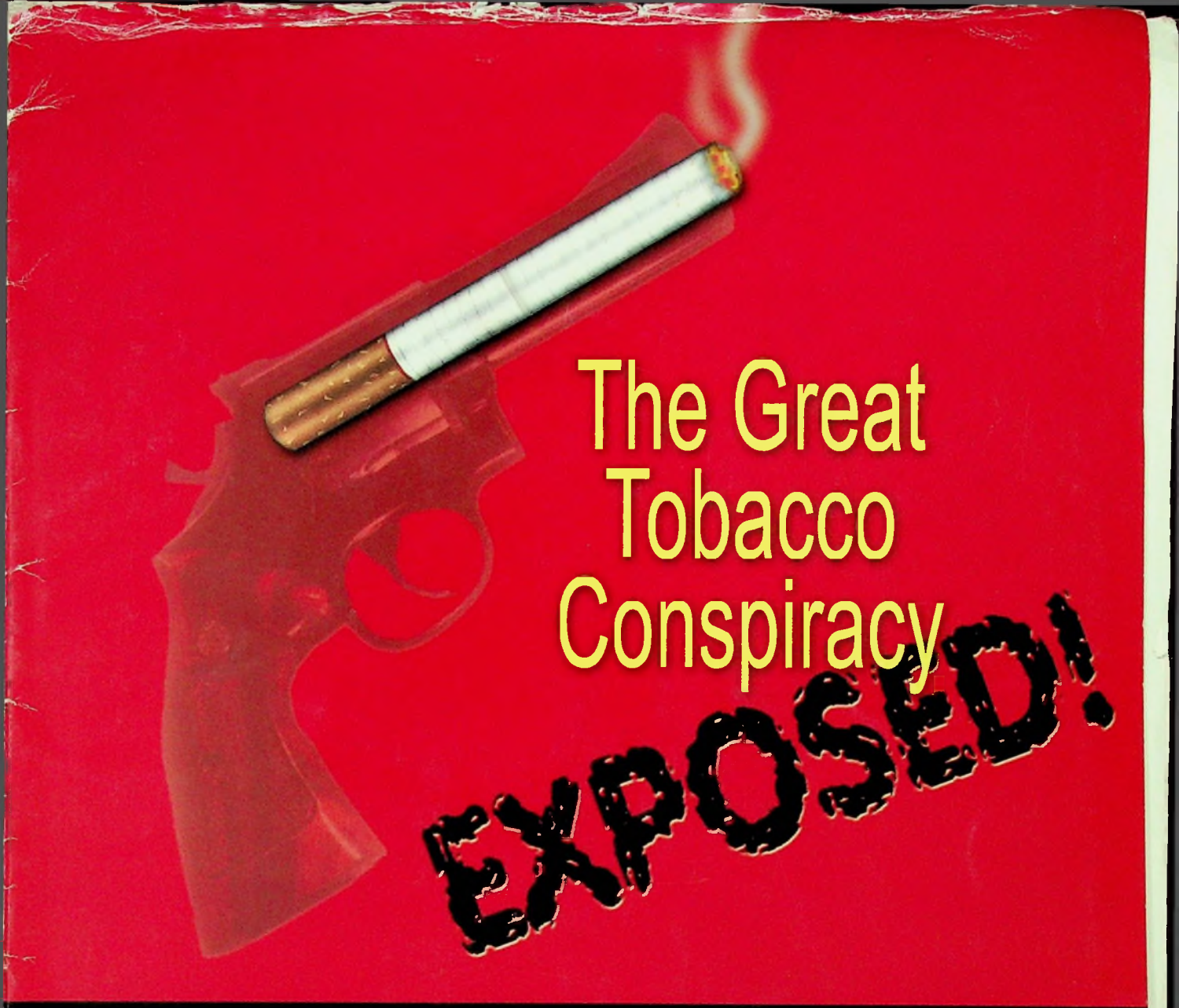


The Great Tobacco Conspiracy

EXPOSED!

Tobacco Kills

Don't be duped

World Health Organization
South-East Asia Region

FREEDOM FROM TOBACCO

Message from Dr Uton Muchtar Rafei, Regional Director, WHO South-East Asia Region

Tobacco is the only consumer product that kills when used as intended by the manufacturer. During the last four decades, more than 70,000 scientific papers have confirmed this. Currently, tobacco kills 4 million people a year globally. By 2020, tobacco is predicted to become the leading cause of death and disability, killing 10 million people every year, 70% of them in developing countries. Tobacco-related mortality and disease burden in the WHO South-East Asia Region are already unacceptably high. Unless systematic and sustained action is taken now, the negative impact of tobacco use on health and socioeconomic situation is bound to increase during the coming decades.

Tobbacco Kills

Don't be duped

The good news is that reliable and effective measures to reduce tobacco use are available. The bad news is that these measures are only partially adopted and implemented in the developing world, including countries of the WHO South-East Asia Region. This is due to the lack of political will, largely because of underestimation of the magnitude of the problem, and misconceptions about the economic effects of tobacco control measures. The tobacco industry seems to have influenced many governments to believe that effective control measures will reduce government revenue from tobacco, increase smuggling of tobacco products and reduce the number of jobs in the country. But the truth is different. High taxes, in fact, generate more revenue, reduce the harm caused by tobacco use and create more jobs. Research by the World Bank has clearly shown that reducing tobacco use through effective tobacco control measures brings net economic benefits to countries.

Tobacco is a socioeconomic and developmental issue and, as such, should not be left to health professionals alone. Tobacco control encompasses many areas, including law, economics, environment, as well as the media. A large-scale collaborative effort is urgently needed to address the problem. Multi-sectoral collaboration and integrated strategies are imperative. Sectors, including the government, NGOs, and the private sector, should realize that tobacco control ultimately benefits all by substantially reducing the social, economic and environmental costs of tobacco use.

Many professionals, including economists, lawyers, social scientists and media persons have key roles to play in tobacco control. Media professionals should

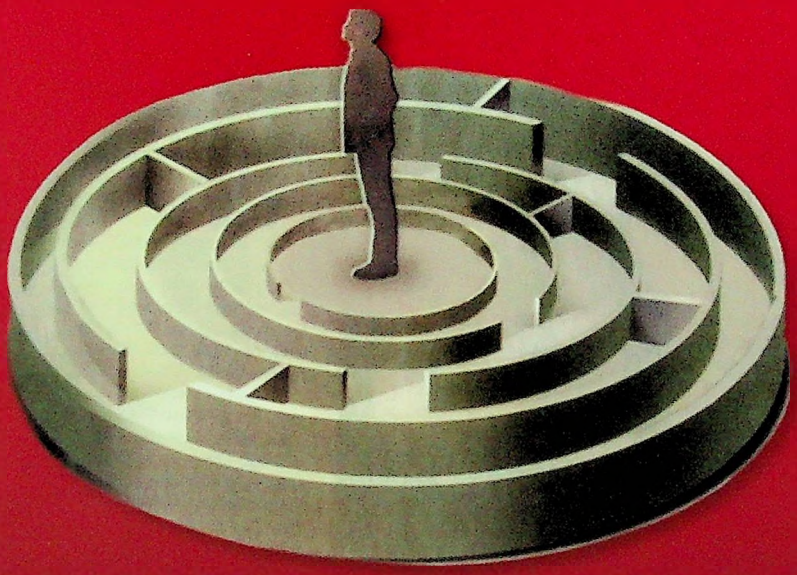
realize how the tobacco industry used the media to create misconceptions about tobacco use and tobacco control measures. The media must expose the strategies used by the tobacco industry to delay effective action to reduce tobacco consumption and, at the same time, highlight the magnitude of tobacco-related harm. Economists should present the positive effects of tobacco control measures on government revenue, employment, productivity and the cost of health care and highlight the economic benefits to individuals, families, communities and the countries. Legal experts should actively lobby for effective legislation and implementation of existing laws that protect women and children from tobacco, and seek avenues for obtaining compensation for victims of tobacco. Together, we should be able to save the millions of children who are today the main target of the tobacco industry.

This information package provides material to highlight the varied dimensions of the problem, its magnitude, the strategies that can be adopted to address them and some of the obstacles to effective tobacco control. Most of all, it provides information for advocacy and action by countries to help stem the epidemic caused by tobacco consumption before it is too late.

Designed by Rezel, India

DON'T FEEL TRAPPED!

Millions have quit tobacco. So can you.



Here's how:

- Make up your mind to quit
- Seek help if you need it
- Set a date for stopping
- Throw away all reminders of tobacco
- Avoid situations that tempt you to use tobacco
- Follow through with determination

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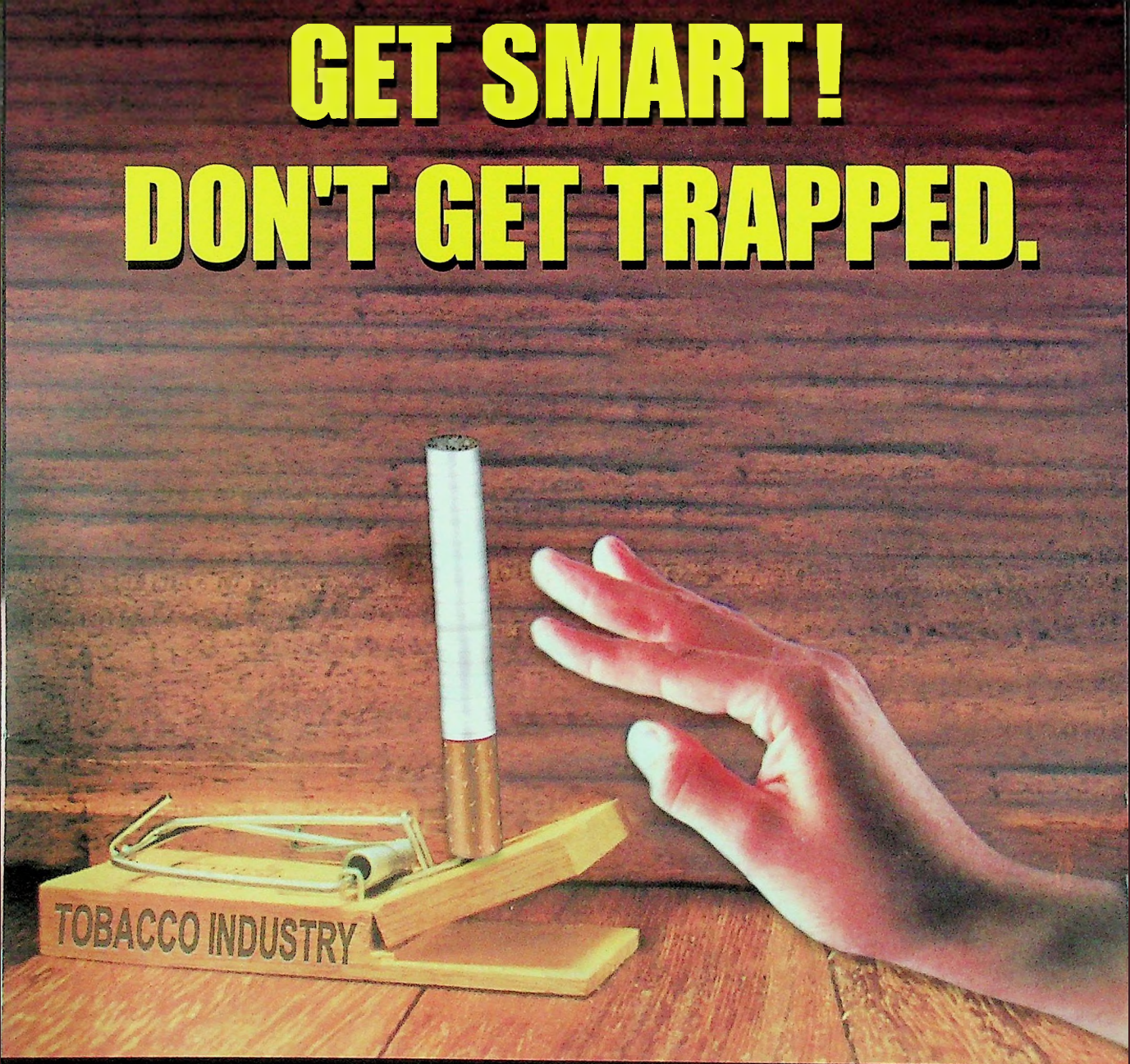
Tobacco kills - Don't be duped

GET SMART!
DON'T GET TRAPPED.



World Health Organization
South-East Asia Region

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Tobacco kills - Don't be duped

BEWARE !

Tobacco can make you impotent

World Health Organization
South-East Asia Region

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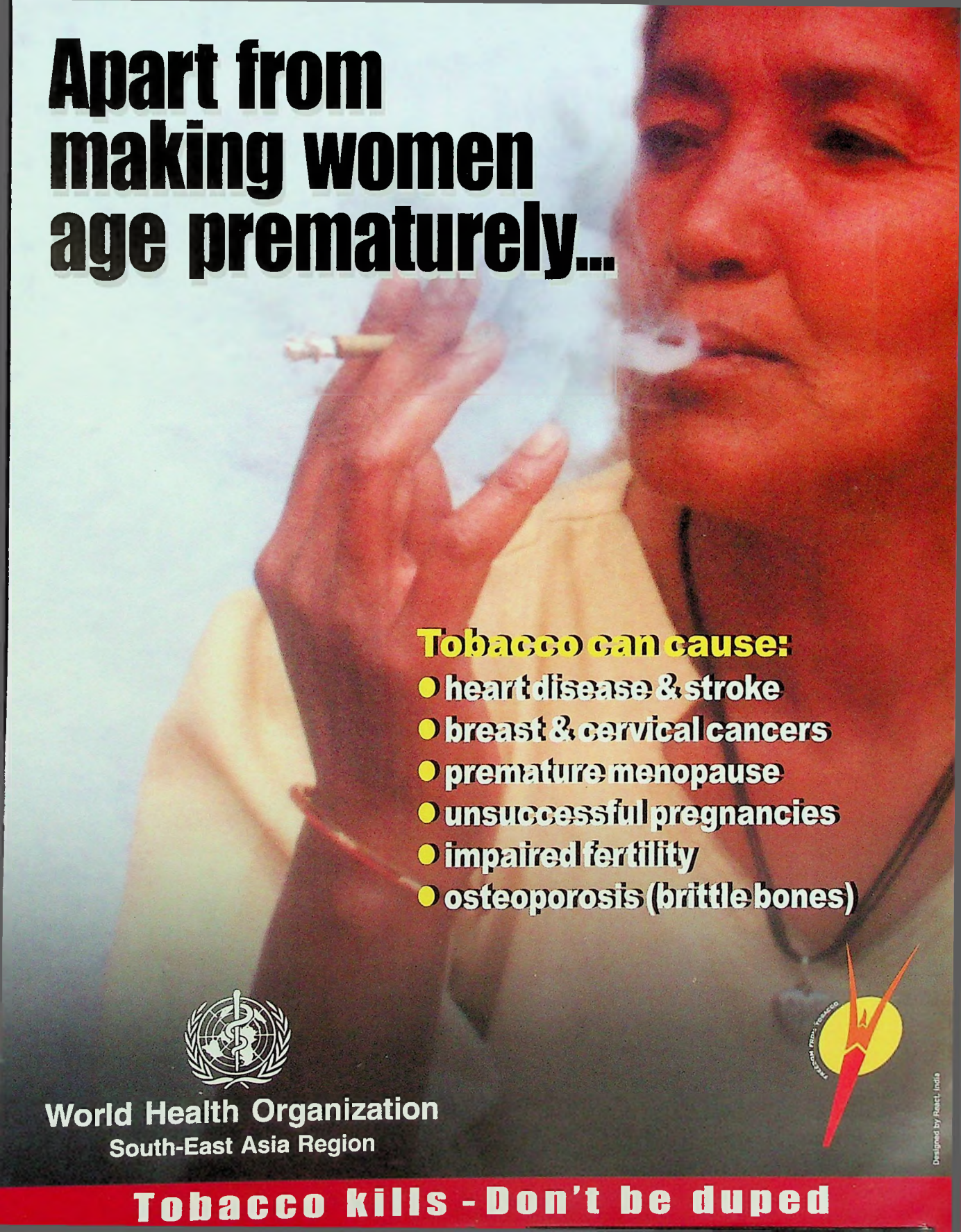
Tobacco kills - Don't be duped


Apart from making women age prematurely...
Tobacco can cause:
heart disease & stroke
breast & cervical cancers
premature menopause
unsuccessful pregnancies
impaired fertility
osteoporosis (brittle bones)
World Health Organization
South-East Asia Region
Designed by React, India
Tobacco kills - Don't be duped

Many products

One consequence.

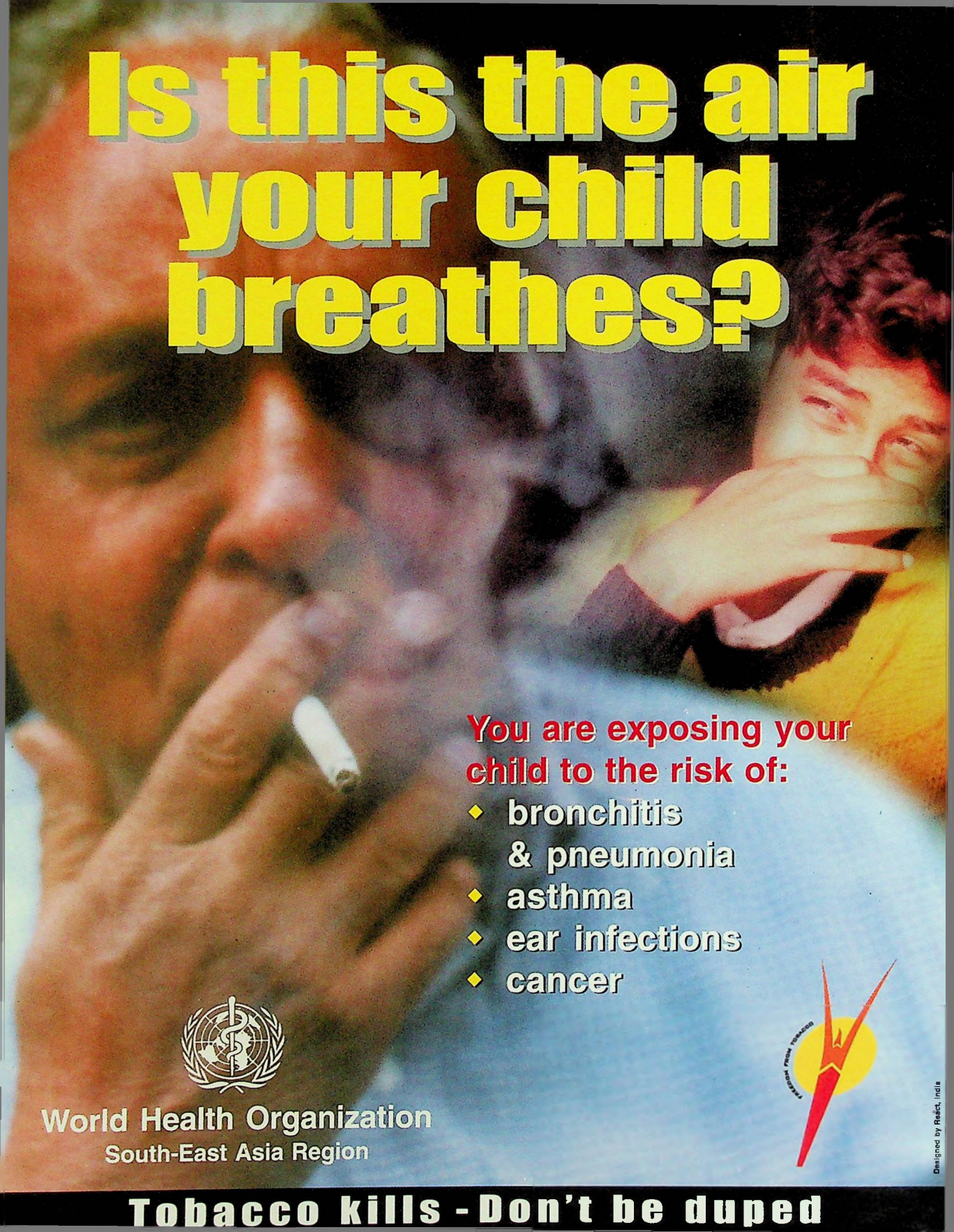
TOBACCO KILLS

Dont be duped

World Health Organization
South-East Asia Region

FREEDOM FROM TOBACCO

Designed by Rezet, India


Is this the air your child breathes?
You are exposing your child to the risk of:
bronchitis & pneumonia
asthma
ear infections
cancer
World Health Organization
South-East Asia Region
Freedom from Tobacco
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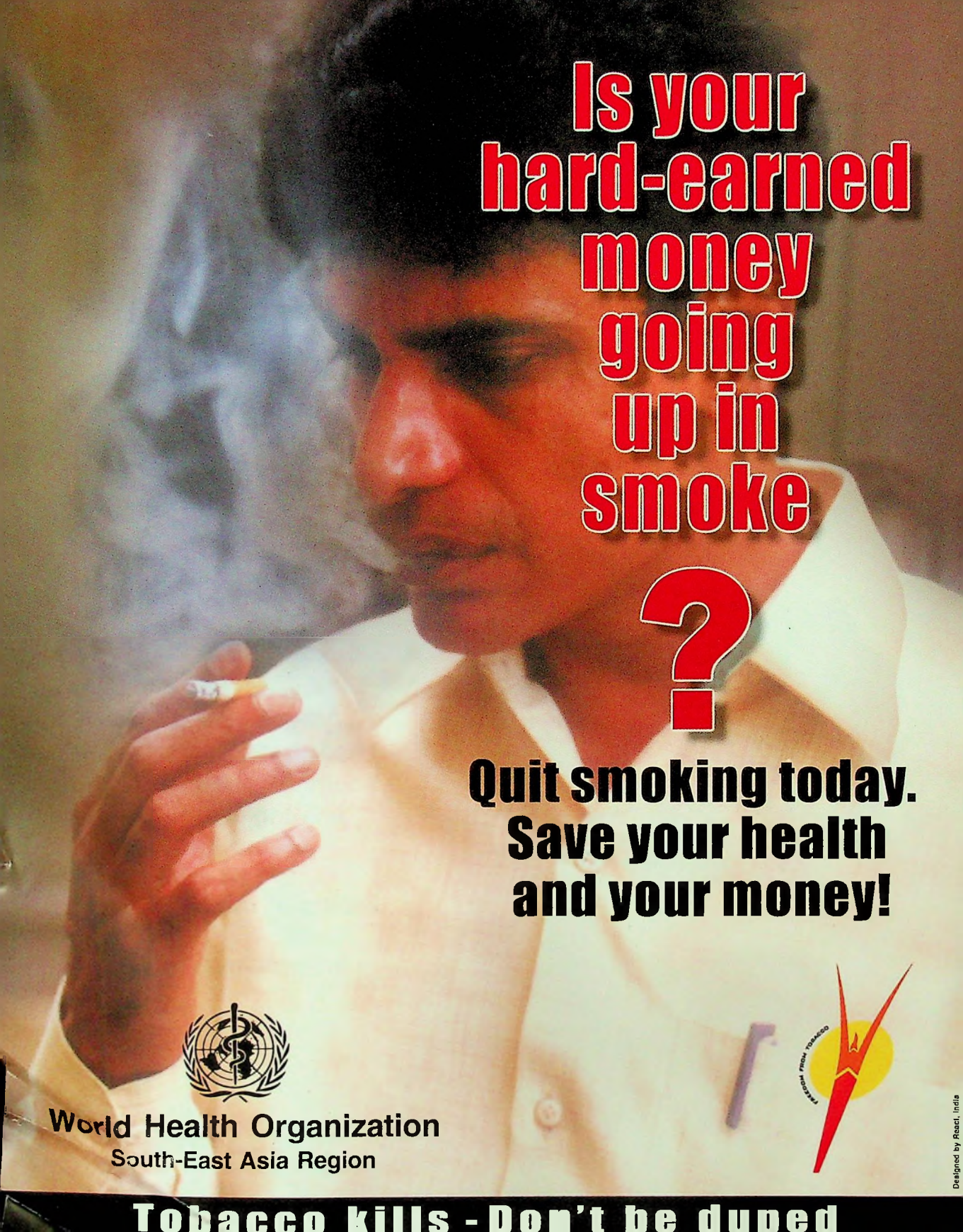
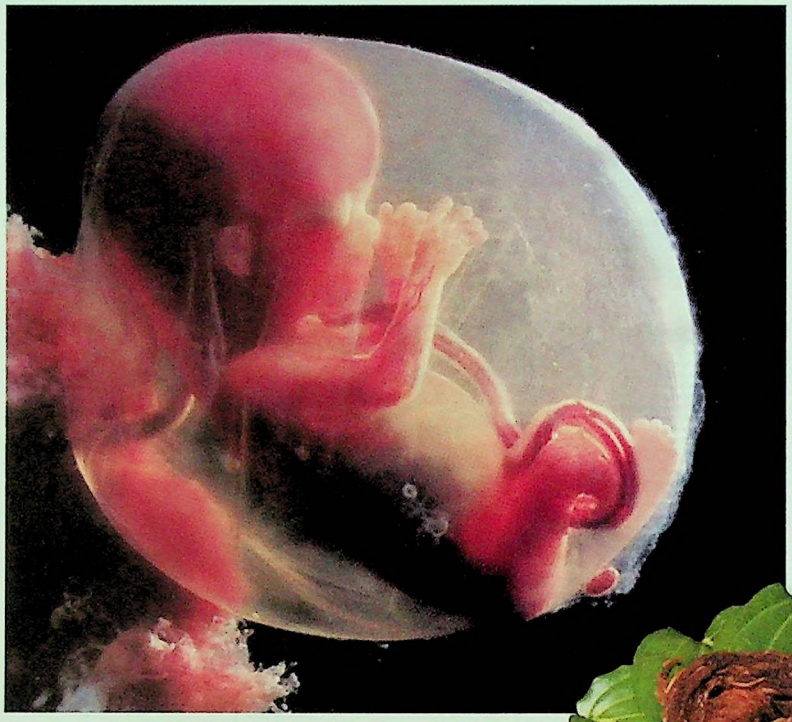

Is your hard-earned money going up in smoke ?
Quit smoking today. Save your health and your money!
World Health Organization
South-East Asia Region
FREEDOM FROM TOBACCO
Designed by React, India
Tobacco kills - Don't be duped

At what age did your child start using tobacco?



Tobacco use during pregnancy can cause:

- spontaneous abortions
- low birth-weight and premature babies at greater risk of
  - illness from infections
  - death
  - growth impairment

World Health Organization
South-East Asia Region

FREEDOM FROM TOBACCO

Designed by React, India

Tobacco kills - Don't be duped

240 million and 11 million tobacco users respectively. In Bangladesh there are an estimated 20 million smokers, 5 million of them women.

Disease burden

The tar and nicotine contents of tobacco products in the Region (e.g. *bidis, kreteks* and white cigarettes) are comparatively high, and consequently cause more damage to smokers. Nicotine levels of up to 3.2 mg and tar levels of up to 50 mg have been reported in tobacco products in the Region. In many developed countries, the accepted levels are less than 1.4 mg of nicotine and 15 mg of tar.

Tobacco-related illnesses such as cancer, cardiovascular diseases and respiratory diseases are already major health problems in most countries in the Region. Cancers of the lung are expected to rise considerably with the increased use of *bidis* and *kreteks*. In addition to respiratory and cardiovascular diseases, tobacco use puts women at greater risk of breast cancer, cervical cancer, premature menopause, unsuccessful pregnancy and impaired fertility, and osteoporosis (brittle bones).

Approximately half of all cancers in men in India are tobacco related, while over 60% of those suffering from heart disease below the age of 40 years are smokers. There are an estimated 12 million cases of preventable tobacco related illnesses each year in India. In Sri Lanka, it is estimated that over 43% of reported cancers are tobacco related. Oral cancer is the most prevalent form of cancer in Sri Lanka and cardiovascular disease is the leading cause of death. Thailand reports 10,000 cases of tobacco related lung cancer each year.

In India, tobacco attributable mortality has been estimated to be around 600,000 per year, while in Indonesia it was estimated to be 192,000 in 1992. Thailand reports 42,000 tobacco related deaths every year. Tuberculosis, already widely prevalent in the Region, has been shown to be further exacerbated by tobacco use. Due to the variety of ways in which tobacco is consumed, and the poor record keeping and reporting procedures, it is likely that the magnitude of tobacco related problems in the Region is vastly underestimated.

Countries in the Region are already coping with a double burden of disease – both communicable and noncommunicable. The projected increase in tobacco related illnesses will mean that the already overstretched health care systems of these countries will have to handle an ever increasing disease burden. This may affect the efficiency of the health services.

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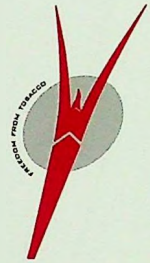
Global patterns

The tobacco industry continues to project tobacco as an attractive and glamourous product, despite scientific evidence of its damaging consequences. Their massive efforts have convinced about 1.15 billion persons in the world to become regular smokers. While smoking prevalence is declining steadily in most high income countries, the epidemic is expanding in developing countries. A larger number of women and youth are taking to smoking. Low and middle-income countries account for 82% of all smokers now.

Tobacco use is linked to 25 diseases including heart disease, strokes, cancers, and respiratory diseases. Many of these diseases also occur among non-smokers who are regularly inhaling second hand smoke.

Tobacco use presently causes four million deaths every year, worldwide - around 11,000 deaths every day. With current smoking patterns, this number is likely to increase in the next three decades to 10 million deaths annually. This will be more than the number of deaths from malaria, tuberculosis, and major maternal and childhood conditions combined. Of these deaths, 70% will occur in developing countries.



Patterns in WHO South-East Asia Region

Tobacco consumption

The South-East Asia Region has consistently had the second highest (2.8%) annual growth rate in adult per capita cigarette consumption among the six WHO Regions.

Eight of the 10 countries in the Region are major producers of commercial tobacco. India and Indonesia rank third and seventh respectively among the leading producers of unmanufactured tobacco in the world.

In the Region, tobacco is used in many forms and in a variety of social and cultural contexts. Cigarettes account for less than one-third of the total tobacco consumption in the Region. Also consumed are *bidis, keeyos,* cigars, cheroots, *chutta, hookahs, pan, pan-masala, mawa,* creamy stuff, *gundi, mishri, gudhaku,* betel-quid, and snuff, among others.

The current consumption rates range from 50% to 80% for men and from less than 1% to 71% for women. Indonesia has the fourth largest number of smokers in the world, while in India and Thailand it has been estimated that there are approximately

Deception by the tobacco industry

The tobacco industry has known of the dangers of tobacco for a long time. Yet they have consistently denied this. Over the years the tobacco industry has built up a powerful lobby in most countries that has influenced all efforts to curb tobacco use. They argue that health effects of tobacco are not proven, cigarettes are not addictive, smoking is an adult habit and a freedom of choice. They also state that advertising cigarettes does not increase consumption, that they do not market to children, and that tax increases on tobacco products encourage smuggling. But their own documents reveal orchestrated and unethical operations to misguide policy makers, dupe the public and continue their exploitation.

An actor promoting RJ Reynolds products asked an RJR executive why he does not smoke. This was the answer he got:

"We don't smoke that s. We just sell it. We just reserve the right to smoke for the young, the poor, the black and the stupid."***

Cited in Thames TV, First Tuesday, *Tobacco Wars*, 1992, 2 June. (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in their own words. ASH, UK 1998)

The disparity between what they knew, what they said and what they did is deplorable.

1. What they said: "Health effects of tobacco are not proven"

What they knew:

An internal industry document from as far back as 1953 states:

"Studies of clinical data tend to confirm the relationship between heavy and prolonged tobacco smoking and incidence of cancer of the lung."

C. Teague, RJ Reynolds, Survey of Cancer Research with Emphasis Upon Possible Carcinogens from Tobacco, 1953, 2 February (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in its own words. ASH, UK 1998)

When the health effects of tobacco began to make news, the tobacco industry sought help from public relations agencies to confuse the public.

On 18 October 1968, Carl Thompson from Hill and Knowlton writes a letter on the best angles for the industry magazine, *Tobacco and Health Research*:

"The most important type of story is that which casts doubt in the cause and effect theory of disease and smoking. Eye-grabbing headlines were needed

and should strongly call out the point - Controversy! Contradiction! Other Factors! Unknowns!"

R. Kluger, Ashes to Ashes - America's Hundred-Year Cigarette War, the Public Health, and the Unabashed Triumph of Philip Morris, Alfred A. Knopf, New York, 1996, p324 quoting C. Thompson, Memo to Kloepfer, 1968 18 October [Cipollone 2725] (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in its own words. ASH, UK 1998)

They also knew that tobacco was addictive and leaves no options of choice for smokers:

2. What they said: "Tobacco is not addictive"

What they knew:

"Nicotine is addictive. We are, then, in the business of selling nicotine, an addictive drug."

Addison Yeaman from Brown and Williamson, 1963

A. Yeaman, Implications of Battelle Hippo 1 & 11 and the Griffith Filter, 1963, 17 July, Memo (1802.05) (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in its own words. ASH, UK 1998)

3. What they said: "Smoking is an adult choice and freedom of choice should be respected"

What they knew:

A Former scientist of British American Tobacco indicates:

"It has been suggested that cigarette smoking is the most addictive drug. Certainly large numbers of people will continue to smoke because they can't give it up. If they could they would do so. They can no longer be said to make an adult choice."

Dr S J Green, Transcript of Note By SJ Green, 1980, 1 January [Pollock 129] (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in its own words. ASH, UK 1998)

This is confirmed by a former tobacco company lobbyist dying of throat cancer:

".. There was no way I could attack anything advocates said about health and addiction and win. So I'd always say 'Well, the jury is still out on the health stuff, but that is not the real issue. The real issue is freedom of choice, freedom of choice, and these health Nazis want to take it away'.."

Skolnick AA Cancer converts Tobacco Lobbyist: Victor Crawford Goes on the Record, Journal of the American Medical Association (JAMA) July 19, 1995 p. 199

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They plough billions of dollars into advertising to keep up their sales and recruit new smokers, especially children.

4. What they said: "Advertising does not increase consumption"

What the advertising industry says:
Emerson Foote, former Chairman of McCann-Erickson, which handled US$20m of tobacco industry advertising accounts:

" I am always amused by the suggestion that advertising, a function that has been shown to increase consumption of virtually every other product, somehow miraculously fails to work for tobacco products."

L. Heise, Unhealthy Alliance, World Watch, 1988, October, p20. (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in its own words. ASH, UK 1998)

5. What they said: "We do not market our products to children"

What they did:
Dave Goerlitz, lead model for RJ Reynolds for seven years, says his marketing brief was to:

"attract young smokers to replace the older ones who were dying or quitting ...I was part of a scam, selling an image to young boys. My job was to get half a million kids to smoke by 1995."

J. di Giovanni, Cancer Country - Who's Lucky Now?, The Sunday Times, 1992, 2 August, p12 [C.7.5] (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in its own words. ASH, UK 1998)

Terence Sullivan, a sales representative in Florida for RJ Reynolds, laments:
"We were targeting kids, and I said at the time it was unethical and maybe illegal, but I was told it was just company policy."

P. J. Hilts, *Smokescreen - The Truth Behind the Tobacco Industry Cover-Up*, 1996, Addison Wesley, p96-8 (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in their own words. ASH, UK 1998)

6. What they said: "Tax increases will encourage smuggling"

What they did:
Internal documents of British American Tobacco show that the company exploited a network of smuggling routes to "distribute" cigarettes in Asia and Latin America.

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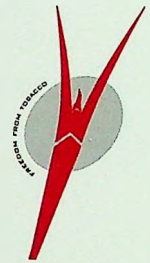
These documents specifically mention Member Countries of WHO South-East Asia Region such as Bangladesh, Myanmar, and India.

Faced with this evidence, Kenneth Clarke, Deputy Chairman of BAT writes in the Guardian, a leading British newspaper:

"Where any government is unwilling to act or their efforts are unsuccessful, we act, completely within the law, on the basis that our brands will be available alongside those of our competitors in the smuggled as well as the legitimate market."

"Dilemma of a Cigarette Exporter" Guardian, UK Thursday February 3, 2000

Policy makers can judge for themselves the role of the tobacco industry by looking at the industry's own documents and the statements from those who worked for them.



Tobbacco Kills

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Debunking the tobacco industry's economic arguments

The tobacco industry has argued for decades that the industry is good for the economy. It has argued that curtailing its growth, production and sale would be detrimental to national economies. These are all lies, and the industry knows it. Consider the real facts :

The tobacco industry argues that it brings substantial revenues to the government.

This is nothing but deception. Countries pay far more for tobacco than they receive from the tobacco industry. Econometric studies undertaken by the World Bank have established that tobacco is a net loss to almost all economies. While the money that the governments collect on excise and taxes may be substantial, the direct and indirect losses caused by tobacco consumption are, indeed, much larger.

Consider the high direct costs of medical care for tobacco related illnesses, absenteeism from work, loss of productivity and related loss of income, premature deaths, and the perpetuation of poverty caused by the poor spending money on tobacco.

Then there are other substantial costs, though not so easily quantifiable. These include the cost of reduced quality of life for smokers, and all those affected by second hand smoke, as well as the suffering of those who have to face the loss of a loved one in the prime of their lives. These translate into enormous financial costs for all concerned.

The cost to economies:

Data published in 1997 show that in the United Kingdom, smoking is estimated to cost the National Health Service £1.7 billion each year.

In India, a recent study showed an estimated cost of major diseases due to tobacco use such as cancers, heart disease and respiratory diseases in 1999 to be US$ 6.5 billion. This was more than the sales value of all tobacco products in the country, and considerably more than the tobacco taxes.

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The cost to individuals and families:
The association between tobacco use and poverty is being documented in developing countries. Indications are that a major portion of the incomes of some of the poorest socio-economic groups is being spent on purchase of tobacco products. This accentuates other consequences of poverty such as lack of education, basic sanitary facilities and malnutrition. It is estimated that in some countries of the South-East Asia Region, tobacco users may spend as much as a third of their income on tobacco products.

Tobbacco Kills
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The industry argues that increasing taxes from tobacco will reduce government revenue.

Well documented research in many countries shows that increasing the tax on tobacco products, thereby increasing the price of cigarettes, actually increases government revenue, and at the same time decreases the consumption of tobacco.

The positive effect of increased tobacco taxes can be summarized as follows:

- Increase in government revenue.
- Significant decrease in smoking by poorer socio-economic groups (who bear a heavier disease burden but are less sensitive to health messages).
- Significant decrease in smoking among young people.
- Delayed onset of smoking by young people.
- Reduced consumption by current smokers.
- Decrease in the number of ex-smokers restarting use.

The tobacco industry claims that measures to control tobacco consumption will reduce the number of jobs in a country.

This is not true. In fact, there is no correlation between cigarette production and the employment generated.

For example, production of cigarettes in the European Union increased by 12% between 1978 to 1994, while employment in manufacturing tobacco products fell by 49% during the same period. Some large tobacco multinationals have machines that can produce 80 billion cigarettes with less than 2000 persons. Therefore, if the number of jobs in the tobacco industry decreases in the near future, it will be more because of mechanization and increased productivity rather than effective tobacco control measures.

The tobacco industry makes inflated claims about people "employed" by them. For example, the British American Tobacco (BAT) subsidiary in Sri Lanka claims to have employed 300,000 people, while in one of their own brochures BAT claims to employ 52,000 worldwide operating in over 50 countries! Where lies the truth?

The truth of the matter is that the global demand for tobacco will not reduce drastically overnight. It is expected to be a gradual process to allow equally gradual adjustment by those countries that are heavily dependent on tobacco for employment and foreign exchange. Eventually, there would be no adverse impact on economies.

Econometric studies have shown that even if the tobacco industry was totally eliminated, there would be hardly any negative impact on a country's economy. This is because the money spent on tobacco will be spent instead on other products and services, which will generate a greater demand for those products and services, which, in turn, will generate more employment.

This was illustrated in a study in the United Kingdom that showed that a fall in cigarette consumption by 40% will actually lead to a net increase of 150,000 jobs. A study in Bangladesh estimated that there would be a net increase of 18.7% in the number of jobs if all tobacco consumption was eliminated in that country.

The tobacco industry claims that increasing prices of cigarettes will increase smuggling.

The issue of smuggling is used by the industry throughout the world to stop governments from increasing tobacco taxes. The magnitude of cigarette smuggling to a country does not depend on the level of taxation alone. In some countries with high taxes, cigarette smuggling is rare, while in some countries with low taxes smuggling is common.

Smuggling causes no losses to tobacco manufacturers, because the cigarettes that are smuggled in to a country are not stolen from the manufacturer. The manufacturers will have increased sales, and therefore increased profits, as smuggled cigarettes are cheaper than taxed cigarettes. In some cases, manufacturers themselves organize smuggling in order to realise high profits.

Internal documents of British American Tobacco which were made public recently show that the company exploited a network of smuggling routes to "distribute"

Freedom from Tobacco
Tobbacco Kills
Don't be duped

cigarettes in Asia and Latin America. These documents specifically mention Member Countries of WHO South-East Asia Region such as Bangladesh, Myanmar, and India.

There are several measures to reduce smuggling, but "price competition", i.e. reducing the price of legally sold tobacco products is not one of them. Use of excise stamps, use of unique serial numbers on tobacco product packages, and increasing the penalties for smuggling are effective measures to control smuggling. Requirements such as better record keeping and tracking of shipments of cigarettes by importers and exporters to make sure that shipments of cigarettes could be traced, indicating the country of destination in each exported pack and the institution of export bonds, are other recommended measures.

It is time to speak out against the deception being practiced by the tobacco industry to further their own economic goals at a high cost to the economies of developing countries. It is time to curb their unscrupulous efforts to lure more people into the addictive net of tobacco use.

Targeting Youth

The tobacco industry has been targeting youth for decades. In the words of a Philip Morris executive: ***"hitting the youth can be more efficient even though the cost to reach them is higher, because they are willing to experiment, they have more influence over others in their age group than they will later in life, and they are far more loyal to their starting brand."***

The search for new, young smokers was not only conducted by Philip Morris.

An internal document from RJ Reynolds outlined its primary "Marketing Goals" for 1975. These include:
"Increase our young adult franchise ... in 1960, this young adult market, the 14-24 age group, represented 21% of the population ... they will represent 27 % of the population in 1975. They represent tomorrow's cigarette business....Thus our advertising strategy becomes clear for our established brands: Direct advertising appeal to the younger smokers..."

R. J. Reynolds, Domestic Operating Goals, 1974, 26 November {Minn. Trial Exhibit 12,377} (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in its own words. ASH,UK 1998)

Tobbacco Kills

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The tobacco industry is aware that to maintain and increase their sales, they need to ensure that more people start smoking. The industry needs to lure new smokers to replace the ones who die due to tobacco use. It is estimated that 11,000 people die each day due to tobacco use. Therefore 11,000 new tobacco users are needed each day, or one every 8 seconds, to keep the sales of the tobacco industry intact.

A former executive of Philip Morris says:

"You don't have to be a brain surgeon to work out what's going on. Just look at the ads. Its ludicrous for them to deny that a cartoon character like Joe Camel is attractive to kids."

W. Ecenbarger, America's New Merchants of Death, Readers Digest, 1993 [C.7] (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in its own words. ASH,UK 1998)

The younger the age when smoking begins, the longer the smoking cycle. Young persons are also more vulnerable because they are likely to be less aware of the addictive nature of nicotine and the harmful effects of tobacco consumption.

Many developed countries have taken effective measures to reduce tobacco use among the young. These include disallowing advertising, sponsorships and other promotions by the tobacco industry, regular increases in prices of tobacco products through increasing taxation and intensive public education programmes. The most serious consequence of the successful efforts by the developed countries to reduce

tobacco consumption has been the shifting of operations of the tobacco multinationals into developing countries, where there are few restrictions on the operations of these companies.

In most developing countries, including countries of WHO South-East Asia Region, a significant percentage of the population belongs to the adolescent and younger age groups. It is established that almost all tobacco users commence use before the age of 18 years. Therefore the young in developing countries are now being increasingly targeted by the tobacco industry to increase sales, in order to offset their losses in the developed countries.

The number of adolescents using tobacco in the Region is already a cause for concern.

- India reports 5 million child smokers with 55,000 children starting regular tobacco use every year.
- Thailand reports 52,000 of those less than 20 years starting to smoke every year.
- In Indonesia, a 1995 survey showed one-third of school children between the ages of 15 and 19 years smoked. Based on this trend it was estimated that 2.5 million out of the 8.5 million children in Indonesia then will become regular smokers.
- In Myanmar, a survey in 1993 found that 44.6% of urban school children consumed tobacco.
- In 1997, a survey among school children in Bangladesh showed that 23% of those in the 15-16 year age group smoked.
- In Sri Lanka, a survey in 1992 found that over 15% of those who smoked some time in their lives, had first smoked by the age of 11 years.

By the time young persons become young adults and realize that they have become dependent on tobacco, it is already too late.

Many children are conditioned to perceive smoking as glamourous, sophisticated, an adult habit, a status symbol and a sign of rebelliousness through tobacco advertising and sponsorships.

A 1969 draft report to the Board of Directors of Philip Morris states:
"a cigarette for the beginner is a symbolic act. I am no longer my mother's child, I'm tough, I am an adventurer, I'm not square ... As the force from the psychological symbolism subsides, the pharmacological effect takes over to sustain the habit"

Philip Morris Vice President for Research and Development, Why One Smokes, First Draft, 1969, Autumn (Minn. Trial Exhibit 3681) (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in their own words. ASH, UK 1998)

A study carried out in India showed that despite a high level of knowledge about the adverse effects of tobacco, cricket sponsorship by tobacco companies increased children's likelihood of experimentation with tobacco, creating false impressions between smoking and sport. This is how a consultant working for five tobacco companies explained it.

"The problem is how do you sell death? ...You do it with the great open spaces....the mountains, the open places, the lakes coming up to the shore. They (the industry) do it with healthy young people. They do it with athletes. How could a whiff of a cigarette be of any harm in a situation like that? It couldn't be - there's too much fresh air, too much health - too much absolute exuding of youth and vitality - that's the way they do it."

Fritz Gahagan, once a marketing consultant for five tobacco companies quote in World in Action, Secrets of Safer Cigarettes, 1988. (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in their own words. ASH, UK 1998)

Many marketing strategies that target young people have been prohibited in developed countries. But, the industry keeps on targeting children in developing countries.

Only powerful advocacy combined with appropriate and effective policies and legislation can protect our vulnerable youth against the huge onslaught of tobacco advertising and promotion.

Tobbacco Kills

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Women are being increasingly targeted by the tobacco industry in their effort to shore up their declining sales graphs. As smoking rates decline in the West, multinationals have sought new markets abroad, particularly in developing countries. Sophisticated marketing strategies are being used by the tobacco industry to lure women into smoking.

Women were considered fair targets by the tobacco industry as far back as 1950. An issue of the United States Tobacco Journal in 1950 indicated that the cigarette industry leaders agreed that ***"A massive potential market still exists among women and young adults,"*****.....** acknowledging that ***"recruitment of these millions of prospective smokers comprises the major objective for the immediate future and on a long term basis as well."***

U.S Tobacco Journal, Cigarette Executives Expect Added Volume, 1950, (26),3, quoted in US Department of Health and Human Services, Preventing Tobacco Use Among Young People, A report of the Surgeon General, US Department of Health and Human Services, Public health Service, Centres for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and health,1994, p166 (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in their own words. ASH, UK 1998)

A journal on the tobacco trade, *Tobacco Reporter*, gave its vision of the future, in 1982:

"... Women smokers are likely to increase as a percentage of the total. Women are adopting more dominant roles in society: they have increased spending power, they live longer than men. And as a recent official report showed, they seem to be less influenced by the anti-smoking campaigns than their male counterparts.

"All in all, that makes women a prime target as far as any alert European marketing man is concerned. So, despite previous hesitancy, might we now expect to see a more defined attack on the important market segment represented by female smokers?"

D. Rogers, Overseas Memo, Tobacco Reporter, 1982, February (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in their own words. ASH, UK 1998)

The tobacco industry has long been researching on how best to use advertising imagery to market to women.

A 1980 RJ Reynolds document entitled, "Women's response to advertising imagery", stated:

"With the exceptions of career women and single women who work to support themselves, all female segments in the present study reacted positively to advertising imagery associated with the following dimensions: intimacy and closeness, tenderness and gentleness, loving, caring, sharing. .... Career women reacted most positively to imagery associated with elegance and success."

R.J.Reynolds, prepared by BBDO Research, Women's Response to Advertising Imagery, 1980 May (RJR,50195 3153-3265,Tobacco Resolution) (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in their own words. ASH, UK 1998)

Even in the West, trends show that while tobacco use is actually declining among men, it is steadily increasingly among women. The industry promotes "female" brands, and tries to tempt younger women to smoke.

In 1983 an American Tobacco Company document on the development of a new female brand, under the heading "opportunities" stated:

"There is significant opportunity to segment the female market on the basis of current values, age, lifestyles and preferred length and circumference of products. This assignment should consider a more contemporary and relevant lifestyle approach targeted toward young adult female smokers."

American Tobacco Company,1993 November 17 (B&W/ATC,ATX040017950-ATX040017951,Tobacco Resolution) (Source: Action on Smoking and Health. Tobacco Explained. The truth about the tobacco industry in their own words. ASH, UK 1998)

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Other marketing strategies include sponsorship of events such as women's tennis games and disco dances in an attempt to depict smoking as sophisticated and relaxing.

Compared to other WHO Regions, the prevalence of tobacco use among females may seem relatively low in percentage terms in the South-East Asia Region. However, when the huge population sizes of the countries are taken into account, these low rates translate into millions of users.

- For example in Bangladesh, it is reported that there are over 5 million women smokers. Between 1980 and 1993, smoking prevalence among men decreased from 67% to 60%, but the prevalence among women increased fifteen fold - from 1% to 15%.
- In India it is estimated that 45 million women use tobacco. The reported prevalence rates of tobacco among women differ widely, from 15% in a survey in Bhavanagar, a town, to 67% in a survey in Andhra Pradesh, a stet.
- In Nepal, a 1988 study showed that 71.7% of the women in a high mountain area (Jumla), and 58.9% of the women in the plains (Terai), smoked. These are some of the highest rates of smoking among women in the world.
- The incidence of lung cancer in women in the northern part of Thailand is among the highest in the world. A link with tobacco smoking is suggested by similarly high rates, especially in women, of cancers of the larynx and pancreas.
- According to a 1997 national survey in Maldives 29.4% of females over 16 years of age smoked.
- Sri Lanka and Indonesia report relatively low levels of tobacco use among women. A recent survey in Sri Lanka showed 1% of urban females, 3.3% of sub urban females and 1% of rural females smoke. The National Socio-economic Survey of 1995 in Indonesia showed that smoking among women rose with age to 3.2% in women aged 45 to 49 years.

Women tobacco users suffer equally as men from tobacco related diseases such as cancers, cardiovascular diseases, chronic bronchitis and chronic obstructive lung disease. Oral cancer is also increasingly affecting women tobacco chewers. In India where betel quid chewing is widespread among women, oral cancer is more common among women than breast-cancer, and tobacco-related cancers account for one-fourth of cancers among women. In addition, women also suffer from gender-specific problems.

Tobacco use puts women at greater risk of breast cancer and cervical cancer. Women tobacco users are more prone to premature menopause, unsuccessful pregnancy and impaired fertility. The use of oral contraceptives combined with smoking increases the risk of heart disease and stroke in relatively younger women. Female smokers are more susceptible to osteoporosis or "brittle bones".

Women who smoke during pregnancy do expose their unborn child to the effects of nicotine and other constituents of cigarettes. Cigarette smoking is a leading cause of underweight newborns. Maternal smoking during pregnancy may also adversely affect the child's long term growth, intellectual development and behavioural characteristics.

Problems of women working for the tobacco industry: Women constitute more than 50% of the workforce of many cigarette and bidi-making industries in the Region. For example, in Indonesia, women make up the bulk of the workforce. Each one of them is expected to roll at least one cigarette, every ten seconds. The exposure to tobacco dust causes problems such as allergies , skin rash, nausea, dizziness and vomiting. Coupled with these is the 'green syndrome" - an allergic reaction including running nose and eyes and itching skin, suffered by women picking mature tobacco leaves in tobacco plantations. Genetic studies in India have revealed that occupational exposure to *bidi* tobacco significantly increases chromosomal aberrations in tobacco processors. Long term effects of exposure of women to chemicals used in tobacco cultivations is still to be quantified.

Preventing any further increase in cigarette consumption and reducing tobacco use among women could be one of the most cost-effective means to alleviate the burden of noncommunicable diseases and poor reproductive health outcomes among women in the WHO South-East Asia Region.

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Tobacco industry does not spare the ecology, either.

The cost of tobacco should not be measured only in terms of human lives lost or affected. The tobacco industry also exploits valuable natural resources in their single-minded goal to increase profits. What is more, they also ignore or deny their contribution to the adverse impact of tobacco production on the environment. **This damaging impact of tobacco production to the environment are in the form of deforestation, soil erosion, and the direct and indirect effects of chemicals used for tobacco cultivation.**

A healthy environment is a pre-requisite for healthy lives. Factors that threaten the environment and bio-diversity in fact, threaten the lives of all living beings. The environment should be considered an asset by countries. Even if countries in the Region are poor economically, they are still wealthy in terms of nature and natural resources. Therefore, environmental consequences of tobacco should be taken seriously to prevent further losses to the forest resources of countries.

Globally, an estimated 200,000 hectares of forests and woodlands are destroyed by tobacco production each year. Unfortunately, deforestation due to tobacco mainly occurs in developing countries.

It is estimated that every year, 7000 billion tonnes of paper is used for wrapping cigarettes. However, according to the tobacco industry's reports, this accounts for only 16% of the industry's overall use of forest resources.

Curing accounts for the major portion of the tobacco industry's exploitation of wood, with 69% of wood being consumed as fuel wood used for curing, and 15% used for construction of curing barns.

Studies from various regions show that more than 10 kg of wood is needed to cure I kg of Virginia tobacco. For countries in WHO's South-East Asia Region, the fuel wood-deficits are estimated to be very high. The situation is aggravated by the increasing production of tobacco, leading to severe deforestation with serious ecological consequences such as loss of bio-diversity and soil erosion.

In Bangladesh, the use of wood for tobacco production alone is estimated to be responsible for over 30% of the annual deforestation.

In relation to other crops, tobacco is more demanding on soil nutrients. It depletes soil nutrients faster than other crops, particularly where soils are characterized by their low nutrient content. This should be an important consideration in countries of this Region. When tobacco is cultivated on the same land repeatedly with minimal rotation, there is a tendency for the soil to become exhausted, and for crop pests to become endemic. These are some of the reasons why tobacco cultivation requires

high inputs of hazardous pesticides and chemical fertilizers. In developing countries heavy pesticide use for tobacco farming is common. Rates of pesticide application range from 30 kg to 100 kg of pesticides per hectare of land.

Farm workers are rarely provided with essential safety equipment such as gloves, masks and protective clothing. This poses serious occupational health hazards to the large workforce of women and children engaged in tobacco cultivation in the Region. Studies show that exposure to pesticides in early life can lead to a range of problems including mental impairment, damage to the nervous system, reproductive defects and cancer. In addition, these chemicals remain in the water table and are hazardous to the health of rural populations.

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Moving away from tobacco farming

Though there are many who may argue that diversification from tobacco farming is not viable, pilot projects on alternative crops have been successful.

A tobacco crop substitution project was launched in Bangladesh by the Bangladesh Cancer Society to reduce local dependence on tobacco cultivation as a means of livelihood. The project was also used as a key strategy for the primary prevention of tobacco-related cancers. It started with a modest demonstration project in a rural community of 15,000 people in Kushtia district where tobacco cultivation was widespread, and three quarters of adults were tobacco users. Three years later, in 1992, studies indicated that the prevalence of tobacco use had fallen dramatically from baseline levels. The crop substitution programme, too, had been successful and the new crops were yielding better profits. In addition, new employment opportunities had also been generated.

Other countries could take a lesson from this experiment in tobacco crop substitution and encourage farmers not to depend so heavily on tobacco cultivation for their livelihoods. Strong policies are required to protect the most vulnerable children, women and the poor engaged in tobacco production.

Environmental tobacco smoke endangers nonsmokers also

There is growing evidence to suggest that the tobacco industry's quest to recruit more smokers will cause grave harm to the health of people other than actual tobacco users themselves. Scientists have found over the past two decades that exposure to Environmental Tobacco Smoke (ETS) affects the health of non-smokers living or working around people who smoke and puts them at a higher risk of death. This is because ETS is made up of toxic and carcinogenic agents which are emitted primarily from the burning end of a tobacco product as the smoker waits to take the next puff. This is called side-stream smoke. ETS also consists of mainstream smoke, which is exhaled by the smoker.

WHO estimates that about 700 million children, almost half of all children worldwide, live in a home where one parent is a smoker. The tragic impact of ETS on child health translates into a huge burden of respiratory disease, ear infections, asthma and sudden infant death syndrome.

Children exposed to environmental tobacco smoke:

- suffer more coughs and colds and from lower respiratory tract infections such as bronchitis and pneumonia
- have an increased chance of developing asthma, triggering off or making existing asthma worse
- have an increased risk of developing middle-ear infections which can lead to reduced hearing
- are at increased risk of lymphoma (cancer of white blood cells) and brain tumors during childhood

Smoking during pregnancy significantly increases the chances of:

- the infant dying of sudden infant death syndrome
- spontaneous abortions
- delivering a pre-term baby
- delivering a low birth-weight baby
- impairing the child's long term growth and intellectual development.

In Nepal, the high incidence of respiratory tract infection among children under five years is linked with smoke from cigarettes and cooking in enclosed areas. Environmental tobacco smoke and maternal smoking compromises the health of children even before they are born; of growing children living among a constant cloud of smoke in their environment, and of adults exposed to ETS in their living or working environment.

Studies carried out in 25 different worksites in the USA in 1997 concluded that non-smokers working in ETS-choked environments have a double risk of developing lung cancers and heart diseases than their non-smoking counterparts who are not exposed to ETS.

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The US Environment Protection Agency concludes that ETS is a Class A carcinogen. It estimates that ETS is responsible for 3000 lung cancers annually among non-smokers in USA, whilst contributing up to 300,000 cases annually of respiratory illness in infants and children younger than 18 months. Currently, an estimated 45,000 deaths each year due to heart diseases among non-smokers are attributed to passive smoking.

The USA spends US$ 1 billion every year for ETS-related health problems. In the South-East Asia Region, the nicotine and tar levels of cigarettes, *bidis*, and *kreteks* are high. Laws banning smoking in public places are not well enforced. There is a general lack of laws prohibiting smoking in overcrowded and enclosed working and dwelling spaces. The knowledge and awareness of the harmful effects of environmental tobacco and cooking smoke is sparse. All these factors put non-smokers, and children at higher risk of tobacco-related diseases.

There is an urgent need to highlight strong public policies to protect non-smokers and children from exposure to tobacco smoke.

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Actions we can take to combat tobacco industry efforts and improve health in the Region

Despite the grim picture of the current status of tobacco use and tobacco-related harm in the Region, there is good news. This relates to the tried and tested measures that reduce tobacco consumption and tobacco-related harm. These measures, implemented in developed countries have resulted in significant reductions in tobacco consumption.

Some tobacco control measures have been implemented in the countries of the South-East Asia Region as well. These include:

- Bangladesh has banned tobacco advertising in most media.
- Bhutan has declared seven of its districts tobacco free.
- In India, tobacco advertising is banned in state controlled media and health warnings are mandatory. The capital territory of Delhi has banned cigarette sales to minors and smoking in public places and in government buildings. Smoking in public places has been banned in Goa and Kerala as well.
- Tobacco advertising is banned in Maldives with two islands declared tobacco free.
- In Myanmar, tobacco advertising in electronic media is not permitted and health warnings are mandatory.
- Nepal has designated a part of the tobacco tax collected to health promotion including tobacco control activities. There is also a ban on tobacco advertising in the electronic media, and health warnings are mandatory.
- No-smoking flights on both domestic and international flights have been introduced in some countries such as India, Indonesia, Sri Lanka and Thailand.
- Target specific demand reduction interventions are being undertaken by both government and nongovernmental organizations in most countries.
- Two countries of the Region, Thailand and Sri Lanka, have adopted comprehensive tobacco control policies. Since 1992, the policy in Thailand is backed by legislation. The reduction in cigarette consumption and the creation of positive public opinion for tobacco control, have been outstanding. The Sri Lankan government adopted its policy in 1997. Legislation backing the policy is expected to be presented to parliament soon.

Unfortunately, the general impact of these measures have been limited. The reasons are many. Tobacco control as a programme does not receive national budgetary allocation in many countries in the Region. Ineffective and weak systems to monitor compliance with the existing laws and regulations is another contributory factor.

Considering the large numbers of tobacco users, including those in the vulnerable age groups, immediate adoption and implementation of comprehensive national polices and strategies, backed by legislation in all countries, is imperative. The shift of global tobacco conglomerates to Asia should give an added impetus to such action.

There is an urgent need for all countries to adopt a comprehensive national strategy for tobacco control. Such a strategy, should include, among others, the following:

1. Setting up a national multisectoral body

Implementation of action on tobacco control should not be considered the responsibility of a single or a few government agencies. It covers a wide area including health, social issues, development, finance and education. Therefore, a multisectoral body which could provide direction and mobilize necessary support and resources of other sectors for tobacco control should be set up to coordinate and facilitate tobacco control action at the country level. The Regional Committee, by its resolution SEA/RC52/R7 urged Member Countries to establish such bodies.

2. Health promotion and health education

Tobacco control measures require strong public support for effective implementation. Therefore education on issues related to tobacco is essential to create social environments supportive to the adoption of comprehensive tobacco control policies. Countries should institute target specific education programmes at workplaces, schools and communities. These campaigns should be supported by relevant cessation programmes.

3. Adopting appropriate fiscal measures

Increasing taxation on tobacco products reduces tobacco consumption, and, at the same time, increases government revenue. This is a win-win situation for any government where the income increases, while at the same time, the harm caused by tobacco products to the population is reduced. In addition to increasing government revenue, tax increases will reduce smoking in the poorer socio-economic groups who bear a heavier disease burden, reduce smoking among the young, delay the onset of smoking by the young, reduce consumption by current smokers, and reduce the number of ex-smokers who want to restart use of tobacco. Taxes should be increased regularly to reduce the affordability of all types of tobacco products.

4. Setting up a health promotion fund, based on a levy on tobacco products

A specific tax on the sale price of tobacco products should be instituted to fund health promotion and other tobacco control activities. This would ensure the financial sustainability of tobacco control programmes. This measure is being used quite successfully in Canada, Ecuador, Finland, Iceland, Korea, Mauritius, New Zealand, Peru, Portugal, and in some states of Australia, and the USA. In this Region, Nepal imposed such a health promotion tax several years ago. Thailand has also taken steps to initiate such a fund.

5. Discontinuation of advertising, promotions and sponsorships

Advertising, promotions and sponsorships are used to attract young smokers, increase the consumption of those already consuming tobacco and to delay cessation of use. All direct and indirect advertising, promotions and sponsorships should be banned. Evaluation of the effects of complete bans on advertising and sponsorships

elsewhere indicate that significant and sustained reductions in smoking occur following such restrictions. Issues such as indirect and subtle promotions, e.g. product placements in films and television should also be addressed when discontinuing promotions.

6. Restricting availability and accessibility of tobacco products

Restricting the availability and accessibility of tobacco products is an approach to lower the rates of initiation to tobacco use. Disallowing sales of tobacco products in and around venues meant primarily for adolescents and young people, banning vending machines that dispense tobacco products and restricting production and sale of specific tobacco products (e.g. smokeless tobacco products) are measures that can be used. Specifying, and strictly implementing a minimal age for smoking, should be evaluated and strengthened.

7. Adopting measures for consumer protection

Tobacco products hardly carry any consumer protection information, though they cause serious diseases and even death when used exactly as per manufacturers' specification. Often, the industry gets away with putting warning labels in the least effective manner. Serious attention needs to be paid to providing prominent, precise consumer protection information on tobacco products. In addition to the health warnings in different local languages, other information such as tar and nicotine levels, and the disclosure of ingredients and additives should be made mandatory. The maximum amounts of tar and nicotine allowed per tobacco product should be specified and these levels independently monitored.

8. Protecting health of non-users

It has been conclusively established that prolonged exposure to environmental tobacco smoke (ETS) causes tobacco-related diseases in children and non-smoking adults. Tobacco-free environments should therefore be created in public places such as restaurants, hotels and airports, in public transport, at work places and in homes.

9. Providing support for tobacco users to quit

The morbidity, mortality and associated social and economic costs of tobacco use during the next two to three decades will occur primarily due to current users. It is estimated that there are hundreds of millions of tobacco users in the Region. If even a small proportion of current users cease tobacco use, substantial short and long-term health and economic benefits will accrue. Therefore, cessation of tobacco use is one of the most important areas that need to be addressed in any comprehensive tobacco control policy.

10. Addressing smuggling and illicit production

By making cigarettes cheaper, smuggling results in increasing consumption of tobacco. The tobacco industry also uses the issue of smuggling to their advantage by claiming that price increases of tobacco products lead to increased smuggling. But evidence indicates that increasing taxes, in fact, decreases tobacco consumption even in countries where high levels of smuggling are reported.

The appropriate response to smuggling therefore, should be effective enforcement, and not decreasing the prices of tobacco products to "compete" with smuggled products. Smuggling is an issue that needs to be addressed by individual countries as well as by countries in the Region collectively.

11. Continuing research

Continuing research is one of the most important aspects of an ongoing tobacco control programme. Operational research to strengthen effective interventions should be given priority. The broad areas of research to be covered in the Region include quantification of the magnitude of consumption, and consequences of tobacco use, environmental consequences and monitoring trends in consumption. Research on behavioural pathways, assessing the impact on vulnerable groups, advocacy research and evaluation of tobacco control interventions also need to be undertaken.

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12. Support the Framework Convention on tobacco control

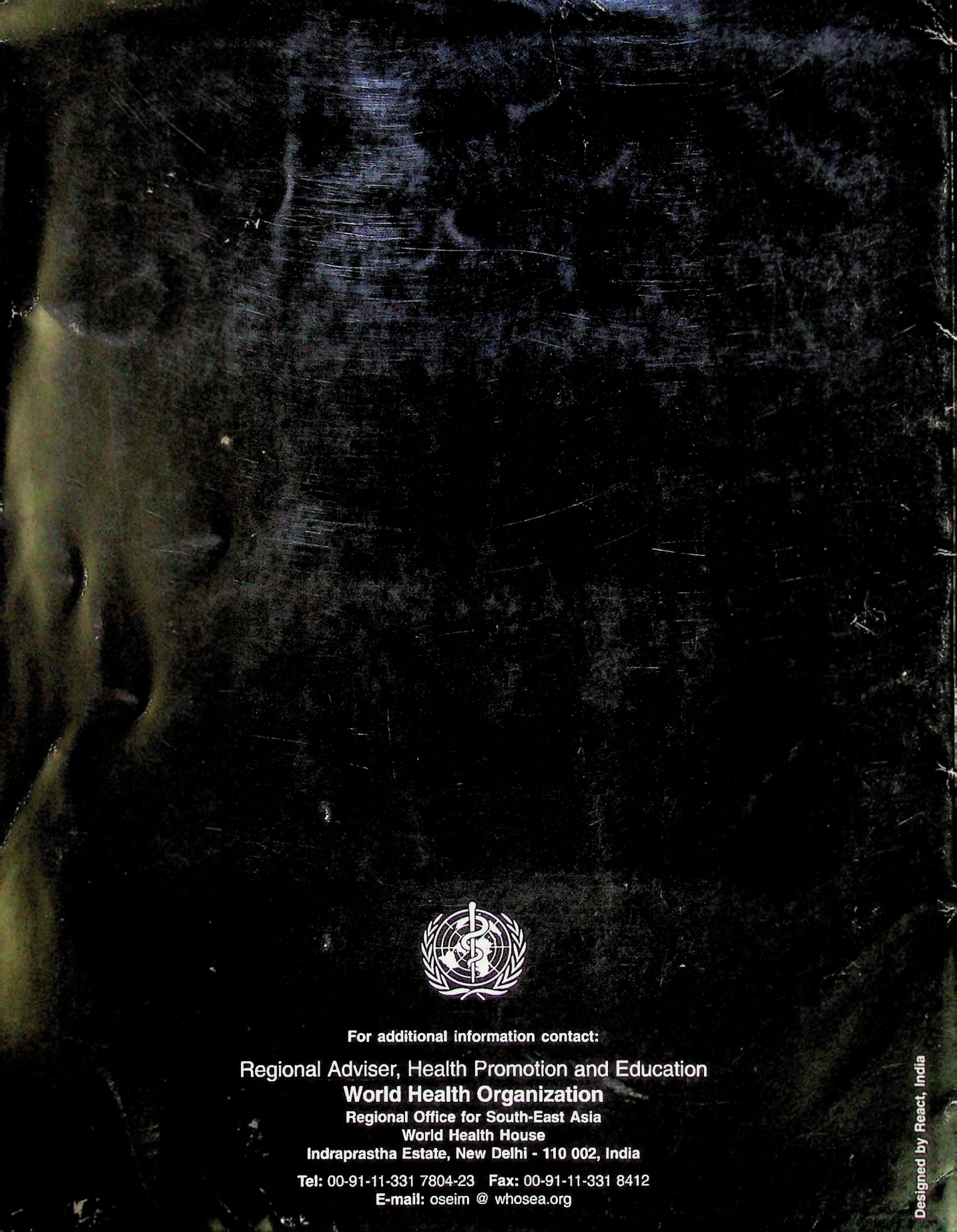
Member Countries are encouraged to actively participate in the development and negotiation of the WHO Framework Convention on Tobacco Control and related protocols, and its subsequent implementation.

The Framework Convention on Tobacco Control (FCTC) will be an international legal instrument that will circumscribe the global spread of tobacco and tobacco products. This will help developing countries, such as those in the Region, to implement effective tobacco control measures and strengthen international cooperation on cross border issues such as smuggling and tobacco advertising. The adoption of the Framework Convention and possible related protocols by the World Health Assembly is expected to be completed by May 2003.

13. Provision of alternative livelihoods

One of the major reasons cited by policy makers in this Region against tobacco control is the large number of livelihoods that depend on tobacco farming and production of tobacco products. Any reduction in tobacco consumption will not cause an immediate loss in jobs. In fact, econometric analyses have shown that the number of jobs in an economy will increase in such a situation as money previously spent on tobacco is spent on other goods and services. Therefore, governments must plan for agricultural diversification and diversification from agriculture to other alternative methods of income generation in the long term, to address fears of long or short-term loss of jobs.

Tobacco use in the Region can be reduced only by the adoption and implementation of a comprehensive range of measures concurrently by all countries.



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