diluting and undermining effective and life-saving tobacco control legislation. It advocates for the enactment and implementation of laws and policies that prevent tobacco industry interference with tobacco control advocates and governments, ensuring that public health takes precedence over increasing tobacco industry profits.

As per Article 5.3 of the global tobacco treaty, countries that have ratified the treaty should avoid:

- Treating tobacco companies as "stakeholders" in public health policy
- Investing in the tobacco industry
- Partnering with tobacco companies for health or any other purposes
- Accepting the tobacco industry's corporate social responsibility schemes, which are often used as a tactic to divert attention from the harms caused by their products.

Act Globally & Act Locally

Now is the time for advocates and public officials to slam the door on tobacco industry tactics, and focus on implementing the treaty's lifesaving measures. The article 5.3 guidelines are the backbone of the treaty- they can and should prevent tobacco industry interference in everything from bans on advertising, promotion and sponsorship to smoke free public places to graphic warning labels. There should be establishment of a government agency or committee, to oversee implementation of Article 5.3 at state and national level. This government body will be responsible for the following actions;

- Carry out a formal assessment of the state's compliance with Article 5.3 of the FCTC.
- Implement guidelines for meetings and other interactions with the tobacco industry deemed necessary, including a requirement that they be made public.
- Develop enforcement mechanism for public agencies' engagement with the tobacco industry, conduct of officials in dealings with industry, and management of conflict of interest.
- Establish a formal mechanism for monitoring and responding to the tobacco industry's activities.
- Seek support from Civil society and build partnerships with NGOs to utilize their expertise and experience in monitoring and responding to tobacco industry interference.

How can NGOs Help?

 Non-governmental organizations can help governments by supporting them with information and promotion of good policy.

NGOs can

- Find out what their government's policy is on engaging with the tobacco industry and whether they have carried out an assessment of Article 5.3 compliance.
- · Ask the department/ministry of health in their country what it

- intends to do to encourage the implementation of Article 5.3 and its guidelines.
- Establish a coalition of civil society organization to educate the public about the tobacco industry's behavior and to recommend the government about strong tobacco control actions, including legislation and increasing tobacco taxation
- Encourage governments and hold TI accountable for their actions.

Transparency Measures under Article 5.3

- Transparency in government relationships with the tobacco industry, including disclosure of records, public notice of dealings, and public records.
- Disclosure of tobacco industry activities, which includes: production, manufacture, market share, revenues, marketing expenditures, philanthropy with penalties on tobacco industry for providing false or misleading information.
- Disclosure or registration of tobacco industry affiliated entities, including lobbyists
- Candidates for government positions with responsibility for health policy must disclose any current or past employment with the tobacco industry, as well as future intentions to do so.

(Source: - Framework Convention on Tobacco Control (Article 5.3) Protecting Against Tobacco Industry Interference, Generation Saviour Association and The Union)

Conclusion

Tobacco industry interference continues to be a significant threat to public health policies in India and around the world. It is crucial to strengthen existing coalitions and identify activities of TI to develop an accurate plan of action to combat tobacco industry interference. Academic institutions can play a critical role in monitoring and capacity building of key stakeholders in industry interference activities. Additionally, civil society can play an active role in mitigating tobacco industry interference, by raising awareness about the harmful effects of tobacco use and advocating for stronger tobacco control policies. Only by working together can we overcome the challenges posed by the tobacco industry and create a healthier future for all.

Recommendations

Here are some recommendations for tackling tobacco industry interference in India:

- Strengthen implementation of the WHO Framework Convention on Tobacco Control (FCTC), which provides a comprehensive framework for tobacco control policies and addresses industry interference.
- 2. Develop and implement strong regulations to prevent tobacco industry interference in public policies, including the prohibition of all forms of contributions, sponsorships, and partnerships with the tobacco industry.
- 3. Increase awareness among policymakers, civil society, and the general public about the tactics and strategies employed by the tobacco industry to interfere in public health policies.
- 4. Establish a centralized system for reporting and monitoring tobacco industry interference and implementing effective measures to prevent and combat it.



- Engage with academic institutions, public health organizations, and civil society to develop evidence-based policies and strategies for addressing tobacco industry interference.
- 6. Create a code of conduct that applies to all government officials and departments to prevent any interaction with the tobacco industry that could influence public policies.
- 7. Strengthen and expand existing coalitions and partnerships to build a united front against tobacco industry interference.

By implementing these recommendations, India can take significant steps towards reducing the harmful impact of tobacco and protecting public health policies from industry interference.

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EXPERTS COMMENTS



There are three significant elements that contribute to tobacco use and addiction: the addictiveness of tobacco products, particularly nicotine; the attractiveness of tobacco products; and the toxicity of tobacco products. The tobacco industry manipulates these elements to increase

addiction and consumption in society. They use design elements, sweeteners, flavors, and toxicity to make their products more attractive and addictive. The tobacco industry also dupes the public by claiming that nicotine is not carcinogenic and that their products are less harmful than they actually are. This manipulation of tobacco products by the industry is a significant obstacle to effective tobacco control policies and efforts.

- Dr. Leimapokpam Swasticharan,

Additional Deputy Director General of Health Services
-Directorate General of Health Services, Ministry of Health and
Family Welfare, Govt. of India



The tobacco industry has a tendency to manipulate public perception in order to maintain a facade of respectability and responsibility. Even during the COVID-19 pandemic, when there were

shortages of essential resources in the healthcare and other sectors, the tobacco industry managed to benefit from the situation. Despite overwhelming evidence that smoking increases the risk of respiratory illnesses and can have serious negative impacts on health, the tobacco industry continued to promote their products.

Shockingly, the Indian tobacco industry donated a staggering \$36.7 million to various government funds, including the "Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund" (PM CARES Fund) and the Chief Minister's Relief Funds in multiple state governments across the country. In fact, ITC was the largest contributor of cash and in-kind donations during the COVID-19 crisis.

- Dr. Rana J Singh,

Deputy Regional Director, The Union (South-East Asia), New Delhi



Tobacco is the leading preventable cause of adult mortality in India and across the globe, and the tobacco industry bears primary responsibility for this public health crisis. The industry's singular focus is profit generation and distribution to its stakeholders and it will resort to any means necessary to achieve this objective. While policymakers and advocates strive to lessen the burden of tobacco use and implement effective control measures, the tobacco industry actively works to counter these efforts. Despite mounting evidence of the harmful impacts of tobacco use, the industry continues to push its products and maintain a grip on the market through aggressive marketing tactics and political influence.

- Dr. Prakash C Gupta,

Director, Healis - Sekhsaria Institute of Public Health, Navi Mumbai



TOBACCO REPORTER

Five cities recognized for public health achievements at Partnership for Healthy Cities Summit

The five winning cities, each receiving US\$ 150 000 to further their work with the partnership, are:

- Athens, Greece for increasing access to the opioid overdose reversal agent, naloxone, at community-based organizations and among healthcare professionals. The city also started researching causes of death among people who inject drugs to better understand the impact of the overdose crisis;
- Bengaluru, India for their efforts in tobacco control, specifically, reducing smoking in public places and improving compliance with existing mandates on public smoking bans;
- Mexico City, Mexico for improving road safety and safe and active mobility by launching a bike path on a busy road that led to a 275% increase in cyclists; implementing a shared lane for

- cyclists and buses separate from cars; establishing loading and unloading areas; and optimizing design and management of roads close to schools;
- Montevideo, Uruguay for establishing nutritional standards for the preparation and sale of food in government agency offices and some public universities, for focusing on sodium reduction policies and developing media campaigns and educational materials; and
- Vancouver, Canada for making public health data more inclusive and accessible by launching an online public health data tool that tracks population health indicators and working with urban Indigenous communities to better inform data management.

Read more at:

https://www.who.int/news/item/15-03-2023-five-cities-recognized-for-public-health-achievements-at-partnership-for-healthy-cities-summit

Global Demand of Addiction Treatment Is Expected to Reach a Valuation of US\$ 50 Million by 2032

The market for treating tobacco and nicotine addiction has improved possibilities as cigarette smoking has become more widespread. Also, the increased accessibility of medications and nicotine replacement therapies to treat tobacco and nicotine addiction will spur market expansion. Rockville, March 20, 2023 (GLOBE NEWSWIRE) — The market for addiction treatment was anticipated to grow at a CAGR of 6.7% throughout the anticipated time frame. Over the next ten years, there will be a \$50 million potential due to the anticipated significant uptake in business settings.

Read more at:

https://finance.yahoo.com/news/global-demand-addiction-treatment-expected-150000922.html?guccounter=1&guce_referrer=aHR0cHM6L y93d3cuZ29vZ2xlLmNvbS8&guce_referrer_sig=AQAAALr38cKmKaoBY Cyd6o3lDBNXtCBl8p0aunRJ2guOulL_9Z62yj3XB9SfzRhQ1-jYTjZ7LSZU qmDvepfRrGLx5lkp9nggzffDsO19KvKD8yv3rur-q55idzYMB4lLmXpmo-_91hZ4PUiMsNJ25lsj7ms9Or3q53Mh2y32XOlV9Txr

Sweden's Stunning Smoke Free Success Provides a Road Map That Could Save Lives of Millions - Major New Report

Public Health Experts Urge Countries Around the World to Follow the Swedish Example Sweden is on course to drop below a 5% tobacco smoking prevalence rate in the coming months. This is the level below which the country will be considered officially 'Smoke Free'. No other country in the European Union is even close to replicating this achievement and none are currently on track to even achieve it by the EU's target of 2040, in 17 years time. The country's ground-breaking strategy to minimize the harmful effects of tobacco smoking and save lives is detailed in a new report entitled "The Swedish Experience: A roadmap for a smoke-free society," presented today at an international research seminar in Stockholm.

Read more at:

https://www.businesswire.com/news/home/20230314005249/en/ Sweden%E2%80%99s-Stunning-Smoke-Free-Success-Provides-a-Road-Map-That-Could-Save-Lives-of-Millions---Major-New-Report

Pro-tobacco lobbyists circle Australian government's proposed vaping reforms

An international pro-vaping group, supported by British American Tobacco, has hired an Australian lobbyist amid proposed government reforms that could see tightened access to nicotine vaping products. In February, Michael Kauter – a former deputy director of the Nationals and a key lobbyist for the tobacco industry – added Swiss-based Health Diplomats to the federal lobbyist register.

It's not yet clear why the group, which has connections to British American Tobacco, has hired Kauter. Health Diplomats' move comes as drug regulator the Therapeutic Goods Administration (TGA) considers at least 4,000 submissions to its consultation on proposed vaping reforms, prompting tobacco companies to heighten their lobbying efforts.

Read more at:

https://www.theguardian.com/australia-news/2023/mar/20/pro-tobacco-lobbyists-circle-australian-governments-proposed-vaping-reforms



TOBACCO REPORTER ///

Activists fume at tobacco industry for donating to earthquake-hit Turkey

The European anti-tobacco lobby has urged the international community to help earthquake-hit Turkey avoid a €1.8 million donation from Phillip Morris International (PMI) highlighting "hidden" lobbying activities. For its part, PMI rejected the accusations saying it's money to help people in need. On 15 February, PMI offered €1.8 million "to support immediate humanitarian aid and long-term recovery assistance" after an earthquake hit Turkey and neighbouring Syria causing thousands of deaths.

However, the move triggered a strong reaction from the antitobacco lobby.

"The tobacco control community in Turkey is concerned about the recent corporate social responsibility launch by Phillip Morris International about extending earthquake aid to Turkey", Dr Elif Daglu from the Turkish Coalition on Tobacco or Health to the European Network for Smoking and Tobacco Prevention (ENSP) said in a statement. Such donations from the tobacco industry constitute a breach of Article 5.3 of the WHO Framework Convention on Tobacco Control, to which Turkey is a party, he added.

Read more at:

https://www.euractiv.com/section/politics/news/activists-fume-attobacco-industry-for-donating-to-earthquake-hit-turkey/

Karnataka launches 'Stop Tobacco' app to curb public smoking



The Karnataka Tobacco Control Cell launched GPS-based mobile app 'Stop Tobacco' Tuesday. The app protects non-smokers from being exposed to cigarette smoking in public places. If anyone is found smoking in a public place, all that needs to be done is to take a picture of the violator and upload it on the app. The squad from the tobacco control cell will rush to the spot and slap a fine on the violator.

Read more at:

https://indianexpress.com/article/cities/bangalore/karnataka-launchesstop-tobacco-app-to-curb-public-smoking-8472000/

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Anti-Tobacco Forum seeks tobacco control strategies in manifestoes of political parties



The Anti-Tobacco Fourm (ATF), Mysuru, has urged political parties to come out with tobacco control strategies in their respective manifestoes to be released ahead of the coming Assembly elections in Karnataka. ATF Convenor Vasanthkumar Mysoremath regretted the absence of serious tobacco

control efforts in the country though the commodity is known to cause death and disease among its consumers. Despite the health hazards arising from consumption of tobacco, the government is renewing licenses for its cultivation, subsiding inputs for its farming and extending easy loans for the same, besides procuring illegally grown tobacco from licensed/unlicensed farmers for auction on government platforms, he lamented.

The Anti-Tobacco Forum has appealed to all political parties to make their stand clear on tobacco control strategies since consumption of smoke and non-smoke tobacco products has reached an epidemic proportion in India. Even though rules and regulations exist under Control of Tobacco Products Act (COTPA) 2003 for creating awareness about ill effects of consumption of tobacco products, ban on smoking in public places, ban on sale to children, profitmaking by tobacco industry continues unabated, the ATF said in the statement.

Read more at.

https://www.thehindu.com/news/national/karnataka/anti-tobaccoforum-seeks-tobacco-control-strategies-in-manifestoes-of-politicalparties/article66639117.ece

No total ban on tobacco products: **NTCP** deputy director

The National Tobacco Control Programme (NTCP) deputy director and state nodal officer, Dr Arenla Walling, on Monday said even though tobacco has become a serious threat to our society, there is no total ban on the sale of tobacco



products under the Cigarettes and Other Tobacco Products Act (COTPA), 2003.

She said the department has not asked any third party except the authorised officials to carry out enforcement of COPTA provisions on tobacco products. If there are any such activities, the department has nothing to do with them, she added.

http://timesofindia.indiatimes.com/articleshow/98852277. cms?from=mdr&utm_source=contentofinterest&utm_ medium=text&utm_campaign=cppst

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