

Colombo Business Journal

INTERNATIONAL JOURNAL OF THEORY & PRACTICE Vol. 12, No. 02, December, 2021

Perspective Paper

Is Tobacco Marketing Overpowering Tobacco Control in India?

Shamim Akhtar^a , Laldinliana^a

^aDepartment of Commerce, Mizoram University, India

Abstract

The tobacco industry has made a gradual move from developed countries to developing countries to expand its market. As part of this trend, tobacco companies in India invest a substantial amount of money in marketing activities. Although the government of India has gradually been increasing restrictions on marketing and sales of tobacco products, the creative and evolving marketing practices of tobacco companies have ensured that such measures have little effect. In this perspective paper, a critical evaluation of marketing practices used by the tobacco industry in India suggests that pro-tobacco marketing is a major hurdle towards bringing effective tobacco control policies and their successful implementation. It is demonstrated that the big tobacco companies in India backed by immense resources have been capable of countering the various legislative provisions for tobacco control in India through creative and manipulative marketing practices.

Keywords: Tobacco, Tobacco Marketing, Tobacco Control, Critical Marketing

Received:	Accepted revised version:	Published:
07 December 2020	12 October 2021	31 December 2021

Suggested citation: Akhtar, S. & Laldinliana. (2021). Is tobacco marketing overpowering tobacco control in India? *Colombo Business Journal*, *12*(2), 128-149.

DOI: http://doi.org/10.4038/cbj.v12i2.85

©2021 The Authors. This work is licensed under a <u>Creative Commons Attribution 4.0</u> <u>International License</u> which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

worldofshamim@gmail.com (b) https://orcid.org/0000-0002-0700-3760

Introduction

Tobacco consumption kills more than 8 million people every year, out of which, 7 million are direct users while 1.2 million are indirectly exposed to it in the form of second-hand smoke (World Health Organisation [WHO], 2020). Tobacco accounts for one in every 10 adult deaths worldwide and an average of one death every six seconds (HealthHub, 2018). It has been observed that in the new millennium, tobacco use is on rise, specifically in low- and middle-income countries (Esson & Leeder, 2004). In general, the tobacco industry's target and focus has shifted from developed countries to the developing countries due to effective, on-going tobacco control measures in several developed countries (Jatoi et al., 2009) and the opportunity to capture larger potential markets (Australia India Institute [AII], 2012). In fact, more than 80% of world's 1.3 billion tobacco users are now from low- and middle-income countries (WHO, 2020). Research in low- and middleincome countries, especially in last two decades also indicate this increase in tobacco consumption. According to one such study, the total money spent on tobacco consumption in Bangladesh can be effectively used to provide food to 10.5 million children and remove them from their present state of malnutrition (Efroymson et al., 2001). The poorest households in Vietnam spend 2.2 times more on cigarettes than on education and 1.6 times more on cigarettes than on healthcare (Efroymson et al., 2011). In countries like Bulgaria, Egypt, Indonesia, Myanmar and Nepal, the low-income households spend 5% to 15% of their disposable income on tobacco (Esson & Leeder, 2004).

India is the second largest producer, third largest exporter (Business Wire, 2019) and second largest consumer of tobacco in the world (New Delhi Television Ltd [NDTV], 2018). The total number of tobacco users in India exceeds the combined population of Indonesia and Canada, and in terms of population, this number would be equivalent to the fourth largest country in the world (Lal et al., 2015). The Global Adult Tobacco Survey (GATS) Report 2016-2017 has estimated that in India 28.6 % adults are active users of tobacco (Ministry of Health & Family Welfare [MHFW], 2017). It was estimated in a study that there were close to 100 million premature deaths of adults aged 35 years or more in India during the 100 years from 1910 to 2010 due to smoking (Lal et al., 2012). The variety of tobacco products being consumed in India is greater compared to elsewhere, causing additional public health issues such as high incidence of oral cancer due to smokeless tobacco consumption (McKay et al., 2015). Therefore, this indicates that

tobacco products, and especially their organized marketing as a mass consumer good in India, has had a detrimental effect on society.

One of the major challenges in reducing tobacco use, when viewed from the social marketing perspective, is pro-tobacco marketing by the tobacco industry. As tobacco consumption is a form of consumer choice, it can be both aggravated and reduced through marketing (Hawkins et al., 2007). Therefore, the challenge from commercial marketers represents the "competition" for social marketers (Hoek, 2011, p. 241). It has been suggested that regulatory measures to control commercial marketing activity could support social marketing efforts to foster beneficial consumer behaviours such as reducing, stopping or staying away from smoking (Hoek, 2011).

In South and South-East Asia, Bhutan, Thailand and India were among the first countries to successfully enforce a smoking ban in public places (Singh, 2017). India adopted some early tobacco control measures where legislations related to sale of tobacco products can be traced back to 1975 and the more comprehensive tobacco control legislation came into existence in 2003. In 2004, India officially became a party to the WHO Framework Convention on Tobacco Control (WHO FCTC). The Government of India also launched the National Tobacco Control Programme (NTCP) under the 11th Five Year Plan of 2007-12 (Reddy et al., 2010). However, in spite of such comprehensive measures, the consumption of tobacco in India is continuing to increase (Mohan et al., 2018).

Could the limited success of tobacco control in India be attributed to the general shift of target, focus and aggressive marketing by the tobacco industry to South and South-East Asian Countries? To answer this, it is necessary to explore and critically evaluate the marketing strategies and techniques used by tobacco companies in India. It is also necessary to understand how these marketing practices of the tobacco industry in general has evolved over time with the legislative changes and measures in tobacco control in India. According to Hoek (2011, p. 241), scholarly "social marketers' role includes analysing the substance, style and effects of commercial marketing, and critically evaluating how these contribute to wider societal problems". In this context, this paper examines the tobacco marketing practices of India from a critical marketing perspective and demonstrates how these marketing activities present challenges for tobacco control in India. This discussion will not only provide insights for policy makers in India, but also to other countries

facing similar challenges, low- and middle- income countries in particular, where the tobacco consumption is currently a serious issue (WHO, 2020).

Tobacco and its Commercial Expansion

The leaves of the plants in the genus *Nicotiana* (Pain, 2008) is processed to produce Tobacco (Hoof, 2011) which contain the recreational drug nicotine which is a kind of stimulant and sedative (Psychology Today, 2019). The Article 1, clause (f) of WHO's Framework Convention on Tobacco Control defines tobacco products as "products entirely or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing" (WHO, 2003a, p.4). Tobacco products have been also defined in the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (India Code) of India. Section 3 (p) of the act defines 'tobacco products' to include products like Cigarettes, Cigars, Cheroots, Beedis, Hookah, Chewing tobacco, Snuff, Gutka, etc.

Tobacco plants were known to be cultivated first by Native Americans (Randall, 1999; Sadik, 2014) but its uses were largely unknown to the outside world until in 1492, when Christopher Columbus received dried tobacco leaves as gift from the American Indians (Randall, 1999; Reddy & Gupta, 2004). This was the beginning when tobacco and smoking was introduced to the Europeans (Tobacco-Free Life, 2016). In the following century, tobacco became a popular commodity for trade and also used as a cash-crop (Jenner, 2014). The first American tobacco companies opened their doors in Virginia in 1730 and three decades later, Pierre Lorillard started a company in New York City to process tobacco, cigars, and snuff (Borio, 2001). Since then, the tobacco industry has never looked back; using various marketing practices, the industry has proceeded to expand its customer base into new segments throughout history. This includes targeting female smokers in just ten years, and providing free cigarettes to soldiers during the Second World War, creating a large number of loyal future customers (Randall, 1999).

Marketing of Tobacco and its Control

It is well established that consumption of tobacco increases with increased spending on advertising and promotions by the tobacco industry (Agaku & Ayo-Yusuf, 2014; Brown & Moodie, 2009; Dube et al., 2013; Mohan & Lando, 2016; Pierce & Gilpin, 1995) and even a brief exposure to tobacco advertising by young

people has the potential to create favourable impressions about smokers (Evans et al., 1995). Students who are exposed to tobacco advertising in more than four places are 1.5 times more likely to become tobacco users than students who are unexposed to such advertising (Arora, Guptha et al., 2012). The influence of tobacco industry's promotional tactics may even create favourable conditions for youth to illegally purchase tobacco (Widome et al., 2012). The exposure from retailer level tobacco advertising has been linked with early initiation of adolescents into tobacco (Feighery et al., 2006; Henriksen et al., 2010; MacFadyen et al., 2001; Slater et al., 2007; Wakefield et al., 2006), current youth smoking (Kim et al., 2013), relapse among past smokers (Kirchner et al., 2013), and unplanned cigarette purchases (Carter et al., 2009). The tobacco industry has also been accused of using youthoriented contemporary media such as social media to promote their products (Freeman & Chapman, 2010). In many Asian countries where smoking by women is culturally considered inappropriate, tobacco companies target young women by linking smoking with independence, stress relief and weight control (Kaufman & Nichter, 2001).

In 1996, researchers found conclusive evidence that tobacco damages a cancersuppressor gene (Borio, 2001) and the following year, for the first time in history, a tobacco company CEO, Bennett Lebow admitted on trial that cigarettes and related tobacco products cause cancer (Levin & Stolberg, 1997). During the latter half of the twentieth century, tobacco companies faced many lawsuits and many governments imposed restrictions on their advertising and marketing. Initially, countries introducing such restrictions had to face strong opposition from the tobacco industry (Hoek, 2011). However, due to increasing restriction on tobacco marketing in the West, most of the Western tobacco companies in 1980s and 1990s started focusing outside US and Europe and subsequently gained significant markets in developing and less developed countries of Asia (Randall, 1999). Towards the end of the twentieth century many tobacco companies also started to diversify into other businesses; for example, Phillip Morris bought the Miller Brewing Company, and RJ Reynolds Tobacco Company became RJ Reynolds Industries and invested in other unrelated industries such as transportation, energy and consumer products (Alonso, 1988).

At present, the tobacco industry continues to be a major industrial force around the world with substantial revenues earned due to increased demand, specifically from low- and middle-income countries. Philip Morris International, British American Tobacco, Japan Tobacco International, and Imperial Tobacco are the four largest multi-national tobacco companies in the world and the China National Tobacco Corporation is the largest state monopoly having largest share of the global tobacco market (Ekpu & Brown, 2015). Cussen and McCool (2011, p. 70) have remarked that "low and lower-middle income countries are acutely vulnerable to exploitation by tobacco industry". According to a monograph jointly produced by the U.S. National Cancer Institute and WHO (2016, p. 258):

Tobacco companies engage in a wide variety of marketing activities, ranging from traditional advertising, promotion, and sponsorship to emerging marketing techniques in the digital arena. These marketing activities have the potential to affect key populations, such as young people and women, particularly in low- and middle-income countries, who may be particularly susceptible to these efforts.

Tobacco industry's continued influence and growing market power, particularly in highly populated and lesser developed countries, has called for greater global cooperation and more comprehensive measures in tobacco control. The first global health treaty on tobacco control, negotiated under the auspices of the WHO is known as the WHO Framework Convention on Tobacco Control (WHO FCTC) (Reddy et al., 2010). The WHO FCTC requires its members "to implement comprehensive measures, covering both the demand for and supply of tobacco products, as well as counteracting the tobacco industry and promoting international cooperation for global action" (WHO, 2009, p. 2). The WHO FCTC commits its member countries to follow several guidelines for tobacco control, which includes banning or restricting tobacco advertising, promotion and sponsorship, among other measures (WHO, 2009). India, in spite of being an early adopter to WHO FCTC guidelines, continues to fight a tough battle in tobacco control against a formidable tobacco industry and its marketing practices.

The Evolution, Marketing and Control of Tobacco in India

Introduction and Growth

Tobacco was first brought to India by Portuguese sailors through the coast of Goa around the 16th century (Reddy & Gupta, 2004; Shimkhada & Peabody, 2003) and was initially grown in Kaira and Mehsana districts of Gujarat (Chikkala, 2014). By 1610, tobacco became a mass phenomenon and was extensively used across all socio-economic and gender groups (Bhonsle et al., 1992; Soni 2012). The Indian subcontinent was also found to be suitable for a variety of tobacco cultivation, and soon tobacco was not only produced for domestic supply but also exported to European countries. In 1901, the British and American Tobacco Company expanded

its trade in India and set up three companies which together, in 1906, became the first Indian cigarette company called the Imperial Tobacco Company (Reddy & Gupta, 2004). By 1930, several other cigarette manufacturing companies came into existence such as the Vazir Sultan Tobacco Company Limited in 1930 in Hyderabad, The Golden Tobacco Limited Company in 1930 in Bombay, and Godfrey Cigarette Manufacturing Company in 1936 in Delhi (Chikkala, 2014).

In 1945, the Indian Central Tobacco Committee (ICTC) was set up to look after tobacco cultivation in India which established the Central Tobacco Research Institute in 1947 for undertaking research on cigarettes and tobacco (Reddy & Gupta, 2004). In 1956, the Tobacco Export Promotion Council (TEPC) came into existence to manage and promote tobacco exports, and in 1966 the Directorate of Tobacco Development was set up to collect information on production, trade, exports, marketing and consumption of tobacco in India (Reddy & Gupta, 2004). To regulate the production, promote overseas marketing and control recurring instances of imbalances in supply and demand of tobacco, the Government of India established the Tobacco Board under the Tobacco Board Act of 1975 which replaced the TEPC. The board came into existence on 1st January 1976 with headquarters located in Guntur, Andhra Pradesh (Chikkala, 2014). The mission of the Tobacco Board is 'to strive for the overall development of tobacco growers and the Indian Tobacco Industry' (Tobacco Board, 2014). India is the 2nd largest producer of tobacco in the world with an estimated annual tobacco production of 800 million kilograms and is also the 3rd largest producer of Flue-Cured Virginia (FCV) tobacco which is a variety of tobacco used in cigarettes. This is in spite of the fact that only around 0.24 % of India's total cultivated land is used for tobacco cultivation (The Tobacco Institute of India, n.d.). In India, tobacco and tobacco products earn approximately 2.76 billion USD and pay 0.69 billion USD every year to the national exchequer by way of excise duties and foreign exchange (Tobacco Board, 2014).

Marketing and Control

The Indian tobacco industry is dominated by a few organized tobacco companies. With a 84.27 % market share, ITC Ltd is the market leader in cigarettes based on its sales. The rest of the market share is distributed among smaller companies like Kothari Products Ltd, Godfrey Phillips India Ltd, and VST Industries Ltd (Business Wire, 2019). Over the years, the presence of multinational tobacco companies through their advertising, promotions, sponsorship, direct investment, and lobbying of governments has increased in developing countries

Akhtar & Laldinliana

(Esson & Leeder, 2004) such as India. It has been observed that such multinational companies often use sophisticated advertising and promotional techniques when they enter a new market which causes domestic tobacco companies to increase their marketing activities as a counter measure (AII, 2012). Although use of advertising is now restricted, before the ban on advertising, the tobacco industry used to contribute around 41.6 million to 55.2 million USD to the Indian advertising industry every year (Reddy & Gupta, 2004).

Currently, in India, the advertisement, sponsorship and promotion of tobacco products is prohibited under the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act (COTPA), 2003 (Mishra et al., 2012). According to Chikkala (2014), there have been several significant structural changes over the years in marketing of tobacco in India due to the active involvement of the government and other agencies. Except for limited Point-of-Sale advertising (Reddy & Gupta, 2004), a blanket ban on all forms of tobacco advertising has been imposed by COTPA, 2003. However, despite such strict measures, tobacco companies in India continue to promote their brands and products through indirect means, and sometimes by exploiting loopholes in the system. Such practices by the tobacco industry create barriers to tobacco control as pro-tobacco marketing is always counteractive to antitobacco campaigns. In 2016, India hosted the 7th session of the Conference of the Parties (COP7) to WHO FCTC. The COP7 to WHO FCTC expressed concern that "the tobacco industry and its affiliates are continuing to promote tobacco products and intensify interference with international forums and national public health polices" (WHO, 2016, p. 124). For instance, Philip Morris lobbied against the passing of stricter tobacco control regulations by government of India (Kalra et al., 2017). According to Karmakar (2008, p. 26), the tobacco industry is guided by their profit motive and will "continue to design and market their products to expand its commercial horizon".

The various restrictions on marketing and sales of tobacco products faced by tobacco companies and sellers in India have caused changes in strategies and tactics for tobacco promotion. After COTPA, tobacco companies have found other alternatives to direct advertising, where they often exploit loopholes in the system resorting to indirect ways for promoting tobacco products in India. It has been found that the tobacco companies in India heavily use promotional tactics such as direct marketing at social events, advertising at kiosks, brand stretching and indirect sponsorships. According to Chaudhry et al. (2007), the provision for point-of-sale

has distorted the comprehensive tobacco control act of India. According to one estimate, Philip Morris spent \$1.6 million on events and sampling at kiosks in India in 2014 (Kalra et al., 2017).

It has also been observed that tobacco companies extensively advertise nontobacco products by same brand names of their existing tobacco products (Jhanjee, 2011; Reddy & Gupta, 2004) with the aim of indirectly promoting them. Brand stretching strategies such as Wills Life Style Apparel from ITC (Jhanjee, 2011) are used to reinforce brand recognition of tobacco brands among tobacco consumers in India. Indirect promotion of tobacco in India is also done through sponsorship of big events by companies that have a substantial presence in the tobacco industry. There are instances of movie award and bravery award functions being sponsored by such companies, which use the platform to indirectly promote their tobacco brands (Jandoo & Mehrotra, 2008; Jhanjee, 2011).

Some smokeless tobacco products are also promoted by printing pictures of their packages and brand names on kites to specifically target children (Arora, Guptha et al., 2012). In addition to direct ways of promotion such as point-of-sales displays and advertising at kiosks (Kalra et al., 2017), tobacco and particularly smoking is also indirectly promoted through characters depicted in movies and television programs (Chadda & Sengupta, 2002; Mishra et al., 2005). Tobacco companies in India also invest on sales promotions such as offering free packets to shopkeepers on bulk purchases (Mohan & Lando, 2016). Although end tobacco customers are not the direct target for such retailer level sales promotions, such strategies push tobacco to more potential users.

It is clear that due to the blanket ban on tobacco advertising in India, companies now often resort to surrogate advertising to promote their products (Business Wire, 2019). In 2016, Pierce Brosnan, the famous British actor of the Bond film series appeared in an Indian *pan masala* brand advertisement. This is a classic example of surrogate advertising; because, although *pan masala* is manufactured as a nontobacco product, it is designed for consumption with tobacco. The fact that the actor has later stated in a written clarification to Delhi State Tobacco Control Cell that he was cheated by the company which did not disclose the true nature of the product during signing of the contract (Financial Express, 2018) further points towards the manipulative strategies adopted by such companies.

Akhtar & Laldinliana

It should be pointed out that surrogate advertisements, brand stretching and brand extension of tobacco products by the tobacco industry also amounts to violation of Section 5 of COTPA and is also against Article 13 of the WHO FCTC (Kaur & Jain, 2011). There are also various other instances of tobacco companies going to the extent of directly violating norms to market their products in India. For instance, in 2017, there were allegations against Philip Morris International for its involvement in putting Marlboro cigarettes ads at tobacco shops and free distribution of cigarettes at nightclubs and bars to promote the brand (Kalra, 2017; Kalra et al., 2017). The company refers to such bars and nightclubs as LAMPs which is an abbreviation for Legal Age Meeting Points (Kalra et al., 2017). There is also often violation of the provision of allowing point-of-sale advertisement, such as reduction of the specified area for display of health warnings (Jhanjee, 2011), by tobacco companies and retailers.

Such aggressive marketing strategies of the tobacco industry are among the most important factors leading to the initiation of tobacco use among children and teenagers (Chadda & Sengupta, 2002). According to Lal, Goel & Sharma. (2015, p. 52), "substantial and stable revenue streams accrue to the industry over the lifetime of tobacco users who begin use as minors". In countries like the U.S., tobacco companies have long recognized the importance of social smoking, and use marketing strategies that target young adults in bars, clubs, and college campuses (Rigotti et al., 2000). According to Pierce and Giplin (1995), targeted advertising by tobacco companies can lead to increase in the rate of tobacco consumption by specific groups. Such strategies are now being explored by tobacco companies in countries like India. After changes in tobacco control laws in India, tobacco companies have been found to be distributing free cigarettes to adolescents (Sinha et al., 2008). The innovative product and marketing strategies by tobacco companies has resulted in the increase of tobacco experimentation and consumption among youths (Planning Commission, 2002). For example, exposures through movies and tobacco-branded merchandise make adolescents more receptive to tobacco advertising and are more likely to try tobacco (Arora, Mathur et al., 2012; Mohan & Lando, 2016; WHO, 2003b).

The pricing of tobacco products by tobacco companies is largely affected by government's taxation policies. Although it is expected that higher taxes on tobacco would result in its increased market price and reduced overall consumption, such desired outcome is not always achievable due to complexities in the taxation system and challenges in tax implementation. In India, the taxes on tobacco products are among the highest in the world. It may be pointed that high taxes on cigarettes in India does makes them unaffordable for many consumers. Nevertheless, tobacco companies rely on the fact that the higher income growth compensates for such increasing price of cigarettes, which, in turn, leads to greater consumption (Business Wire, 2019). John et al. (2010) have also suggested that increase in consumer income may lead to more than proportionate increase in cigarette consumption. However, according to Gupta (2006), the taxes for tobacco products in India are low and not collected effectively for all tobacco products except for cigarettes making them easily affordable for even school children. He further noted that the proportion of taxes in relation to the actual retail price of a cigarette pack is lower in India is rather discriminatory, covers only the organized sector, and not applied uniformly. John et al. (2010, p. 14) had remarked, "Taxation of tobacco products in India is complicated by a myriad of tax structures, loopholes, exemptions, different collection systems and other challenges of tax administration".

An emerging challenge to tobacco control now comes from the marketing of ecigarettes and other forms of nicotine delivery. According to Grana et al. (2014, p. 1972), "Electronic cigarettes (e-cigarettes) are products that deliver a nicotinecontaining aerosol (commonly called vapor) to users by heating a solution typically made up of propylene glycol or glycerol (glycerin), nicotine, and flavouring agents". Most companies selling Electronic Nicotine Delivery Systems (ENDS) generally promote them as a 'less risky' alternative to conventional smoking which can also be consumed in public places where smoking is banned (Yadav, 2019). However, according to Nguyen and Aamodt (2019), any claims of e-cigarettes as substitute or support for quitting conventional smoking is unsupported by any scientific evidence to date. In fact, there is a great likelihood that users of ENDS may eventually become dual users of both conventional smoking and e-cigarettes (Agaku et al., 2013; Pearson et al., 2012; Yadav, 2019) and, therefore, use of alternative tobacco products may also serve as a gateway towards conventional cigarette smoking (Dutra & Glantz, 2014; Klesges et al., 2010; Leventhal et al., 2015).

In India, e-cigarettes were introduced about a decade ago and it rapidly gained popularity especially among the youth (Yadav, 2019). The Indian Council of Medical Research (ICMR), argued for a "complete prohibition on ENDS and ecigarettes in India in the greater interest of protecting public health, in accordance with the precautionary principle preventing public harm from a noxious agent" (Yadav, 2019, para. 1). Accordingly, on 18th September 2019, the Government of India announced its decision to ban e-cigarettes in the country by introducing the Prohibition of Electronic Cigarettes (production, manufacture, import, export, transport, sale, distribution, storage and advertisement) Ordinance, 2019 (Rawat, 2019). However, according to Gregory Connolly¹, the real public health concern for the future may not be e-cigarettes but next generation products, such as the Marlboro IQOS, or the R.J. Reynolds VUSE FOB which combine drug delivery with iPhone-like capacity, internet connectivity and digital marketing tools, allowing customized delivery of nicotine to its users (Zatoński & Stokłosa, 2017). Therefore, it is reasonable to assume at this point that the tobacco industry is capable of introducing newer and advanced forms of tobacco in future and controlling such products might require further and stronger legislative measures.

The critical evaluation presented above of marketing practices used by the tobacco industry in India suggests that pro-tobacco marketing is a major hurdle towards the implementation of tobacco control policies in India. In spite of adopting early tobacco control policies, India has one of the highest tobacco-related morbidity and mortality in the world (Mohan & Lando, 2016) and continued increase in tobacco consumption (Mohan et al., 2018). As shown above, this trend is supported strongly by the tobacco companies in India who have been using aggressive and sometimes manipulative marketing strategies to counter the restrictive marketing environment being maintained under COTPA, 2003. The growth of ENDS products shows how the tobacco industry is evolving and how it is capable of finding and/or creating new demand, circumventing existing legislature, and thereby bringing newer challenges towards tobacco control.

Implications and Concluding Remarks

Though there may be various reasons that propel people towards consuming tobacco, the most obvious reason is marketing techniques used by the tobacco industry (Hastings & Saren, 2003,). According to Hoek (2011, p. 245), "from their members' development and use of profoundly evocative and aspirational imagery to their ability to harness and exploit emerging media, the tobacco industry demonstrates the power of marketing to sell toxic products in the pursuit of profit". The continued influence exerted by India's tobacco industry through its various

¹ A Professor at the Bouvé College of Health Sciences at Northeastern University, Boston,

Massachusetts. His research focuses on tobacco product design, reduced risk tobacco products, global tobacco issues, efficacy of tobacco control interventions and the structure and marketing practices of the tobacco industry

marketing efforts is a major hurdle towards implementation of effective tobacco control. The creative marketing practices of tobacco companies in India may not appear overtly visible but remains a very potent force that has caused India's ambitious tobacco control program to meet with limited success. Over the years, the tobacco companies have learned to overcome legal barriers and have successfully demonstrated that it is possible to maintain and expand markets using time-tested marketing principles.

It is evident from the earlier discussion that tobacco marketers have been creatively using the basic 4Ps of the marketing mix to further their business goals and make tobacco control measures ineffective. Firstly, the product strategies used by tobacco marketers include brand stretching, brand extension to non-tobacco products and introduction of complementary products to be used with tobacco. The use of same brand name in non-tobacco products effectively counters the prohibition of promoting tobacco products under COTPA, 2003. In consumer behaviour, discussions on 'associative networks' in memory (Hoyer et al., 2013) highlights that in people's memory, related information is linked, and that, by 'activating' one piece of information people can be reminded of related other information through 'spreading of activation' of different associations in the network. It is because of this psychological principle behind 'brand extensions' that tobacco companies are able to circumvent the ban on advertising tobacco by using the same brand name for other products. In terms of complementary products, by packaging pan masala and the accompanied zarda (which are intended to be mixed and consumed together as one product) in separate sachets, tobacco marketers have another method to circumvent the advertising bans and promote their brand through various media like television, billboard advertising and social media. Moreover, by using this strategy, tobacco marketers are able to escape the mandatory requirement of pictorial health warning which must cover 85 percent of the front and back panel of retail tobacco packaging. The introduction of newer products like ENDS suggest that the tobacco industry is capable of evolving and venturing into areas that may not be adequately covered by the existing legal framework.

Secondly, the tobacco control through taxation in India has not been effective to the desired extent due to various complexities and this has been exploited by tobacco marketers in pricing strategies for their tobacco products. As a result, many tobacco products except branded cigarettes remain affordable for the lower income groups in society.

Akhtar & Laldinliana

Thirdly, the tobacco marketers also use extensive distribution strategies such as making cigarettes available at targeted locations such as night clubs, bars, direct marketing at social events, and kiosks. In this context it may be also pointed that ITC - the leading Indian cigarette company (Statista, 2021), which also has a diversified presence in many businesses, is known for its strong distribution network across the country. Strand et al. (2004, p.10) opined that availability through distribution offers a strong competitive advantage for "bad" products against social marketing promoting "good" behaviour.

Lastly, tobacco marketers employ a variety of promotional tactics which range from point-of-sales displays such as advertising in kiosks and direct promotion to retailers to indirect promotions through movies and surrogate advertising. They also use distribution of free samples to attract new customers. Sponsoring events to reinforce brand recognition among vulnerable target groups is yet another strategy employed by the industry.

Hoek (2011) stated that the most successful way in which tobacco use has been reduced is through regulation and suggested that social marketing attempting to promote positive behavioural change could be supported by such policy measures. However, India's long (losing) battle in tobacco control through regulatory measures, despite its early entry into tobacco control initiatives, demonstrates the difficulties associated with bringing effective regulation in the face of creative and continuously evolving marketing strategies of an ever-dominant tobacco industry. With immense corporate and financial resources, big players in the tobacco industry find ways of using manipulative marketing techniques that can escape the scrutiny of existing laws, making them virtually ineffective. In the face of massive marketing capabilities of these mammoth corporates, legislature always tends to lag behind and gets caught up in an eternal game of catch-up.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

Reference

Agaku, I. T., Ayo-Yusuf, O. A., Vardavas, C. I., Alpert, H. R., & Connolly, G. N. (2013). Use of conventional and novel smokeless tobacco products among US adolescents. *Pediatrics*, 132, e578–e586. https://doi.org/10.1542/peds.2013-0843

- Agaku, I. T. & Ayo-Yusuf, O. A. (2014). The effect of exposure to pro-tobacco advertising on experimentation with emerging tobacco products among U.S. adolescents. *Health Education & Behavior*, 41(3), 275–280. https://doi.org/10.1177/1090198113511817
- Alonso, H. (1988). Diversification in the cigarette industry in the1980's. [Master's Theses] University of Richmond. https://scholarship.richmond.edu/masters-theses/1308
- Arora, M., Gupta, V. K., Nazar, P. G., Stigler, H. M., Perry, C. L., & Reddy, K. S. (2012). Impact of tobacco advertisements on tobacco use among urban adolescents in India: Results from a longitudinal study. *Tobacco Control*, 21(3), 318–324. http://dx.doi.org/10.1136/tc.2010.040733
- Arora, M., Mathur, N., Gupta, V. K., Nazar, P. G., Reddy, K. S., & James, S. D. (2012). Tobacco use in Bollywood movies: Tobacco promotions activities and their association with tobacco use among Indian adolescents. *Tobacco Control*, 21(5), 482–487. http://dx.doi.org/10.1136/tc.2011.043539
- Australia India Institute (2012). *Report of the Australia-India Institute Taskforce on tobacco control*. Australia India Institute, Australian Government Department of Industry, Innovation, Science, Research and Tertiary Education.
- Bhonsle, R. B., Murti, P. R., & Gupta, P. C. (1992). *Tobacco habits in India*. Oxford University Press.
- Borio, G. (2001). *The tobacco timeline*. http://grace4life.com/History_of_Tobaccoby_Gene_Borio.pdf
- Brown, A., & Moodie, C. (2009). The influence of tobacco marketing on adolescent smoking interventions via normative beliefs. *Health Education Research*, 24(4), 721–733. https://doi.org/10.1093/her/cyp007

Business Wire. (2019, March 20). The tobacco market in India (2018-2023): Leading players are ITC, Kothari Products, Godfrey Phillips India, VST Industries, Golden Tobacco Company, and NTC Industries -ResearchAndMarkets.com. https://www.businesswire.com/news/home/20190320005593/en/Tobacco-

```
Market-India-2018-2023-Leading-Players-ITC
```

- Carter, O. B. J., Mills, B. W., & Donovan, R. J. (2009). The effect of retail cigarette pack displays on unplanned purchases: Results from immediate postpurchase interviews. *Tobacco Control*, 18(3), 218–221. http://dx.doi.org/10.1136/tc.2008.027870
- Chadda, R. K., & Sengupta, S. N. (2002). Tobacco use by Indian adolescents. *Tobacco Induced Diseases*, 1(2), 111–119. https://doi.org/10.1186/1617-9625-1-2-111

- Chaudhry, S., Chaudhry, S., & Chaudhry, K. (2007). Point of sale tobacco advertisements in India. *Indian Journal of Cancer*, 44(4), 131–136. https://www.indianjcancer.com/article.asp?issn=0019-509X;year=2007;volume=44;issue=4;spage=131;epage=136;aulast=Chaudhry
- Chikkala, K. K. (2014). Tobacco marketing in South India and global impact on local labour relations. *South Asia Research*, *34*(1), 47–64. https://doi.org/10.1177/0262728013517029
- Cussen, A., & McCool, J. (2011). Tobacco promotion in the Pacific: The current state of tobacco promotion bans and options for accelerating progress. *Asia-Pacific Journal of Public Health*, 23(1), 70–78. https://doi.org/10.1177/1010539510390925
- Dube, S. R., Arrazola, R. A., Lee, J., Engstrom, M., & Malarcher, A. (2013). Protobacco influences and susceptibility to smoking cigarettes among middle and high school students—United States, 2011. *Journal of Adolescent Health*, 52(5), S45–S51. https://doi.org/10.1016/j.jadohealth.2012.07.007
- Dutra, L. M., & Glantz, S. A. (2014). Electronic cigarettes and conventional cigarette use among US adolescents: A cross-sectional study. *JAMA Pediatrics*, 168(7), 610–617.

https://jamanetwork.com/journals/jamapediatrics/fullarticle/1840772

- Efroymson, D., Ahmed, S., Townsend, J., Alam, S., Dey, A., Saha, R., Dhar, B., Sujon, A. I., Ahmed, K. U., & Rahman, O. (2001). Hungry for tobacco: An analysis of the economic impact of tobacco on the poor in Bangladesh. *Tobacco Control*, 10(3), 212–217. https://tobaccocontrol.bmj.com/content/10/3/212
- Efroymson, D., Pham, H. A., Jones, L., FitzGerald, S., Thu le, T., & Hien le, T. T. (2011). Tobacco and poverty: Evidence from Vietnam. *Tobacco Control*, *20*(4), 296–301. http://dx.doi.org/10.1136/tc.2010.039735
- Ekpu, V. U., & Brown, A. K. (2015). The economic impact of smoking and of reducing smoking prevalence: Review of evidence. *Tobacco Use Insights*, 8, 1– 35. https://doi.org/10.4137/TUI.S15628
- Esson, K. M., & Leeder, S. R. (2004). *The millennium development goals and tobacco control: An opportunity for global partnership*. World Health Organization.
- Evans, N., Farkas, A., Gilpin, E., Berry, C., & Pierce, J. P. (1995). Influence of tobacco marketing and exposure to smokers on adolescent susceptibility to smoking. *Journal of the National Cancer Institute*, 87(20), 1538–1545. https://doi.org/10.1093/jnci/87.20.1538
- Feighery, E. C., Henriksen, L., Wang, Y., Schleicher, N. C., & Fortmann, S. P. (2006). An evaluation of four measures of adolescents' exposure to cigarette marketing in stores. *Nicotine and Tobacco Research*, 8(6), 751–759. https://doi.org/10.1080/14622200601004125

- Financial Express (2018, March 25). Was cheated into doing Pan Bahar ad, Pierce Brosnan tells Indian authorities. https://www.financialexpress.com/entertainment/was-cheated-into-doing-panbahar-ad-pierce-brosnan-tells-indian-authorities/1099462/
- Freeman, B., & Chapman, S. (2010). British American tobacco on Facebook: Undermining article 13 of the global World Health Organization framework convention on tobacco control. *Tobacco Control*, 19(3), e1–e9. http://dx.doi.org/10.1136/tc.2009.032847
- Grana, R., Benowitz, N., & Glantz, S. A. (2014). E-Cigarettes: A scientific review. *Circulation*, 129(19), 1972–1986. https://doi.org/10.1161/CIRCULATIONAHA.114.007667
- Gupta, P. C. (2006). Tobacco control in India. *Indian Journal of Medical Research*, 123(5), 579–582.
- Hastings, G., & Saren, M. (2003). The critical contribution of social marketing: Theory and application. *Marketing Theory*, *3*(3), 305–322, https://doi.org/10.1177/147059310333005
- Hawkins, D. I., Best, R. J., Coney, K. A., & Mookerjee, A. (2007). *Consumer behavior: Building marketing strategy* (9th ed.). Tata McGraw-Hill.
- HealthHub. (2018). *Questions on smoking, tobacco use and health*. Ministry of Health, Singapore. https://www.healthhub.sg/live-healthy/597/questions_smoking
- Henriksen, L., Schleicher, N. C., Feighery, E. C., & Fortmann, S. P. (2010). A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics*, 126(2), 232–238. https://doi.org/10.1542/peds.2009-3021
- Hoek, J. (2011). Critical marketing: Applications. In G. Hastings, K. Angus, & C.Bryant (Eds.), *The SAGE handbook of social m arketing* (pp. 241–252). SAGEPublications
- Hoof, L. V. (2011). *Tobacco (Nicotianatabacum)*. http://bioweb.uwlax.edu/bio203/2011/vanhoof loga/classification.htm
- Hoyer, W. D., MacInnis, D. J., & Pieters, R. (2013). *Consumer behavior* (6th ed.). South Western, Cengage Learning
- India Code (2003). The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003. Retrieved July 04, 2019 from https://indiacode.nic.in/bitstream/123456789/2053/1/200334.pdf
- Jandoo, T., & Mehrotra, R. (2008). Tobacco control in India: Present scenario and challenges ahead. *Asian Pacific Journal of Cancer Prevention*, 9(4), 805–810. http://journal.waocp.org/article_24861.html

- Jatoi, I., Cummings, K. M., & Cazap, E. (2009). *Global tobacco problem getting worse, not better*. American Society of Clinical Oncology. http://jop.ascopubs.org/content/5/1/21.full
- Jenner, A. (2014, May 12). *America's first cash crop: Tobacco*. from https://modernfarmer.com/2014/05/americas-first-cash-crop-tobacco/
- Jhanjee, S. (2011). Tobacco control in India-Where are we now? *Delhi Psychiatry Journal*, *14*(1), 26–32.
- John, R. M., Rao, R. K., Rao, M. G., Moore, J., Deshpande, R. S., Sengupta, J., Selvaraj, S., Chaloupka, F. J., & Jha, P. (2010). *The economics of tobacco and tobacco taxation in India*. International Union Against Tuberculosis and Lung Disease (The Union).
- Kalra, A. (2017, July 22). Govt to quiz Philip Morris on marketing of Marlboro cigarettes in India. *Reuters*. https://www.livemint.com/Companies/zKOQ7bg5sDxFgFbiIhXwpL/Govt-to-quiz-Philip-Morris-on-marketing-of-Marlboro-in-India.html
- Kalra, A., Bansal, P., Lasseter, T., & Wilson, D. (2017). Cigarette companies woo young people in India while health officials are fuming. https://www.livemint.com/Companies/SuGHIYuzGX9ZvD0YZL9XrN/Cigarett e-companies-woo-young-people-in-India-while-health-o.html
- Karmakar, N. (2008). Tobacco economy: An overview. In A. Hussain & N.
 Karamakar (Eds.), *Tobacco consumption: Socio-economic implications* (pp. 14–27). The Icfai University Press.
- Kaufman, N. J., & Nichter, M. (2001). The marketing of tobacco to women: global perspectives. In J. M. Samet & S.-Y. Yoon (Eds), *Women and the tobacco epidemic: Challenges for the 21st century* (pp. 69–98). World Health Organization.
- Kaur, J., & Jain, D. C. (2011). Tobacco control policies in India: Implementation and challenges. *Indian Journal of Public Health*, 55(3), 220–227. https://www.ijph.in/text.asp?2011/55/3/220/89941
- Kim, A. E., Loomis, B. R., Busey, A. H., Farrelly, M. C., Willett, J. G., & Juster, H. R. (2013). Influence of retail cigarette advertising, price promotions, and retailer compliance on youth smoking-related attitudes and behaviours. *Journal of Public Health Management & Practice, 19*(6), E1–9. https://journals.lww.com/jphmp/Abstract/2013/11000/Influence_of_Retail_Ciga rette_Advertising, Price.18.aspx
- Kirchner, T. R., Cantrell, J., Anesetti-Rothermel, A., Ganz, O., Vallone, D. M., & Abrams, D. B. (2013). Geospatial exposure to point-of-sale tobacco: real-time craving and smoking-cessation outcomes. *American Journal of Preventive*

Medicine, 45(4), 379–385. https://www.ajpmonline.org/article/S0749-3797(13)00401-7/fulltext

- Klesges, R. C., Sherrill-Mittleman, D., Ebbert, J. O., Talcott, G. W., & Debon, M. (2010). Tobacco use harm reduction, elimination, and escalation in a large military cohort. *American Journal of Public Health*, 100(12), 2487–2492. https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.175091
- Lal, P., Goel, S., & Sharma, D. (2015). In harm's way: Tobacco industry revenues from sales to underage tobacco users in India. *Global Health Promotion*, 23(3), 45–53. https://doi.org/10.1177/1757975914567927
- Lal, P., Srinath, S., Goel, S., Singh, R. J., Sharma, D., Kumar, R., & Bera, O. (2015). Unravelling India's tobacco epidemic: Priorities and recommendations for the second round of Global Adult Tobacco Survey (GATS). *Global Health Promotion*, 22(2), 7–19. https://doi.org/10.1177/1757975914536914
- Lal, P. G., Wilson, N. C., & Gupta, P. C. (2012). Attributable deaths from smoking in the last 100 years in India. *Current Science*, 103(9), 1085–1090. https://www.jstor.org/stable/24089078
- Leventhal, A. M., Strong, D. R., Kirkpatrick, M. G., Unger, J. B., Sussman, S., Riggs, N. R., Stone, M. D., Khoddam, R., Samet, J. M., Audrain-McGovern, J. (2015). Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence. *Journal of the American Medical Association*, 314(7), 700–707.

```
https://jamanetwork.com/journals/jama/fullarticle/2428954
```

- Levin, M., & Stolberg, S. (1997, March 21). Tobacco company admits smoking leads to cancer. *Los Angeles Times*. https://www.latimes.com/archives/la-xpm-1997-03-21-mn-40672-story.html
- MacFadyen, L., Hastings, G., & MacKintosh, A. M. (2001). Cross sectional study of young people's awareness of and involvement with tobacco marketing. *British Medical Journal*, 322(7285), 513–517. https://doi.org/10.1136/bmj.322.7285.513
- McKay, A. J., Patel, R. K. K., & Majeed, A. (2015). Strategies for tobacco control in India: A systematic review. *PLoS ONE*, 10(4), e0122610. https://doi.org/10.1371/journal.pone.0122610
- Ministry of Health & Family Welfare (2017). *GATS India report 2016-2017*. Government of India.
- Mishra, A., Arora, M., Stigler, M. H., Komro, K. A., Lytle, L. A., Reddy, K. S., & Perry, C. L. (2005). Indian youth speak about tobacco: Results of focus group discussions with school students. *Health Education & Behavior*, 32(3), 363– 379. https://doi.org/10.1177/1090198104272332

Mishra, G. A., Pimple, A. S., & Shastri, S. S. (2012). An overview of the tobacco problem in India. *Indian Journal of Medical and Paediatric Oncology*, 33(3), 139–145. https://www.thieme-

connect.com/products/ejournals/abstract/10.4103/0971-5851.103139

- Mohan, P., & Lando, H. A. (2016). Oral tobacco and mortality in India. *Indian Journal of Clinical Medicine*, 7, 5–12. https://doi.org/10.4137/IJCM.S25889
- Mohan, P., Lando, H. A., & Paneer, S. (2018). Assessment of tobacco consumption and control in India. *Indian Journal of Clinical Medicine*, 9, 1–8. https://doi.org/10.1177/1179916118759289
- New Delhi Television Ltd (2018, May 31). World no tobacco day: India is second largest consumer of tobacco products, shows survey. https://www.ndtv.com/india-news/world-no-tobacco-day-india-is-secondlargest-consumer-of-tobacco-products-shows-survey-1860479
- Nguyen, D. & Aamodt, G. (2019). The history of e-cigarettes. https://www.dentalcare.com/en-us/professional-education/ce-courses/ce451/thehistory-of-e-cigarettes
- Pain, A. K. (2008). Tobacco in medicine: A historical perspective. In A. Hussain, & N. Karamakar (Eds.), *Tobacco consumption: Socio-economic implications* (pp. 28–33). Hyderabad, India: The ICFAI University Press.
- Pearson, J. L., Richardson, A., Niaura, R. S., Vallone, D. M., &Abrams, D. B. (2012). E-cigarette awareness, use, and harm perceptions in US adults. *American Journal of Public Health*, 102(9), 1758–1766. https://ajph.aphapublications.org/doi/10.2105/AJPH.2011.300526
- Pierce, J. P., & Gilpin, E. (1995). A historical analysis of tobacco marketing and the uptake of smoking by youth in the United States: 1890-1977. *Health Psychology*, 14(6), 500–508. https://doi.org/10.1037/0278-6133.14.6.500
- Planning Commission. (2002), *Report of the committee on India vision 2020*. Government of India,

http://planningcommission.nic.in/reports/genrep/pl_vsn2020.pdf

Psychology Today (2019). *Nicotine*. from https://www.psychologytoday.com/au/conditions/nicotine

Randall, V. R. (1999). *History of tobacco*. Boston University Medical Center, Community Outreach Health Information System. https://academic.udayton.edu/health/syllabi/tobacco/history.htm

- Rawat, M. (2019, September 19). Explained: What are e-cigarettes? Why did the govt ban them? *India Today*. https://www.indiatoday.in/india/story/what-are-e-cigarettes-why-have-they-been-banned-1600452-2019-09-18
- Reddy, K.S., & Gupta, P. C. (2004). *Report on tobacco control in India*. Ministry of Health and Family Welfare, Government of India.

- Reddy, K. S., Arora, M., Shrivastav, R., Yadav, A., Singh, D., & Bassi, A. (2010). Implementation of the framework convention on tobacco control (FCTC) in India: A shadow report-2010. HRIDAY (Health Related Information Dissemination Amongst Youth). New Delhi, India. https://www.fctc.org/wpcontent/uploads/2018/05/FCTC-implementation-India-2010.pdf
- Rigotti, N. A., Lee, J. E., & Wechsler, H. (2000). US college students' use of tobacco products: Results of a national survey. *JAMA*, 284(6), 699–705. https://jamanetwork.com/journals/jama/fullarticle/192969
- Sadik, T. (2014). Literature review: Traditional use of tobacco among indigenous peoples of North America. https://cottfn.com/wp-content/uploads/2015/11/TUT-Literature-Review.pdf
- Shimkhada, R., & Peabody, J. W. (2003). Tobacco control in India. Bulletin of the World Health Organization, 81(1), 48–52. https://apps.who.int/iris/handle/10665/268793
- Singh, D. (2017). *Tobacco control policies in India*. Academike, Articles on legal issues. https://www.lawctopus.com/academike/tobacco-control-policies-india/
- Sinha, D. N., Gupta, P. C., Reddy, K. S., Prasad, V. M., Rahman, K., Warren, C. W., Jones, N. R., & Asma, S. (2008). Linking global youth tobacco survey 2003 and 2006 data to tobacco control policy in India. *Journal of School Health*, 78(7), 368–373. https://doi.org/10.1111/j.1746-1561.2008.00316.x
- Slater, S. J., Chaloupka, F. J., Wakefield, M., Johnston, L. D. & O'Malley, P. M. (2007). The impact of retail cigarette marketing practices on youth smoking uptake. *Archives of Pediatrics and Adolescent Medicine*, 161(5), 440–445. https://jamanetwork.com/journals/jamapediatrics/fullarticle/570320
- Soni, P. (2012). Tobacco consumption patterns of school students in NCT of Delhi (Unpublished Doctoral Dissertation). Department of Social Work, University of Delhi.
- Statista (2021). Leading cigarette and tobacco companies in India as of June 2021, based on market capitalization. from https://www.statista.com/statistics/944956/india-leading-cigarette-companiesbased-on-market-capitalization/
- Strand, J., Rothschild, M. L., & Nevin, J. R. (2004). "Place" and channels of distribution. *Social Marketing Quarterly*, 10(3-4). 8–13. https://doi.org/10.1080/15245000490892434
- The Tobacco Institute of India (n.d.). *Tobacco production*. https://www.tiionline.org/facts-sheets/tobacco-production/
- Tobacco Board. (2014). *Tobacco Board activities*. Ministry of Commerce & Industry, Government of India. https://tobaccoboard.com/indexeng.php

Tobacco-Free Life. (2016). *History of tobacco*. from https://tobaccofreelife.org/tobacco/tobacco-history/

- Wakefield, M., Germain, D., Durkin, S., & Henriksen, L. (2006). An experimental study of effects on schoolchildren of exposure to point-of-sale cigarette advertising and pack displays. *Health Education Research*, 21(3), 338–347. https://doi.org/10.1093/her/cy1005
- WHO (World Health Organization). (2008). WHO Report on the global tobacco epidemic, 2008. The MPOWER package. Retrieved March 28, 2019 from www.who.int/tobacco/mpower/en/
- World Health Organization (2009). *Tobacco*. https://www.who.int/nmh/publications/fact_sheet_tobacco_en.pdf
- Widome, R., Brock, B., Noble, P., & Forster, J. L. (2012). The relationship of pointof-sale tobacco advertising and neighborhood characteristics to underage sales of tobacco. *Evaluation & the Health Professions*, 35(3), 331–345. https://doi.org/10.1177/0163278712447624
- World Health Organization. (2003a). WHO framework convention on tobacco control, 4.

https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf?sequen ce=1

World Health Organization (2003b). *Bollywood: Victim or ally? A study on the portrayal of tobacco in Indian cinema*. Strategic Mediaworks for the Tobacco Free Initiative, Geneva: World Health Organization.

World Health Organization (2009). *Tobacco*. https://www.who.int/nmh/publications/fact_sheet_tobacco_en.pdf

World Health Organization (2016). *Report of the seventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.* Delhi, India, 7–12 November 2016.

https://www.who.int/fctc/cop/cop7/FINAL_COP7_REPORT_EN.pdf?ua=1

- World Health Organization (2020). *Tobacco key facts*. https://www.who.int/news-room/fact-sheets/detail/tobacco
- Yadav, A. (2019, July 23). Smoking e-cigarettes is more injurious to health. *The Hindu*. https://www.thehindu.com/opinion/op-ed/smoking-e-cigarettes-is-moreinjurious-to-health/article28658584.ece
- Zatoński, M., & Stokłosa, M. (2017). Report from the seminar on the past, present, and future of tobacco control Harvard University, Department of the History of Science, Cambridge, Massachusetts, October 2016. *Journal of Health Inequalities*, 3(1), 16–23. https://doi.org/10.5114/jhi.2017.69160