

Review of Tobacco Industry Interference in Telangana State, India

Sonu Goel, Rajesh Bharatiya, Rajeev Kumar, Shravan Kumar, Ravita Yadav, Jatina Vij

Department of Community Medicine & School of Public Health, Postgraduate Institute of Medical Education and Research Chandigarh

CORRESPONDING AUTHOR

Rajeev Kumar, Project Coordinator, Department of Community Medicine & School of Public Health, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh
Email: rajeevchoudharyhp@gmail.com

CITATION

Goel S, Bharatiya R, Kumar R, Kumar S, Yadav R, Vij J. Review of Tobacco Industry Interference in Telangana State, India. Indian J Comm Health. 2025;37(1):27-31. <https://doi.org/10.47203/IJCH.2025.v37i01.006>

ARTICLE CYCLE

Received: 26/12/2024; Accepted: 13/02/2025; Published: 28/02/2025

This work is licensed under a Creative Commons Attribution 4.0 International License.

©The Author(s). 2025 Open Access

ABSTRACT

Background: Tobacco industry interference (TII) remains a significant barrier to effective tobacco control policies. Telangana, one of India's major tobacco-producing states, is particularly vulnerable to industry influence. Despite the adoption of Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC), industry tactics continue to undermine public health efforts. **Aims & Objectives:** To document instances of TII in Telangana, analyze industry strategies, and provide evidence-based recommendations to mitigate their impact on tobacco control initiatives. **Methodology:** A descriptive study was conducted from 2019 to 2022, tracking TII incidents using a structured data collection tool. Information was gathered from newspapers, social media, government reports, and stakeholder interviews. Instances were categorized into six subtypes, including political influence, corporate social responsibility (CSR) activities, and manipulation of public opinion. **Results:** A total of 13 TII incidents were recorded, with the highest prevalence in 2020. CSR activities accounted for 92.3% of cases, primarily involving ITC Ltd. No official action was taken against these activities, highlighting gaps in enforcement. **Conclusion:** This study underscores the urgent need for stricter implementation of Article 5.3, increased monitoring of TII, and policy reforms to safeguard public health from industry influence.

KEYWORDS

Tobacco Industry; Corporate Social Responsibility; WHO FCTC; Public Policy; Tobacco Control

INTRODUCTION

Tobacco use is a leading cause of premature mortality (1) and a major risk factor for non-communicable diseases (2). Despite strong evidence on its harms (3), the tobacco industry aggressively promotes tobacco products (4), influencing youth initiation and increased consumption (5,6).

To combat this, the World Health Organization (WHO) introduced the Framework Convention on Tobacco Control (FCTC) in 2003, with Article 5.3 emphasizing the need to protect public health policies from industry interference. However, despite adoption by 182 countries, including India, only 16% of Article 5.3 recommendations have been fully implemented worldwide (1). The tobacco industry continues to interfere with policies,

delaying and weakening tobacco control measures (7).

In India, the 2020 Ministry of Health and Family Welfare code of conduct aimed at reducing industry influence is limited to ministry officials (8), underscoring the need for stronger subnational action (9,10). Telangana, a major tobacco-producing state (11), remains vulnerable to industry tactics, necessitating documentation of tobacco industry interference (TII).

Aims and Objectives:

- To document and analyze instances of tobacco industry interference (TII) in Telangana, identifying key strategies used to influence policy and public opinion.
- To assess the effectiveness of current tobacco control measures and recommend counter-

strategies to mitigate industry influence and strengthen enforcement of FCTC Article 5.3.

MATERIAL & METHODS

Study Type & Study Design: This was a descriptive study conducted to enumerate and analyze instances of tobacco industry interference (TII) in Telangana, India. A retrospective approach was used to systematically document and categorize TII incidents over a four-year period (2019–2022).

Study Setting: The study was conducted in Telangana, a major tobacco-producing state in southern India, known for its diverse population and geographical features. The state's economic and political landscape makes it particularly vulnerable to tobacco industry influence.

Study Population: The study focused on instances of tobacco industry interference reported within Telangana. Data sources included government agencies, media reports, public health organizations, and key stakeholders involved in tobacco control.

Study Duration: The study covered a four-year period from 2019 to 2022, during which TII incidents were recorded, analyzed, and categorized.

Sample Size Calculation: Since this was a descriptive study, all documented instances of TII reported through various sources were included in the dataset. No sample size calculation was performed, as the study aimed for exhaustive documentation of all reported cases.

Inclusion Criteria: Reports of tobacco industry interference (TII) in Telangana between 2019 and 2022.

Cases documented through newspaper reports, social media, television news, event brochures, and stakeholder discussions.

Incidents involving policy interference, litigation, corporate social responsibility (CSR) activities, front group creation, or scientific misinformation.

Exclusion Criteria: TII incidents outside the timeframe (before 2019 or after 2022).

Cases with insufficient details or unverifiable sources.

Reports unrelated to tobacco control policies or industry interference.

Strategy for Data Collection: A Google Excel-based data collection tool was developed to systematically track TII incidents. The tool recorded key details such as:

Date and location (state, district)

Nature of TII (categorized into six subtypes)

Industry/company involved

Incident description

Reporting authority and follow-up actions taken

Supporting evidence, including photographs and official reports

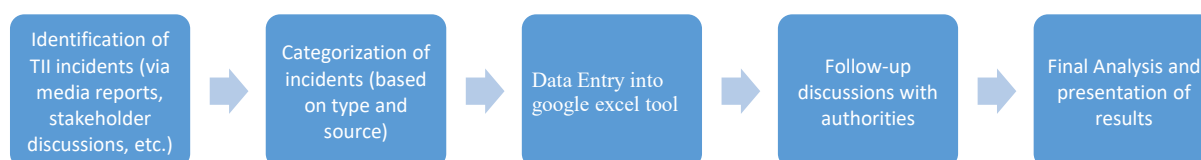
Data were gathered from multiple sources, including newspapers, social media platforms, local TV channels, event brochures, and one-on-one meetings with stakeholders.

Working Definition: Tobacco Industry Interference (TII): Any direct or indirect action by the tobacco industry aimed at influencing policy decisions, shaping public perception, delaying regulatory measures, or undermining scientific evidence related to tobacco control.

Ethical Issues & Informed Consent: Ethical approval was obtained from state officials before initiating the study. Confidentiality and privacy of participants and sources were strictly maintained. No personal identifiers were collected from informants or stakeholders.

Data Analysis: Data were analyzed using Microsoft Excel to identify patterns and trends in TII incidents. Results were presented in the form of tables, graphs, and visual aids to highlight recurring trends and geographic distribution of TII.

Flow Diagram: The data collection process follow the following steps:



RESULTS

Over the study period 13 TII instances were reported in the state of Telangana and the highest number of incidents were in 2020. The most prevalent form of interference was manipulation of

public opinion through corporate social responsibility (CSR) activities, accounting for 12 out of 13 incidents (92.3%). Notably, all recorded instances were linked to the Indian Tobacco Company (ITC Ltd.) (Table 1).

Table 1: Description of the TII instances in Telangana from 2019-2022

SI NO	Description of the TII incident	Name of the tobacco industry /Company	Nature of the TII
1	Donated sanitizers to public health workers in Secunderabad	ITC	CSR
2	Distributed free meals and groceries to the needy in all the villages.	ITC	CSR
3	Conducted a spell competition for around 5 lakh students from standards V to IX in Telangana	ITC	CSR
4	Distributed food packets and launched the sprinkling of Hypochlorite liquid for sanitization program in sarapaka and temple of bhadrachalam	ITC & WHIP	CSR
5	Handed over 2000 kg Aashirvad atta, 1000 litres of BNatural juice and 8000 packets of Sunfeast biscuits to Transport Minister in Khammam.	ITC	Influencing political/legislative decisions
6	Organized Haritha Haaram, tree plantation program at IDA Bollaram Village.	ITC limited paper board	CSR
7	Supplied over 100 MT of liquid oxygen to the nearby hospitals in Telangana	ITC limited paper board	CSR
8	Donated food products worth Rs 5 lakhs in Hyderabad	ITC	CSR
9	Launched "CARE BASKET", across Hyderabad. Consumers can visit the akshayapatra website and contribute towards a family's food and essential requirements.	ITC	CSR
10	Constructed a compound wall, entrance gate and 42 taps for a school in Hyderabad-	ITC & Akella Foundation	CSR
11	GITAM Deemed to be University has been helping the government-school students of Sangareddy District by distributing notebooks free of cost.	ITC	CSR
12	Distributed notebooks to students at MPUPS, Bandarigudem Kothagudem district	ITC	CSR
13	Hyderabad: TSPCB presents awards for best practices.	ITC	CSR

DISCUSSION

Tobacco Industry Interference remains a significant challenge to tobacco control efforts in India. This study aimed to document the Transnational Tobacco Industry Interference (TII) activities in Telangana, as well as the measures taken against them by the relevant authorities. The study registered the TII episodes for a period of four years (2019 to 2022) and found a rise in the incidence in year 2020-21, coinciding with the COVID-19 pandemic. Tobacco industry interferences was in the form of contributions of Personal Protective Equipment (PPE) kits, money and ventilators (12) during the Covid-19 pandemic and the broadcasting of their vaccine research activities through national and international media (13) and insertion of their products on the essential items list (14,15). Similar to our findings, the Centre for Combating Tobacco (CTT), also reported 79 such interferences were attributed to ITC globally (16).

Despite the national TII Index score for India being 57 out of 100 in 2021 (17), a comparable assessment for Telangana remains unavailable. Notably, all recorded TII instances in Telangana were linked to ITC Limited, consistent with reports

from the Centre for Combating Tobacco (CCT), which identified 79 global TII incidents attributed to ITC. CSR activities were the most prevalent type of TII in Telangana, prior research suggests that CSR efforts allow tobacco companies to gain access to policymakers, influence public opinion, and portray themselves as responsible corporate entities, despite their detrimental impact on public health. similar results have been recorded from Karnataka (18). Tobacco industries attempt to appear as socially responsible and working together to support tobacco control initiatives on a global level (19). A report on tobacco tactics by the University of Bath also underscores how CSR initiatives serve as a tool to shape policy decisions and mitigate regulatory scrutiny (20). Furthermore, these act as voluntary regulations on a number of platforms, offering a cover to the industry's business tactics and improving its public, media, and policymaker image (21,22).

One of the most concerning findings of this study is that no official action was taken against any of the recorded TII activities in Telangana. This contrasts sharply with efforts at the national level, where ten states have issued notifications to enforce Article 5.3 of WHO-FCTC (23). A major barrier to addressing

TII in Telangana is the economic influence of the tobacco industry, which is often exaggerated, as previously shown by Yadav et al (24). This economic argument continues to hinder robust tobacco control measures at both national and global level.

Very few studies on a sub-national level have investigated TII occurrences, so these investigations must be carried out in all states to create more reliable data against the tobacco industry. Simultaneously, it must be acknowledged that TII activities are hard to detect because of their confidentiality. An important limitation of our study is that it was based on limited data sources as Telangana is a relatively new state in India, and its health system is still in the process of being developed, especially in the area of tobacco control. This could have affected the overall findings and conclusions of the study. Additionally, the covert nature of TII activities makes them difficult to detect and document comprehensively. Therefore, it is suggested to conduct an in-depth study for better understanding of the tobacco industry's interference in Telangana and other states of India, the another recommend setting up of a monitoring system dedicated to TII incidents within the National Tobacco Control Programme (NTCP) in each state at district or taluka level and the immediate implementation of Article 5.3 across all states.

CONCLUSION

The tobacco industries leaves no stone unturned to gain an operate to halt Tobacco control measures. Eliminating all kinds of interference from the tobacco industry is the only effective measure to accelerate the tobacco control efforts in our country for which intensive implementation of Article 5.3 is mandatory. Further obedience with Article 5.3 should be added in the code of conduct of all offices, organizations, formal groups, and all government sectors.

RECOMMENDATION

To effectively counter tobacco industry interference, this study recommends strengthening the enforcement of Article 5.3 by ensuring its implementation across all government sectors with strict compliance measures. Additionally, a robust monitoring system should be established at the state and district levels to systematically track and document instances of TII. Finally, policy reforms must be introduced to enhance transparency, restrict industry influence, and safeguard public health from manipulative tobacco industry tactics.

RELEVANCE OF THE STUDY

This study is relevant as it highlights the persistent interference of the tobacco industry in Telangana, undermining tobacco control efforts and policy enforcement. By documenting these instances, it provides critical evidence to strengthen Article 5.3 implementation, enhance monitoring mechanisms, and protect public health from industry influence.

AUTHORS CONTRIBUTION

All authors have contributed equally.

FINANCIAL SUPPORT AND SPONSORSHIP

There is no financial support for the current study.

CONFLICT OF INTEREST

There are no conflicts of interest.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

REFERENCES

1. WHO_NMH_TFI_12.1_eng.pdf [Internet]. [cited 2025 Feb 17]. Available from: https://apps.who.int/iris/bitstream/handle/10665/70894/WHO_NMH_TFI_12.1_eng.pdf
2. U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
3. Centers for Disease Control and Prevention. Health effects of secondhand smoke [Internet]. 2023 [cited 2025 Feb 17]. Available from: <https://www.cdc.gov/tobacco/secondhand-smoke/health.html>
4. Campaign for Tobacco-Free Kids. Tobacco industry marketing [Internet]. 2022. Available from: <https://www.tobaccofreekids.org/>
5. National Cancer Institute. The role of the media in promoting and reducing tobacco use (Tobacco Control Monograph No. 19) [Internet]. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health; 2008 [cited 2025 Feb 17]. Available from: <https://cancercontrol.cancer.gov/brp/tcrb/monographs/monograph-19>
6. Doku D. The tobacco industry tactics-a challenge for tobacco control in low and middle income countries. *Afr Health Sci*. 2010 Jun;10(2):201–3.
7. Assunta M, Ritthiphakdee B, Soerojo W, Cho MM, Jirathanapiwat W. Tobacco industry interference: A review of three South East Asian countries. *Indian J Public Health*. 2017 Sep;61(Suppl 1):S35–9.
8. Ministry of Health and Family Welfare. Code of Conduct to Regulate Interaction with Tobacco Industry [Internet]. 2020. Available from: <https://smokelesstobaccocontrolindia.com/wp-content/uploads/2020/07/Code-of-Conduct-for-Public-Officials-6th-July.pdf>

9. Ministry of Health and Family Welfare. National Tobacco Control Programme [Internet]. [cited 2025 Feb 21]. Available from: <https://mohfw.gov.in/major-programmes/other-national-health-programmes/national-tobacco-control-programme-ntcp>
10. Tobacco Tactics. India Country Profile [Internet]. [cited 2025 Feb 21]. Available from: <https://tobaccotactics.org/article/india-country-profile/>
11. Statista. Economic contribution of tobacco leaves to India's GDP from financial year 2012 to 2018 [Internet]. 2019 [cited 2025 Feb 21]. Available from: <https://www.statista.com/statistics/1083892/india-economic-contribution-of-tobacco-leaves-tg/>
12. Reporter S. DTC donates ₹25 lakh to CMRF. The Hindu [Internet]. 2020 Apr 6 [cited 2022 Dec 4]; Available from: <https://www.thehindu.com/news/national/andhra-pradesh/dtc-donates-25-lakh-to-cmrf/article31272382.ece>
13. Sweney M. British American Tobacco working on plant-based coronavirus vaccine. The Guardian [Internet]. 2020 Apr 1 [cited 2022 Dec 4]; Available from: <https://www.theguardian.com/business/2020/apr/01/british-american-tobacco-plant-based-coronavirus-vaccine>
14. Крупнейшие табачные компании просят помощи правительства [Internet]. Ведомости. [cited 2022 Dec 4]. Available from: <https://www.vedomosti.ru/business/articles/2020/04/01/826842-krupneishie-tabachnie-kompanii>
15. Mallya SD, Kulkarni MM, Kumar P, Nair V, Prabhath M. Strengthening tobacco control policies during the COVID-19 pandemic in India. Clin Epidemiol Glob Health. 2022;15:101057.
16. Information for "Globally Reported Tobacco Industry Interference during COVID-19 Pandemic – January 2022" - TobaccoUnmasked [Internet]. [cited 2022 Dec 5]. Available from: https://www.tobaccounmasked.com/index.php?title=Globally_Reported_Tobacco_Industry_Interference_during_COVID-19_Pandemic_%E2%80%93_January_2022&action=info
17. Global Tobacco Index 2021 [Internet]. Global Tobacco Index 2021. [cited 2022 Dec 4]. Available from: <https://factsheets.globaltobaccoindex.org>
18. Kumar P, Kamath V, Kamath A, Bhojani U, Chugh A, Bassi S, et al. Implementation of Article 5.3 of the World Health Organization Framework Convention on Tobacco Control: A Subnational Assessment. Indian J Community Med. 2022 Dec;47(4):531.
19. WHO Definitions of Tobacco Industry Tactics - TobaccoTactics [Internet]. [cited 2022 Dec 5]. Available from: <https://tobaccotactics.org/wiki/who-definitions-of-tobacco-industry-tactics/>
20. CSR Strategy - TobaccoTactics [Internet]. [cited 2022 Dec 5]. Available from: <https://tobaccotactics.org/wiki/csr-strategy/>
21. Friedman LC. Tobacco industry use of corporate social responsibility tactics as a sword and a shield on secondhand smoke issues. J Law Med Ethics J Am Soc Law Med Ethics. 2009;37(4):819–27.
22. Big Tobacco uses Corporate Social Responsibility Awards to polish its tarnished image [Internet]. ACOSH Website. 2021 [cited 2022 Dec 5]. Available from: <https://www.acosh.org/big-tobacco-uses-corporate-social-responsibility-awards-polish-tarnished-image/>
23. Chugh A, Bassi S, Nazar G, Bhojani U, Alexander C, Lal P, et al. Tobacco Industry Interference Index: Implementation of the World Health Organization's Framework Convention on Tobacco Control Article 5.3 in India. Asia Pac J Public Health. 2020 May 1;32(4):172–8.
24. Yadav A, Glantz SA. Tobacco industry thwarts ad ban legislation in India in the 1990s: Lessons for meeting FCTC obligations under Articles 13 and 5.3. Addict Behav. 2022 Jul 1;130:107306.