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Voluntary Health Association of India

Mr Y.S. Gill
UNITED NEWS PAPERS NETWORK
E-55, Pandav Nagar
New Delhi : 110 091

18th May, 1999

Dear Mr Gill,

Greetings from VHAI. It was really nice to have some of you with us on the 4th of Feb for some very lively interaction with a few eminent public health thinkers. Some of you also carried it in your news papers.

A bridge has been made, and we hope to keep this interface on. Some of you had also expressed a desire to interact with grass-root level workers. We are happy to inform you that, on the 25th of March, from 3-5 pm, we are keeping aside for you to interact with our grass-roots workers. About 30-35 of them will be here in Delhi from the 24th-26th for an orientation meeting on *Reproductive and Child health* being organised by us. Kindly keep the dates marked. I will follow it up with a letter and a call a few days prior to the event.

I am also writing this letter for a very special reason. VHAI has been in the forefront of the anti-tobacco campaign for more than a decade now. VHAI was instrumental in forming the first anti-tobacco network in the country with over 50 organisations under its umbrella called ACTION (*Action to Combat Tobacco Indian Organisations Network*), with its Secretariat in VHAI. A few years back, this network assumed a new name - NOTE - India (*National Organisation for Tobacco Eradication*), now headquartered in Goa.

We have been noticing with growing concern the total hold of the tobacco Industry over sports, especially cricket. The world over all cricketing nations have given up tobacco sponsorships, but our board, the BCCI, seems totally addicted.

We have enclosed for your information, some correspondence we had with BCCI , Govt. and national and international boards. We are planning to step up pressure on BCCI by contemplating legal action against them for aiding tobacco promotion in this country. We are in touch with our legal advisors.

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Tong Swasthya Bhawan, 40 Institutional Area, South of I.I.T., New Delhi-110 016, INDIA.
Phone: 6518071-72, 6965871, 6962953 Fax: 011-6853708 Grams: VOLHEALTH N.D.-16 E-mail: VHAI@del2.vsnl.net.in
...ations exempted from IT under Section 80-G of IT Act 1961. Also exempted U/S 10(23C) IV as applicable to institutions of importance throughout India

We urgently urge you to highlight this issue in the media - as we are planning a country wide and International campaign before the *World Cup* in London. We would be happy to provide you with more information on the issue if required, and from time to time will keep you posted on the developments. I would also appreciate if you can spare some time when I could come over to see you to discuss the same.

With best Wishes,

Your's Sincerely,

Taposh Roy
Senior Prog. Officer

Encl: As above

Voluntary Health Association of India

PP: September 22, 1998

Fax No. 033-2487555

Mr. Jagmohan Dalmiya
President
Board of Control for Cricket in India
Dr. B.C. Roy Club House
Eden Garden
Calcutta-700 021

Dear Mr. Dalmiya,

This letter addresses Mr. Jagmohan Dalmiya as an individual who is endowed with exceptional enterpreneurial acumen and building prominent institutions in India is now handling International roles with dexterity worth appreciation.

As a responsible Indian, I want to share a few reflections to help preventable episodes of which become scandlous and bring shame. First of all, on your behest I had written to Mr. Lele your successor to the post of Secretary BCCI. Very unlike, the professional image of the organization - reflecting some work ethos - during your tenure - when all letters were replied to - whether in agreement or disagreement. An expeditious response to serious communications, projected an image of being a open public society - which is what BCCI is - but the recent trend of pushing the problems under the carpet by not attending to them blows them out of proportion.

A media blitz - proved the current capacity of BCCI to handle relations with IOA and saw BCCI washing its linen in public - exposing many other issues - which also relate to some of our concerns.

Secondly, this culture of no reply, no action - on time will lead to further such episodes of exposing more of how BCCI - which rose to eminence due to electronic media backed, increase in popularity of cricket, and of course good management, good players etc.

Now standing on foundations laid down by hard work done by people like you the people in positions of authority seem have adopted a slightly ballooned attitude. I have no problems on this if they can put their acts together and control and manage, so that the public image does not take a beating.

[illegible] 40 Institutional Area, [illegible] New Delhi-110 016, INDIA
Phones: [illegible] Fax: [illegible] 3708 Grams: [illegible] -16 E-mail: [illegible].vsnl.net.in
[illegible] 1961. Also exempted U/S 10(23) [illegible] able to institutions of importance throughout India

VHAI

Lastly, coming back to our concern about health, it is not hard to see how BCCI is being used as an advertising agency by ITC - which could not get a better deal of reaching the right age group, at much lower cost and problems - just by sponsoring BCCI and then twisting their arm to ensure WILLS badged on players shirts. Well if, at a times, when BCCI needed money - ITC come forward - that does not mean they can twist BCCI's arms forever.

BCCI should realise that now it has much higher visibility and stop kow towing to ITC's tactics. To add to this the fact that getting a sponsorship which entails compulsory adherence to advertising products which have been proved beyond doubt to be disastrous to health, BCCI - is just being very unaware of the fact that it is going against its own objectives of promoting health through cricket. This amounts to subversion of the societies objectives and is beyond the scope of enterprise - by any of its executive. Very few people know this. BCCI is registered under under an act of law - the breach of which if attended to early, would avoid - future problems and wastage of precious time and creative work.

Energeis and strengths of BCCI should concentrate on vigorous promotion of its objectives and its beneficiaries i.e. the Republic of India. Please ensure that the AGM on 23rd & 24th attends to these issues satisfactorily.

ITC clearly, has a compelling agenda to promote it most profitable core sector enterprise of producing cigarettes and increasing their sales issuing among other means - getting the vulnerable age group to become its customers. Under the current times rising opposition to tobacco and curbs on its advertising - sales promotion, don't you think they have found an excellent, gullible playable, credible organization in BCCI. The return on their investments in sponsoring BCCI would be many times more plus tax benefits and profitable use of legal loopholes is a bonus.

They would surely not let go of their hold on BCCI. Their advertising and public relations department has experts whose full time job is to negotiate successful and "high yield" - "low cost" contracts with BCCI amongst several others. Please look into this and severe the dangerous links. Don't let BCCI sell cigarettes any more. You know and I know it can be done smoothly now, before disastrous situation develops.

VHAI

Lastly, you yourself know that this issue was on the agenda of the International Cricket Councils boarding meeting in June, which is why perhaps you must have ensured that a discussion on the topic of delinking sports with smoking, drinking drugs etc. should be the agenda of the AGM of BCCI and the members at this meeting should evolve concrete measures to delinking their organizations. Urging you in earnest to take action for how many times can a man turn his head and pretend that he just doesn't see.

With regards.

Yours sincerely,

Alok Mukhopadhyay
Executive Director.

pr.

Voluntary Health Association of India

PP: September 22, 1998

FAX NO: 3782118

Mrs. Sushma Swaraj
Union Minister of Information & Broadcasting
Govt. of India
Shastri Bhawan
Akashvani Bhawan & Soochna Bhawan
New Delhi-110 001.

Dear Sushmaji,

Voluntary Health Association of India is involved in promoting health through out India through a variety of programmes in association with 4000 members from all over the country.

We are writing this to bring to your notice - how a cigarette making giant, the Indian Tobacco Company is using Board of Cricket Control in India as an advertising agency for its popular brands of cigarettes. This they do by sponsoring BCCI on strict conditions like the players should wear shirts displaying badges of their cigarettes - e.g. WILLS.

The popularity of cricket amongst specially youth and widespread broadcast of cricket tournaments on Doordarshan ensures an increasing number of young people to get attracted to smoking. This apart, since ITC is giving money to a registered society BCCI formed to promote health through cricket.

The twin objective of saving income tax as well as garnering huge profits through increase in country wide sales.

Even Government becomes an instrument in cigarette promotion. ITC is therefore utilizing this loophole to increase its sales - which becomes otherwise fraught with adverse advertising laws. Secondly, BCCI is taking for a ride - its beneficiaries the Republic of India by promoting cigarettes to them. Thirdly BCCI in its greed to raise money, does not heed its own objectives which are laid out in its Memorandum of Association and which clearly stand for promotion of health in the country through popularizing cricket.

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vsnl.net.in

With the prevention of vulnerable age groups from getting addicted to tobacco, VHAI has been maintaining a dialogue with BCCI. BCCI is having its AGM in Calcutta on the 23rd & 24th September 1998. We request you to write to them in your capacity as sports minister with copies of their objectives and the copies of contracts with ITC and to initiate measures, so that at least players do not wear badges of cigarette brands - thereby preventing misconceptions from taking place in the minds of our countries youth.

You may send by Fax to:

Mr. Jagmohan Dalmiya
President
Board of Control for Cricket in India
Dr. B.C. Roy Club House
Eden Garden
Calcutta-700 021

Fax No. 033-2487555

With regards.

Yours sincerely,

Alok Mukhopadhyay
Executive Director

pr.

Wellington House 135-155 Waterloo Road London SE1 8UG Telephone 0171 972 2000
Direct line 0171 972

22/9/97
AGH

Our ref: 1997/12991

Alok Mukhopadhyay
Executive Director
Voluntary Health Association of India
Tong Swasthya Bhawan
40 Institutional Area South
South of IIT
New Delhi- 110016
INDIA

18 September 1997

Dear Mr Mukhophyay

Thank you for your letter of 12 August to Tessa Jowell about tobacco advertising and sponsorship. I have been asked to reply.

It is encouraging to hear that the issue of refusing sponsorship from tobacco companies is on the agenda for the June 1998 meeting of the International Cricket Council. However, unfortunately it would be inappropriate for Mrs Jowell to personally lobby the Board Members of the ICC.

Yours sincerely

Ms T Lawson
Tobacco Policy Unit

Richmond House 79 Whitehall London SW1A 2NS Telephone 0171 210 3000
From the Minister of State for Public Health

POH(3)1689/1219

Received on 6/8

Alok Mukhopadhyay
Executive Director
Voluntary Health Association of India
Tong Swasthya Bhawan
40 Institutional Area
South of DT
New Delhi-110 016
INDIA

Dear Mr Mukhopadhyay,

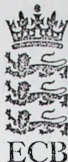
Thank you for your letter of 7 July to Frank Dobson about tobacco advertising and sponsorship.

The Government is fully committed to banning all forms of tobacco advertising and promotion, and is looking carefully at how best this can be achieved at sports events in a way which will minimise any damage to the sports concerned. Discussions are underway within Government on how best to achieve this and Ministers are consulting the sports concerned. The Government will publish a White Paper late this year setting out our plans for this and other measures to tackle tobacco consumption, and will include a transitional period.

It is to be hoped that measures taken in this country will provide an example to be followed throughout the world.

Yours sincerely
Tessa Jowell.

TESSA JOWELL



ECB
Marketing Department
Lord's Cricket Ground
London NW8 8QZ
Telephone 0171 432 1200
Facsimile 0171 286 5583

4 August 1997

Mr Alok Mukhopadhyay
Executive Director
Voluntary Health Association of India
Tong Swasthya Bhawan
40 Institutional Area
South of IIT
New Dlehi 110016
India

7/8/97
Alok

Dear Mr Mukhopadhyay

I refer to your letter of July 7 addressed to Mr A C Smith. I should point out that Mr Smith has retired and the Cricket Council is no longer in existence.

The ECB is now the governing body for cricket in England and Wales.

Coincidentally, tobacco sponsorship is likely to come to an end for UK events via government intervention and our contract with Benson & Hedges, which expires in 2000, is unlikely to be renewed.

I will discuss the matter with ICC - their next full meeting is in June 1998.

Kind regards

Terry Blake
Marketing Director

England and Wales Cricket Board Limited

Voluntary Health Association of India

PP: September 7, 1998

To

Members of Board of Control for Cricket in India.

Dear Sirs,

Over the last several months we have been writing to you about the urgency to prevent India's young generation from getting hooked to smoking and sought your help to prevent destruction of life and health of our youth.

An enthusiastic response from you encouraged us to go further in the matter and we have kept you posted about the happenings regularly.

The fact that whenever confronted with substantial evidence, on how by accepting sponsorship from tobacco giants, BCCI is advertising and promoting cigarette brands; They have always tried to weasle their way out by giving the excuse that they have a contract with ITC which cannot be changed, and secondly always passing buck, blaming the government which according to them should enact a comprehensive legislation regulating the tobacco companies and public at large. Only then BCCI could stop accepting sponsorship from tobacco companies and advertising their products through cricket. A close scrutiny of such excuses revealed that an equally prestigious Indian organisation - namely, the Indian Hockey federation - did not need all the conditions cited by BCCI to ban sponsorship from tobacco and alcohol producing companies for all activities of the IHF. Please consider this point very seriously.

The choice of raising funds by registered societies such as BCCI rests entirely on the board members and the general body members decision, and it is assumed that the amount and choice of donor comes from an understanding of each and every objective of the society and protection of the same. All bonafide members of any society are well aware that they should not go beyond the ambit of the objectives - while deciding on any activity - they are the ones who guard the charter and integrity of the society which is formed for public benefit. The societies Act - clearly says that any activity which is subversive - destructive to the objectives for which the organisation is formed - is ultra vires i.e. beyond

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VHAI

the powers of the societies executive as well as the enterprise - because it adversely affects the interest of the beneficiary - and the existence of a society which destroys the interest of its beneficiary - is naturally questionable and subject to scrutiny by the Registrar - the beneficiaries, and the public at large.

The reason why we are saying all this to you is that as a member of the society (BCCI) please ensure in your next AGBM - whether the BCCI - is doing any such enterprise which goes totally against any of the objectives laid out in the memorandum. For eg. The BCCI Memorandum of Association lays out its objective

2(F) "To foster the spirit of sportsmanship and the ideals of cricket amongst School, College and University students and others and educate them in the same".

2 (D) "To impart physical education through the medium of cricket and take all steps to assist the citizens to develop their physique".

If for the execution of its programmes - it raises donations from ITC - which clearly binds BCCI to advertise its cigarette brands on the signage in the stadia and on the shirts of all players - Then BCCI and its players are agents for advertising cigarettes to large masses of Indian population. There is no ambiguity regarding meaning of the word advertisement - which the chamber's dictionary defines as : "To make known to the public, to stress the good points of a product for sale. Anything (film or picture) which is intended to persuade the public to buy a particular product". It is therefore clear that by entering into a contract with ITC and agreeing to advertise its products i.e. cigarettes BCCI is instrumental in selling cigarettes brands produced by ITC.

Can BCCI by selling cigarettes produced by ITC to the Indian citizen, help in achieving its own objective of "imparting physical education through the medium of cricket - and take all steps to assist the citizen in developing its physique" ? and similarly by selling cigarettes can BCCI" Foster spirit of sportsmanship, and the ideals of cricket amongst schools, colleges, university students and educate them in the same ? a fact sheet on the disastrous effects of tobacco on human health - is enclosed. All information is authenticated by the World Health Organization - the top authority on health.

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Now, dear members and well wishers of BCCI the choice is yours.

Do you wish to continue selling cigarettes for ITC - and continue destroying your organization's objectives ?

Or, do you wish to correct the situation and restore the character and integrity of BCCI - and serve in improving along with cricket, the health of your beneficiaries ?

Do let us know.

Yours sincerely,

Alok Mukhopadhyay
Executive Director

Encls: Fact Sheet on Tobacco.

pr.

Voluntary Health Association of India

PP:

September 2, 1998

FAX NO. 0265-428833

Mr. J.Y. Lele
Hony. Secretary
Board of Control for Cricket in India
"Sanmitra", Anandpura
Baroda-390 001.

Sub: "MONEY, MEDAL MUDDLE"
AND SELF DESTRUCTION

Dear Mr. Lele,

No response to my letters of 4th May requesting you for a meeting is rather disturbing. BCCI had always responded to our communications in the past and a delay of four months is indicative of INDIFFERENCE which if left unattended, may lead to ill health. VHAI has been involved in promoting quality of life in the nation along with its 4000 associates located all over India. And it is our concern to prevent millions of youth in the age group which is most vulnerable to get caught in the habit of smoking. People in this group constitute 50% of total cricket lovers. With this in view we have been corresponding with BCCI. But your extended silence is making us wonder whether all is well at BCCI.

To be precise we are maintaining a dialogue with BCCI to emphasize the fact that by accepting sponsorship from tobacco companies the board is providing cheap, effective, and a massive advertising channel for tobacco companies. This in turn, apart from boosting sales of killer cigarettes is also having an effect which goes diametrically opposite to the objective of BCCI. We are emphasising this because apart from the ghastly effects of tobacco consumption on health (refer to information enclosed - though you will find all of this in the files at your office), we are concerned about the teenage cricket enthusiast who do not miss a single match broadcast on television and watch their heroes wearing shirts with badges very clearly advertising popular cigarette brands. Now, apart from alluring them to have a smoke, probably their first one, it also produces several misconceptions in their mind. For instance a study conducted by one of our associates brought out following observations: - Smoking makes fielders run faster.

- Smoking makes batsmen score more runs.
- Smoking enables fielders to take more catches.
- Smoking gives more strength.
- Smoking makes you manly.

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[illegible] New Delhi-110 016, INDIA.
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VHAI

- Smoking gives a mature image.
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Producing such misconceptions about cricket in the young minds and facilitating the process of their getting addicted to smoking and taking a path which will lead them to ill health and to death is making a mockery of the grand dreams and objectives laid out in the BCCI memorandum of association which was formulated by committed and eminent citizens of India. Unfortunately some of the activities of BCCI are countering squarely the objects as laid out in the memorandum of association of BCCI i.e. point no. 2(F) "To foster the spirit of sportsmanship and the ideals of cricket amongst School, College and University students and others and educate them in the same". Point 2 (O) "To impart physical education through the medium of cricket and take all steps to assist the citizens to develop their physique".

I am quoting only some amongst the many lofty objectives in the BCCI Charter, which sets out its constitution, lays the foundation on which structure of the BCCI is based. It defines BCCI's relation with the outside world and scope of its activities.

Its main purpose is to enable members and others who deal with the society to know what is BCCI's permitted range of enterprise. No authority of the society can go beyond the limitations laid down by its memorandum and if any activity does fall outside the scope of its memorandum, it becomes ultra vires the society. Such activities are also subversive (destructive) to the interest of the beneficiaries which in this case is the Republic of India, its residents, cricket community and all of these in relation to the world citizen.

Secondly the recent Media blitz which exposed a lot of what is wrong with not only cricket but sports in India at large. Various altercations between IOA and BCCI where very prominent questions were raised by the BCCI. The "badges" the Indian cricketers will be wearing. That BCCI can't break its contract with ITC etcetra. All this first of all, made every proud - Indian drop his head in shame in front of the world community. The India which is one of the founder members of ICC was labelled as being stuck between "More medals or more money". While all this was happening the world was watching particularly the cricket world

VHAI

the struggle, muddle, puzzle of Indian sports authorities and the grace, grandeur and excellence of what was happening in the midst of Sir Don Bradman the revered father of cricket and Sachin Tendulkar the magician cricketer.

We, would call it betrayal and subversion and we could also see the hide out of BCCI (contract with ITC). In instances of inter-nation conflicts such subversive activity is best curbed by destroying the hide outs and throttling subversion for ever so that no more innocent people die, children orphaned and families left high and dry with its bread earner dying in the ambush.

And frankly, death is what is resulting with the advertisement campaign launched by tobacco companies who have very cleverly found the shoulder of a gullible body with no backbone and the chest pushed inside mortally scared of what will happen if they say yes in the national interest and say no to the clever hunter. What will happen ? they panic, they tremble and finally succumb to. Let the wishes of the killer prevail let the total vulnerable age group population of the country get addicted to nicotine and die. Let there be no fresh crop of brilliance in the arena of Indian cricket. We have been continuously sending to BCCI feed back received from other Boards - Australia, England, South Africa etc. where they have openly accepted the responsibility and refashioned their contract with Benson and Hedges, before it could expire. A copy for your information is once again enclosed.

- What is BCCI afraid of ?
- Why is it hiding the contents of its contract with ITC ?
- What will happen if it refuses to walk on the ITC path ?
- Why doesn't it see the killing links ?
- Why does it flounder when it comes to taking a decision in the national interest ?
- Can it wash its hand off for being actually subversive to its own objectives ?
- Can it see that it is also a link in the big chain which results in morbidity and mortality ?

We are sure of your interest in putting an end to this self destruction. I request you once again to meet us, and acknowledge this letter.

Best wishes.

Yours sincerely,

Alok Mukhopadhyay
Executive Director

Encls: as above

pr.

VHAI

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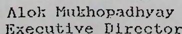

Alok Mukhopadhyay
Executive Director

Encls: as above

pr.

Voluntary Health Association of India

PP:

September 2, 1998

FAX NO. 0265-428833

Mr. J.Y. Lele
Hony. Secretary
Board of Control for Cricket in India
"Sanmitra", Anandpura
Baroda-390 001.

Sub: "MONEY, MEDAL MUDDLE"
AND SELF DESTRUCTION

Dear Mr. Lele,

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..2

- Smoking gives a mature image.
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CRICKET ASSOCIATION OF BENGAL

17/4
A-Colc-

JAGMOHAN DALMIYA
PRESIDENT

DR. B C ROY CLUB HOUSE
EDEN GARDENS, CALCUTTA-700 021

TELEPHONE
C A B 248 2447, 248 0411
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TELEX
O F F 021-4156 MLD IN
C A B 021-4617 CAB IN
F A X 033-2487555

16 April 1998

Mr Alok Mukhopadhyay
Executive Director
VOLUNTARY HEALTH ASSOCIATION OF INDIA
Tong Swasthya Bhawan
40 Insttitutional Area
South of IIT
NEW DELHI 110 016

Dear Mr Mukhopadhyay,

Thank you for your letter dated 15 April 1998.

While I do appreciate the sentiments expressed by you regarding tobacco advertising and sponsorship, I would like to mention that it is a matter of policy decision of the Board of Control for Cricket in India (BCCI).

Since I am no longer the Hony. Secretary of the BCCI, I would request you to write to the present Hony. Secretary of the BCCI in the matter whose contact details are as follows :

Mr J.Y. Lele
Hony. Secretary
BOARD OF CONTROL FOR CRICKET IN INDIA
"Sanmitra"
Anandpura
BARODA 390 001

Tel : (0265) 431122, 434646
Fax : (0265) 428833

With kind regards,

Yours sincerely,

J. DALMIYA
President

Wanderers Club, North Street, Illovo, 2196 [illegible]
[illegible] Telegraphic Address "WICKET" [illegible]
[illegible]
(011) 880 – 6578 (011) 880 – 2810

[illegible]

[illegible] Mukhopadhyay, Executive Director
[illegible] Association of India
[illegible] Bhawan
[illegible]

[illegible]

Dear Sir [illegible]

Thank you for your letter of 7th July. We have noted the contents and we [illegible] that a tobacco company sponsors South African Cricket.

[illegible]

[illegible]

[illegible] BACHER
MANAGING DIRECTOR [illegible] TED CRICKET BOARD OF SOUTH AFRICA

UNITED CRICKET BOARD SOUTH AFRICA

Wanderers Club, North Street, Illovo, 2196
P.O. Box 55009, Northlands 2116. Telegraphic Address "WICKET" [illegible]
Facsimile: (011) 880-6578. Telephone: (011) 880-2810

17 September 1997

Mr Alok Mukhopadhyay, Executive Director
Voluntary Health Association of India
Tong Swasthya Bhawan
40 Institutional Area
South of IIT
NEW DELHI - 110016

Dear Mr Mukhopadhyay

Thank you for your letter of 3rd September. We have noted the contents and suggest that you direct your thoughts to Mr David Richards, CEO of the ICC. His particulars are as follows -

Mr D L Richards
Chief Executive, I.C.C.
'The Clock Tower'
Lord's Cricket Ground
LONDON NW8 8QN

Fax : ** 44171 266 1771
Phone : ** 44171 266 1818

Kind regards

Ali Bacher

DR ALI BACHER
MANAGING DIRECTOR, UNITED CRICKET BOARD OF SOUTH AFRICA

Executive Committee: K Mncwabe (President), R White (Vice President), [illegible] (Treasurer), I Blair, M Dobson, [illegible], [illegible], K Pillay, SK Reddy, G Rowley, M Sibda, P Sonn
Managing Director: Dr A Bacher

Some of the excerpts are as follows :

(a) Letter from the Minister of State for Public Health , London dated 1st August 1997.

"... The Government is fully committed to banning all forms of tobacco advertisement and promotion and is looking carefully at how best this can be achieved at sports events in a way which will minimize any damage to the sports concerned...It is to be hoped that measures taken in this country will provide an example to be followed throughout the world."

(b) Australian Cricket Board dated 6th August 1997.

"... It was not until 1992 that the Federal Government introduced anti-tobacco legislation that prohibited tobacco companies from sponsoring sports. The Australian Cricket Board in tern ended its association with the Benson & Hedges Co., at the end of the 1995-96 season..."

(c) Letter from Marketing Director ECB, Lord's Cricket Ground, dated 4 August, 1997

"I refer to your letter of July 7 .... Coincidentally, tobacco sponsorship is likely to come to an end for UK events via government intervention and our contract with Benson & Hedges, which expires in 2000, is unlikely to be renewed.

I will discuss the matter with ICC - their next full meeting is in June 1998."

(d) New Zealand Cricket Board dated 28th July 1997

"... Your letter has been directed to our Board and as you will know, within New Zealand legislation has been in place for a number of years to prevent the use of such advertising and so we are sympathetic to it..."

(e) South African Cricket Board dated 5th August 1997

"... Thank you for your letter dated 7th July, we have noted the contents and inform you that no tobacco company sponsors South African Cricket..."

THE CRICKET CLUB OF INDIA

July 28, 1997

Voluntary Health Association of India,
Tong Swasthya Bhawan,
40, Institutional Area,
South of IIT,
New Delhi 110016

31/7/97

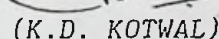
Dear Sir,

This has reference to your Circular dated June 20, 1997 about promotion ~~to~~ of tobacco products during the Sports and arts.

We wholeheartedly support your views that promotion of tobacco products during Sports and Arts should be stopped.

With regards,

Yours faithfully,



(K.D. KOTWAL)

MUMBAI

Regd Off : J.N. Tata Pavilion, Brabourne Stadium, Dinshaw Vachha Road, Mumbai 400 020
Tel: [illegible] • Fax: 91-022-[illegible] • Cable: "STADIUM", Bombay

FAX : 0091-079-6427676
GRAM : CRICKET

PHONE : (O) 464326
468787
(Stadium) 7487518

GUJARAT CRICKET ASSOCIATION

(Affiliated to The Board of Control for Cricket in India)

Sardar Patel Stadium, Near Sports Club of Gujarat Ltd.,
Navrangpura, Ahmedabad-380 014. (Gujarat)

President : Narhari Amin (R) 493415
Vice-President : Sudhir Nanavati (R) 445658
Vice-President : K. R. Desai (R) 53422, 63422 (Bulsar)
Hon. Secretary : Vikram Patel (R) 6449991
Jt. Hon. Secretary : G. G. Desai (R) 440761
Hon. Treasurer : Dhiraj Jogani (R) 377218

Ref: No. GCA/107/97-98.

18, July 1997.

The Executive Director,
Voluntary Health Association of India,
Tong Swasthya Bhawan, 40, Institutional Area,
South of IIT,
NEW DELHI - 110 016.

Dear Sir,

Cricket & Tobacco (The killing Links).

We are in receipt of your Circular letter dated 20th June, 1997 regarding the above subject and note with concern the consequences of using Tobacco-over a period of time, especially the number of victims it claims annually.

Television as a Medium of advertising is definitely increasing the popularit and viewership of all Sports and so is all more important for using it effectively.

In our opinion, there should not be any kind of advertisement on Television encouraging smoking or using any tobacco products.

The decision to accept Sponsorships, lie entirely with the Board of Control for Cricket in India. However, the ultimate decision should be of the person using the Tobacco product-as it will directly effect him/her.

On our 50th year of Independence we pledge to support you and your Organisation in your campaign 'Freedom from Tobacco' against promotion of Tobacco products and wish you a great success.

Yours sincerely,

(NARHARI AMIN)
President.

(VIKRAM PATEL)
Hon.Secretary.

B. A. JAMULA

D-1/21, Multistorey Bldg.,
Bharucha Baug,
S. V. Road, Andheri (West),
MUMBAI-400 058.
Phone : 620 43 22

14th July '97

To,
Mr. Alok Mukhopadhyay
- Executive Director
Voluntary Health Association of India
Tong Swasthya Bhawan
40, Institutional Area
South of IIT
New Delhi 110 016.

Dear Sir,

With reference to your letter dated 20.06.97 regarding Cricket & Tobacco (The Killing Links).

I take this opportunity of firmly supporting your movement in this association of banning Cigarettes and Tobacco from sports.

Thanking you,

Yours sincerely,

B A JAMULA
(All India Umpire)

T. M. Theagarajan
All India Umpire

Resi :
141, Ganapathi Nagar,
Main Road, Mambala Salai,
T.V. Kovil, Tiruchirapalli,
TAMILNADU-620 005.
Phone : 433887

Date 7. 7. 1997

To

Sri Alok Mukhopadhyay,
Executive Director,
Voluntary Health Assn. of India,
Tong Swasthya Bhavan,
40, Institutional Area, South of I.I.T.,
New Delhi - 110 016, India.

V.H.A.I.
[illegible]
Passed on to [illegible]

Dear Sir,

I am in receipt of your communication on 'Cricket and Tobacco (The Killing Links)' dated June 20, 1997.

There can be no two opinions on the fact that tobacco is an active promoter of killing diseases especially in our country in the recent years. The tobacco addiction — wherein the youth all over the world fall a prey has to be called to halt. Any step in that direction is most welcome and I am happy to note that (V)our organisation has come forward to bell the cat. I wish you all success and the patriotic population of this holy land is by you in your effort and let me pray that your mission achieves success in the total eradication of this menace!

I thank you Sir.

Yours sincerely

[signature]

Grams : "CRICKET" Bangalore
Telex No : 0845-3041 KSCA IN
Fax No. : 91-080-2863490

Phones : 2864437, 2863490, 2863289, 2869631, 2869649.

THE KARNATAKA STATE CRICKET ASSOCIATION

(Affiliated to the Board of Control for Cricket in India)
M. Chinnaswamy Stadium, Mahatma Gandhi Road, BANGALORE-560 001

Capt. K. THIMMAPPIAH
President
G. KASTURIRANGAN
Vice-President
H.S. PUTTAKEMPANNA
Vice-President
P.S. VISWANATH
Vice-President

K. C. DESAI
Hon. Treasurer

C. NAGARAJ
Hon. Secretary

I will place your letter before the Managing Committee of KSCA for needful action in this matter.

Thanking you,

Yours faithfully,
K. Thimmappiah.
(Dr.K.Thimmappiah)
President.

ew Zealand Cricket Inc.
vel 2
ıtional Bank Building
4 Hereford Street
) Box 958
ıristchurch, New Zealand
lephone 03 366 2964
csimile 03 365 7491

7/8/97
Y/k3k

28 July 1997

Alok Mukhopadhyay
Executive Director
Voluntary Health Association of India
Tong Swasthya Bhawan
40 Institutional Area, South of IIT
EW DELHI 110016

Dear Sir

This letter is by way of acknowledgment of your letter of July 7, in which you draw our attention to your organisation's concerns about tobacco company advertising in sport.

Your letter has been directed to our Board and as you will know, within New Zealand legislation has been in place for a number of years to prevent the use of such advertising and so we are sympathetic to it. You will also understand that New Zealand Cricket would not in any way wish to undermine the BCCI and the significance of those funds for its operation and will inevitably be guided at the International Cricket Council by their needs as well as the imperatives which you outline in your letter.

urs faithfully

Christopher Doig
Chief Executive

AUSTRALIAN CRICKET BOARD

Received 18.8.97
HCL

Mr Alok Mukhopadhyay
Executive Durector
Voluntary Health Association of India
Tong Swasthya Bhawan
40 Institutional Area
South of IIT
NEW DEHLI 110016
INDIA

August 6, 1997

Dear Mr Mukhopadhyay

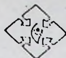
Thank you for your letter dated 7 July, 1997, in regards Benson and Hedges sponsorship of Australian Cricket.

The Benson and Hedges Company entered into a sponsorship agreement with Australian Cricket in 1973. At this time it was the Board's policy that sport in general and cricket in particular should be free to accept, or reject, sponsorship from any legally available source.

It was not until 1992 that the Federal Government introduced anti tobacco legislation that prohibited tobacco companies from sponsoring sport . The Australian Cricket Board in turn ended its association with the Benson and Hedges Company at the end of the 1995/96 season.

It is worth noting that at no time did Benson and Hedges request, or indeed did the Australian Cricket Board allow, the Benson and Hedges logo to appear on the players shirts, nor did any of the players in any way endorse the company. Benson and Hedges simply wanted to associate their brand name with cricket, which they achieved through signage at grounds and by obtaining the naming rights to the Test matches and the World Series Cup one day competition.

AUSTRALIAN CRICKET BOARD A C N
90 JOLIMONT STREET JOLIMONT
TELEPHONE (03) 9653 9999
FAX GENERAL (03) 9653 9911



VOLUNTARY HEALTH ASSOCIATION OF INDIA

PPU

June 20,1997

Mr Jagmohan Dalmiya
Chairman
International Cricket Council
The Clock Tower
Lords Cricket Ground
London NW 8 8 QN
U.K.

Fax - -0171-266 1777 (

Dear Mr Dalmiya,

We congratulate you on being the first Indian to become the Chairman of International Cricket Council.

We also express our disappointment on this occasion, because the UK which has pioneered the formation of ICC has already banned sponsorship of sporting events by tobacco companies - however, back home in India even though you were and still are the Secretary of BCCI, your response to our repeated, well researched requests to ban sponsorship of cricket by tobacco companies - has fallen on deaf and indifferent ears.

Our dismay also stems from the fact that you have shown no sign of appreciation to what was done in the UK, to what was done in the Olympics, Wimbledon and the Indian Hockey Federation which is an Indian organization, enjoying a status of eminence internationally. And these are just a few prestigious games where sponsorship from tobacco companies is not accepted.

You might try to put the ball in the Indian Government's court but that does not excuse a citizen like you shouldering, very important responsibilities, nationally and internationally.

Tobacco addiction is responsible for millions of needless deaths and disabilities which afflict the youth of your country due to the sponsorship of tobacco advertisement in cricket on television throughout the country, leading to young people of India 'trying out their first cigarette' and later getting addicted to this slow poison.

Making Health a Reality for the People of India

Tong Swasthya Bhawan, 40 Institutional Area, South of IIT, New Delhi-110016, INDIA
Phones : 6518071, 6518072, 6515018, 6962953, 6965871, Fax:011-6853708, Grams:VOLHEALTH, N.D.16
Donations exempted from IT under section 80-G of IT Act 1961
Also exempted U/S 10(23C)IV as applicable to institutions of importance throughout india

VHAI

We request you once again to give a hard and clinical look to the matter of refusing sponsorship from tobacco companies for cricket in India, and save the millions of vulnerable young cricket enthusiasts from this deadly drug i.e nicotine.

Wishing you all the best once again.

Yours sincerely,

Alok Mukhopadhyay
Executive Director

cc - Reuter
All British Newspapers.

sek.

8.7

VOLUNTARY HEALTH ASSOCIATION OF INDIA

PP: June 20, 1997

CRICKET & TOBACCO (THE KILLING LINKS)

Dear

This comes to you with best wishes from a coutrywide network of health professionals, researchers, doctors, health workers involved in promotion of health care in villages, districts, states; in short, a sizeable part of the Indian population. A much larger proportion of our population has keen interest in cricket, and whenever there is a cricket match people, mostly, the youth make sure they watch it on the television.

World Health Organisation dedicated the World No Tobacco Day to the theme "Sports and the Arts without Tobacco". Dr. H. Nakajima, Director General of WHO has stated that "Regular physical activity is vital for good health : it provides protection from a wide variety of physical and mental ailments. However, physical fitness and good health can be ruined by tobacco use. The consequences of tobacco use are very serious; it is estimated that about half of the adolescents who start smoking cigarettes and continue throughout their lives will eventually die from tobacco related diseases. Apart from smoking, all other forms of tobacco use are also very hazardous".

In India, around 10 lakh people die each year due to tobacco related diseases.

During a recent meeting on 'Cardiovascular Diseases Control Programme' at the Ministry of Health & Family Welfare, it was suggested that considering the disastrous effects of tobacco on health, Cricket Control Board of India should be requested not to accept sponsorship by tobacco companies. Since, it leads to countrywide advertisement of tobacco and young viewers relate a good cricketer to smoking and follow the role model by lighting their first cigarette.

Moreover prestigious sports organisations like the Indian Hockey Federation, Wimbledon, the Olympics to name a few have already stopped accepting tobacco sponsorship.

Making Health a Reality for the People of India

Tong Swasthya Bhawan, 40 Institutional Area, South of IIT, New Delhi-110016, INDIA
Phones : 6518071, 6518072, 6515018, 6962953, 6965871, Fax:011-6853708, Grams:VOLHEALTH, N.D.16
Donations exempted from IT under section 80-G of IT Act 1961
Also exempted U/S 10(23C)IV as applicable to institutions of importance throughout india

This is one industry which kills and is only concerned about proper display of their brand in a cricket match. They ensure that the viewer definitely looks at their brand apart from cricket leading to their first smoke and later on addiction for a lifetime.

As eminent and socially responsible sportsman, please consider, should cricket become a vehicle to promote this deadly product? which the Americans categorise as a "drug".

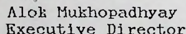
Amongst several studies, which have proved the killing effect of tobacco on health, a recent market study released in Washington by Mr. Richard Pollay a Professor of Marketing at the University of British Columbia found that sensitivity to cigarette advertising is about three times stronger among teenagers than among adults.

As a gesture of your support to save lives and prevent cricket from becoming a vehicle to advertise, addict and kill the youth of your society, we urge upon you to take a firm stand against the unethical promotion of tobacco products and kindly send us a line in support of the campaign against promoting tobacco products through sports and arts.

On the 50th year of our Independence let us jointly pledge...
- Freedom from Tobacco -

With best wishes,

Yours sincerely,



Alok Mukhopadhyay
Executive Director

Women Who Smoke Like Men

Amanda Amos & Claire Chollat-Traquet

When smoking amongst women was not as widespread as it is now, women were considered to be almost free from cardiovascular diseases and lung cancer.

Unhappily, the situation has changed, and smoking kills over half a million women each year in the industrialized world.

But it is also an increasingly important cause of ill health amongst women in developing countries.

Despite these alarming statistics, the scale of the threat that smoking poses to women's health has received surprisingly little attention.

Young girls and women need to be protected from inducements to smoke. Tobacco is a multi-national, multi-billion dollar industry. It is also an industry under threat; one quarter of its customers, in the long term, are killed by using its product and smoking is declining in many industrialized countries.

Smoking is still seen by many as mainly a male problem, perhaps because men were the first to take up the habit and therefore the first to suffer the ill effects.

This is no longer the case. Women who smoke like men will die like men.

As women took up smoking later than men, the full impact of smoking on their health has yet to be seen. But it is clear from countries where women have smoked longest, such as the United Kingdom and the United States, that smoking causes the same diseases in women as in men and the gap between their death-rates is narrowing.

Women specific

Smoking also affects women's health in ways that are specific to women, and that puts them at added risk.

Cervical cancer

Women smokers have higher rates of cervical cancer, while those who smoke and use the oral contraceptive pill are several times more likely to develop cardiovascular diseases than those who use neither.

Menopause, miscarriage, low-birth-weight

Smoking affects women's reproductive health, increasing the risks of earlier menopause, miscarriage and low-birth-weight babies — a major concern in those developing countries where a baby's health is already jeopardized by poverty and malnutrition.

Osteoporosis

Smokers are more prone to osteoporosis, a major cause of fractures in older people, particularly post-menopause women.

Smoke-Statics

Death toll

A recent WHO Consultation on the statistical aspects of tobacco-related mortality concluded that the toll that can be attributed to smoking throughout the world is 2.7 million deaths per year.

It also predicted that, if current patterns of cigarette smoking continue unchanged, the global death toll from tobacco by the year 2025 may increase to eight million deaths per year. A large proportion of these will be amongst women.

On current trends, some 20 to 25 per cent of women who smoke will die from their habit. One in three of these deaths will be among women under 65 years of age.

Developed and developing

WHO estimates that, in industrialized countries, smoking rates amongst men and women are very similar, at around 30 per cent: in a large number of developed countries, smoking is now more common among teenage girls than boys.

In most developing countries, where it is generally estimated that 50 per cent of men and five per cent of women smoke, the epidemic seems not to have reached women yet. But as cigarettes become more widely available and more heavily promoted, trends are changing.

Heart diseases, strokes and cancer

The US Surgeon General has estimated that, amongst these women, smoking is responsible for around 40 per cent of heart disease deaths, 55 per cent lethal strokes and, among women of all ages, 80 per cent lung cancer deaths and 30% of all cancer deaths.

Lung cancer

Over the last 20 years, death rates in women from lung cancer have more than doubled in Japan, Norway, Poland, Sweden and the United Kingdom; have increased by more than 200 per cent in Australia, Denmark and New Zealand; and have increased by more than 300 per cent in Canada and the United States.

Respiratory cancer

There are dramatically increasing trends in respiratory cancer among women in developed countries, and the causal relationship of smoking, rather than air pollution and other factors, to lung cancer is very clear.

In the United States, for instance, the mortality rate for lung cancer among female non-smokers has not changed during the past 20 years. During the same period, the rate among female smokers has increased by a factor of half.

Oral cancer

Smoking is already an important cause of cancer in many developing countries. In South-East Asia more than 85 per cent of oral cancer cases in women are caused by tobacco habits.

Data from Amanda Amos & Claire Chollat-Traquet

Passive smoking

Women's health is also affected by the smoking of others, that is, by passive or involuntary smoking; for example, it has been shown that non-smoking wives of heavy smokers run a higher risk of lung cancer.

In addition to these direct effects, we should not forget the indirect ones such as the additional burden in economic and non-economic terms that must be carried mainly by the mother as a consequence of morbidity and mortality of other family members from tobacco-associated diseases.

Protection, education, support

What can be done to halt and reverse the tobacco epidemic amongst women? The challenge is two-fold: to reduce the already high level of smoking among women in the industrialized world and to ensure that the low level of smoking in developing countries does not increase.

In order to achieve these goals, all countries need to develop comprehensive anti-tobacco programmes which take into account and address the needs of women. Whilst these programmes should be culture-specific and tailored to meet the local situation, experts agree that to be successful they must contain three key elements: protection, education and support.

To maintain profits, tobacco companies need to ensure that at least 2.7 million new smokers, usually young people, start smoking every year. Women have been clearly identified as a key target group for tobacco advertising in both the indusrializeed and developing worlds. Billions of US dollars each year are spent on promoting this lethal product specifically to women.

Young girls and inducements

Young girls and women need to be protected from inducements to smoke. Tobacco is a multi-national, multi-billion dollar industry. It is also an industry under threat; one quarter of its customers, in the long term, are killed by using its product and smoking is declining in many industrialized countries.

To maintain profits, tobacco companies need to ensure that at least 2.7 million new smokers, usually young people, start smoking every year.

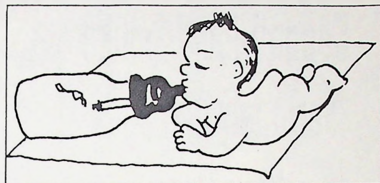
Woman as target

Women have been clearly identified as a key target group for tobacco advertising in both the indusrializeed and developing worlds. Billions of US dollars each year are spent on promoting this lethal product specifically to women.

"Women only" brands, widespread advertisements depicting beautiful, glamorous, successful women smoking, free fashion goods, and the sponsorship of women's sports and events(such as tennis and fashion shows), are all part of the industry's global marketing strategy aimed at attract-

Contd. on page 37

The Real Cost Of Tobacco



It costs a lot more then the two rupees or so you pay per cigarette.

What is the real cost of tobacco? The World Health Organisation (WHO) says the cost of tobacco goes far beyond the tragic health consequences. Tobacco is devastating to the economic health of the world as well.

It is for this reason that WHO has chosen the theme. "Tobacco costs more than you think" for the World No-Tobacco Day on 31 May, 1995.

Each year, three million people in the world die due to smoking, one death every ten seconds. Yet, this epidemic is not caused by any virus or bacteria. It is an epidemic created by the motive for profit, and perpetuated by those few who stand to earn so much while their products harm so many.

The tobacco industry has turned a blind eye to the needless deaths and suffering caused by its products, by marketing a substance that has as much potential for causing addiction as heroin or cocaine.

Tobacco products have no safe level of consumption, and are the only legal consumer products that kill when used exactly as the manufacturer intends. Researchers have rated nicotine as even more addictive than heroin, cocaine, marijuana or alcohol.

The Facts

How many smokers

- 1.1 billion smokers worldwide.
- In developed countries, 41% of men and 21% of women regularly smoke.
- In developing countries, 50% of men and 8% of women smoke.
- The number of women who smoke is increasing in many countries.

How many cigarettes

- 6,000 billion cigarettes are smoked every year.
- In developed countries, annual consumption of cigarettes dropped from 2,800 cigarettes per adult in the early 1980s to 2,400 in the early 1990s.
- In developing countries, which account for three-quarters of the world's population, per adult consumption rose from 1,150 cigarettes per year to 1,400 annually, and is still increasing at 1.7% per year.

How many deaths are caused by tobacco

- About three million deaths per year now, with about one-third of them in developing countries. If current smoking trends persist, this will increase to approximately ten million deaths a year in 30-40 years, with about 70% of them in developing countries.
- Every ten seconds another person dies because of tobacco use.
- Cigarettes currently cause about 20% of all deaths in developing countries.

Health facts about tobacco

Smoking is the single largest preventable factor in premature death, disability and disease. The negative health consequences of smoking are not as immediate as with other hazardous substances. There is a 30-40 year delay between the onset of smoking and the deaths that it causes.

Therefore, the health risks of tobacco are vastly underestimated by the public, and even by many of the authorities who are responsible for protecting and promoting public health. This is one of the reasons why tobacco products are still widely and easily available and why lenient tobacco policies are still in existence.

Smokers Harm Others As Well As Themselves

Environmental tobacco smoke

- causes lung cancer and other diseases in individuals exposed to second-hand smoke;
- exacerbates allergies and asthma.

Maternal smoking

This is associated with higher risk of miscarriage, lower birthweight of babies, and inhibited child development.

Parental smoking is also a factor in sudden infant death syndrome and is associated with higher rates of respiratory illness including bronchitis, colds and pneumonia in children.

The Economic and Human Costs of Tobacco Use

The real costs of tobacco are far more than you realise. However, the difficulty lies in quantifying these hidden costs some of which are:

- Medical bills for treating those suffering from smoking-related diseases.
- Nursing care for the terminally ill.
- Dealing with the responsibilities previously assumed by those patients.
- Smoking eats into the family income since paying for cigarettes to feed the addiction would mean less money on essentials such as food, housing, transport and children's education.
- Reduction in life-expectancy.
- Increased risk of permanent disability.
- Increased absenteeism from work as a result of intermittent illness.
- Suffering brought upon those people whose lives are torn apart due to the loss or illness of a loved one.

The value of human life and of attaining human potential, can-

Second-hand Smoke Seriously Damages Your Heart

As many as 60,000 non-smokers die each year in the US from heart disease brought on by passive smoking, say two American medical researchers. The evidence from scores of studies is now overwhelming, say Stanton Glantz and William Parmley of the University of California, San Francisco.

They argue that "environmental tobacco smoke" mounts a multi-pronged attack on the cardiovascular system, and that non-smokers are particularly susceptible.

"This might be so because even small amounts of chemicals in tobacco smoke have large effects on the heart," they say.

According to these researchers, chemicals in tobacco smoke damage the cardiovascular system in many ways. Carbon monoxide in tobacco smoke displaces oxygen from red blood cells so that less oxygen reaches the heart.

And the oxygen that does reach the heart is used less efficiently because chemicals in smoke lower the levels of a key enzyme called cytochrome oxidase.

Smoke activates platelets in the blood, making clot formation more likely. Activated platelets also damage the inner walls of arteries, triggering atherosclerosis, the dangerous clogging of blood vessels.

And nicotine increases the damage to the heart that follows a heart attack by increasing the build-up of damaging free radicals.

The review, published in the Journal of the American Medical Association (JAMA) in the first week of April 1995, also shows that non-smokers are far more susceptible to these effects than might be expected.

Smokers have a three times greater risk of developing heart disease than a non-smoker who is not regularly subjected to environmental smoke. But even though non-smokers who are continuously exposed to second-hand smoke inhale far less than a smoker, they have an increased risk of 30%.

Glantz and Parmley say this difference in sensitivity should be taken into account by policy makers.

"The tobacco industry loves talking about what they call `cigarette equivalents' — saying you'd have to be in a smoky bar for a thousand hours in order to breathe the equivalent of one cigarette," says Glantz. "We're saying that this kind of comparison just doesn't make sense."

The JAMA article comes when anti-smoking legislation is on the increase in the US. The Occupational Safety and Health Administration, the government body responsible for regulating conditions in the workplace in the US, is proposing new rules that would ban or seriously restrict smoking in every workplace.

Already, nearly every state in the US has some form of anti-smoking legislation, much of it inspired by the Environmental Protection Agency's declaration that second-hand smoke is a carcinogen. ■

(Source: New Scientist, 15 April 1995)

Contd. from page 8

not be adequately measured in pure economic terms. But difficulties in measurement should not leave us blind to these, for they are the biggest by far of the true costs of tobacco products.

US and UK Figures

USA — Cigarette smoking costs the nation US$ 52 billion in health expenditure or time lost from work each year, or about US $ 221 per person.

UK — smoking costs the National Health Service $ 437 million a year. Fifty million working days are lost each year because of smoking related diseases. ■

(Source: WHO's World No Tobacco Day kit)

TOBACCO-A GREAT KILLER BY S. D. RAJENDRAN FOR DINAMANI

புகையிலை – மனிதனை அழிக்கும் மாபெரும் கொலையாளி

8.22

இன்று உலகம் முழுவதும் புகையிலை ஒழிப்புத் தினம் கொண்டாடப்படுகின்றது. புகையிலை மூலம் மனித இனத்திற்கும் சுற்றுப்புறச் சூழலுக்கும் ஏற்படும் ஆபத்தை புரிந்து கொண்டால் தான். புகையிலையை ஒழிப்பதற்கு ஆக்கபூர்வமாக சிந்தித்துச் செயல்பட முடியும்.

1998, நவம்பர் மாதம் 17ம் தேதி "பிசினஸ் ஸ்டாண்டர்டு" என்ற பத்திரிக்கையில் வந்த செய்தி: அமெரிக்காவில் உள்ள எல்லா சிகரெட் தயாரிக்கும் கம்பெனிகளும் அந்தந்த மாகாண அரசாங்கங்களும் ஒரு ஒப்பந்தம் தயாரித்திருக்கின்றன; அதன்படி சிகரெட் புகைப்பதினால் ஏற்படும் நோயை குணமாக்க அரசாங்கத்திற்கு ஏற்படும் செலவைச் சரிகட்டும் காரியமாக சிகரெட் கம்பெனிகள் ஒரு ஆண்டுக்கு 10 பில்லியன் டாலர் [1 பில்லியன் என்பது 100 கோடி] 25 ஆண்டுகளுக்கு 250 பில்லியன் டாலர் தந்து விடுவதாக ஒப்பந்தம் தயாரிக்கப்பட்டிருக்கின்றது. ஆனால் சமூக நலக் குழுக்கள் இந்த ஒப்பந்தத்திற்கு எதிர்ப்புத் தெரிவித்து சிகரெட் உற்பத்தியையே நிறுத்த வேண்டும் என்று போராடுகின்றன.

ஏப்ரல் 1ம் தேதி, 1999 "நியூ இந்தியன் எக்ஸ்பிரஸ்" பத்திரிக்கையில் வந்த செய்தி என்னவென்றால் அமெரிக்க நாட்டில் போர்ட்லாண்ட் மாகாண நீதிமன்றம் அளித்த தீர்ப்பின்படி பிலிப் மோரிஸ் என்ற கம்பெனி தயாரித்த சிகரெட்டை புகைத்ததினால் நுரையீரல் புற்று நோய் ஏற்பட்டு 40 வயதில் இறந்தவரின் குடும்பத்திற்கு 81 மில்லியன் டாலர் [1 மில்லியன் என்பது 10 லட்சம்] நஷ்ட ஈடாகத் தர வேண்டும் என்று தீர்ப்பு கூறியுள்ளது. இந்த உதாரணத்தின் மூலம் வெளிப்படுவது என்ன?

புகையிலை எந்த அளவிற்கு உடல் நலக்கேடு உண்டு பண்ணுகின்றது என்பதையும் மேற்கத்திய நாடுகள் அதை ஒழிப்பதில் எவ்வளவு நாட்டமும் கருத்துமாய் இருக்கின்றது என்பதையும் இந்த உதாரணத்திலிருந்து தெளிவாக புரிந்து கொள்ள முடிகின்றது அல்லவா?

புகைபிடிப்பதை விட்டு விடுவது ஒன்றும் சாதாரண
காரியம் அல்ல. புகையிலையில் 4000 இரசாயனப் பொருள்கள்
அடங்கியுள்ளன. அதில் விஷத்தன்மையுள்ள 42 பொருள்கள் உள்ளன;
அவற்றில் முக்கியமானவை நிக்கோடின், தார் (Tar) போன்ற பொருட்கள்.
நிக்கோடின் என்பது மனிதனை தனக்கு அடிமையாக்குவதில் மிகவும்
சக்தி வாய்ந்தது. அதற்கு அடிமையாகி அல்லல் படுவோரின் எண்ணிக்கை
நாளுக்கு நாள் அதிகரித்துக் கொண்டே வருகின்றது. புகைப்பதினாலும்,
அதை வாயில் போட்டு சுவைப்பதாலும் [Chewing] ஏற்படும் கொடுமையான
உடல்நலக் கேடுகளை விஞ்ஞான முறைப்படி நிரூபிக்கப்பட்டு பறை
சாற்றிக் கொண்டிருந்தாலும் புகைப்பதை விட்டு விட மனம் இடங்-
கொடுப்பதில்லை. நிக்கோடினின் அடிமைப்படுத்தும் சக்தியின்
வலிமையை இதனால் எளிதில் புரிந்து கொள்ள முடியும்.

உலக சுகாதார அமைப்பின் [WHO] அறிக்கையின்படி
உலகமெங்கிலும் 1 நிமிடத்தில் புகையிலையை புகைத்துக் கொண்டு
அல்லது மென்று கொண்டோ இருப்பவர்களின் எண்ணிக்கை
1 கோடியே 30 லட்சம் மனிதர்களாவார்கள். இதனால் ஒவ்வொரு
வருடமும் 35 லட்சம் மக்கள் இறந்து கொண்டிருக்கின்றார்கள்;
அதாவது ஒவ்வொரு நாளும் 10,000 பேர் இறந்து கொண்டிருக்கின்-
றார்கள். தமிழ் நாட்டின் ரோடுகளில் ஓடும் பேருந்துகளில் ஒரு நாளில்
250 பேருந்துகள் விபத்துக்குள்ளாகி அதில் பயணம் செய்த பயணிகள்
அனைவரும் இறந்து விட்டால் என்ன நிலைமை ஏற்படுமோ —
அந்தளவு நிலைமைதான் உலக அளவில் புகையிலையால் ஏற்படும்
மரணமும் நிகழ்கிறது. ஆகவே புகையிலை ஆபத்து என்ற கொடுமை
யைப் பற்றி நாம் ஆழ்ந்து சிந்திக்க வேண்டிய நிலையில் உள்ளோம்.
புகையிலையால் இறப்பின் எண்ணிக்கை விகிதமானது எய்ட்ஸ்,
காசநோய் [T.B], மலேரியா, பிரசவ மரணம், வாகன விபத்து,
தற்கொலை மற்றும் கொலைகள், கலவரங்கள் முதலியவற்றால்
ஏற்படும் மரணத்தை விட அதிகமாகும் என்றால் புகையிலை என்பது
மனிதனை அழிக்கக் கூடிய மிகப் பெரிய கொலையாளி
[Killer] அல்லவா!

புகை பிடிப்பதை ஏன் தடுக்க வேண்டும் அல்லது நிறுத்த வேண்டும்? புகைப்பதனால் ஏற்படும் புகை இருதய வியாதி, நுரையீரல் புற்று நோய், ரத்தக்குழாய் அடைப்பு, மூட்டு வாதம், சுவாசக் கோளாறு போன்ற உயிரைக் கொல்லக் கூடிய ௨௫ வகையான நோய்களை உண்டாக்குகின்றது. மேலும் ஆண்மை யிழப்பு, கரு உருவாகாத தகுதியின்மை போன்ற குறைகளையும் ஏற்படுத்துகின்றது. புகைப்பதினால் ௨௨ வருடங்கள் அதிகமாக வாழ்வதை ஒருவர் இழக்கின்றார் என்று உலகச்சுகாதார நிறுவனம் கூறுகின்றது.

புகை பிடிப்பவர் மட்டும் மல்லாது அவர் அருகில் உள்ளவர்களும், குடும்பத்தாரும் வெகுவாகப் பாதிப்புக்குள்ளாகின்றனர். சிறு குழந்தைகள் சிகரெட், பீடி யின் புகை கலந்த காற்றைச் சுவாசிப்பதால் உடனே உயிர் விடும் அபாய நிலையும் சுவாசக் கோளாறு நோய்கள், காது கேளாமை நோய் போன்றவைத் தாக்கும் அபாயமும் உண்டு. வயது வந்தோர் இந்த புகையைச் சுவாசிப்பதால் இதயக் கோளாறு, நெஞ்சடைப்பு [heart attack] நுரையீரல் புற்று, போன்ற நோய்களுக்கு ஆளாகின்றனர். தாய் தந்தையர் புகைப்பதால் தங்கள் பிள்ளைகளும் அப்பழக்கத்திற்கு மிக எளிதில் அடிமையாகி விடும் வாய்ப்புகள் அதிகம். தாய்மார்கள் புகைப்பதால் தங்களுக்கும் தங்கள் கருவில் உள்ள குழந்தைகளுக்கும் அதிக கேட்டை உண்டு பண்ணுகின்றார்கள்

அதிர்ச்சி தரும் இந்திய நிலவரம்

இந்தியாவில் ௨௦ கம்பெனிகள் சிகரெட் தயாரிக்கும் தொழிலில் ஈடுபட்டிருக்கின்றன. இவை 100 வகையான சிகரெட்டுகளை வியாபார புழக்கத்தில் விடுகின்றன. பீடி மற்றும் மெல்லும் புகையிலைத் தயாரிக்கும் கம்பெனிகளும் அதிகம் உள்ளன.

நம் நாட்டில் 5,76,200 மெட்ரிக்டன் புகையிலை தயாரிக்கப்படுகின்றது. இதனால் அதிகமாக புகையிலை உற்பத்தி செய்யும் நாடுகளின் மூன்றாம் இடத்தை உலக அரங்கில் பிடித்துள்ளோம். ஏறக்குறைய 1000 கோடி சிகரெட்டுக்களும் 85 கோடி பீடிகளும் நம் நாட்டில் — தயாரிக்கப் படுகின்றது.

தற்சமயம் நம் நாட்டில் ஏறக்குறைய 14 கோடியே 20 லட்சம் ஆண்களும் 3 கோடியே 70 லட்சம் பெண்களும் புகைபிடிக்கும் பழக்கத்தில் உள்ளனர். இவர்களனைவரும் 15 வயதிற்கு மேற்பட்டவர்கள் என்றும், புகைபிடிப்பதில் 15 வயதிற்கு கீழ்பட்டோர் 40 லட்சம் என்றும் உலக சுகாதார நிறுவனம் கூறுகின்றது.

இந்த பழக்கத்தால் உண்டாகும் நோயால் நம் நாட்டில் வருடத்திற்கு 6,35,000 பேர் மரணமடைகின்றார்கள். அதாவது 44 பேருந்து பயணிகள் ஒரே நாளில் மரணமடைவதற்குச் சமம் இது. இந்திய நகரங்களில் வாழும் புகைப்பவர்களில் 25 விகிதம் மக்கள் கொடுமையான சுவாசகோளாறு நோய்களுக்கு ஆளாகின்றனர். இருதய நோய், நுரையீரல் நோய் முதலியவற்றால் பாதிக்கப் படுபவர்கள் ஒரு ஆண்டிற்கு 1 கோடியே 20 லட்சம் பேர் என்று உலக சுகாதார நிறுவனம் கணக்கிட்டிருக்கின்றது. இந்தியாவில் நுரையீரல் புற்று நோயால் இறப்பவர்களில் 90 விழுக்காடும், சுவாச உறுப்பு கோளாறினால் இறப்பவர்களில் 75 விழுக்காடும் இருதயக் கோளாறினால் இறப்பவர்களில் 25 விழுக்காடும் புகைபிடிப்பதினாலேயே இறக்கின்றார்கள் என்று உமா ராம்நாத் எழுதிய 'மூன்றாம் உலக நாடுகளுக்கு எச்சரிக்கை' என்ற நூலில் கூறப்பட்டுள்ளது. வாய் புற்று நோய் உலகிலேயே இந்தியாவில் தான் அதிகம், இது புகையிலை — பான்பராக், மாணிக்சந்த் போன்ற பான் மசாலா அயிட்டங்களை சுவைப்பதால் வருகின்றன. கடந்த 10 ஆண்டுகளில் இதை பயன் படுத்துவதில் அதிவேகம் காணப்படுகின்றது என்பது கவலைக்குரியதாகும்.

இந்தியப் பொருளாதாரத்தில் புகையிலையின் பங்கு

இந்திய பொருளாதாரத்தில் புகையிலையின் பங்கு சாதக பாதகங்கள் அடங்கியதாக இருந்தாலும், சாதகத்தை விட பாதகமும் இழப்புமே மேலோங்கி நிற்கின்றது. புகையிலை விவசாயத்திலும் பீடி, சிகரெட் தயாரிப்பதிலும் லட்சக்கணக்கானவர்கள் வேலை செய்கின்றார்கள் என்பது உண்மைதான் "வேலைவாய்ப்பு குறையும், வருமான இழப்பு ஏற்படும்" என்பதனால் புகையிலை உற்பத்தியை நிறுத்தக் கூடாது என்று சொல்லுவது ஒரு வகையான வாதம் ஆகும். இது ஆயுதம் தயாரிப்பவர்களும் அணுகுண்டை உற்பத்தி செய்பவர்களும் தாம் வேலை இழக்காமல் இருக்க 'இரண்டாம் உலகப் போர்' நிறுத்தப்படாமல் தொடர்ந்து கொண்டே இருக்க வேண்டும் என்று வாதிடுவதற்கு சமமாகும். 9.7.98ல் டெல்லியில் வெளியாகும் பயோனியர் பத்திரிக்கையில் வந்த தகவல்படி இந்திய அரசாங்கத்திற்கு புகையிலை மூலம் கிடைக்கும் வருமானம் 1,100 கோடி ரூபாய். ஆனால் புகையிலையால் நேர்ந்த வியாதிகளுக்கு சிகிச்சை யளிப்பதற்கு அரசாங்கம் செலவிட்ட தொகை ரூபாய் 2.400 கோடி-யாகும். புகையிலையால் பெறும் வருமானத்தை விட அதிக செலவு. அதனால் ஏற்படும் நோய்களால், உற்பத்தி பாதிப்பும் ஏற்படுகின்றது; வேலைத் திறமை குறைகின்றது; இறுதியாக அகோரமான விரைவான மரணத்தைக் கொடுக்கின்றது. இது பொருளாதாரத்தையும் சமூகத்தையும் குடும்பத்தையும் மிகவும் பாதிக்கக் கூடிய காரியமாகும். மற்றொரு விஷயம் என்னவென்றால் தொழிற்சாலைகளிலும், வாழும் இடங்களிலும், மலைப் பிரதேசங்களிலும் ஏற்படும் பெரும் தீவிபத்துக்களுக்கு புகைபிடிப்பவர்களின் கவனக்குறைவே மிக முக்கிய காரணமாக அமைகின்றது என்பதாகும்.

சமூக நலக் கேடுகள்

புகையிலை பயிர் செய்வதிலிருந்து அதைப் பதப்படுத்துவது வரை அதில் வேலை செய்பவர்கள் அதிகம் பேர் பெண்களும் சிறுவர்களும் தான். வேலை பார்க்கும் பொழுது புகையிலை வாடையையே சுவாசிப்பதால் 'நிகோடின்' விஷம் அவர்கள் உடலைத் தாக்கி நோய்க்குள்ளாக்குகின்றது. மேலும் புகைபிடிப்பதற்கும் புகையிலை மெல்லும் பழக்கத்திற்கும் வெகு எளிதில் அவர்கள் ஆளாகின்றார்கள்; இதனால் விரைவான மரணத்திற்கு அவர்கள் தள்ளப்படுகின்றார்கள்.

வருமானத்தை ஈட்டும் குடும்பத் தலைவர் புகை பிடிக்கும் பழக்கத்திற்கு அடிமையாகி விட்டால் அவர் பல வியாதிகளுக்கு ஆளாக்கப்பட்டு விரைவான மரணத்திற்கு தன்னை இட்டுச் செல்வதோடு மட்டுமல்லாமல் தன் குடும்பத்தையும் வறுமை நிலைக்கு கொண்டு செல்கின்றார். வருமானத்தில் கணிசமான பகுதி புகைப்பதற்கு செலவழிப்பதால் குடும்ப அத்தியாவசியத் தேவையான உணவு, உடை, [illegible] கல்வி, சுகாதாரம் போன்றவைகளுக்கு தேவைப்படும் பணத்திற்குத் தட்டுப்பாடு ஏற்படுகின்றது. நம் நாட்டில் வறுமையில் வாழ்பவர்கள் அதிகம்; மேலும் மிகவும் மோசமான நிலையில் அதாவது வறுமைக் கோட்டுக்குக் கீழ் வாழ்பவர்கள் எண்ணிக்கை 32 கோடி என்று திட்ட கமிஷன் அறிக்கை கூறுகின்றது. இவ்வாறு மக்களை வறுமைக்கு ஆளாக்கி பட்டினியோடு இரவு படுக்கைக்குச் செல்வோரின் எண்ணிக்கையை உயர்த்துவதில் புகையிலையின் பங்கு முக்கியமானதாகும். மேலும் புகைப்பதினால் ஏற்படும் வியாதிகளைக் குணப்படுத்த தேவைப்படும் பணத்திற்காக கடன் படவும் அல்லது சிறு உடைமைகள் இருந்தால் அதை விற்கவும் செய்கின்றனர். வேறு எதுவும் இல்லாவிட்டால் கொடூரமான, விரைவான மரணத்திற்கு இலக்காகி விடுகின்றனர்.

'ஒரு சிறு கணக்குப் போடுவோம்' விலை குறைந்த சிகரெட் பிடிப்பவர்களுக்கு ஒரு நாளைக்கு ஒரு பாக்கெட் தேவைப்படும். ஒன்றின் விலை ரூ 5 என்று வைத்துக் கொண்டால் 20 வயதில் புகைக்க ஆரம்பித்து 40 வயதில் அவர் செலவழிக்கும் மொத்த பணம் 73,000. அந்த பணத்தை வங்கியில் போட்டு கூட்டு வட்டியில் கணக்கிட்டால் 20 வருடத்தில் 2,95455.9 பைசா கிடைக்கின்றது. மேலும் புகைப்பதின் விளைவாக நோய் எதிர்ப்பு சக்தி குறைந்து பல நோய்களுக்கு ஆளாகி அதற்காக செலவழிக்கும் பணத்தையும் சேமிப்பில் சேர்த்தால் இதன் மொத்த தொகை இன்னும் கூடும். இந்த பணத்தைக் கொண்டு ஒருவர் 40 வயதில் தன் குடும்பத்திற்கு சுகாதார முறைப்படி நகரத்தில் வீடு வாங்கவோ அல்லது கட்டிக்கொள்ளவோ முடியும். ஆனால் புகைப்பதால் உணவு உடைகளுக்குச் சிரமப்பட்டு குடியிருக்க வீடு இல்லாமல் தன்னுடைய இந்த அத்தியாவசிய தேவையை பூர்த்தி செய்ய முடியாத நிலைக்கு ஆளாகின்றார். மற்றொரு மோசமான பாதிப்பு என்னவென்றால் புகைப்பவர்கள் எளிதில் மது பழக்கத்திற்கும் மற்ற போதைப் பொருள் உபயோகத்திற்கும் அடிமையாகி விடுகின்றனர் என்பதாகும். இதனால் பொருளாதார ரீதியில் வறுமைக்கும், சமூக ரீதியில் அமைதியைக் கெடுக்கும் காரியங்களிலும், பல குற்றங்கள் பெருகுவதற்கும் காரணமானவர்களாகின்றனர்.

சுற்றுப்புறச் சூழலுக்கு ஏற்படும் பாதிப்புகள்.

கடந்த 50 ஆண்டுகளுக்கு மேலாக இந்தியாவில் பல பகுதிகளில் புகையிலையை மட்டுமே தொடர்ந்து பயிர் செய்து கொண்டு வருவதால் விவசாய நிலங்கள் சத்தற்று சக்கை போல் ஆகிவிட்டது. இரண்டாவதாக புகையிலைப் பயிரின் இலையைப் பூச்சிகள் தாக்காமலிருக்க அதிகமான பூச்சிக் கொல்லிகள் தெளிக்கப்படுகின்றது. இவை ஒவ்வொரு வருடமும் தொடர்ந்து தெளிக்கப்படுவதால் பூச்சிகள் அந்த பூச்சிக் கொல்லிகளுக்கு எதிர்ப்பு தன்மை பெற்று விட்டன.

நான்காவதாக இவ்வாறு தெளிக்கப்படும் பூச்சிக் கொல்லிகள் மற்றும் இரசாயன உரங்களாலும் மண், காற்று, தண்ணீர், ஆகிய வற்றை பாழ்படுத்தி சுற்றுபுறச் சூழலுக்கு பெரும் கேடு விளைவிக்கப் படுகின்றது.

புகையிலை உலர்த்திப் பதப்படுத்துவதற்கு 1 கிலோ புகையிலைக்கு 100 முதல் 130 கிலோ வரை விறகு தேவைப்படுகிறது அதாவது 300 சிகரெட்டுக்கு 1 மரம் வேண்டும். இதற்காக விவசாய நிலங்களிலும், காடுகளிலும் உள்ள மரங்கள் வெட்டப் படுகின்றன. மரங்கள் வெட்டப்படுவதால் சத்தான மேல் மண் மழையால் அடித்துச் செல்லப்படவும், மண் அரிப்பு ஏற்படவும் வாய்ப்பு ஏற்படுகின்றது. இதனால் மண் களர் மற்றும் உப்புத் தன்மை அடைகின்றது. மேலும் காடுகளை அழிப்பதாலும் மரங்களை வெட்டுவதாலும், மழையின்மை, வெப்ப நிலையில் மாறுபாடு போன்ற பல்வேறு சுற்றுப் புற சூழல் பாதிப்பிற்கு ஆளாக்கப் படுகின்றோம்.

இது போன்று இயற்கை வளத்தை பாழாக்கி விவசாய மண்ணை சத்தற்றதாக்கி, சுற்றுப்புற சூழலுக்கு பாதிப்பு ஏற்படுத்தி, மனிதனுக்கு பல்வேறு வியாதிகளையும், அதன் மூலம் விரைவான மரணத்தையும் உண்டாக்கும் இந்த புகையிலையைப் பயிரிடுவதும் அதன் மூலம் சிகரெட், பீடி மற்றும் பான் மசாலா போன்றவைகளைத் தயாரிப்பதும் அவசியம்தானா? என்பதை நாமும், நம்மை ஆள்பவர்களும் அதிக அக்கறையோடு சிந்திக்க வேண்டிய கட்டாயத்தில் உள்ளோம். புகையிலை என்பது நாம் புகைத்தாலும், இல்லாவிட்டாலும் அது நம் ஒவ்வொருவருடைய பிரச்சனை என்பதை உணர வேண்டும். இது மனித சமுதாயத்தை அழிக்கும் மிகப் பெரிய "கில்லர்" ஆக ஆக்கப்பட்டுள்ளது. மத்தியிலும், மாநிலத்திலும் சட்டங்கள் இயற்றுபவர்களையும், நிர்வாக கொள்கைகளை உருவாக்குபவர்களையும், புகையிலை உற்பத்தியை தடுப்பதற்கு வேண்டிய ஏற்பாடுகளைச் செய்வதற்கு பொது மக்களாகிய நாம் அவர்களை கண்டிப்பான முறையில் நிர்பந்திக்க வேண்டிய கால கட்டத்தில் உள்ளோம்.

கிரிக்கெட்டும் புகையிலையும்

ஆசிய நாடுகளில் கிரிக்கெட் போட்டி மிகவும் புகழ் வாய்ந்ததாக இருக்கிறது. முக்கியமாக இந்தியாவில் மிகவும் பிரபல்யமாகவும் இளைஞர்களைக் கவரும் விளையாட்டாகவும் உள்ளது. இந்த வாய்ப்பைப் பயன்படுத்தி சிகரெட் தயாரிக்கும் கம்பெனிகள் கிரிக்கெட் விளையாட்டை நடத்துவதற்கு பண உதவி செய்யும் சிகரெட் வியபார பெயரால் [Tradename] வெற்றிக் கோப்பைதனை வழங்கியும் நேரடியாகவும் மறைமுகமாகவும் விளம்பரப் படுத்தி தங்கள் வியபாரத்தை ~~அதிகம்~~ பெரிதாக்கிக் கொள்கின்றனர்.

1996 உலக கோப்பை கிரிக்கெட் பந்தயம் நடந்தபொழுது அதில் 12 நாடுகள் கலந்து கொண்டன. ஒருமாதம் நடந்த அந்த பந்தயத்தை தொலைக்காட்சியில் மில்லியன் மக்கள் கண்டு களித்தனர். இந்தப் பந்தயம் "வில்ஸ் உலக கோப்பை 96" என அழைக்கப்பட்டது. இந்தப் பந்தயத்திற்குப்பின் கோவாவில் உள்ள புகையிலை ஒழிப்புச் சங்கமும். லண்டனில் உள்ள பல்கலைக்கழகக் கல்லூரியும் [University College, London] இந்தியாவில் நடத்திய ஆய்வின்படி ~~உலக~~ வில்ஸ் உலகக் கோப்பை 96 கிரிக்கெட் பந்தயத்திற்குப் பிறகு 13% இந்திய மாணவர்கள் புகைபிடிக்கத் தூண்டப்பட்டார்கள். 5.9% மாணவர்கள் வில்ஸ் சிகரெட்டை தீவிரமாக புகைத்தனர்; 16% மாணவர்கள் மற்ற சிகரெட்டை புகைக்க ஆரம்பித்தனர் என்று தகவல் தருகின்றது.

எனவே புகழ்பெற்ற விளையாட்டுகளை நடத்த சிகரெட் கம்பெனிகள் ஆதரவு தருவதன் மூலம் புகைபிடிப்பதால் கிரிக்கெட் விளையாடும் திறன் கூடுகின்றது என்ற மாயையான உணர்ச்சியை மாணவர் மத்தியில் உண்டு பண்ணி சிறு பிராயத்திலேயே அவர்கள் அந்த கெட்ட பழக்கத்தில் ஈடுபடச் செய்கின்றது என மேற்கூறிய ஆய்வு தெளிவு படுத்துகின்றது.

திரைப்படமும் ஸ்டைல் புகையும்

இளைஞர்கள் மத்தியில் புகைபிடிக்கும் எந்தளவு உள்ளது? அது பற்றிய விழிப்புணர்வு இருக்கின்றதா? நவீன தொலைத் தொடர்பு சாதனம் வழியாக ஒளிபரப்பும் காட்சிகள் மற்றும் புகழ் பெற்ற நடிகர்கள் ஸ்டைலாக புகை பிடிக்கும் காட்சியினை திரைப்படத்தின் மூலமாக கண்டு களிக்கும் இளைஞர்கள் இப்பழக்கத்திற்கு எவ்வாறு ஆட்படுகின்றார்கள் என்று கணிக்க மதுரை காமராஜர் பல்கலைக்கழகம், மதுரை மாநகரத்தில் மட்டும் 1997ல் ஆண்டில் ஒரு ஆய்வு மேற்கொண்டது. அதன்படி பெரும்பான்மையான இளைஞர்கள் அதாவது 67% புகைபிடிப்பதற்கு அடிமையாகியுள்ளனர். இவர்கள் 16 முதல் 20 வயதில் இந்த பழக்கத்தை கொண்டவர்களாக இருக்கின்றார்கள். இவர்களில் 43% இளைஞர்கள் புகைத்தலினால் ஏற்படும் பல தொல்லைகளுக்கும், நோய்களுக்கும் ஆட்பட்டு விட்டனர் என்று அறிவிக்கின்றது. இந்திய மாணவர் மத்தியிலும், இளைஞரிடத்திலும் இந்தப் பழக்கம் வளருமானால் நாட்டின் நிலை என்னவாகும்?

புகையிலைத் தடுப்புச் செயல்பாடுகள்

"ஆஹா புத்துணர்ச்சி
இழுக்க இழுக்க இன்பம் இறுதிவரை"

என்று பத்திரிகையிலும், டிவியிலும் உண்மைக்கு மாறான விளம்பரங்கள் மூலம் சமூகத்தில் உருவாக்கப்படும் போலி மயக்கங்கள் ஏராளம். காதலர்கள் சந்திப்பு முதல் கடின உழைப்பாளி வரை விளையாட்டு வீரர்கள் முதல் விவேகமிக்க விஞ்ஞானிகள் வரை புகைப்பதை நேசிக்கிறார்கள் போலவும். மிகவும் இனிமையான நேரத்தில் அவை உருவாக்குவதைப் போலவும், புகையிலை [illegible] கள் உருவாக்கும் விளம்பரங்கள் பல [illegible]

ஆனால் வளர்ச்சியடைந்த அமெரிக்காவிலும் ஐரோப்பிய நாடுகளிலும் புகை பிடிப்பதையும், சிகரெட் தயாரிப்பதையும் தடுக்கும் முயற்சியில் அந்நாட்டு அரசாங்கம் தீவிரமாக உள்ளது. நமது நாட்டிலும் இந்த முயற்சியை தீவிரமாக்க முடிவு செய்துள்ளனர். ஆஸ்திரேலியா, நியூசிலாந்திலும் மிக கடுமையான சட்டங்கள் அமுலாக்கப்பட்டு வருகின்றன. கடந்தமுறை நமது கிரிக்கெட் வீரர்கள் "வில்ஸ்" பெயர் பொறித்த மேலாடையை பயன்படுத்துவதற்கே நியூசிலாந்து அரசாங்கம் மிகவும் எதிர்ப்புத் தெரிவித்தது. இந்நிலையில் சிகரெட் தயாரிக்கும் மேலை நாடுகள் தங்கள் வியாபாரத்திற்கு ஆசியாவையும், குறிப்பாக இந்தியாவையும் நம்பிச் செயல்பட்டுக் கொண்டிருக்கின்றது. எனவே நமது அரசாங்கமும் நாமும் இந்த விஷயத்தில் அதிக அக்கறை செலுத்த வேண்டிய நிலையில் உள்ளோம்.

முடிவுரை: இந்தியாவில் உள்ள மாநில மத்திய அரசுகள் ஒரு உயர்மட்ட குழுவை அமைத்து புகையிலை பழக்கத்தை ஒழிக்க முக்கியமாக சிறுவர்கள், மாணவர்கள், இளைஞர்கள் புகை பிடிக்கத்திற்கு ஆளாகமல் தடுக்க வழிவகைகள் ஆய்வு செய்து சட்ட திட்டங்களை நிறைவேற்ற வேண்டும். சிறுவர்களுக்கு சிகரெட், பீடி விற்பதை தடை செய்ய வேண்டும்; சிகரெட் கம்பெனிகள் விளையாட்டுகளுக்கு ஸ்பான்சர் செய்வதை தடுக்க வேண்டும்; எல்லா நிலைகளிலும் இதன் விளம்பரத்திற்குத் தடை விதிக்க வேண்டும்; புகையிலை பயிரிடுவோர் மற்றும் சிகரெட் பீடி தயாரிப்பவர்களுக்கு பொருளாதாரத் ரீதியில் மாற்று ஏற்பாடு செய்ய வேண்டும். இறுதியாக புகைப் பழக்கத்தால் ஏற்படும் அபாயத்தை விளக்கும் சரியான விழிப்புணர்வு முறைகளைக் கையாள வேண்டும்.

இவைகளைச் செய்யத் தவறினால் லட்சக்கணக்கான சிறுவர்கள் புகைபிடிக்கும் பழக்கத்திற்கு அடிமையாவார்கள். இளம் வயதிலேயே இருதய வியாதி, புற்று நோய், சுவாச கோளாறு காரணமாக அவதிப்பட்டு மடிந்து போவார்கள். இந்நோய்களை பராமரிக்க அரசாங்கத்திற்கு ஏற்படும் செலவு சிகரெட்டிலிருந்து பெறும் வருமானத்தை விட மிக அதிகமாகவே இருக்கும். மற்ற எல்லா நோய்களை விட மனித இனத்தைக் கொன்று கொண்டிருக்கும் இந்த புகைபிடிக்கும் பழக்கத்தை ஒழிக்க இந்திய மக்களும் அரசாங்கமும் தீவிர முயற்சியில் ஈடுபடுவது அவசியம்; அது இன்றைய தலைமுறையின் முக்கியமான நடவடிக்கையாக இருக்க வேண்டும்.

எஸ். தேவதாஸ் ராஜேந்திரன்
உதவி ஆராய்ச்சியாளர்
கம்யூனிட்டி ஹெல்த் செல்
பெங்களூர்.

Distribution by Industry

Industry Groups	Sales	Other Income	Total Income	Value of Output	Gross Value Added
Food Products	18.94	17.25	18.29	18.58	16.00
Tea & Coffee	16.18	14.61	15.65	16.31	12.19
Sugar	16.83	18.01	15.42	15.52	20.12
Vegetable Oils & Products	21.60	23.82	21.41	21.52	17.42
Beverages & Tobacco	14.46	13.32	14.55	14.87	19.54
Tobacco Products	14.24	13.88	14.47	15.14	21.89
Beer & Alcohol	14.90	13.20	14.77	14.80	16.09
Textiles	14.13	16.15	14.86	15.20	11.26
Cotton Textiles	15.35	17.41	15.39	15.03	10.54
Synthetic Textiles	11.22	17.04	12.58	14.00	10.00
Textile Processing	23.15	17.57	23.40	22.77	25.59
Chemicals	16.23	13.96	16.10	16.02	16.70
Chemicals & Plastics	16.47	18.45	16.83	16.80	17.47
Inorganic Chemicals	20.04	6.39	19.74	20.10	19.37
Alkalies	19.61	-1.01	19.14	20.37	19.55
Fertilisers	14.15	16.82	14.94	14.81	16.38
Paints & Varnishes	12.92	24.15	12.90	13.63	15.31
Drugs & Pharmaceuticals	18.57	27.72	19.02	18.95	20.67
Soaps & Detergents	19.41	30.84	19.61	19.80	21.86
Polymers	16.96	15.16	17.06	16.72	17.35
Plastic Products	21.53	27.14	22.17	22.40	23.00
Petroleum Products	16.46	10.81	16.00	15.75	16.25
Tyres & Tubes	12.36	11.34	12.25	13.15	12.27
Rubber & Rubber Products	10.91	20.20	10.93	11.34	10.79
Non-Metallic Mineral Products	12.95	23.72	13.01	12.94	10.43
Cement	12.29	26.41	12.52	12.07	9.16
Ferrous Metals	15.53	20.96	15.63	14.86	14.69
Pig & Sponge Iron	24.30	37.86	24.27	22.26	19.92
Steel	14.74	19.04	14.89	14.12	13.86
Castings & Forgings	17.31	6.70	17.67	16.94	15.90
Metal Products	16.48	25.83	16.59	15.95	17.65
Non-Ferrous Metals	13.38	19.78	13.67	14.14	14.71
Aluminium & Aluminium Products	12.70	16.72	12.44	13.87	16.51
Machinery	14.91	17.27	14.62	14.91	15.55
Non-Electrical Machinery	13.29	15.61	12.63	12.67	13.40
Industrial Machinery	10.32	13.76	9.99	9.77	11.84
Electrical Machinery	14.17	22.40	13.96	14.11	14.77
Wires & Cables	16.76	55.83	17.34	16.77	17.42
Domestic Electrical Appliances	15.53	15.62	15.21	14.90	13.93
Air-Conditioners & Refrigerators	14.03	13.04	13.49	14.99	13.51
Dry Cells & Storage Batteries	16.35	30.20	16.93	17.88	20.36
Electronics	17.23	11.85	17.07	17.81	18.28
Consumer Electronics	16.98	14.59	16.47	17.49	18.04
Computer Software & Hardware	26.64	20.95	26.52	27.25	31.63
Automobile	16.58	21.14	16.69	16.85	17.14
Commercial Vehicles	14.41	25.55	14.36	14.45	14.38
Passenger Cars & Multi Utility Vehi	20.43	21.66	20.08	21.04	23.50
Two & Three Wheelers	18.82	19.29	18.77	19.44	22.13
Automobile Ancillaries	19.82	19.37	19.77	19.97	20.00
Paper & Paper Products	12.05	10.51	11.22	11.24	7.17
Leather Products	15.51	1.58	14.98	15.24	14.38
Miscellaneous Products	18.41	26.87	18.16	18.07	19.41
Diversified	16.66	19.34	16.69	16.94	16.14
Manufacturing	15.79	17.21	15.77	15.79	15.33

Distribution by Industry

Industry Groups	Operating Profit	PBDIT (NNRT)	PBT (NNRT)	PAT (NNRT)	Dividend Payments	Retained Earnings	Gross Savings
Food Products	16.95	16.43	6.52	8.24	17.52	-5.69	9.76
Tea & Coffee	9.76	11.27	9.81	14.87	16.35	16.33	14.30
Sugar	31.46	24.32	-52.81	20.23	19.69	-5.69	13.70
Vegetable Oils & Products	20.57	16.80	-10.18	-44.03	19.07	2.87	1.95
Beverages & Tobacco	20.41	21.52	23.37	24.85	17.96	26.86	24.56
Tobacco Products	27.67	24.66	26.38	27.81	17.85	27.88	28.18
Beer & Alcohol	-11.87	15.87	5.18	4.95	18.33	12.31	13.41
Textiles	7.68	11.32	-24.93	-17.60	13.62	8.46	-0.44
Cotton Textiles	0.49	11.06	0.00	0.00	17.85	0.00	-9.91
Synthetic Textiles	6.20	7.71	-5.25	-2.62	-0.33	-11.79	8.00
Textile Processing	19.86	26.24	9.67	9.43	27.34	6.43	21.61
Chemicals	17.10	16.73	14.29	13.88	25.45	9.95	13.65
Chemicals & Plastics	17.83	17.79	17.15	14.58	25.74	-6.81	10.48
Inorganic Chemicals	27.33	20.62	-3.50	-19.14	12.25	-10.62	19.27
Alkalies	26.01	18.75	22.81	23.28	27.79	21.69	16.72
Fertilisers	19.66	16.67	71.99	-9.37	24.88	-8.92	6.13
Paints & Varnishes	13.53	16.44	21.52	19.28	32.28	12.07	12.93
Drugs & Pharmaceuticals	22.33	24.81	26.83	29.46	33.53	21.75	23.03
Soaps & Detergents	26.53	24.29	59.55	106.08	25.39	36.96	24.76
Polymers	16.66	15.74	6.04	6.38	21.35	-1.74	10.79
Plastic Products	-0.87	23.24	3.47	-1.56	26.30	24.32	1.63
Petroleum Products	15.99	15.83	13.96	15.43	28.52	15.89	18.16
Tyres & Tubes	-13.59	11.84	-3.95	-30.05	7.61	-4.43	-12.72
Rubber & Rubber Products	-29.19	9.37	-5.89	0.00	1.39	0.00	-32.70
Non-Metallic Mineral Products	4.87	8.88	-9.42	-18.06	12.91	-23.69	0.32
Cement	3.93	7.71	-17.43	-23.47	12.95	-31.84	2.22
Ferrous Metals	22.57	15.29	-18.20	-13.80	13.95	49.30	8.18
Pig & Sponge Iron	13.61	19.03	-9.14	-25.90	-3.11	57.36	21.61
Steel	29.28	14.47	-20.55	-33.96	11.68	4.38	7.88
Castings & Forgings	-29.34	14.94	11.38	13.59	12.21	18.58	17.55
Metal Products	13.70	18.54	12.96	15.64	25.56	47.84	12.84
Non-Ferrous Metals	11.42	14.85	20.21	19.52	37.72	15.43	13.84
Aluminium & Aluminium Products	18.22	16.74	28.29	30.43	38.13	30.50	20.64
Machinery	14.79	15.84	15.18	18.77	21.70	21.09	17.17
Non-Electrical Machinery	15.36	14.28	13.54	19.40	20.44	26.48	19.13
Industrial Machinery	6.14	10.19	-2.86	-6.90	14.64	-0.88	8.77
Electrical Machinery	10.44	16.11	10.26	-0.89	17.72	11.18	14.91
Wires & Cables	10.70	19.15	8.54	-30.05	24.37	21.36	-14.94
Domestic Electrical Appliances	-19.44	13.85	-9.97	-30.25	18.63	-58.06	0.07
Air-Conditioners & Refrigerators	6.97	4.69	-8.98	-18.78	23.60	-21.97	-13.78
Dry Cells & Storage Batteries	9.84	22.93	15.58	14.24	15.15	30.57	24.53
Electronics	18.16	16.71	20.83	25.05	28.32	23.27	17.30
Consumer Electronics	19.07	18.01	9.86	9.39	19.65	8.00	13.71
Computer Software & Hardware	25.32	30.61	44.62	47.74	53.54	46.27	41.75
Automobile	22.76	20.47	10.77	29.06	24.04	42.05	24.79
Commercial Vehicles	-1.16	13.81	16.18	15.98	18.73	15.37	9.80
Passenger Cars & Multi Utility Vehi	33.28	30.09	28.01	26.48	31.15	22.45	34.65
Two & Three Wheelers	36.44	24.56	49.91	22.89	28.97	79.95	31.03
Automobile Ancillaries	20.01	20.71	22.57	24.51	23.33	24.71	22.61
Paper & Paper Products	0.74	3.04	-15.59	27.76	-0.50	-18.85	-13.97
Leather Products	68.11	27.49	26.44	40.17	35.23	7.39	-7.21
Miscellaneous Products	16.55	21.31	17.75	9.55	24.12	-34.13	11.22
Diversified	10.25	17.73	17.71	16.03	23.44	13.71	17.39
Manufacturing	14.98	15.88	11.77	10.60	21.73	6.05	12.73

Distribution by Industry

Industry Groups	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Food Products	23.0	11.5	21.0	31.0	27.7	9.6	10.7
Tea & Coffee	6.8	2.0	34.9	19.7	16.7	10.3	26.2
Sugar	21.0	17.2	18.3	16.7	35.2	5.0	6.9
Vegetable Oils & Products	35.7	12.6	16.3	34.2	32.8	11.7	11.1
Beverages & Tobacco	23.3	18.3	14.8	18.0	8.0	6.8	12.9
Tobacco Products	27.5	18.9	8.3	10.8	11.1	10.5	13.7
Beer & Alcohol	15.9	17.0	28.7	31.2	3.2	0.5	11.3
Textiles	17.4	12.1	19.8	24.4	20.9	3.5	2.8
Cotton Textiles	16.5	12.1	20.8	25.9	20.9	8.4	4.4
Synthetic Textiles	19.6	13.0	15.2	19.0	19.6	-5.0	0.0
Textile Processing	15.7	30.2	42.4	46.4	25.6	4.1	4.6
Chemicals	17.1	13.7	9.6	30.8	19.2	18.4	6.4
Chemicals & Plastics	25.6	11.3	13.9	27.6	19.6	8.1	10.7
Inorganic Chemicals	29.1	35.1	14.5	31.4	19.5	9.8	4.3
Alkalies	24.2	20.4	8.8	33.9	57.2	6.0	-3.5
Fertilisers	24.4	1.7	7.7	27.3	10.5	7.1	23.0
Paints & Varnishes	21.6	8.3	10.1	17.2	20.3	6.4	7.6
Drugs & Pharmaceuticals	22.3	21.6	20.7	20.7	20.7	16.0	8.6
Soaps & Detergents	23.6	1.7	16.4	30.2	16.2	25.7	24.4
Polymers	41.5	16.4	11.8	35.7	19.9	-2.9	2.9
Plastic Products	29.4	14.3	30.1	40.9	31.9	5.1	4.2
Petroleum Products	10.7	16.5	5.5	34.9	18.2	28.8	4.0
Tyres & Tubes	16.4	9.5	13.3	21.5	23.5	3.9	0.4
Rubber & Rubber Products	15.5	2.0	7.4	26.3	27.6	10.5	-8.4
Non-Metallic Mineral Products	22.3	9.3	11.1	21.5	20.0	2.4	5.8
Cement	22.8	6.6	9.9	21.1	20.9	2.1	4.7
Ferrous Metals	19.1	14.8	15.9	27.8	22.1	5.6	5.2
Pig & Sponge Iron	43.0	-1.7	31.5	45.6	56.7	4.5	4.0
Steel	19.4	15.0	15.3	25.9	19.5	4.5	5.2
Castings & Forgings	18.2	14.4	13.4	31.3	28.2	5.5	12.3
Metal Products	12.1	18.9	15.7	31.0	25.5	11.6	2.8
Non-Ferrous Metals	19.2	13.6	6.4	27.6	20.0	0.9	8.2
Aluminium & Aluminium Products	15.7	14.1	5.8	24.7	19.5	-0.3	11.3
Machinery	13.7	14.1	13.0	22.9	22.5	12.2	6.8
Non-Electrical Machinery	14.8	14.4	9.9	22.0	19.7	12.5	1.0
Industrial Machinery	6.9	8.0	20.8	28.1	14.7	-6.3	3.6
Electrical Machinery	12.8	14.7	11.6	21.5	23.4	12.6	3.7
Wires & Cables	15.3	37.9	4.5	29.4	28.8	8.1	-1.2
Domestic Electrical Appliances	19.2	11.4	19.3	22.2	22.0	6.3	9.4
Air-Conditioners & Refrigerators	-6.3	4.1	37.8	21.1	26.7	18.1	2.9
Dry Cells & Storage Batteries	21.1	0.4	14.2	15.9	13.8	35.4	16.4
Electronics	14.1	13.0	18.1	25.7	23.8	11.5	15.2
Consumer Electronics	20.7	5.1	20.4	29.1	32.9	-1.5	16.1
Computer Software & Hardware	3.0	16.8	34.9	63.2	31.0	24.5	20.9
Automobile	12.4	4.2	21.0	35.6	32.4	19.2	-3.5
Commercial Vehicles	15.3	-3.7	25.3	42.6	35.5	24.9	-23.6
Passenger Cars & Multi Utility Vehi	12.9	10.2	25.0	31.4	45.5	19.4	3.5
Two & Three Wheelers	4.6	9.1	25.7	33.1	43.3	11.3	9.8
Automobile Ancillaries	22.3	14.1	20.6	36.4	32.1	16.9	0.0
Paper & Paper Products	15.9	15.3	14.1	15.0	26.7	-0.1	-0.1
Leather Products	12.0	8.8	31.6	37.6	20.5	2.5	0.7
Miscellaneous Products	21.8	18.2	25.3	34.9	17.6	7.3	6.3
Diversified	15.5	11.6	18.6	18.5	18.6	18.6	15.4
Manufacturing	17.3	12.9	14.0	27.2	21.4	12.7	6.2

Distribution by Industry

Industry Groups	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Food Products	22.0	11.6	20.2	35.3	24.8	7.3	9.3
Tea & Coffee	3.7	5.6	38.1	14.3	18.2	10.8	22.2
Sugar	18.1	13.7	12.8	39.6	19.7	5.5	2.2
Vegetable Oils & Products	35.3	14.3	15.8	36.6	32.0	8.3	11.2
Beverages & Tobacco	24.9	16.9	14.2	19.6	7.3	5.8	14.3
Tobacco Products	30.7	16.7	7.1	12.2	11.4	9.4	15.3
Beer & Alcohol	14.6	17.5	29.1	33.1	1.2	-0.4	12.5
Textiles	19.1	14.8	20.0	25.4	21.1	1.5	4.3
Cotton Textiles	17.2	12.4	21.7	26.8	18.8	6.1	6.3
Synthetic Textiles	23.0	17.6	15.4	19.2	22.2	-6.0	0.3
Textile Processing	15.4	29.4	41.6	50.3	25.9	3.7	5.0
Chemicals	17.2	14.0	8.4	31.0	20.3	17.2	6.3
Chemicals & Plastics	28.4	11.9	11.6	29.5	20.9	6.3	11.3
Inorganic Chemicals	26.4	36.6	9.9	36.8	17.1	10.9	4.7
Alkalies	23.0	18.2	11.0	27.3	59.8	4.3	-0.5
Fertilisers	32.1	3.6	1.8	30.3	14.6	2.3	24.5
Paints & Varnishes	21.4	6.4	10.2	20.1	21.3	4.0	8.4
Drugs & Pharmaceuticals	24.3	22.5	19.8	23.2	20.4	15.9	7.9
Soaps & Detergents	21.9	2.1	15.5	29.4	18.3	26.7	25.6
Polymers	42.8	17.0	8.0	37.1	20.2	-4.1	5.6
Plastic Products	34.4	13.8	31.5	43.2	31.9	4.2	2.6
Petroleum Products	8.8	16.5	5.4	33.6	19.4	28.1	3.5
Tyres & Tubes	18.3	9.8	10.6	21.3	24.0	5.9	-1.9
Rubber & Rubber Products	17.2	1.2	7.5	25.0	28.4	8.7	-7.1
Non-Metallic Mineral Products	23.5	9.1	9.0	22.2	21.1	2.1	6.1
Cement	25.2	5.7	7.5	21.1	22.8	1.9	5.9
Ferrous Metals	21.4	17.0	9.2	28.4	23.9	8.1	3.6
Pig & Sponge Iron	39.2	7.0	24.4	48.9	52.2	4.8	4.0
Steel	22.6	16.6	8.2	26.1	21.9	8.0	2.9
Castings & Forgings	18.3	22.9	5.1	30.5	28.6	6.1	14.8
Metal Products	11.2	20.7	12.6	34.2	26.6	10.1	3.6
Non-Ferrous Metals	19.6	15.6	1.3	29.7	23.4	0.1	9.3
Aluminium & Aluminium Products	17.5	12.7	3.2	25.8	22.7	-1.9	9.8
Machinery	13.6	13.7	11.7	23.4	24.3	10.2	6.6
Non-Electrical Machinery	15.9	11.7	9.2	18.8	22.6	10.9	0.7
Industrial Machinery	7.7	8.3	19.0	28.1	16.4	-8.3	2.6
Electrical Machinery	11.9	14.7	10.5	23.9	24.8	10.2	3.3
Wires & Cables	16.3	36.3	4.7	33.7	28.1	6.7	1.0
Domestic Electrical Appliances	20.6	9.6	17.4	25.7	22.1	5.9	6.8
Air-Conditioners & Refrigerators	-4.0	-2.7	45.6	19.4	27.5	16.2	0.8
Dry Cells & Storage Batteries	17.7	2.3	11.8	17.4	20.6	36.7	14.7
Electronics	14.0	14.2	15.6	26.7	25.3	9.4	15.3
Consumer Electronics	19.0	7.2	17.5	31.6	34.1	-5.4	16.2
Computer Software & Hardware	2.6	14.4	34.3	65.7	32.8	22.6	22.0
Automobile	12.1	8.2	17.8	33.1	36.6	18.5	-4.3
Commercial Vehicles	18.3	-1.3	11.5	48.2	39.2	25.3	-24.0
Passenger Cars & Multi Utility Vehi	10.4	10.8	24.6	32.9	47.5	17.0	3.0
Two & Three Wheelers	3.0	10.8	24.2	34.6	42.1	12.3	9.5
Automobile Ancillaries	23.2	13.6	20.1	37.0	31.7	16.7	-0.1
Paper & Paper Products	17.6	10.0	12.0	19.0	29.8	-4.9	-1.1
Leather Products	7.3	9.7	36.8	37.7	17.6	0.6	1.3
Miscellaneous Products	20.8	17.6	25.2	35.1	18.7	8.3	4.1
Diversified	15.8	10.3	15.7	21.9	19.4	16.3	17.8
Manufacturing	17.8	13.5	12.0	28.1	22.5	11.7	6.2

Distribution by Industry

Industry Groups	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Food Products	13.1	11.2	17.5	15.8	22.9	11.5	10.3
Tea & Coffee	8.1	10.8	21.5	12.3	19.4	12.9	10.0
Sugar	19.3	9.2	5.9	18.5	26.4	3.8	5.1
Vegetable Oils & Products	16.0	17.4	15.6	24.2	19.0	13.6	23.9
Beverages & Tobacco	15.8	10.4	23.4	16.8	17.6	7.0	11.6
Tobacco Products	27.0	9.0	22.8	5.1	21.7	10.2	16.4
Beer & Alcohol	5.3	12.0	24.3	32.6	12.7	2.9	6.4
Textiles	8.6	4.8	13.6	10.6	11.5	12.0	11.3
Cotton Textiles	9.2	2.5	15.0	5.5	10.1	13.3	14.7
Synthetic Textiles	13.7	12.5	18.2	11.9	15.7	11.6	2.3
Textile Processing	11.4	60.8	21.1	15.4	18.9	15.8	6.4
Chemicals	18.0	13.0	12.7	23.2	29.6	4.0	13.8
Chemicals & Plastics	18.4	13.0	14.1	23.7	24.5	6.7	14.4
Inorganic Chemicals	26.0	22.9	10.1	15.9	18.9	7.9	7.1
Alkalies	23.1	12.0	24.9	17.3	20.4	15.2	15.9
Fertilisers	18.9	9.5	15.3	31.7	20.7	-0.3	16.9
Paints & Varnishes	10.7	17.2	11.7	12.8	19.1	14.6	11.0
Drugs & Pharmaceuticals	22.4	9.8	12.9	19.1	21.5	11.1	12.5
Soaps & Detergents	2.5	1.3	14.2	46.1	30.5	10.6	24.7
Polymers	30.0	27.7	20.2	18.1	61.7	-6.9	9.7
Plastic Products	20.0	20.5	22.2	24.4	29.4	19.4	15.6
Petroleum Products	13.1	13.5	7.9	32.1	54.9	-8.0	19.3
Tyres & Tubes	23.2	14.4	10.3	7.6	25.8	9.8	-1.6
Rubber & Rubber Products	20.9	4.5	13.6	8.5	22.2	10.3	6.2
Non-Metallic Mineral Products	13.9	16.0	7.9	14.2	20.9	11.6	8.3
Cement	10.4	19.6	6.8	12.3	22.5	8.9	8.9
Ferrous Metals	18.5	10.9	12.0	15.9	26.3	7.6	2.7
Pig & Sponge Iron	57.3	-19.4	25.7	50.4	55.6	10.2	12.8
Steel	18.6	10.9	12.2	15.1	26.4	6.5	1.5
Castings & Forgings	15.0	16.6	14.9	17.0	23.5	14.3	4.1
Metal Products	16.2	12.0	8.2	18.9	24.3	13.0	10.8
Non-Ferrous Metals	14.8	19.3	2.1	18.2	20.5	13.5	11.9
Aluminium & Aluminium Products	9.1	13.1	11.3	21.9	26.3	16.0	14.3
Machinery	11.0	14.3	8.6	19.3	26.8	11.3	13.4
Non-Electrical Machinery	12.9	8.9	7.9	16.9	20.1	10.3	8.9
Industrial Machinery	13.5	13.9	12.7	20.3	21.7	6.6	6.4
Electrical Machinery	7.9	14.6	8.0	19.9	29.8	7.7	5.3
Wires & Cables	8.9	9.3	10.5	18.1	18.6	21.3	8.7
Domestic Electrical Appliances	15.7	35.8	-6.1	20.5	14.7	12.0	12.3
Air-Conditioners & Refrigerators	3.1	17.7	12.6	38.8	23.7	21.4	16.1
Dry Cells & Storage Batteries	14.7	3.9	12.9	13.5	18.3	52.2	11.2
Electronics	14.0	20.6	10.3	21.0	30.0	17.5	27.7
Consumer Electronics	21.2	16.2	9.0	11.2	26.0	8.8	37.3
Computer Software & Hardware	3.9	34.3	30.6	48.1	44.8	50.2	43.4
Automobile	4.4	14.0	12.7	17.2	29.4	8.3	8.8
Commercial Vehicles	13.7	13.4	12.2	22.6	35.7	17.0	-5.7
Passenger Cars & Multi Utility Vehi	-2.8	16.6	28.1	11.5	32.8	9.8	14.5
Two & Three Wheelers	10.1	8.1	12.4	14.1	56.2	8.0	15.7
Automobile Ancillaries	17.1	12.6	20.0	21.0	25.4	22.6	12.5
Paper & Paper Products	15.7	12.0	11.3	13.3	18.6	11.1	10.6
Leather Products	4.7	2.6	19.3	32.2	16.4	0.4	8.9
Miscellaneous Products	15.9	15.9	17.6	21.1	14.8	22.3	7.4
Diversified	11.1	8.8	13.5	14.3	19.8	18.5	10.0
Manufacturing	12.9	11.6	12.1	17.4	24.1	10.0	10.4

Distribution by Industry

Industry Groups	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Food Products	22.9	11.5	19.4	40.7	26.1	6.4	8.8
Tea & Coffee	7.9	9.3	47.4	18.8	20.4	13.2	13.3
Sugar	21.1	6.5	5.7	52.7	27.7	-0.2	-1.2
Vegetable Oils & Products	26.7	14.4	17.1	41.9	27.8	8.8	14.7
Beverages & Tobacco	23.6	15.5	25.8	23.8	3.5	2.4	2.2
Tobacco Products	36.9	15.0	17.9	8.3	4.9	2.7	0.3
Beer & Alcohol	10.6	16.3	35.9	42.5	2.3	2.1	3.9
Textiles	20.2	13.9	17.4	25.9	26.4	4.3	4.8
Cotton Textiles	20.8	9.9	17.7	26.7	23.8	7.9	6.9
Synthetic Textiles	25.4	19.7	12.7	20.9	30.3	-3.2	1.8
Textile Processing	4.1	33.3	40.0	39.3	28.9	4.6	1.7
Chemicals	15.6	13.6	5.0	35.4	21.5	15.9	3.3
Chemicals & Plastics	30.7	10.4	9.2	25.8	21.7	7.5	13.5
Inorganic Chemicals	25.8	40.9	4.6	29.8	16.8	11.2	7.0
Alkalies	16.1	16.6	7.8	28.4	41.1	16.5	6.2
Fertilisers	38.2	2.6	-0.2	24.7	17.8	-0.9	25.2
Paints & Varnishes	18.3	4.2	13.1	18.7	31.1	1.7	7.7
Drugs & Pharmaceuticals	28.7	18.8	16.6	21.6	22.2	16.2	5.7
Soaps & Detergents	23.9	0.5	11.5	30.0	26.3	20.1	25.3
Polymers	39.8	12.9	13.2	22.1	15.1	4.6	12.6
Plastic Products	39.6	13.6	24.4	44.6	35.1	7.8	9.3
Petroleum Products	4.6	16.5	0.7	46.4	20.6	23.3	-2.3
Tyres & Tubes	20.1	14.6	11.6	18.3	29.8	9.2	-11.9
Rubber & Rubber Products	15.1	4.0	4.9	28.6	31.3	7.8	-0.8
Non-Metallic Mineral Products	18.8	14.0	11.3	20.2	16.6	7.5	4.7
Cement	19.4	10.4	9.5	17.5	16.9	5.8	5.4
Ferrous Metals	20.9	16.7	6.9	23.8	24.1	13.4	2.8
Pig & Sponge Iron	40.3	-4.1	24.9	37.1	65.7	7.1	5.0
Steel	23.1	16.3	5.2	21.5	22.1	13.9	1.4
Castings & Forgings	13.2	28.8	-0.1	27.3	33.1	16.4	14.0
Metal Products	7.5	21.3	14.7	31.1	23.2	11.5	5.7
Non-Ferrous Metals	18.0	18.7	5.6	19.5	25.6	10.6	8.4
Aluminium & Aluminium Products	22.5	12.4	5.7	16.7	19.3	9.7	7.6
Machinery	10.9	14.4	12.5	25.5	25.2	12.1	4.8
Non-Electrical Machinery	11.4	15.9	10.0	20.4	22.6	12.3	-0.4
Industrial Machinery	2.6	9.5	21.6	26.0	18.4	-7.1	1.1
Electrical Machinery	10.3	12.6	11.1	25.1	24.6	14.5	1.6
Wires & Cables	16.1	24.9	4.7	34.9	31.0	10.4	4.0
Domestic Electrical Appliances	20.0	13.8	8.1	31.5	24.7	3.2	11.0
Air-Conditioners & Refrigerators	1.6	-3.0	40.3	33.4	27.3	17.2	3.1
Dry Cells & Storage Batteries	18.3	2.0	5.6	25.7	29.0	28.6	12.8
Electronics	11.2	15.4	16.8	30.9	28.5	9.1	12.9
Consumer Electronics	18.2	9.8	10.4	38.1	35.9	-5.8	15.6
Computer Software & Hardware	2.3	14.5	51.9	63.7	34.1	25.5	17.0
Automobile	13.7	6.4	14.2	36.3	32.6	18.8	-6.2
Commercial Vehicles	19.5	3.3	11.9	46.6	38.6	26.4	-23.1
Passenger Cars & Multi Utility Vehi	8.8	17.2	29.3	28.6	43.9	19.6	0.1
Two & Three Wheelers	3.8	8.1	15.4	31.0	44.8	11.9	11.2
Automobile Ancillaries	21.4	13.6	21.2	32.8	36.4	18.6	0.0
Paper & Paper Products	18.2	13.8	8.4	15.1	23.0	5.6	4.4
Leather Products	3.3	14.9	32.6	42.8	27.8	-1.4	-0.5
Miscellaneous Products	18.6	9.4	25.8	29.5	20.8	10.0	11.4
Diversified	15.2	13.6	16.7	18.4	23.0	17.8	19.2
Manufacturing	16.7	13.7	10.5	29.3	23.7	13.0	4.6

Distribution by Industry

Industry Groups	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Food Products	19.2	21.8	40.5	21.5	21.0	29.8	36.6
Tea & Coffee	21.9	22.3	79.3	15.6	19.1	23.5	78.9
Sugar	56.8	36.2	-25.0	52.8	-10.0	1.3	1.3
Vegetable Oils & Products	3.1	13.9	62.2	21.1	38.3	76.6	34.0
Beverages & Tobacco	9.4	19.3	108.9	9.7	54.9	-6.9	12.0
Tobacco Products	26.3	13.0	80.9	11.3	57.7	-1.2	3.3
Beer & Alcohol	-17.4	36.0	172.8	7.1	50.8	-15.5	27.6
Textiles	5.9	4.0	62.7	17.5	25.1	8.4	4.4
Cotton Textiles	3.3	4.3	75.7	13.1	24.4	13.8	0.4
Synthetic Textiles	0.4	-4.2	45.0	32.6	20.7	-33.7	-9.4
Textile Processing	53.3	6.0	80.3	58.9	43.2	2.0	-1.4
Chemicals	20.2	28.4	18.6	23.1	13.8	17.4	25.4
Chemicals & Plastics	20.0	31.6	17.8	22.9	13.4	17.1	27.9
Inorganic Chemicals	101.3	28.4	103.2	-6.9	1.0	4.7	-17.2
Alkalies	-63.9	-34.4	35.0	-16.6	32.1	22.9	-27.9
Fertilisers	16.4	1.9	5.9	30.9	21.8	-8.5	18.5
Paints & Varnishes	28.1	-12.3	20.1	34.8	63.3	7.1	13.7
Drugs & Pharmaceuticals	17.7	37.9	27.7	18.9	1.9	10.9	24.7
Soaps & Detergents	15.1	41.2	0.2	22.9	9.7	81.6	45.7
Polymers	40.7	36.4	9.4	33.1	2.6	6.2	-21.2
Plastic Products	52.9	13.6	5.6	33.7	4.6	-2.4	17.1
Petroleum Products	-7.0	53.4	71.6	77.7	25.9	37.6	26.6
Tyres & Tubes	23.5	9.0	16.5	9.9	12.3	7.5	14.7
Rubber & Rubber Products	189.5	7.1	6.0	17.2	9.8	62.4	-48.2
Non-Metallic Mineral Products	48.4	11.0	19.5	42.1	52.8	11.7	8.3
Cement	45.1	8.1	30.2	34.8	66.7	11.1	5.4
Ferrous Metals	22.1	133.2	1.8	29.2	23.5	-14.1	-28.0
Pig & Sponge Iron	-15.3	2213.6	-36.5	-12.8	174.7	-56.4	-20.0
Steel	-15.3	28.1	62.1	38.5	8.6	-20.8	-58.1
Castings & Forgings	27.3	38.3	50.4	2.2	13.7	-5.0	6.9
Metal Products	65.6	38.6	14.7	55.3	28.1	-3.5	-11.7
Non-Ferrous Metals	19.7	12.0	10.0	64.2	42.7	-14.7	5.7
Aluminium & Aluminium Products	32.0	4.4	-12.6	50.8	132.3	-12.6	6.6
Machinery	8.5	21.2	42.4	48.6	46.4	2.3	15.0
Non-Electrical Machinery	-37.5	47.8	25.0	35.4	-2.3	1.0	0.5
Industrial Machinery	-44.5	102.1	12.4	38.5	9.4	-15.2	11.2
Electrical Machinery	14.5	7.3	45.1	39.5	50.4	0.8	32.4
Wires & Cables	-28.9	58.2	14.2	-18.5	27.2	-21.9	-21.1
Domestic Electrical Appliances	14.1	11.9	-0.4	40.7	18.0	1.7	76.9
Air-Conditioners & Refrigerators	-26.2	170.9	140.6	47.9	56.2	4.8	29.5
Dry Cells & Storage Batteries	50.9	1.1	82.3	22.2	54.4	10.2	46.3
Electronics	21.5	27.0	43.7	57.6	53.4	3.4	6.9
Consumer Electronics	23.0	16.4	62.1	67.7	57.2	-2.9	9.2
Computer Software & Hardware	13.9	35.3	36.7	35.3	61.0	21.7	8.9
Automobile	15.1	33.4	20.0	25.1	57.1	33.3	32.9
Commercial Vehicles	69.8	90.5	-47.5	-36.6	132.3	14.3	86.4
Passenger Cars & Multi Utility Vehi	45.6	54.9	12.1	34.7	149.9	173.6	42.4
Two & Three Wheelers	0.7	17.6	57.1	41.0	44.3	13.2	27.2
Automobile Ancillaries	8.5	-24.1	21.4	105.7	41.1	2.1	12.8
Paper & Paper Products	10.0	32.6	-19.4	169.4	227.6	-17.3	6.4
Leather Products	10.6	-1.5	30.0	81.3	16.5	-10.1	4.2
Miscellaneous Products	12.4	32.1	45.3	29.4	41.3	11.4	-16.3
Diversified	13.6	10.7	38.8	18.3	33.2	59.1	35.5
Manufacturing	15.5	22.8	37.1	25.9	32.8	15.9	21.5

Distribution by Industry

Industry Groups	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Food Products	17.1	14.9	23.0	23.8	24.1	11.4	14.4
Tea & Coffee	9.3	9.9	24.7	18.4	18.9	5.1	16.1
Sugar	19.1	9.3	20.1	18.9	27.4	4.5	9.9
Vegetable Oils & Products	23.3	36.9	25.4	31.7	14.9	20.7	17.4
Beverages & Tobacco	22.4	19.4	11.3	33.0	13.1	2.4	1.3
Tobacco Products	45.6	20.7	-3.7	6.9	25.1	9.4	-1.0
Beer & Alcohol	-3.2	17.2	39.7	67.2	3.0	-4.6	3.9
Textiles	13.4	7.3	19.5	14.9	17.6	12.8	9.1
Cotton Textiles	14.4	3.5	18.5	10.0	15.6	16.6	12.0
Synthetic Textiles	15.2	16.3	27.8	13.1	19.3	12.3	-0.9
Textile Processing	7.9	61.1	38.5	26.7	29.5	7.8	3.5
Chemicals	13.0	13.2	19.1	18.6	24.4	13.5	17.4
Chemicals & Plastics	8.1	15.2	20.3	21.6	20.9	15.6	18.3
Inorganic Chemicals	34.6	45.4	13.8	18.6	19.4	6.4	12.2
Alkalies	29.2	30.9	36.2	9.9	32.9	-6.8	15.4
Fertilisers	-12.6	12.6	24.9	15.2	14.3	24.2	26.2
Paints & Varnishes	16.9	16.4	22.8	1.0	17.6	12.1	18.3
Drugs & Pharmaceuticals	22.3	13.7	19.8	21.6	23.4	15.4	14.3
Soaps & Detergents	14.9	4.2	20.5	49.9	13.0	10.9	32.7
Polymers	-13.4	25.2	15.5	13.2	41.4	9.7	15.0
Plastic Products	22.3	24.4	23.9	38.3	34.7	20.7	15.6
Petroleum Products	24.3	7.6	15.1	14.5	40.4	6.8	21.1
Tyres & Tubes	31.7	9.0	17.5	0.3	25.6	9.5	-0.8
Rubber & Rubber Products	28.9	9.9	15.0	12.6	15.6	18.8	9.5
Non-Metallic Mineral Products	35.8	5.7	-3.9	19.4	29.1	18.0	6.0
Cement	40.7	3.8	-14.6	16.5	33.1	22.2	3.8
Ferrous Metals	13.4	11.5	12.3	-2.7	17.9	4.7	5.8
Pig & Sponge Iron	13.3	-21.4	60.9	40.4	61.8	-2.8	29.0
Steel	12.0	12.6	11.7	-8.6	15.2	3.2	3.1
Castings & Forgings	26.1	13.3	10.9	14.4	27.3	9.7	13.1
Metal Products	21.4	7.2	12.2	30.7	24.5	11.9	13.9
Non-Ferrous Metals	11.2	5.1	12.5	29.1	18.0	1.4	14.9
Aluminium & Aluminium Products	18.8	-2.4	24.2	25.2	14.7	1.7	15.2
Machinery	18.6	4.7	14.3	25.5	18.1	16.4	19.2
Non-Electrical Machinery	16.4	7.5	12.4	26.3	8.9	10.6	14.2
Industrial Machinery	13.3	5.7	19.1	35.6	5.0	7.1	15.4
Electrical Machinery	15.9	7.1	17.2	26.7	16.4	17.6	15.7
Wires & Cables	18.5	5.4	15.3	23.5	26.3	11.2	28.6
Domestic Electrical Appliances	20.8	33.3	-5.4	31.3	18.7	13.0	19.4
Air-Conditioners & Refrigerators	2.8	9.6	32.6	40.9	22.3	35.0	22.9
Dry Cells & Storage Batteries	16.1	16.1	15.8	12.8	28.5	53.6	10.1
Electronics	24.8	-1.2	12.0	22.7	30.7	19.7	27.0
Consumer Electronics	20.6	13.9	20.1	28.4	35.5	13.0	31.2
Computer Software & Hardware	4.0	27.0	23.7	34.4	41.7	36.9	36.5
Automobile	15.7	3.6	21.2	25.3	20.3	17.3	33.0
Commercial Vehicles	20.7	12.9	14.6	26.8	40.3	26.3	2.9
Passenger Cars & Multi Utility Vehi	-2.1	9.4	26.4	24.3	41.8	14.0	25.1
Two & Three Wheelers	17.4	4.7	22.9	11.6	49.4	7.8	16.4
Automobile Ancillaries	21.7	16.4	20.2	25.9	26.1	21.5	9.2
Paper & Paper Products	17.4	12.9	27.4	19.7	9.7	4.2	28.9
Leather Products	3.4	9.8	19.8	36.6	15.0	-5.1	5.5
Miscellaneous Products	21.2	16.7	29.5	27.5	16.8	16.9	3.9
Diversified	15.5	11.7	23.4	21.4	23.3	16.7	14.6
Manufacturing	16.0	9.6	16.8	18.3	20.6	12.9	15.5

Distribution by Industry

Industry Groups	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Food Products	22.0	26.4	45.7	39.8	16.9	4.9	7.1
Tea & Coffee	12.7	24.4	27.4	30.4	19.4	6.0	14.8
Sugar	11.6	23.6	81.6	35.0	9.8	11.1	3.5
Vegetable Oils & Products	60.0	53.0	70.7	34.1	10.4	-1.4	11.8
Beverages & Tobacco	22.8	40.0	60.3	23.4	18.0	16.9	17.8
Tobacco Products	39.7	28.2	79.0	22.5	17.1	20.9	26.0
Beer & Alcohol	7.3	53.8	42.4	24.7	19.2	11.8	6.4
Textiles	31.0	52.1	98.6	68.5	17.3	-7.6	-3.9
Cotton Textiles	0.0	0.0	0.0	156.9	12.4	-1.6	-7.1
Synthetic Textiles	29.7	35.3	41.0	43.9	10.5	-11.5	-6.4
Textile Processing	37.2	113.5	66.2	102.5	48.1	7.0	15.0
Chemicals	13.9	20.4	35.2	34.7	22.5	10.9	8.8
Chemicals & Plastics	9.5	23.2	49.0	43.5	22.1	8.1	3.2
Inorganic Chemicals	10.3	21.3	37.1	74.3	23.0	26.1	2.0
Alkalies	14.7	37.5	80.5	28.1	32.1	9.5	5.3
Fertilisers	-2.6	6.5	35.0	18.8	5.2	-1.3	0.8
Paints & Varnishes	28.6	20.8	18.5	16.1	29.4	23.2	15.3
Drugs & Pharmaceuticals	13.9	49.1	124.5	83.0	30.8	11.2	5.2
Soaps & Detergents	26.9	25.6	41.2	35.7	29.0	28.5	18.7
Polymers	11.5	25.8	31.3	64.7	24.9	10.1	1.5
Plastic Products	54.3	131.7	52.2	64.5	25.2	2.6	-0.3
Petroleum Products	18.6	16.3	17.1	21.8	23.9	16.9	19.7
Tyres & Tubes	27.3	26.2	22.0	11.2	19.4	8.6	13.3
Rubber & Rubber Products	2.8	-9.8	15.8	11.5	20.6	16.4	-8.5
Non-Metallic Mineral Products	34.8	26.3	30.1	65.5	30.5	6.2	3.3
Cement	40.7	24.2	29.9	62.2	35.2	3.7	3.5
Ferrous Metals	-1.2	16.2	37.0	27.4	22.2	-0.9	2.6
Pig & Sponge Iron	35.9	92.4	53.2	71.2	15.6	-7.5	-3.3
Steel	-4.6	8.2	33.9	15.9	20.0	-1.3	1.0
Castings & Forgings	21.9	44.6	53.8	40.3	36.8	-20.6	8.8
Metal Products	32.1	61.3	41.4	92.6	36.3	14.1	14.7
Non-Ferrous Metals	7.5	12.8	21.7	44.9	26.2	7.6	10.1
Aluminium & Aluminium Products	3.9	14.4	26.4	34.1	28.3	12.5	14.8
Machinery	10.4	24.3	42.7	42.2	20.0	13.5	12.8
Non-Electrical Machinery	4.8	19.9	25.5	32.1	30.8	25.3	15.2
Industrial Machinery	30.9	40.1	44.6	32.9	27.6	3.2	5.9
Electrical Machinery	3.7	25.5	43.5	49.3	20.8	10.2	8.5
Wires & Cables	14.9	32.7	51.4	81.5	16.5	6.7	2.8
Domestic Electrical Appliances	28.2	18.4	84.1	42.0	9.7	-9.0	-1.2
Air-Conditioners & Refrigerators	-1.4	-2.1	41.0	114.4	15.3	-23.2	-8.7
Dry Cells & Storage Batteries	11.4	2.0	21.1	20.9	27.7	32.7	20.8
Electronics	24.2	26.0	52.2	40.3	14.1	10.9	16.0
Consumer Electronics	52.2	55.0	76.8	43.2	10.4	4.4	19.8
Computer Software & Hardware	12.2	52.2	70.1	66.8	29.8	27.3	25.6
Automobile	4.0	14.4	26.3	102.6	40.0	47.8	12.5
Commercial Vehicles	18.1	19.9	11.3	91.6	45.8	31.2	-0.7
Passenger Cars & Multi Utility Vehi	10.9	9.6	72.8	44.7	41.9	53.6	21.5
Two & Three Wheelers	-28.2	24.3	53.9	227.1	37.1	88.4	23.7
Automobile Ancillaries	18.5	29.9	17.6	48.0	35.4	26.4	15.5
Paper & Paper Products	4.0	26.3	36.2	32.1	40.0	18.7	0.8
Leather Products	0.0	0.0	704.7	119.4	8.6	-20.3	26.1
Miscellaneous Products	35.9	72.9	50.8	43.8	24.9	9.5	5.2
Diversified	21.1	31.7	36.4	58.5	17.0	7.3	8.9
Manufacturing	11.9	23.6	38.8	43.1	22.2	8.6	7.6

Distribution by Industry

Industry Groups	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Food Products	27.5	21.6	11.8	56.3	25.8	9.2	7.1
Tea & Coffee	23.7	28.9	18.2	74.6	6.0	9.6	-1.9
Sugar	29.1	20.9	3.6	55.8	26.2	19.7	8.3
Vegetable Oils & Products	41.8	19.9	20.2	54.4	27.1	0.4	5.9
Beverages & Tobacco	24.7	23.7	16.5	40.9	2.9	-2.4	25.6
Tobacco Products	43.9	39.3	7.8	21.5	0.6	-5.8	60.1
Beer & Alcohol	10.6	9.1	27.5	61.1	4.7	0.0	1.2
Textiles	24.7	12.7	21.0	26.8	16.3	12.6	16.2
Cotton Textiles	15.8	17.1	26.6	20.4	10.6	10.8	19.7
Synthetic Textiles	37.6	13.7	11.0	25.7	25.8	11.4	11.0
Textile Processing	56.2	13.0	40.3	82.0	3.7	30.3	18.3
Chemicals	2.3	23.1	8.4	12.9	23.7	31.9	14.9
Chemicals & Plastics	20.7	13.1	7.6	17.5	24.0	23.4	18.1
Inorganic Chemicals	38.2	18.3	5.7	10.9	9.3	21.4	7.5
Alkalies	5.9	32.3	19.9	23.8	5.3	16.5	11.0
Fertilisers	20.7	6.9	-2.1	3.6	25.4	28.4	20.8
Paints & Varnishes	12.3	7.9	7.3	22.0	24.4	5.4	19.6
Drugs & Pharmaceuticals	19.0	21.4	19.4	31.5	31.8	17.9	18.7
Soaps & Detergents	12.0	4.2	-20.3	40.5	9.4	20.6	37.0
Polymers	31.4	7.5	12.0	10.8	18.3	34.7	22.4
Plastic Products	27.8	14.4	30.3	52.3	46.8	23.1	7.3
Petroleum Products	-38.4	59.4	11.1	-0.5	29.1	63.1	9.5
Tyres & Tubes	30.2	32.7	4.6	20.1	3.5	10.9	3.3
Rubber & Rubber Products	48.8	24.5	13.1	12.3	8.4	5.3	5.2
Non-Metallic Mineral Products	11.1	23.9	13.6	14.5	14.5	19.9	19.4
Cement	11.1	24.9	14.2	10.6	10.6	24.2	21.2
Ferrous Metals	30.1	19.5	21.5	18.1	19.5	15.9	16.9
Pig & Sponge Iron	38.1	43.8	88.7	43.0	29.9	34.0	34.1
Steel	31.9	17.1	14.2	12.4	16.6	14.0	15.3
Castings & Forgings	20.2	46.2	13.5	23.4	29.8	34.1	21.4
Metal Products	14.2	16.9	33.9	33.8	35.4	12.5	14.8
Non-Ferrous Metals	32.5	9.8	2.6	-12.1	0.5	18.8	7.8
Aluminium & Aluminium Products	40.2	5.7	-10.1	-9.9	-16.1	-9.5	16.4
Machinery	22.3	19.8	1.7	14.7	22.6	17.5	12.6
Non-Electrical Machinery	22.1	17.6	2.5	10.7	16.6	13.3	6.2
Industrial Machinery	6.9	35.8	-8.1	45.6	30.4	16.3	4.7
Electrical Machinery	34.5	21.6	2.9	11.9	31.0	20.7	12.7
Wires & Cables	12.3	60.3	13.6	31.9	39.0	19.9	17.9
Domestic Electrical Appliances	68.2	12.6	-2.7	49.4	13.9	31.1	15.1
Air-Conditioners & Refrigerators	11.3	1.6	24.5	-11.0	55.4	57.0	57.0
Dry Cells & Storage Batteries	-1.0	30.5	10.4	13.8	33.8	107.9	42.4
Electronics	10.9	19.8	-0.3	20.9	19.4	17.6	17.3
Consumer Electronics	16.1	29.0	7.8	47.1	21.4	14.4	33.0
Computer Software & Hardware	0.6	11.5	-13.1	62.6	31.5	29.7	31.8
Automobile	9.6	10.0	-2.5	-8.4	6.4	69.4	15.0
Commercial Vehicles	97.3	21.9	-2.2	-10.8	25.6	68.9	21.0
Passenger Cars & Multi Utility Vehi	10.9	18.4	-11.1	-5.6	-15.4	232.4	18.9
Two & Three Wheelers	4.9	-5.5	-0.7	-0.6	31.7	-3.7	19.4
Automobile Ancillaries	17.2	13.2	5.3	20.3	29.9	13.2	9.9
Paper & Paper Products	17.6	19.4	3.4	26.3	22.6	12.3	10.4
Leather Products	14.5	17.0	30.2	31.2	36.4	-1.0	-7.1
Miscellaneous Products	9.4	6.9	17.5	49.8	28.1	22.0	11.1
Diversified	21.9	16.0	10.4	18.4	31.6	30.4	10.3
Manufacturing	17.2	18.4	11.5	16.9	20.5	22.2	14.4

Distribution by Industry

Industry Groups	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Food Products	23.7	24.3	28.8	42.1	17.4	7.9	8.4
Tea & Coffee	16.0	28.5	20.8	46.8	6.4	8.8	13.1
Sugar	21.9	16.2	32.6	37.3	14.4	15.4	8.1
Vegetable Oils & Products	46.7	35.5	44.9	39.1	14.8	-3.1	11.2
Beverages & Tobacco	17.3	26.8	47.3	40.1	9.7	10.0	28.5
Tobacco Products	27.4	35.2	58.0	30.3	7.1	18.0	54.3
Beer & Alcohol	10.4	20.2	38.0	50.3	12.0	3.1	2.6
Textiles	27.8	20.8	35.8	37.6	13.3	6.4	8.6
Cotton Textiles	13.7	16.9	41.1	34.7	5.9	10.0	11.5
Synthetic Textiles	38.8	21.4	25.5	33.2	16.7	1.1	3.8
Textile Processing	68.9	35.9	52.8	101.9	23.9	15.7	19.6
Chemicals	19.8	14.5	22.4	26.8	19.9	18.6	13.9
Chemicals & Plastics	14.3	14.4	23.7	30.0	20.6	16.7	10.8
Inorganic Chemicals	30.3	17.1	14.3	28.6	14.6	21.4	4.9
Alkalies	7.6	35.9	39.0	25.1	17.2	11.5	4.2
Fertilisers	8.2	5.9	11.5	10.5	13.3	16.6	14.7
Paints & Varnishes	24.0	20.1	10.5	17.1	24.3	22.3	21.5
Drugs & Pharmaceuticals	14.9	20.1	60.1	60.2	29.5	16.0	12.1
Soaps & Detergents	9.2	13.1	21.8	35.6	20.9	28.2	23.0
Polymers	26.1	9.1	15.4	40.4	15.2	24.6	11.2
Plastic Products	37.1	48.0	41.8	59.1	35.4	12.7	4.1
Petroleum Products	33.5	11.7	21.4	21.5	19.9	26.3	22.7
Tyres & Tubes	27.7	29.3	11.7	13.0	10.4	5.6	11.5
Rubber & Rubber Products	45.4	21.4	12.5	10.4	7.6	10.8	-1.9
Non-Metallic Mineral Products	15.8	23.7	18.8	36.6	20.2	14.5	9.6
Cement	15.2	24.0	17.8	30.0	20.2	15.1	10.2
Ferrous Metals	14.7	12.8	32.8	21.9	17.2	8.3	12.3
Pig & Sponge Iron	43.4	54.2	76.0	54.2	23.9	24.0	28.9
Steel	12.3	8.2	27.5	13.6	13.9	6.7	10.4
Castings & Forgings	24.5	46.5	29.9	32.5	33.9	6.8	17.7
Metal Products	22.5	22.0	41.5	61.5	38.1	13.5	14.9
Non-Ferrous Metals	20.5	7.7	12.7	15.5	14.4	9.7	10.6
Aluminium & Aluminium Products	24.7	7.7	6.5	11.1	10.3	5.7	16.7
Machinery	18.1	16.3	20.5	28.1	17.8	14.8	13.8
Non-Electrical Machinery	18.1	15.6	13.3	18.5	21.2	17.7	11.0
Industrial Machinery	16.1	38.7	24.9	33.1	31.0	6.3	5.4
Electrical Machinery	18.5	23.3	22.7	30.4	21.4	13.1	11.3
Wires & Cables	2.5	59.7	34.3	55.5	22.8	15.4	9.6
Domestic Electrical Appliances	65.7	5.8	29.2	49.9	8.9	5.5	8.9
Air-Conditioners & Refrigerators	-0.5	3.4	35.3	60.5	27.2	-2.4	28.8
Dry Cells & Storage Batteries	13.3	12.3	20.4	15.9	33.6	71.7	28.2
Electronics	17.7	9.0	23.5	32.2	12.2	14.8	18.5
Consumer Electronics	23.3	39.0	45.6	49.6	4.1	13.9	32.9
Computer Software & Hardware	3.9	27.5	46.2	65.7	27.3	27.8	27.7
Automobile	3.3	10.6	7.0	27.6	18.1	62.8	15.3
Commercial Vehicles	54.7	23.9	9.3	34.3	26.3	44.1	11.2
Passenger Cars & Multi Utility Vehi	7.3	14.5	24.7	13.8	20.1	129.3	18.4
Two & Three Wheelers	0.0	5.1	10.3	81.8	33.8	59.9	24.4
Automobile Ancillaries	16.4	20.4	14.7	34.0	28.6	25.5	14.0
Paper & Paper Products	11.4	16.8	17.0	32.4	28.3	15.1	5.7
Leather Products	-2.6	33.4	109.8	58.7	21.6	-6.8	7.4
Miscellaneous Products	22.8	37.6	35.6	38.7	26.3	18.2	7.7
Diversified	21.8	19.8	25.6	37.3	22.8	19.3	10.2
Manufacturing	18.4	16.0	25.0	29.1	18.5	15.4	12.1

Distribution by Industry

Industry Groups	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
Food Products	21.5	17.5	23.9	41.5	21.5	8.0	5.9
Tea & Coffee	12.2	22.8	23.1	35.2	14.6	7.1	10.0
Sugar	24.6	17.9	17.4	45.7	21.0	15.6	2.4
Vegetable Oils & Products	44.8	26.5	29.8	41.1	22.7	1.6	7.5
Beverages & Tobacco	26.3	18.5	25.0	30.8	13.1	10.3	21.6
Tobacco Products	40.6	21.4	18.0	22.6	15.5	14.4	40.2
Beer & Alcohol	14.3	15.6	33.0	39.0	10.9	6.5	3.3
Textiles	26.1	17.9	28.4	31.8	18.4	6.5	10.3
Cotton Textiles	18.5	18.4	33.3	27.9	14.3	8.9	13.2
Synthetic Textiles	34.4	17.3	19.3	31.6	20.1	2.6	5.1
Textile Processing	24.5	27.4	41.4	81.4	29.7	10.3	18.3
Chemicals	14.1	17.4	19.8	18.1	22.5	21.8	10.8
Chemicals & Plastics	20.1	14.5	23.8	24.8	21.1	14.6	12.5
Inorganic Chemicals	29.4	20.0	9.6	29.6	28.0	10.8	3.8
Alkalies	7.4	35.1	37.9	21.2	18.8	11.4	7.3
Fertilisers	20.9	6.6	10.5	13.0	17.8	15.1	16.2
Paints & Varnishes	14.3	11.3	10.3	19.0	25.4	16.2	17.7
Drugs & Pharmaceuticals	20.0	21.3	59.6	26.0	24.4	15.6	12.7
Soaps & Detergents	21.8	5.5	12.6	41.6	13.2	20.6	25.9
Polymers	20.7	12.7	25.4	24.4	21.6	18.3	14.6
Plastic Products	29.2	45.1	37.0	52.6	36.4	11.7	5.5
Petroleum Products	2.2	21.9	14.3	5.1	27.9	39.3	8.3
Tyres & Tubes	28.0	24.8	9.1	15.4	11.8	13.4	6.8
Rubber & Rubber Products	38.0	16.7	13.9	14.9	15.5	11.1	1.7
Non-Metallic Mineral Products	18.2	20.7	18.1	24.5	19.0	12.9	11.2
Cement	17.5	21.5	18.3	21.5	17.5	14.7	12.4
Ferrous Metals	21.1	19.2	18.7	21.6	17.1	10.0	12.2
Pig & Sponge Iron	35.0	47.4	88.1	45.9	27.7	24.8	29.2
Steel	20.7	16.5	11.5	15.1	14.0	8.1	10.9
Castings & Forgings	18.3	39.5	26.1	27.0	33.0	15.2	17.0
Metal Products	18.1	23.3	29.7	49.8	31.8	14.7	11.2
Non-Ferrous Metals	20.2	11.6	11.6	15.0	15.0	12.7	8.2
Aluminium & Aluminium Products	22.4	9.7	4.5	12.6	8.0	7.3	13.9
Machinery	15.9	13.5	15.2	23.7	20.3	12.0	9.2
Non-Electrical Machinery	17.9	15.0	10.9	17.5	19.1	10.1	6.7
Industrial Machinery	16.3	24.0	19.8	33.7	17.8	3.3	2.5
Electrical Machinery	15.2	15.3	15.4	27.2	22.3	11.7	7.4
Wires & Cables	20.0	36.6	24.1	54.4	24.6	10.6	13.7
Domestic Electrical Appliances	37.5	13.9	21.5	38.7	13.8	11.9	7.7
Air-Conditioners & Refrigerators	7.5	0.8	25.4	33.7	27.5	16.2	19.3
Dry Cells & Storage Batteries	10.4	11.5	14.5	15.1	31.6	60.5	32.1
Electronics	15.1	10.0	18.6	24.6	19.0	13.7	12.8
Consumer Electronics	27.2	13.2	37.0	38.6	19.6	6.0	20.7
Computer Software & Hardware	6.9	19.3	24.5	56.4	35.9	27.0	16.0
Automobile	7.1	13.1	16.9	30.8	24.4	21.6	11.4
Commercial Vehicles	49.3	21.0	4.7	37.2	35.4	30.7	1.5
Passenger Cars & Multi Utility Vehi	5.3	14.3	39.5	38.6	21.9	26.5	18.2
Two & Three Wheelers	4.2	3.1	16.3	47.8	30.9	18.8	17.7
Automobile Ancillaries	22.6	15.4	10.5	34.2	32.0	17.7	10.8
Paper & Paper Products	15.4	19.3	18.6	22.2	22.9	11.5	4.6
Leather Products	5.4	20.8	56.7	63.7	21.9	-4.7	0.4
Miscellaneous Products	18.3	28.7	26.2	45.6	21.8	15.0	10.7
Diversified	24.1	18.0	22.7	32.8	23.1	19.2	11.0
Manufacturing	18.0	17.0	19.6	24.6	20.5	14.9	10.6

Distribution by Industry

Industry Groups	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Food Products	7.67	10.65	13.03	13.28	13.02	13.01	13.78
Tea & Coffee	14.03	20.26	17.76	14.90	15.94	25.56	27.23
Sugar	1.11	0.92	1.06	0.61	0.62	1.35	1.02
Vegetable Oils & Products	6.44	10.02	12.64	10.87	10.94	10.19	11.94
Beverages & Tobacco	8.64	8.89	10.31	8.46	6.41	6.37	6.56
Tobacco Products	11.75	12.47	14.76	12.54	9.07	8.56	9.05
Beer & Alcohol	2.52	1.70	2.43	2.12	2.04	2.26	1.81
Textiles	7.89	9.21	11.85	14.72	17.21	20.49	21.07
Cotton Textiles	12.39	14.25	15.26	18.64	21.70	25.43	25.79
Synthetic Textiles	2.97	3.60	4.50	6.94	7.48	9.12	10.01
Textile Processing	3.89	3.96	4.54	6.42	10.28	10.53	9.95
Chemicals	4.47	5.25	5.49	5.19	5.80	5.48	5.35
Chemicals & Plastics	4.91	5.64	6.41	7.95	8.87	8.99	9.20
Inorganic Chemicals	8.43	9.19	5.57	7.42	8.30	7.43	5.65
Alkalies	3.09	3.66	2.26	1.81	1.43	2.80	2.64
Fertilisers	0.33	0.77	0.80	1.63	1.67	1.08	0.88
Paints & Varnishes	2.10	1.52	1.19	1.45	1.26	0.93	0.68
Drugs & Pharmaceuticals	10.83	10.26	11.87	14.53	17.93	17.74	19.69
Soaps & Detergents	6.48	6.33	6.47	9.63	11.29	3.83	4.60
Polymers	2.78	2.80	2.69	3.79	4.14	4.49	5.90
Plastic Products	6.40	7.58	9.60	10.86	11.32	13.14	13.22
Petroleum Products	3.85	4.28	3.96	2.34	2.72	2.55	2.01
Tyres & Tubes	6.98	11.66	11.47	9.25	8.27	9.20	8.97
Rubber & Rubber Products	1.34	3.12	6.86	4.39	9.78	13.38	15.87
Non-Metallic Mineral Products	5.71	8.03	11.23	14.47	14.63	12.85	12.54
Cement	1.62	2.94	4.41	4.08	3.51	3.58	3.56
Ferrous Metals	4.18	6.35	9.21	7.60	9.18	9.75	10.02
Pig & Sponge Iron	1.96	8.00	24.91	14.79	7.41	6.31	5.54
Steel	3.76	5.79	7.82	6.52	7.70	8.24	8.55
Castings & Forgings	6.17	7.24	8.94	11.01	10.80	11.47	12.79
Metal Products	6.73	8.79	12.35	9.78	16.28	17.20	18.24
Non-Ferrous Metals	8.23	10.75	9.66	8.98	9.46	14.43	14.99
Aluminium & Aluminium Products	12.54	16.75	15.56	13.77	13.17	18.12	17.43
Machinery	5.32	5.28	6.83	6.80	6.43	8.13	9.50
Non-Electrical Machinery	5.87	5.55	6.58	6.99	6.26	7.09	7.41
Industrial Machinery	10.90	9.61	7.79	10.10	9.65	9.14	11.41
Electrical Machinery	4.98	5.29	6.60	5.67	5.31	6.44	7.33
Wires & Cables	4.96	1.64	1.33	1.31	2.13	2.46	4.55
Domestic Electrical Appliances	2.08	3.44	4.33	7.17	6.63	7.11	6.87
Air-Conditioners & Refrigerators	2.54	3.50	1.86	2.17	1.90	1.87	2.32
Dry Cells & Storage Batteries	6.48	1.78	1.71	3.08	2.75	4.01	4.33
Electronics	5.28	4.99	7.36	8.09	8.01	11.14	13.34
Consumer Electronics	4.39	5.28	4.68	3.76	3.28	7.39	4.32
Computer Software & Hardware	12.93	13.64	20.76	20.54	20.02	24.44	29.02
Automobile	5.33	6.00	6.66	6.50	6.06	5.42	5.27
Commercial Vehicles	7.08	9.09	9.94	9.56	8.09	6.26	8.23
Passenger Cars & Multi Utility Vehi	6.75	4.83	5.13	4.91	5.24	5.57	4.31
Two & Three Wheelers	2.75	4.33	5.53	5.91	5.24	4.69	4.47
Automobile Ancillaries	5.42	6.80	6.81	6.86	6.31	7.00	7.68
Paper & Paper Products	1.63	2.64	2.80	3.72	4.50	4.20	3.45
Leather Products	13.55	23.55	29.67	41.44	37.13	40.63	34.13
Miscellaneous Products	1.54	2.22	4.93	6.10	6.12	7.48	7.49
Diversified	5.36	5.78	5.44	6.37	6.97	7.55	7.53
Manufacturing	5.38	6.48	7.59	7.77	8.31	8.61	8.76

Distribution by Industry

Industry Groups	1991–92	1992–93	1993–94	1994–95	1995–96	1996–97	1997–98
Food Products	1.5	2.2	2.3	4.1	5.6	6.0	6.4
Tea & Coffee	3.3	3.4	3.3	2.8	3.5	3.4	3.3
Sugar	0.4	0.5	0.2	3.4	1.6	1.3	0.8
Vegetable Oils & Products	1.1	1.3	1.3	3.3	8.8	11.4	12.9
Beverages & Tobacco	1.6	2.2	3.0	3.2	4.9	5.5	3.6
Tobacco Products	1.5	2.5	3.1	2.8	4.6	5.5	4.2
Beer & Alcohol	1.8	1.6	2.9	3.8	5.4	5.6	2.3
Textiles	4.9	8.4	7.9	11.7	14.0	10.2	10.3
Cotton Textiles	2.8	6.4	5.9	10.2	12.4	7.1	8.3
Synthetic Textiles	6.3	9.8	9.7	14.3	17.0	15.5	13.4
Textile Processing	2.1	3.0	3.8	4.6	6.0	3.4	3.0
Chemicals	18.2	20.2	18.3	17.3	18.6	28.0	25.0
Chemicals & Plastics	12.3	13.3	13.1	16.0	19.2	18.2	19.3
Inorganic Chemicals	12.4	14.3	8.9	10.3	16.7	11.6	14.1
Alkalies	3.2	8.4	13.7	11.3	7.7	6.1	12.1
Fertilisers	18.2	20.5	19.2	22.0	30.0	29.4	28.8
Paints & Varnishes	4.2	5.0	6.5	7.3	8.7	10.8	10.7
Drugs & Pharmaceuticals	11.6	12.9	11.6	15.0	17.0	15.6	16.3
Soaps & Detergents	5.2	5.6	6.7	11.1	12.0	12.5	18.1
Polymers	8.9	7.4	10.5	13.4	17.1	15.0	17.8
Plastic Products	18.1	15.4	14.3	18.2	23.0	16.8	16.5
Petroleum Products	24.5	26.9	23.9	19.3	18.9	36.6	30.6
Tyres & Tubes	9.4	12.5	11.2	9.8	11.5	11.2	10.6
Rubber & Rubber Products	13.2	16.0	12.4	13.2	18.5	15.1	15.5
Non-Metallic Mineral Products	5.2	6.8	8.1	11.7	13.9	12.9	11.6
Cement	1.9	2.2	1.9	3.0	5.8	4.6	4.7
Ferrous Metals	14.3	14.2	12.7	15.1	17.0	16.9	14.8
Pig & Sponge Iron	23.3	28.5	16.5	52.6	33.5	44.9	31.9
Steel	15.3	14.5	12.7	13.5	17.3	16.4	14.5
Castings & Forgings	3.6	3.0	4.8	5.0	5.2	5.1	7.7
Metal Products	9.4	12.6	14.4	15.2	15.3	15.9	13.9
Non-Ferrous Metals	11.2	12.8	13.0	14.7	18.8	21.8	18.0
Aluminium & Aluminium Products	10.7	9.6	8.3	11.0	10.3	12.2	8.2
Machinery	12.7	14.1	13.8	15.6	17.0	17.2	16.3
Non-Electrical Machinery	10.3	10.8	12.4	12.8	12.2	11.7	10.4
Industrial Machinery	12.8	16.8	15.3	16.8	19.3	14.4	12.1
Electrical Machinery	10.5	12.8	11.6	13.6	15.6	15.6	13.3
Wires & Cables	10.7	16.3	14.8	17.0	18.7	16.7	13.3
Domestic Electrical Appliances	4.4	7.1	7.8	7.6	10.1	11.3	9.3
Air-Conditioners & Refrigerators	5.5	4.9	5.3	7.8	9.2	11.2	11.7
Dry Cells & Storage Batteries	4.5	5.3	5.7	7.8	9.8	10.6	11.8
Electronics	18.4	19.3	18.0	20.5	22.9	23.9	23.9
Consumer Electronics	11.4	10.4	10.4	14.5	17.1	16.1	16.1
Computer Software & Hardware	19.7	18.4	22.8	24.7	26.2	22.6	24.7
Automobile	10.6	13.3	12.2	14.1	16.2	18.5	12.8
Commercial Vehicles	5.5	8.4	5.6	8.4	8.4	7.7	9.2
Passenger Cars & Multi Utility Vehi	12.3	13.4	16.3	14.4	19.0	27.4	12.6
Two & Three Wheelers	7.6	5.6	6.1	8.0	9.0	8.9	8.3
Automobile Ancillaries	7.7	10.9	9.1	10.7	14.5	12.7	12.5
Paper & Paper Products	10.7	7.7	8.8	11.3	11.0	11.3	13.0
Leather Products	5.2	7.5	9.5	18.5	11.2	12.3	11.0
Miscellaneous Products	8.5	11.8	14.1	16.1	15.5	18.0	16.3
Diversified	5.5	7.4	10.0	14.3	18.9	15.1	16.8
Manufacturing	12.2	13.9	13.0	14.4	16.2	19.3	17.6

146
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POVERTY AND TOBACCO

CHC-Tobacco File
JN 10/1/2001

Poverty and Tobacco

The contribution of tobacco to disease and death is well-known. But less attention has been given to the ways in which tobacco increases poverty. For the poor, daily spending on tobacco represents a daily drain on scant family resources. Yet in many countries it is precisely the poor who use tobacco the most. In Bangladesh, smoking rates are twice as highest in the lowest income group as in the highest.[1] Tobacco use, and even employment in the tobacco industry, may help to widen the gap even further between rich and poor.

Tobacco benefits the wealthy, not the poor

The main beneficiaries of the tobacco business are not farmers or factory workers in developing countries, but the businessmen from wealthy ones who take the profits while leaving behind the disease. In many countries far more money is spent importing tobacco than is gained, exporting it. Even locally-produced cigarettes are often made by transnational companies, where again most of the profit is exported, leaving the farmers and laborers poor[2].

For many of those involved in the tobacco industry, it is a miserable job that they would be relieved to escape if they could find alternatives. Bidi making involves many hours of sitting still for hours, engaging in boring repetitive labor while being exposed to tobacco dust. Many of those working the longest hours for the lowest wages are women and children. Workers generally receive extremely low wages—as low as 35 cents a day to roll bidis in India[2], and 6 cents for 5 hours work in one site in Bangladesh[3]. Since adult men refuse to do such low-paid work, children are often recruited. Due to the long work hours, children are forced to drop out of school. The work generates little money for the workers and their families while contributing to illiteracy and poor health, and thus ensuring that future generations will also live in poverty.

If tobacco consumption declined, people would buy other goods that could include food items that would both benefit their and their families' health. Growth in other sectors would provide the former tobacco laborers with potentially higher paid and less dangerous, grueling work. (Even if the pay were comparable, if the hours were such that children could attend school, then the cycle of poverty might be broken.) The World Bank has calculated that in many countries, this switch in expenditures would result in a net increase of jobs.[4]

Food versus tobacco

In the case of the poorest where food shortage is an ongoing problem, and where a significant share of income is going to purchase food, tobacco expenditures can make the difference between an adequate diet and malnutrition. Researchers estimate that in Bangladesh 10.5 million people are needlessly going hungry and 350 children are needlessly dying *each day* due to diversion of money from food to tobacco. While per capita cigarette consumption is 133 sticks per year, the figure for egg consumption is merely twelve. In both urban and rural areas of Bangladesh, per capita spending on tobacco is higher than on milk. What the average male smoker spends on cigarettes each day would be enough to purchase almost 3,000 calories of rice.[1]

Comparing the price of various brands of cigarettes to food is informative. What food might a family have access to if the main income earner were not buying a pack a day of a well-advertised pack? When transnational companies promote high-cost cigarettes in poor countries, and where it is mainly the poor who smoke, the results are obvious. Nutritious foods such as milk, eggs, and meat are considered luxury items for the poor, whereas tobacco is considered a daily necessity.

While not all the savings people gained from ceasing tobacco purchases would necessarily be invested in basic needs, it is certain that the money they currently spend on tobacco is *not* going towards essential items. Even if only a portion of tobacco users spent some of their savings on basic goods, the net gain could be tremendous.

Impoverishment of women and children

In many developing countries men control the income, and have the first access to what food is available in the family. In these cases, when men spend their money on tobacco, they may continue to eat adequately. It is their wives and children who are most likely to go hungry as a result. For those concerned about the health and education of women and children, tobacco control should be an imperative.

In Vietnam, a recent analysis using the National Living Standard Survey revealed that annual household expenditure on tobacco is 1.7 times higher than expenditure on education, and 1.5 times higher than that for health.[5] In poor countries, even a small increase in expenditure on education and health could have a large impact on the prospects of children. Instead, the money is wasted on an addictive, deadly product.

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[1] Debra Efroymson and Saifuddin Ahmed. *Hungry for Tobacco: an analysis of the impact of tobacco on the poor in Bangladesh.* Dhaka: July 2000

[2] Mary Assunta. "Tobacco and Poverty" in *Together Against Tobacco*, proceedings of the INGCAT International NGO Mobilisation Meeting. Geneva. 15-16 May 1999.

[3] Therese Blanchet. *Child Work in the Bidi Industry.* UNICEF: Dhaka 2000.

[4] Prabhat Jha and Frank Chaloupka. *Curbing the epidemic: governments and the economics of tobacco control.* World Bank. Washington D.C. 1999.

[5] Hoang Van Kinh and Sarah Bales. "Tobacco Consumption Pattern – An Analysis Using Viet Nam National Living Standard Survey data". Vietnam: 1999.

For those who become ill or die young from tobacco-related illness, there are further costs in terms of medical care and the impoverishment of family members if the major wage-earner dies. However, the costs do not begin at the point of illness, but rather from the moment when valuable resources are diverted to tobacco.

Low taxes can be regressive

People often express concern about taxes harming the poor, since they are both most likely to smoke and the least able to afford it. But the opposite argument can equally be made. When tobacco prices are kept low, more poor people use tobacco, and thus waste more of their money on it. In Bangladesh, as prices have remained low over the years, per capita spending on tobacco has increased. While raising taxes may harm some poor individuals who are unable to quit, in many situations this problem is alleviated by the existence of alternate low-cost tobacco products. To the degree that these are minimally advertised and unpalatable, they may be a resource to the addicted while being unlikely to attract the uninitiated. In addition, if the policy benefits a large number of poor smokers but harms a few, then the decision may have to be made to tolerate the harm in order to benefit the many. Negative effects can be addressed through programs to help the poor quit, or to subsidize a food substance generally consumed only by the poorest.

The solutions

Advertising and low taxation rates encourage people to spend money on cigarettes rather than on food or other basic needs. By both eliminating all forms of tobacco promotion *and* raising taxes on tobacco products, wastage of money can be diminished. The involvement of organizations working on issues of food security, nutrition, and women's and children's rights can help in educating former tobacco users to spend their new-gained wealth on their families' basic needs, rather than on other unnecessary and dangerous products. For those currently employed by tobacco, job loss is a distant potential, as tobacco use is unlikely to decline sharply in the near future. But where concerns about job loss exist, it is helpful to remember that in many cases, people might *prefer* and benefit from alternate employment. Tobacco control is one area where poverty reduction and health goals go hand in hand.

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CHC- Tobacco file
15/1/2001

Member organizations

Our fifteen member organizations represent a broad range of interests.

ADHUNIK is an anti-tobacco organization involved in policy work and public education.
Bangladesh Cancer Society addresses issues of cancer awareness, education, and treatment.
Consumers' Association of Bangladesh seeks to protect the rights of consumers in a difficult environment.
Dhaka Ahsania Mission works in health, development, education, and the environment.
National Non-Smokers' Forum is the o[illegible]st anti-tobacco organization in Bangladesh.
Welfare Association for Cancer Care (WACC) is a forum of UICC's "Reach to Recovery" focusing on breast cancer counseling.
Work for a Better Bangladesh focuses on issues of environment and on tobacco control.
Young People for Social Action (YPSA) works on education, health, and environment.

Seven of our member organizations focus on the problem of drug use:

Atish Dipankar Gobeshana Parishad
BADSA, Ghas Phul Nodi, MANOBIK
Manosh, Pratyasha, Sonarang

Affiliate organizations

In addition to our members, other organizations contribute their time and energy to working [illegible]h BATA.

Bangladesh Women's Health Coalition (BWHC) focuses on women's reproductive health, legal rights, and advocacy.
The Disadvantaged Adolescents' Working Network (DAWN) Forum brings together over twenty NGOs working with adolescents.
The Institute of Allergy and Clinical Immunology of Bangladesh provides advice and treatment to asthma and allergy sufferers.
The Law and Society Trust works to protect the legal rights of the underprivileged and to represent individuals against corporations.
Naripokkho is a women's organization focusing on women's health, status, and rights.
POROSH is an environmental organization.
The Student Anti-Smoking Committee (SASC) is run by students of Dhaka University.
Social Advancement & Solidarity Center (SASTER) is a social service organization.

Formation

BATA was started in order to counter a major British American Tobacco (BAT) advertising campaign for its John Players Gold Leaf brand. The campaign involved the sailing of a yacht to 17 countries in 170 days, with the final destination being Bangladesh. The campaign was obviously meant to encourage youth to try the brand, by connecting it to images of adventure, wealth, and excitement. One of the slogans of the campaign was "Join the adventure". Various groups interested in doing something about the campaign began to hold meetings in September 1999. As the result of a writ petition filed by many of the members, the Bangladesh High Court ordered a staying order which prevented BAT from holding planned promotional events on the boat's arrival in Chittagong, and from publishing further newspaper ads promoting Voyage. During the course of the anti-Voyage campaign, the groups involved agreed to start an alliance.

Objectives

- Contribute to the health and well-being of Bangladeshis by reducing tobacco consumption.
- Reduce the damage to health, the environment, and personal and national economy from tobacco consumption.
- Educate the public and policymakers about the dangers of tobacco.
- Help strengthen the nation's tobacco control policies and legislation.
- Conduct research to learn more about tobacco use and its effects, particularly economic effects.
- Raise awareness among development organizations about the importance of tobacco control, and encourage more groups to become involved.
- Continue to be a strong united force in tobacco control locally, nationally, regionally, and internationally.

BATA ACTIVITIES 1999-2000

ADVOCACY

BATA regularly holds events calling for legislative changes, including a signature campaign to provide non-smoking carriages on trains, and protests against tobacco advertising. BATA also organized a series of events to protest BAT's marketing campaign the "Voyage of Discovery". BATA is also urging the government to negotiate for and sign a strong Framework Convention on Tobacco Control (FCTC).

Voyage of Discovery decision

As a result of a court case about the Voyage campaign, the High Court issued a strong response, urging the government to:

- Ban production of tobacco leaves in phases, giving subsidies to the farmers to produce other agricultural products, rehabilitating tobacco workers with other jobs, and imparting vocational training to them.
- Restrict permission and licenses for establishing tobacco factories, and direct the owners to switch over to other products in phases, compensating them if necessary.
- Persuade owners of tobacco factories not to continue with production of tobacco products beyond a reasonable time, by banning such production.

PH-8-

- Close down the bidi factories through phases. This includes restricting harvesting of tobacco to produce bidis.
- Discontinue advertisement of tobacco products and forbid any show or program that propagates smoking beyond the period of the existing contract agreement.
- Prohibit import of tobacco "within a reasonable period" and impose heavy tax for the import; all imports must print statutory warning legibly in bold words in Bengali.
- Ban any promotional ventures like "Voyage of Discovery".
- Ban smoking in public places including transport and public gatherings.

LAW & POLICY

Drafting of model legislation

After compiling laws from various countries, BATA drafted a set of strong laws and submitted them to the government. The laws cover such issues as promotion of tobacco, smoking in public places, pack labeling, and a dedicated tax for anti-tobacco education on the mass media. The government is currently discussing legislative options.

ECONOMIC ANALYSIS

In July 2000, BATA held a press release to release the study *Hungry for Tobacco*, which shows the burden of tobacco use on poor families in Bangladesh.

Report summary

If tobacco were no longer consumed in Bangladesh, the following economic gains would be anticipated:

- Savings in foreign exchange for import of tobacco of over $14 million US per year.
- A net increase in employment of almost 19%.
- Large increases in household investment in housing, education, and health care.
- 10.5 million fewer people going hungry.
- 350 fewer deaths from malnutrition of children under age 5 each *day*.

PUBLIC EDUCATION

BATA members produce a range of materials to educate the public about the dangers to health, economics, and appearance from tobacco use, and on how to quit smoking. These materials include posters, stickers, and pamphlets.

PUBLIC MOBILIZATION

BATA encourages the public to take a stand against tobacco promotion and use. Mobilization activities include rallies and marches for WHO's South East Asian Anti-Tobacco (SEEAT) Flame for Freedom from Tobacco; human chains, and marches.

SEMINARS

BATA has held two seminars to date:

- How to respond to the "Voyage of Discovery", at which legal and mobilization activities were planned.
- A seminar for BATA members to learn more about The Framework Convention on Tobacco Control (FCTC).

NEWSLETTER

BATA produces a quarterly newsletter in Bengali and English, with updates on activities and important national events.

FINANCIAL SUPPORT

BATA receives financial and technical assistance from ***PATH Canada*** *and the* ***Government of Bangladesh.*** Members have received support to attend conferences from the Rockefeller Foundation, the American Cancer Society, and the WHO.

BANGLADESH ANTI-TOBACCO ALLIANCE

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CHC- Tobacco file
JN 10/1/2001

WORK FOR A BETTER BANGLADESH (WBB)

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WORK FOR A BETTER BANGLADESH is a non-profit, non-governmental organization whose goal is to improve public health and the environment through public education, programs, and advocacy.

Specifically, we seek to limit the harms to health, economy, and the environment caused by active and passive tobacco use; to reduce stress caused by constant traffic noise; to reduce air pollution by promoting cleaner vehicles; and to reduce the environmental harm caused by polythene bags, through promotion of alternatives.

Our mission is to empower citizens to work to improve their health and environment, and to make their surroundings more healthful and livable.

Governance and affiliation

Work for a Better Bangladesh is guided by an Executive Body and a Board of Advisors.

Management of activities is the responsibility of the program staff based in Dhaka.

We maintain close links with local and international organizations and individuals, and are an active member of the Bangladesh Anti-Tobacco Alliance (BATA).

Materials

Work for a Better Bangladesh has produced leaflets on noise pollution, polythene bags, the harms of tobacco, and how to quit smoking. We also have stickers on horn use, polythene bags, and tobacco. WBB co-authored with PATH Canada the report *Hungry for Tobacco: An analysis of the economic impact of tobacco on the poor in Bangladesh*. The report highlights the economic burden of tobacco use on the poor, diversion of spending from basic needs to tobacco, the connection between tobacco use and malnutrition, and national economic costs from tobacco.

Areas of interest

Tobacco control

Public education
Material development
Campaign for smoke-free areas
Advocacy
Participation in the Bangladeshi Anti-Tobacco Alliance (BATA) and the Framework Convention Alliance (FCA)

Noise Pollution

Public awareness
Material production

Vehicle Exhaust

Public education
Introduction and promotion of alternative, cleaner vehicles

Reduction of Polythene Bags

Public education
Production and promotion of alternatives
Azimpur Housing Model Project

Related organizations

Prokriti

Production of cotton and jute bags
Raising of public awareness to avoid polythene bag use

IMEX media

Professional printing and media services

Bangladesh Environmental Vehicle Company Ltd. (BEVCO)

Promotion of natural gas vehicles

Funding

Work for a Better Bangladesh has received funding from PATH Canada and personal donations.

Partners

WBB works closely with PATH Canada, universities and colleges, non-governmental organizations (NGOs), and community and social organizations in Bangladesh and the region.

Executive members 1999-2001

Saifuddin Ahmed, President
Md. Abdus Salam, Vice-President
Syed Samsul Alam, Treasurer
Abdul Hadi, General Secretary
Ferdousi Akhter, Asst. General Secretary
Monotosh Saha, Member
Romana Karim, Member
Qayim Uddin Ahmed, Member
Mohammed Khaled, Member

Support for WBB

The interest and support of the public is very important to the success of Work for a Better Bangladesh. Financial contributions are used solely for project activities. Work for a Better Bangladesh is a registered charity and will issue receipts for income tax purposes for all donations.

Donations to WBB can be made directly or via PATH Canada, through the purchase of greeting cards from their website (www.pathcanada.org) or through directed donations (contact fax: 613-241-7988 or admin@pathcanada.org). All donations from the public are greatly appreciated. For more information on making tax-deductible donations, please contact us.

PH-8

THE IFS AND BUTTS OF SMOKING

1014
10/12/98

Dear reader,

When you go shopping, will you ever buy a food labelled "You are warned! This product is unsafe for human health". One should be either crazy or stupid to do so. Yet, our world abounds with people who commit a similar folly.

Countless people including outstanding leaders of men in all walks of life have fallen unwary victims of the tobacco trap and are slowly poisoned to death or to protracted illness.

The biggest villain is the international tobacco industry. The industry sells smoking as fashionable, youthful, trendy and immensely pleasurable. Their target: millions of unwary youth, lured into the made-for-each-other trap.

Wisdom has finally dawned in the west. Many have joined the ranks of the ex-smokers; fewer young people take to smoking. But in India smoking rate is ever on the rise, raising ugly visions of the cancers, heart attacks and premature deaths by the turn of the century.

This book tells you in simple terms, every thing you should know about smoking and health. Read it, and then decide whether you would start smoking. We are sure, you won't. If you are a smoker already, remember it's never late to quit.

Wishing you all many years of smokeless health.

The Importance of IFS AND BUTTS

In the words of the World Health Organization the international tobacco industry's irresponsible behaviour and its massive promotional and advertising campaigns are direct causes of a substantial number of unnecessary deaths.

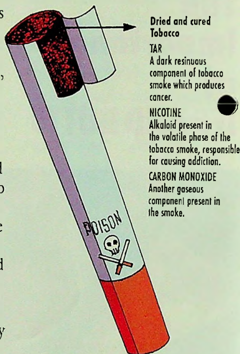
DRIED, cured and flavoured tobacco leaves constitute the main ingredients of cigarettes. Cigarette smoke is a mixture of gases and tarry droplets containing over 4000 compounds. Carbon monoxide, Nicotine, Tar are the main noxious constituents of the cigarette smoke. Besides these, oxides of nitrogen, hydrogen cyanide, sulphur derivatives and numerous known toxins are also present. Some of these damage the genetic material, some cause cancer and some poison the cells. However, nicotine, tar and carbon monoxide do maximum damage to human health.

All these are rapidly absorbed by the exposed tissues, organs or fluids. Each, acting alone causes undesirable effects on the body, the harm depending on the dose ingested, and duration of the exposure.

What do Tar, Nicotine, and Carbon Monoxide do to our body ?

Tar: There are about 4,000 chemicals constituting tar. Tar is dark, resinous, and is the cancer producing agent in the tobacco smoke.

Nicotine: 60 mg. of nicotine given as a single dose can kill a man.



However, in small doses, nicotine produces the following effects.

- It increases the heart rate.
- It increases the stickiness of the blood.
- It often produces irregularity of the heart beat.
- Provokes nausea and vomiting.
- Favours development of peptic ulcer.

Addiction to cigarette smoking comes from the nicotine of tobacco. Naturally, the pleasure of smoking comes from nicotine.

Carbon Monoxide: When inhaled, carbon monoxide produces the following undesirable side effects:

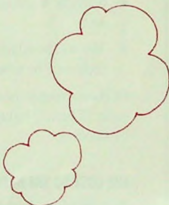
- Reduces oxygen delivery to the heart muscle.
- Enhances blood coagulation.
- Makes the heart more susceptible for irregular beating.

CIGARETTE The Poison Stick

Remember that the risks from the three compounds are **additive** in nature. A smoker receives all the risks every time he smokes.

WHAT DOES A PUFF CONTAIN?

Component	%
Nitrogen	58.0%
Oxygen	12.0%
Carbon dioxide	13.0%
Carbon monoxide	3.5%
Strong acids	3.0%
Weak acids	1.2%
Neutral compounds	1.3%
Bases	0.5%
Hydrocarbons	2.0%
Aldehyde	0.7%
Ketones	0.5%
Nitrides	0.3%
Water	3.0%
Miscellaneous	2.0%



THE medical world speaks with one voice that smoking is the foremost preventable cause of death and disability. In the West one out of every five deaths is caused by a smoking related disease.

People die of various causes. A few commit suicide, some die on the road, many die of alcohol and many more from other diseases. According to the Royal College of Physicians, United Kingdom, out of every 1000 young men who smoke cigarettes, on an average

- 1 will be murdered,
- 6 will be killed on the roads and
- 250 will be killed before their time by tobacco.

Of course, many more will suffer ill health, brought about by smoking.

THE COST TO THE NATION

The cost of smoking to the country at large is prohibitive. In the United States alone, every non smoking American was spending an additional 150 dollars per year for providing medical care for smoking induced illness.

Sickness due to smoking related illness results in the loss of millions of work days to the industry-far more than what is lost through strikes. Smoking related fires are major causes of fire accidents, loss of property and death in the world.

BURNING YOUR MONEY AWAY !
The Cost to the Individual Smoker

Let us now see how much money is burned away by an average smoker during 30 years (roughly a man's productive employment period in our country.)

Take a famous brand, say 'KILLS filter', the exclusive brand for those in pursuit of excellence.

At Rs 15 for 10, an average smoker using 2 packets a day spends Rs 30 per day. It means he spends Rs 10,950 an year on his cigarettes.

Even if the price were to remain steady for the next 30 years (we all know it will never happen) our 'KILLS' fan would have smoked away Rs 3,285,000. Enough money to educate two children through medical or engineering colleges. Think of the savings, if we were to calculate the interest on this amount.

The money one smokes away fetches him a lot of good things in life.

One good quality saree for your wife for four weeks' smoking money.

or

A pair of trousers and shirt for yourself for six weeks' smoking money.

or

A set of children's encyclopaedia for your kid in three months.

or

An automatic washing machine for your home with one year's smoking money.

SMOKING At What Cost?

BURNING YOUR LIFE AWAY !

You may not believe it ! A smoker's hour has only 55 minutes. It is estimated that every cigarette smoked cuts short one's life by about 5½ minutes. In other words, if a young man of 25 smokes an average 20 cigarettes a day, he may die 5 years ahead of time. The more he smokes, the greater will be the reduction of life span.

WE have seen that smoking is the foremost preventable cause of premature death. But smoking seldom kills with the swift mercy of a guillotine.

Smokers suffer from a host of diseases ranging from minor ailments like smokers cough, sore-throat or indigestion, to serious diseases affecting the heart, blood vessels, lungs and larynx, the stomach and the pancreas.

We list below the major smoking related diseases .

HEART AND BLOOD VESSELS

- Coronary heart disease including heart attacks.
- Peripheral arterial disease leading to amputation of the limbs).
- Cerebrovascular accidents (stroke).

LUNGS

- Chronic bronchitis.
- Emphysema (chronic obstructive lung disease).

STOMACH AND THE INTESTINE

- Peptic ulcer.

CANCER

Above all, cancer, the dreaded killer is a major consequence of smoking.

The smoking related cancers are:

- Lung cancer (the most common of all cancers)
- Laryngeal cancer
- Oral cancer
- Bladder cancer
- Cancer of pancreas
- Cancer of the oesophagus
- Cancer of the kidney.

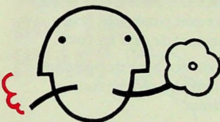
Risks of Smoking

Given below in tabular form is our current knowledge on the risks of smoking:

Diseases	By what % do smokers increase the risk of dying
Lung Cancer	700-1500
Laryngeal Cancer	500-1300
Oral Cancer	300-1500
Oesophageal Cancer	400-500
Bladder Cancer	100- 300
Pancreatic Cancer	100
Kidney Cancer	50
Chronic obstructive lung diseases	1000-2000
Peptic ulcer	100
Heart attack	200-300

IMPORTANT: A person who smokes one pack or less cigarettes a day will assume risks at the lower end of the spectrum. Those who smoke more than one pack a day assume risks at the higher end of the spectrum. Most important, the smoker assumes all risks at the same time.

SMOKING OR HEALTH
The choice is yours



IF WOMEN WERE TO SMOKE TOO

Research in the West has shown conclusively that women who smoke deliver babies with low birth weight and have shortened pregnancy.

There are more spontaneous abortions among such women. Complications following delivery are more among smoking women. Children born to them are at a greater risk of death in the first week of life.

RISKS OF SMOKING AND BENEFITS OF QUITTING

Shortened life expectancy
After 10 to 15 years, ex-smoker's risk approaches that of those of who never smoked.

Lung cancer
After 10 to 15 years, risk approaches that of those who never smoked.

Larynx cancer
Gradual reduction in risk, reaching normal after 10 years.

Mouth cancer
Reducing or eliminating smoking / drinking lowers risk in the few years; risk drops to level of non-smokers in 10 to 15 years.

Cancer of the oesophagus
Since risk is proportional to dose, reducing or eliminating smoking or drinking should lower risk.

Cancer of the bladder
Risk decreases gradually to that of non-smokers over 7 years

Cancer of the pancreas
Since risk seems related to dose, stopping smoking should reduce it.

Coronary heart disease
Risk decreases sharply after one year; after 10 years risk is the same as for those who never smoked.

Bronchitis and emphysema
Cough sputum disappears within few weeks ; lung function may improve, deterioration slowed.

Stillbirth and low birth weight
If smoking is stopped before fourth month of pregnancy, risk to foetus is eliminated.

Peptic ulcer
Ex-smokers get ulcers too, but they heal faster and more completely that the smokers.

Drug and test effects
Most blood factors raised by smoking return to normal; non-smokers on birth control pill have much lower risk of hazardous clots and heart attacks.

IN THE West, three out of every 10 deaths occur due to heart attacks. It is less in our country because thousands of young children never grow into adults, being felled by infections, malnutrition and other avoidable causes.

Heart attacks in Kerala on the high?

Reports from the medical college hospitals of Kerala indicate that young men of Kerala are more prone to develop heart attacks than those in the West. Remember! Smoking is a principal cause of heart attack.

How does smoking cause heart attack?

Both nicotine and carbon monoxide of the tobacco smoke contribute to heart attacks. Nicotine increases the work-load of the heart. Carbon monoxide also leads to the deposition of the fatty substances in the arterial walls of the heart. Both nicotine and carbon monoxide increases the stickiness of the blood. This in turn favours clumping of the blood vessels of the heart, leading to heart attack.

How great is the risk of heart attack in smokers?

In general, smokers assume 2-3 times risk of dying from heart attack, when compared with non-smokers. But the risk of sudden deaths from heart attack may be even five times as high.

Young people beware!

Studies carried out in the United Kingdom have revealed that moderately heavy smokers below the age of 45 years run 15 times the risk of sudden deaths from heart attacks, than smokers. The risk comes down in older people, but more people suffer heart attacks in the older age group.

Those who inhale the smoke have a higher risk of dying than non-inhalers.

Shall one give up smoking after a heart attack?

By all means, Yes! Giving up smoking is the only act shown to definitely bring down the risk of a second attack.

If one has high blood pressure, elevated cholesterol or if one is a diabetic, one should never smoke (except when you are fed up with life!)

Smoking and the vessels

Smoking increases stickiness of the blood which can cause complications in other blood vessels also.

Smoking and the leg arteries

Every year hundreds of young men report to the major hospitals of Kerala with severe pain in the leg, especially when walking. All known treatment fails, and amputation of the leg is the inevitable outcome. The condition, *Thrombo Angitis Obliterans* is a smokers' disease. It occurs almost invariably in *beedi* smokers.

SMOKING and the HEART

Stroke a major killer and crippler

In some persons over 40, the blood vessels of the brain get clogged. This results in partial or total paralysis of the body. Many studies suggest that smokers run a higher risk of suffering from strokes. For many, life after a stroke is permanent misery and many need lifelong support and care.

It is never too late.

Giving up smoking after a heart attack reduces the risk of a second attack by half.

THE principal target of cigarette smoke is the lung. All smokers inhale some smoke. The noxious components of the smoke get into direct contact with the delicate lung tissue.

Lung cancer: The major killer

In most countries of the West, lung cancer kills more people than anyother type of cancer. Naturally, smoking is the chief culprit. In Kerala too lung cancer is the principal form of cancer among the males. Cancer of the mouth is a close second; this again is favoured by smoking (Tobacco chewing, however is the principal cause of oral cancer). The fact that lung cancer in men is 8-10 times more than in women in Kerala, proves beyond doubt that smoking is the principal cause.

Dose related risk of lung cancer

The risk of lung cancer increases in proportion with the number of cigarettes smoked. The relation between lung cancer risk and the number of cigarettes smoked is explained in the illustration. These cigarettes are low or middle tar cigarettes unlike the high tar cigarettes available in India.

Starting young is more dangerous

Equally important as the number of cigarettes smoked, is the age at which smoking is started. The earlier you start smoking,the greater the chance to develop lung cancer in later life. In other words, the smoking epidemic of today will cause hundreds of thousands of lung cancer cases by the turn of the century. And most of the victims will be in their forties or fifties.

Lung cancer kills our people at a much younger age

In the West, 72% of the lung cancer occurs in subjects aged 65 or above. In Kerala, 75% lung cancers occur in persons below 65 years.

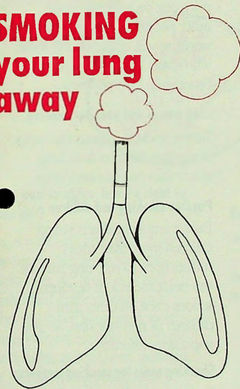
Suppose we give up smoking

Normally, as age advances, the risk of lung cancer increases. On the contrary, if you give up smoking, the risk decreases, so that 10-15 years after quitting, anex-smoker's risk is only slightly grater than that of a person who never smoked!

Chronic Obstructive Lung Disease

Two conditions are included under this name. Chronic bronchitis and Emphysema. Next to lung cancer, these conditions cause the largest number of deaths. The disease is progressive and disabling. The airways and the air sacs (alveoli) are narrowed and breathing becomes progressively difficult. The lung loses its elasticity.

This disease is very rare among non smokers. 90% of all deaths from chronic obstructive lung disease is attributable to smoking. As with lung cancer, the risk is dose and duration dependent.



Does quitting help?

Yes! If you stop at the right time. Stop when the first warning signals appear. The earliest warning is the smoker's cough with excessive phlegm. If you stop now, progressive damage can be avoided. If you quit smoking at an advanced stage, further damage can be prevented, but the lost lung function cannot be restored.

TO BE a non-smoker in a smoker's world leaves one with no choice, but breathe other people's smoke. At home, at work, in public transport and in public places, we can scarcely escape breathing other people's smoke. This mode of smoke inhalation is known as **passive smoking** or **involuntary smoking**.

What do passive smokers inhale?

The passive smoker inhales both the side stream smoke and exhaled main stream smoke. The smoke which emanates from the sides of the burning end of the cigarette is named **side stream smoke**.. The smoke the smoker sucks in, is called **main stream smoke**. Side stream smoke contains more harmful substances than main stream smoke.

Do passive smokers suffer illnesses?

Yes! depending on how close you are to the world of the active smoker. Irritation of the eye, nose and throat are the common minor symptoms. Remember that side stream smoke contains 50 times more of irritants (acrolein, formaldehyde, acetaldehyde etc.) than main stream smoke.

Incidentally, pipe and cigar smokers who inhale less smoke pollute the atmosphere much more. Passive smokers have **higher blood levels of nicotine and carbon monoxide.** Naturally, one can expect more harm to the heart and blood vessels of passive smokers.

Loss of lung function

Non-smokers who work with smokers for over 20 years suffer from loss of lung function - the price one pays for breathing other people's smoke. Passive smoking will be harmful to those who suffer from asthma, chronic bronchitis or emphysema.

Lung cancer and passive smoking

Recent research suggests that wives of smokers die more from lung cancer than non-smoker's wives.

Passive smoking and children

Passive smoking affects young children more than adults. Infants born to smoking parents run twice the risk of developing serious chest ailments than children of non-smokers. So also respiratory infections.

Shocking news for smoking mothers

Studies in the West suggest that children born to mothers who smoke, show less academic ability in school, particularly in reading and arithmetic. Passive smoking by the babies in the womb result in larger number of still births and death of infants under one week age.

Breathing Other People's Smoke

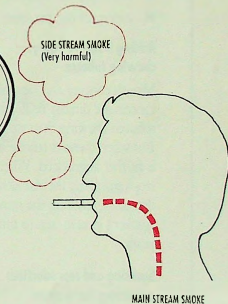
FREE
LUNG CANCER
HEART DISEASE

Don't non-smokers have a right to clean air ?

Yes, we do have the right. Non-smokers have a right to clean smoke-free air. Since it is well established that exposure to tobacco smoke is harmful, non-smokers must exercise their right for breathing clean, non polluted air. Smoking in public places should be avoided.

Side Stream Smoke Vs Main Stream Smoke

Side stream smoke contains 3 times more of tar, 3 times more nicotine, and 5 times more carbon monoxide than mainstream smoke. It also contains 50 times more of cancer producing chemicals.



WE HAVE already seen that lung cancer remains the single most important cancer directly attributable to smoking. But many other cancers occur at much higher rates among smokers.

The most important of these are:

- cancer of the larynx
- cancer of the mouth
- cancer of the gullet
- cancer of the bladder, and
- cancer of the pancreas

Adding insult to injury: chewing tobacco

Mouth cancers and oesophageal cancers are directly related to tobacco chewing than smoking. But when chewers smoke, the risk is further aggravated. When one stops smoking, the risk slowly decreases, reaching the non-smoker's level in ten to fifteen years.

Smoking and reproduction: a warning for women

Smoking women and wives of smoking men give birth to lighter babies.

These children are generally 120-200 grams lighter. In smoking women, the abortion rate is twice as much as in non-smoking women.

All complications related to child birth occur more frequently in smoking women. These include bleeding during pregnancy, pre-mature detachment of placenta, and premature rupture of the membranes.

Infant deaths more for smoking women

Death of infants under one week is more if women smoke during pregnancy.

Cigarette smoking reduces breast milk

Recent research suggest that smoking may reduce breast milk output.

Female smoking and child growth

Children of mothers who smoked during pregnancy had small but measurable deficiencies in physical growth up to eleven years. Such children had also more chest infections.

Smoking is dangerous when women are on contraceptives

Women on oral contraceptives who smoke, run a much higher risk of developing coronary heart disease. The risk is more if such women have any or more of the following:

- raised blood pressure
- raised blood cholesterol
- diabetes, or
- family history of heart disease.

Women smokers: More prone to uterine cancers?

There is now more evidence that cancer of the uterus occurs more frequently in women smokers.

Smoking Miscellany

Smoking: A contributor to male infertility

There is more evidence suggesting that smoking cause sperm abnormalities and thus produce male infertility. Remember! 5% of couples of India are infertile. Childless men should never take up smoking!

MANY smokers remark: I have been smoking for so long, now there isn't much use quitting! This notion is wrong.

It is never too late to quit

If you stop smoking at the right time, you will avoid nearly all the risks of death or disability from smoking.

Right away

- You will be free from and expensive an damaging habit.
- You will have another 60-70 rupees a week to spend.
- You will smell fresher. No more bad breath.
- You will look cleaner. No more stained finger or yellowed teeth.
- You will be free from the worry that you are killing yourself.
- You will be healthier and you can breathe more easily for example when you run for a bus or climb stairs.

And for the future

- You will lose your smokers cough.
- You will suffer fewer colds and other infections.
- You will avoid the dangers that smokers have to face.

Once you stop smoking, your family and friends gain too

- They enjoy fresher air.
- You will be nicer to be with.
- Your children are much less likely to get colds and even pneumonia.
- Your children are less likely to start smoking if you do not smoke.
- Although the main risk of smoking is to the smoker, non-smokers who live with a smoker have a higher chance of getting chest diseases.

Why Should You STOP

For you, your family and friends the benefits of stopping start on the day you stop smoking and go on for good.

LS 01 01
Ifs and Butts of Smoking

This Publication was made possible through HAP's collaboration with The Health Foundation, New York in their common endeavour of Problem Solving for Better Health.

We have made liberal use of material gathered from publications produced by the following organisations for the preparation of this booklet:
AGHAST, IOCO, ASH, WHO

Text by Dr C R Soman

Layout and Design by S Premkumar

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PH-2

Tobacco, Health and Law

A background note for the meeting on 14.09.2000

1. *Tobacco, Health and Wealth*

   Adverse health outcomes resulting from any form of tobacco use has been extensively documented globally and in India, by epidemiologists and health professionals. Twenty-five major serious diseases are directly attributable to tobacco use. They include cancers of various organs, a range of cardiovascular diseases, effects on the reproduction system including pregnancy wastage and impotence. That nicotine in tobacco is more addictive than heroin and cocaine has been known to the industry since the 1950's. This critical information, however, has been kept secret by the industry allowing this dangerous product to be marketed freely without restriction. A number of tobacco industry methods have come to public knowledge following litigation in the U.S.A. For instance, additives are introduced into cigarettes to increase absorption of nicotine.

   Adverse economic outcomes on individuals and households result from spending on purchasing tobacco products, and for meeting consequent health care costs, which in India are largely met from out of pocket expenditures. At national levels too revenues obtained from tobacco exports and excise are outstripped by national public spending on meeting tobacco related health care expenditure. A recently published prospective study by the Indian Council of Medical Research substantiates this.

   There are productivity losses too with an average reduction of 10-15 years of life for chronic heavy smokers, along with lower productivity due to chronic ill-health.

2. *The Way Ahead – converging legal and public health approaches*

   Since the causative factor of the heavy burden of tobacco related disease, disability, death and suffering, is intimately linked to industry and trade, there is today widespread recognition of the urgent need for legal and public policy measures to control the industry and create awareness among people.

   Given below are some of the important policy measures undertaken in different countries.

   a) Crop diversification; alternative employment and protection of tobacco workers.
   b) Reduction and elimination of government/public subsidy to tobacco growth, production, manufacturers and sale.
   c) Banning of sponsorship of sports and entertainment by the tobacco industry.
   d) Banning of public advertisement of tobacco products.
   e) Preventing and protecting children and young people from getting addicted.
   f) Widespread education and awareness raising about consequences of tobacco use.
   g) Tobacco cessation efforts - support to smokers/chewers.
   h) Banning smoking in public places.
   i) Support to the WHO in developing and implementing the Framework Convention for Tobacco control (FCTC)
   j) Labeling; regulating nicotine, tar and carbon monoxide content of cigarettes; restricting smuggling; banning/regulating gutka/chewed tobacco.

We need to evolve our own policy approaches in Karnataka .

D15

THE HINDU (MADRAS) 1 JUN 1998

International meet on tobacco control mooted

By Our Special Correspondent

NEW DELHI, May 31.

The WHO is working on an international framework convention on tobacco control, with a view to effectively tackle the health problems posed by the use of tobacco in various forms.

The proposed Convention would be a legal instrument in the form of an international treaty to which the signatory States would agree to pursue broadly stated goals.

According to Dr. Uton Muchtar Rafei, South East Asia Regional Director of WHO, it had already completed consultations with numerous U.N. development agencies, as well as other world bodies, NGOs, and countries towards the format and content of the Convention. A working group was presently developing the framework, he said.

The exercise follows a resolution adopted by the 49th World Health Assembly in 1996 calling upon the Director General of WHO to develop an international instrument on tobacco control that could be adopted by the United Nations, taking into account existing trade and other conventions and treaties.

In an informal interaction with the reporters in connection with the World No-Tobacco Day (which is observed every year on May 31), Dr. Rafei emphasised the need for measures to promote cultivation of other crops in the place of tobacco. In this regard, he cited the example of Bangladesh. The country, through the Bangladesh Cancer Society launched a crop substitution project as an integral part of a health education programme and today, farmers there were reported to be earning four times more than before.

The WHO regional chief also highlighted the need to curb tobacco advertisements, particularly sponsorship of sports events by tobacco companies, as research had shown that 90 per cent of the smokers started the habit at a young age, below 24, and significant among the influencing factors was exposure to tobacco advertising and promotion.

The WHO was working in this direction, by focussing on working with and through regional mechanisms such as the WHO regional committee, the ASEAN and the SAARC to effect control measures that would be beneficial for the entire region.

As for the individual countries, the WHO expected them to strengthen their existing mechanisms to censor the use of cable television to advertise tobacco and alcohol as the role of the WHO vis-a-vis the member-countries was confined to advising and convincing them on the health and social implications of tobacco use.

An information kit brought out by the WHO regional office to mark the World Tobacco Day has drawn attention to a national survey conducted by the Goa Cancer Society and the National Organsation for Tobacco Eradication, Panaji, Goa.

The study, which was conducted about six months after the 1996 World Cup cricket tournament had proved, among other things, that although knowledge about the ill-effects of smoking had a significant effect in lowering the smoking rates and on the initiation rates, mere knowledge could not be a deterrent.

For the survey, which had covered 9,004 students in the age group of 13 to 17 in 130 randomly selected schools in 10 cities across India, had found that even among those children who had full knowledge, many were prompted to smoke after the tournament because of false personalised perceptions like 'smoking improves one's performance in cricket'.

Dr. Rafei also pointed out that campaign against tobacco should be for all tobacco products since there was no harmless tobacco. In India, for instance, over 70 per cent of the smokers used bidis and a large portion of women and recently youngsters used chewing tobacco.

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PH-8.

Tobacco ...

HOW TO STOP SMOKING.........

PREPARATION OF SURROUNDINGS

- Two weeks prior to *quit* date, limit your smoking to one room in your home.
- Clean and remove the smell of cigarette smoke from your home.

PREPARATION OF YOUR PHYSICAL SELF

- Get your teeth cleaned. With tar and nicotine removed from your teeth.
- Monitor your alcohol consumption.
- Reduce your caffeine consumption prior to quitting
- Get plenty of rest. Your body needs time to readjust without the drug, nicotine
- Drink plenty of fluids.
- Use healthy oral substitutes.

PREPARATION OF YOUR EMOTIONAL SELF

- Repeat to yourself your reasons for needing to *quit* smoking
- Plan activities for your first smoke-free week.
- Occupy your hands with other objects when you feel something is missing without a cigarette.
- Beware of cigarette advertisements.
- Never allow yourself to think that one cigarette won't hurt.

ENLISTING SOCIAL SUPPORT FOR YOUR *QUIT* DATE.

- Remind your friends and family that you are going through the quitting process and that it is important to you that they support you.
- Be assertive and direct when asking for support.
- *Working with a smoker.* It is important to make a request for support or at the very least for respect of your efforts to quit smoking by not smoking in your presence. You may also ask for a transfer to a work area that is somke free.

You'r *quit* date and the weeks that follow.

1. Visualize and reinterpret your physical systems as "*Symptoms of recovery*".

   Initial phase of quitting; you may experience a list of nicotine withdrawal symptoms (i.e. Restlessness, irritability, difficulty in concentration, sleep disturbances, dry mouth or sore throat, fatigue, coughing and Nicotine "Craving". These symptoms are short-term and necessary to the healing process. Try to think about them as symptoms of recovery". When you are feeling irritable and restless or having a "Craving" remind yourself that your body is healing.

Imaginary exercise of healing process.....!!

Close your eyes and imagine your lungs. See the black tar sitting on the tiny little air sacs that makes it hard for you to breathe at times. Each time you feel "uncomfortable" imagine this tar gradually being lifted off your lungs. Each breath that you take feels easier. You feel the clean air healing the wounded lung tissue. You see the 4,000-plus particles that are floating in your bloodstream being washed away. You feel your arteries relaxing and allowing blood to pass more readily through, cutting your risk for strokes and heart attacks. With each passing day you see more and more healing occurring inside your body.

2. *Pay attention to your "high risk" situations.* These are times, such as when you are stressed at work or finishing a meal, when you are most likely to desire a cigarette. Try either to avoid these situations or at the very least to have alternative strategies available.
3. *Use distraction techniques.* When you find yourself tempted to smoke a cigarette get some distance from the thought or situation. Distraction is a wonderful technique for preventing impulsive smoking.
4. *Reinforce your reasons for needing to quit smoking.* Remember, these reasons need to be specific and personal to you. These reasons will help get you through the periods of temptation.
5. *Repeat to yourself the benefits of quitting smoking.* Repeat the following list of benefits to yourself several times a day.

COMMUNITY HEALTH CELL

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COMMUNITY HEALTH CELL

BENEFITS OF QUITTING SMOKING

1. Circulation improves.
2. Significantly decreases your risk for lung cancer and emphysema.
3. Increases lung and breathing capacity
4. Decreases allergies
5. Eliminates chronic bronchitis (which decreases energy level, resistance to infection, and predisposes one to emphysema) in a few months after cessation.
6. Reduces number of cavities and increases chance of keeping your own teeth (smokers have three times more cavities and gum disease than non-smokers)
7. Decreases risk of esophageal cancer by 500 percent.
8. Decreases risk of kidney cancer by 50 percent
9. Decreases frequency and intensity of headaches.
10. Decreases risk of osteoporosis

QUICK FIX COPING STRATEGIES.

Things You Can Do

1. Do relaxation exercises.
2. Go to a place where smoking is not allowed.
3. Take a walk.
4. Exercise.
5. Listen to your favorite music.
6. Drink fruit juice, water, or soda with lemon.
7. Take a hot bath.
8. Call a friend for support
9. Do some gardening.

THINGS TO THINK ABOUT OR SAY TO YOURSELF

1. Think about how many ways quitting will improve your health.
2. Think about how not smoking will help your loved ones.
3. Go over your reasons for quitting.
4. Imagine yourself as a non-smoker.
5. Think about how much better food tastes when you are not smoking.
6. "I can manage this without a cigarette."
7. "I have made it this far."
8. "My lungs are getting healthier."
9. "I can breathe better."
10. "NO!!!!"

COMMUNITY HEALTH CELL

MANAGING SYMPTOMS OF ANXIETY RELATED TO NICOTINE WITHDRAWAL

1. The symptoms of anxiety that you are experiencing are caused by the physical withdrawal process from nicotine.
2. This is your body's way of healing itself. The discomfort you are feeling will lead to overall healing and improved health. It is "good" pain.
3. These symptoms of anxiety will last for only a couple of weeks. The worst feeling will be around the third or fourth day after your last cigarette.
4. *Practise* visualizing how nicotine increases your heart rate and blood pressure. Next visualize how without nicotine your heart rate and blood pressure will return to normal.
5. You may want to picture your anxiety as a wave. You can feel it rise - but as you ride it out you can feel it subside. It passes without any action on your part.

Steps to Beating Depression – Related to Nicotine Withdrawal

- Recognize your triggers to depression
- Avoid isolating yourself.
- Push yourself to engage in small tasks. Depressed individuals often complain of no energy or interest in activities. Set small but reasonable goals for yourself. For example, force yourself to go to the grocery store or to a social function.
- Get support from those you trust.
- Seek professional help. You don't necessarily have to wait until the depression gets really bad to get professional help. The longer you wait to treat depression the worse it can get, and subsequently the harder it is to beat.

Compiled By

S. D. Rajendran.

Community Health Cell, #367, "Srinivasa Nilaya", Ist Main, Ist Bloc, Koramangala, Bangalore – 560 034. Ph : 5525385. Email : sochara@vsnl.com

Source : "HOW TO STOP SMOKING" – Lori Stevic-Rust & Anita Maximin.

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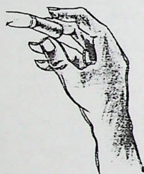
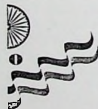




...fore it's too late

... Smoking Cell

...ate of Health Service

...try of Health

...of N.C.T. of Delhi

Tobacco, other than Smoking

- Besides smoking tobacco in the form of cigarettes, bidis, cigars, hukkas etc. Tobacco is also used in several other forms, processed or raw.
- In developing countries especially India tobacco is widespreadly used as: khaini, zarda (plain & with pan), gutka, gul and snuff.
- The use of tobacco in this form is not less harmful than smoking. Although there is no data available on the number of people taking tobacco in this form and the number of deaths reported due to their use but it is a fact that a large number of people succumb due to use of tobacco in above mentioned forms.
- The use of tobacco in above mentioned forms causes several dreaded diseases such as : oral cancer, throat cancer, asthma, heart disease etc.
- Therefore it is advisable to stop the use of tobacco in all forms for a healthly and longer life and to prevent untimely death.

Your own Delhi Government is concerned for its citizen due to increasing menance to smoking through

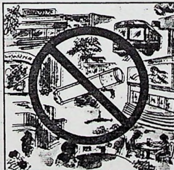
- Continuous monitoring of the smoking related diseases;
- Protection of children from becoming addicted to smoking;
- Effective protection from involuntary exposure to passive smoking; and
- Effective programmes of health promotion health education and smoking cessation.

We want your effective co-operation to make Delhi smoking free city with the aim of

- A reduction in the human misery associated with unnecessary illness and death.
- A reduction in the health care burden.
- A redcution in productivity losses.

With these object in mind Delhi Government has brought out a legislation to curb the threats of smoking called the Delhi Prohibition of Smoking and Non-Smokers Health Protection Act, 1996. Under this act the Government has declared.

- Prohibition of smoking at public places;
- Prohibition on advertise-ment of cigarette etc.
- Prohibition of storage, sale and distribution; and of cigarettes etc. in the vicinity of education institutions.



- Prohibition of sale of cigarettes, etc. to minors;
- In case of violation of these prohibition the person may be ejected from the place of public use, fined or tried under the code of Criminal Procedure, 1973 (2 of 1974).

Therefore we request you to co-operate in our endeavour to provide ourselves and our future generation a healthy city.

All data quoted from WHO reports.

BARE...
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Quit smoking b...

Anti...

Directo...

Minis...

Govt. ...

89% of Smokers become addicted to cigarettes by the age of 18

- Most of the people start smoking out of curiosity as adolescents.
- This curiosity develops into habit.
- Such people quickly fall prey to the powerful addictive properties of tobacco.
- The addictive property of tobacco increases dependency on smoking. The net loss suffered by the world community because of smoking is estimated as two hundred thousand million dollars.
- There are no benefits of smoking but losses are innumerable. There are several economic losses of smoking from pre mature death of bread-winners, from medical treatment, from lost industrial productivity and absenteeism caused by tobacco related diseases, and from fire caused by carelessly discarded smoking material.
- Besides causing economic losses to the smoker smoking perpetuates this habit in their children also.
- Worldwide tobacco kills more than 3 million people every year.

If young people do not smoke as adolescents, they are not like to smoke as adults but it is very difficult for children and teenagers to stop smoking once they become addicted.

There are more than 1.2 billion smokers in the world today

- Globally 48% of men and 12% of women are smokers.
- In the developed countries 41% of men and 21% of women smoke while in developing countries about 50% of men smoke compared with 8% of women.
- 75% of smokers in the world today live in developing world.
- In India more than 45% of men and 5% of women are smokers. This data is alarmingly high in the case of metro cities.
- Per capita cigarette consumption has decreased by 10% in developed countries but increased by 67% in developing countries. India was ranked 53rd in world in 1990-92 as compared to 62nd in 1970-72 in this context.
- Smoking in Indian context includes : *Cigarettes, Bidis, Cigars, Hukkas, Clay pipes.*

If current trends continue, million of people will die prematurely from diseases caused by smoking.

Death rates for smokers are three times than for non-smokers at all ages

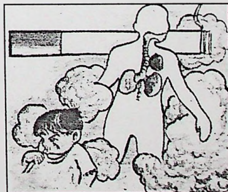
- Non-smokers face numerous health hazards, due to smokers in passive smoking.
- Every ten seconds, another person dies as a result of tobacco use.
- In the course of a year, worldwide tobacco kills more than 3 million people, 2 million of whom live in developed countries and 1 million in developing countries.
- On average, smokers, who die due to smoking related disease, lose 22 to 25 years of life expectancy.
- The number of smoking related deaths is projected to rise to 10 million a year over the next 30 to 40 years.
- Smoking is estimated to be the cause of 45% of all cancer deaths and 95% of lung cancer deaths.
- 75% of chronic obstructive lung disease deaths are caused by smoking.
- Over 20% of vascular disease deaths and 35% of cardiovascular disease deaths are caused by smoking.

Developing countries share in the overall mortality burden due to smoking will increase sevenfold from 1 million at present to 7 million death by a year by the 2020 or 2030s.

You are at greater risk of health hazard even if you don't smoke

A non-smoker sitting before a smoker is exposed to the threats of smoking. This is known as passive smoking.

- Passive smoking is additional episodes and increased severity of symptoms in asthmatic children. They are upto 2.5 times more likely to have their condition worsened by passive smoking.
- Exposure to passive smoking is a risk factor for new cases of asthma in children who have not previously displayed symptoms.
- The risk of disease like croup (throat), bronchitis and pneummonia is estimated to be about 50 to 60% higher in children exposed to passive smoking during the first 2 years of life, compared with unexposed children.
- In children, passive smoking is casually associated with increased prevalence of discharges from ear and lung dysfunction.
- Passive smoking is a cause of lung cancer in lifelong non-smokers. This risk is about 20 to 30% higher than for never smokers not exposed to passive smoking.



Please stop smoking not just for sake of yourself but others too who do not smoke.

Main identity

From: <cerc@wilnetonline.net>
To: <sochara@vsnl.com>
Sent: Wednesday, August 06, 2003 2:24 PM
Subject: Prof. Manubhai Shah to Attend Helsinki Meet on Tobacco or Health

Ref. : ER/press/'03/Helsinki/dG Prof. Manubhai Shah to Attend Helsinki Meet on Tobacco or Health Consumer Education and Research Centre (CERC), Ahmedabad,is already engaged in the the activities of consumer safety and health issues, including one of tobacco and tobacco products. CERC had earlier fought cases on tobacco-based toothpaste and litigation on behalf of Harish Visroliya, a 'gutkha' addict, who unfortunately passed away while the case was pending. Prof. Manubhai Shah is attending the Conference at Helsinki, Finland, on Tobacco or Health from 3 to 8 August, 2003. He will use the opportunity for visiting the Swedish Handicap Institute at Vallingby, Stockholm, Sweden, since CERC is proposing to set up a laboratory for comparative testing of aids and appliances for the disabled people. The Swedish Handicap Institute has done pioneering work in research and designing of aids and appliances. Likewise,WHO has supported CERC on tobacco survey, research and litigation project from the consumer health point of view. Incidentally, Prof. Shah had earlier attended a Conference at Mayo Clinic, Rochester, during 14 - 17 October 2001, where the focus was on de-addiction through medical, group therapy, psychological counselling, and other tools and techniques. Prof. Shah also participated at the public hearing organised by WHO at Geneva on Framework Convention on Tobacco Control, an international treaty which has been recently signed by many countries, including India. CERC acknowledges with gratitude the contribution by the Gujarat Ambuja Foundation for financial assistance for participation in the Helsinki Conference as well as other anti-tobacco activities pursued by CERC. Date :1/08/2003 Place : Ahmedabad Pritee Shah Editor INSIGHT - The Consumer Magazine

-- Opinions, test results and research findings issued through this Press Release cannot be used in any form directly or indirectly for advertising, promotional or commercial purpose. CONSUMER EDUCATION AND RESEARCH SOCIETY "Suraksha Sankool", Thaltej, Ahmedabad-Gandhinagar Highway, Ahmedabad- 380 054 (INDIA) Phone: 079-7489945-46, Fax: 079- 7489947, E-mail: cerc@wilnetonline.net, Web Site: http://www.cercindia.org --

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Technical Session – II

Chair person: Dr. S.V. Kumaraswamy,
Professor of Oral Surgery
V.S. Dental College and Hospital

13.45 to 14.00 hrs	Importance of Health Education	Dr.S.M.S. Setty Retd. Additional Professor NIMHANS, Bangalore
14.00 to 14.15 hrs	Awareness - CHC Experiences	Dr.Thelma Narayan Co-ordinator, Community Health Cell, Bangalore
14.15 to 14.30 hrs	Strategies Adopted by manufacturers through various Media.	Mr. Sathya Murthy Chief Reporter The Hindu, Bangalore.
14.30 to 14.50 hrs	Tobacco Bill 2003	Ms. Vineet M Gill, NPO WHO/ministry
14.50 to 15.15 hrs	Karnataka Smoking prohibition and status of implementation	Mr. Robinson D`souza Special Secretary, LAW Government of Karnataka
15.15 to 15.30 hrs	Tea Break	
15.30 to 16.00 hrs	Implementation of Social legislation in relation to tobacco	Dr. M. K. Ramesh Additional Professor, National law school of India University, Bangalore.
16.00 to 16.30 hrs	Framework convention on tobacco control – An introduction	Mr Taposh Roy Director Special Programmes VHAI

Session III – Innovative Approaches to Tobacco Control

Valedictory Session:
Chairperson: Dr. M.K. Vasundhara, HOD, Community Medicine, Dr.Ambedkar Medical College.

16.30 to 17.00 hrs	Opening remarks followed by discussion on Innovative Approaches to Tobacco Control	Mr.Taposh and Ms. Vineet
17.00 to 17.30 hrs	Preparation of Recommendations	
17.30 to 18.00 hrs	Valedictory Session and Presentation of the Recommendations	
18.00 to 18.05 hrs	Vote of thanks	

Innovative Approaches to Tobacco Control- South Zone Workshop, United Theological College, No 63, Miller's Road, Bangalore – 560 046

Date: 19th June 2003

Programme Schedule;

Time	Programme	Resource persons
9.30 to 10 hrs	Registration	VHAK Staff
	Inaugural Session	
10. – 10.15 hrs	Welcome address Introduction of VHAK and need for tobacco control	Dharmadarshi. N.C. Nanaiah President VHAK, Bangalore
10.15-10.25 hrs	Introductory remarks	Mr. Taposh Roy Director Special Prog, VHAI
10.25 – 10.30 hrs	Message from WHO & Ministry	Ms. Vineet M.Gill, NPO WHO/Ministry
10.30 –10.45 hrs	Lighting of the lamp and Inaugural speech	**Dr.A.B. Malaka Raddy** Hon.Minister for Medical Education, GOK
10.45-11.00 hrs	**Tea Break**	

Technical Session – I

Chair Person: Dr. P.S. Prabhakaran, Director, KMIO

11.00 to 11.30 hrs	Economic impact Smoking and Cardio-vascular Diseases	Dr. Vijayalakshmi I.B Jayadeva Institute of Cardiology
11.30 to 12.00 hrs	Tobacco and Cancer	Dr. M. Vijaya Kumar, HOD – Oral Cancer. KMIO
12.00 to 12.30 hrs	Tobacco and Public Health Issues & Measures	Dr. M.K.Vasundara HOD, Community Medicine Dr. Ambedkar Medical College, Bangalore
12.30 to 13.00 hrs	Factors contributing to tobacco dependence and Cessation	Dr.Pratima Murthy Additional Professor, Department of Psychiatric NIMHANS, Bangalore
13.00 to 13.45 hrs	**Lunch Break**	

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Voluntary Health Association of India

SUBMISSION

INTRODUCTION

Presently tobacco contributes to 4 million deaths per year globally. According to the World Health Organization (WHO), tobacco kills more people annually than AIDS and accidents put together. This figure is expected to rise to 10 million tobacco attributable deaths per year by 20 25.

INDIAN SCENARIO

In India, deaths attributable to tobacco are expected rise from 1.4% of all deaths of 1990 to 13.3% in 2020. India, according to the projections of WHO, will have the highest rate of rise in tobacco related deaths during this period, compared to all other reasons/countries.

Tobacco kills between 8-9 lakh people each year in India. This will multiply many folds in the next 20 years. Of the 1000 teenagers smoking today, 500 will eventually die of tobacco related diseases-250 in their middle age and 250 in their old age. Those who die earlier loose on an average 22 to 26 years of productive life compared to non-smokers.

Epidemiological data from developed countries demonstrate an approximate 30-40 year lag time between the onset of regular smoking and smoking-related mortality. Among men aged 35-69 years in developed countries, 30 per cent of all deaths are estimated to be cause by smoking. Specifically, smoking causes:

- 90-95% of lung cancer deaths
- 75% of chronic lung disease deaths
- 40-50% of all cancer deaths
- 35% of cardiovascular disease deaths
- over 20% of vascular disease deaths

As smoking rates in developing countries begin to catch up with those in developed countries, their death and disease rates will also catch up.

FACTS AND REALITIES THE TOBACCO INDUSTRY MUST ACCEPT

- That smoking causes many kinds of cancer, heart diseases and respiratory illnesses which are fatal for many sufferers.
- The annual global death toll caused by smoking is 4 million. By 2030, that figure will rise to 10million with 70% of those deaths occurring in developing countries.

Tong Swasthya Bhawan, 40 Institutional Area, South of I.I.T., New Delhi-110 016, INDIA.
Phone: 6518071-72, 6965871, 6962953 Fax: 011-6853708 Grams: VOLHEALTH N.D.-16 E-mail: VHAI@del2.vsnl.net.in
Donations exempted from IT under Section 80-G of IT Act 1961. Also exempted U/S 10(23C) IV as applicable to institutions of importance throughout India

- That nicotine is a most important active ingredient in tobacco; that the tobacco companies are in the drug business; the drug is nicotine and that the cigeratte is a drug delivery device.
- That nicotine is physiologically and psychologically addictive, in a similar way to heroin and cocaine-rather than shopping, chocolate or the internet. The overwhelming majority of smokers are strongly dependent on nicotine and that this is a substantial block to smokers quitting if they choose to.
- That teenagers (13-18) and children (<13) are in inherently important to the tobacco market and the companies are competing for market share in these groups.
- That advertisement increases total consumption as well as promoting brand shares.
- That advertising is one (of several) important and interlocking ingredients that nurture smoking behavior among teenagers and children.
- That current formulation of low-tar cigarettes creates false health reassurance and offers little or no health benefit.
- That second-hand smoke is a real public health hazards including causing childhood diseases such as asthma, bronchitis, cot-death and glue ear, and is a cause of lung cancer and heart disease in elders.

NICOTINE ADDICTIONS

- A UK government scientific committee set in March 1998: *"over the past decade there has been increasing recognition that underline smoking behaviour and its remarkable intractability to change is addiction to the drug nicotine. Nicotine has been shown to have affects on brain dopamine systems similar to those of drugs such as heroin and cocaine".* (SCOTH, 1998).
- *"Dependence on nicotine is established early in teenager's smoking carriers, and there is a compelling evidence that much adult smoking behavior is motivated by a need to maintain a preferred level of nicotine intake....."* (SCOTH, 1998, Ibid).
- Smokers are compelled to smoke by addiction to nicotine but the harm is largely done by the 4000+ other chemicals in the tar and the gases produced by burning tobacco. It is this combination that makes tobacco so deadly.

MARKETING TO CHILDREN

Publicly the tobacco companies have always maintain that they do not target youth, but the market logic of selling to teenagers is overpowering-teenagers are the key battle ground for the tobacco companies and for the industry as a whole. Internal industrial documents show that they set out to aggressively advertise to youth, and even manipulate peer pressure to make people smoke their brand.

The industry knows that very few people start smoking after their teenage years, and if you can "hook" a youngster early on they could well smoke your brand for life. Independent surveys have shown that approximately 60% of smokers start by the age of 13 and fully 90% before the age of 20. It is both socially and locally unacceptable to

advertise tobacco to under-age teenagers and children-yet it is to this precise age group that the industry advertises in order to survive: ***Studies have shown that teenagers consume the cigarette that most dominate sports sponsorships.***

KEY FACTS ON ADVERTISING AND SMOKING

- Chief Economic Adviser to the Department of Health, Dr. Clive Smee, published the most comprehensive study of the link between advertising and tobacco consumption in 1993. After reviewing 212 'time series' correlating advertising spending and total tobacco consumption, Smee concluded, *"The balance of evidence thus supports the conclusion that advertising does have a positive effect on consumption."* Smee also examined in detail the effects of tobacco advertising bans in four countries and found that banning advertising resulted in reductions in consumption of 4%-9% in the countries surveyed. He concluded: *"In each case the banning of advertising was followed by a fall in smoking on a scale which cannot be reasonably attributed to other factors."*
- A meta-analysis of econometric findings from time series research found a positive association between advertising expenditure and cigarette consumption. The study showed that a 10% increase in advertising expenditure would lead to a 0.6% increase in consumption.
- The US Surgeon General in his 1989 report highlighted the difficulties in designing studies that prove the point definitively, but concluded: *"the collective empirical, experiential and logical evidence makes it more likely that not that advertising and promotional activities do stimulate cigarette consumption."* The Surgeon General suggests seven ways in which tobacco advertising operates to encourage smoking:

US SURGEON GENERAL – HOW ADVERTISING AFFECTS CONSUMPTION

1. By encouraging children or young adults to experiment with tobacco and thereby slip into regular use.
2. By encouraging smokers to increase consumption
3. By reducing smokers' motivation to quit
4. By encouraging former smokers to resume
5. By discouraging full and open discussion of the hazards of smoking as a result of media dependence on advertising revenues
6. By muting opposition to controls on tobacco as a result of the dependence of organizations receiving sponsorship from tobacco companies
7. By creating though the ubiquity of advertising, sponsorship, etc. and environment in which tobacco use is seen as familiar and acceptable and the warnings about its health are undermined.

TOBACCO AND THE RIGHTS OF THE CHILD

The UN Convention on the Rights of the Child was adopted by the UN General Assembly on 20 November 1989 and came into force in September 1990. Interpretation

of the articles of the Convention by the Committee on the Rights of the Child and the practice of States demonstrates that tobacco is indeed a human rights issue. As a legally binding international Convention, ratified States are legally bound to ensure that children can enjoy all of the rights guaranteed under the Convention, including protection from tobacco.

WHO estimates that nearly 700 million, or almost half of the world's children, breathe air polluted by tobacco smoke, particularly at home. Most have no choice in this matter, and as a consequence of their exposure in homes and public places, suffers serious long-term health affects.

Because of the enormous potential harm to children from tobacco use and exposure, States have a duty to take all necessary legislative and regulatory measures to protect children from tobacco and ensure that the interests of children take precedence over those of the tobacco industry. Given the overwhelming scientific evidence attesting to the harmful impact of tobacco use and ETS (Environmental Tobacco Smoke) on child health, implementing comprehensive tobacco control is not only a valid concern falling within the legislative competence of governments, but is a binding obligation under the Convention.

For policy makers, the Convention on the Rights of the Child provides an existing legal framework for implementing and enhancing comprehensive tobacco control policies. Utilising the Convention, human rights and tobacco control advocates have a unique opportunity to identify the problems related to tobacco use and develop in tandem solutions which can be implemented coherently and universal.

Comprehensive, multi-level strategies will be required, including strong public policies. Without such policies, the rights of children will continue to be violated, particularly those relating to guarantees of basic health and welfare, and protection from child labour. States therefore, both individually and collectively, must live up to their obligations under the Convention and protect children from tobacco.

The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution), Bill, 2001 is a social legislation bill that endeavors to protect the health of non-smokers, tobacco users especially children taking to the tobacco habit.

The Bill, is a non-controversial Bill which merely seeks to:

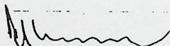
- Ban smoking in public places
- Ban on advertising
- Adequate warning to users
- Ban on sale to minors

The prime beneficiary of this Bill will be the *women and children* who are the most vulnerable to tobacco usage. Public health measures protecting people from harmful effects of tobacco should not be shelved. Simultaneously there has to be a time frame where a shift has to take place from tobacco crops to other alternative cash crops and alternative employment opportunities. In India, we are already burdened with diseases of poverty with a meager health budget and now, we are faced with the additional burden of tobacco related diseases. .A developing country like India can not afford the luxury of tobacco related diseases.

It is therefore, the humble submission of the **Voluntary Health Association of India** that the ***"The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution), Bill, 2001"*** be considered by the Standing Committee to be recommended to the Parliament of India for its passage. This will go a long way in protecting the health and lives of millions of people in India and set an example for other developing countries to emulate.

Thanking you,

Yours sincerely,



Alok Mukhopadhyay
Chief Executive

New Delhi
3rd July, 2001

PH-8

THE STUDENT CHARTER

TOBACCO : TOWARDS A TOBACCO FREE SOCIETY

Since

- Tobacco is a major cause of death and disability globally and in India.
- Tobacco related death and disability are expected, as per WHO estimates to rise sharply over the next 20 years in India at a rate higher than anywhere else in the world.
- Tobacco injures health in many ways, from childhood onwards, through active as well as passive consumption.
- Tobacco products contain nicotine which is strongly addictive.

We need

- Tobacco control policies which will progressively eliminate the production, sale and use of all tobacco products intended for human consumption.
- A ban on all forms of advertisement (direct and indirect) of tobacco products
- A ban on smoking in all public places
- A ban on sale of tobacco products, in any form, to minors
- Taxation of tobacco at progressively higher levels, to discourage consumption through price-linked disincentives and utilisation of the additional tax revenue for community health education.
- Agricultural policies which will progressively phase out tobacco cultivation in favour of alternate crops.
- Industrial policies which will encourage the switchover of tobacco related industrial capacity to alternate uses

- Labour policies which will rehabilitate workers employed in tobacco production and provide alternate employment protecting them from economic hardships due to tobacco control policies.
- Health care policies which will assist current tobacco consumers to give up their habit, through appropriate counseling and de-addiction measures.
- Effective health education programmes which will provide the community with information on the diversity and dimensions of tobacco related health hazards.

We want

- The government to urgently initiate and implement a comprehensive National Tobacco Control Programme which aims for a Tobacco Free India by 2010.
- The government to refuse permission for the import of tobacco products from other countries, even as efforts for curbing domestic production and consumption are strengthened.
- The government to set clear goals for tobacco control programmes which will enable annual review and evaluation by the Parliament of India.

Kit
PH-8.

Beyond prevention helping teens quit smoking

There is often a lack of smoking cessation resources designed for young people.
As countries strive towards tobacco-free societies, prevention of smoking among youth is of key importance. However, around the world, high rates of smoking among teens provides a strong argument for effective youth-oriented smoking cessation programmes. Available information suggests that physical and psychological dependence on smoking can develop quickly in young people. By the time teens have been smoking on a daily basis for a number of years, the smoking habit and addiction levels may well have become entrenched, and they are faced with the same difficulties in quitting as adult smokers. Although intentions to quit and quit attempts are common among teenagers, only small numbers of teenagers actually quit. One of the problems may well be the lack of smoking cessation resources tailored to young people.
Recent studies have found that students would welcome smoking cessation assistance if provided in acceptable ways. It appears that some groups of students prefer more independent quitting strategies, such as self-help programmes or "quit and win" style incentives. However, this will vary among populations, and will need to be determined before interventions are planned.

Tobacco addiction and kids

The younger people start smoking cigarettes, the more likely they are to become strongly addicted to nicotine.
Tobacco products contain substantial amounts of nicotine, which is absorbed easily from tobacco smoke in the lungs and from smokeless tobacco in the mouth or nose. Nicotine has been clearly recognized as a drug of addiction, and tobacco dependence has been classified as a mental and behavioural disorder according to the WHO International Classification of Diseases, ICD-10 (Classification F17.2). Experts in the field of substance abuse consider tobacco dependency to be as strong or stronger than dependence on such substances as heroin or cocaine. Moreover, because the typical tobacco user receives daily and repeated doses of nicotine, addiction is more common among all tobacco users than among other drug users. In many countries, about 90% of smokers smoke every day, and approximately that proportion or perhaps even more are dependent on tobacco. Among addictive behaviours, cigarette smoking is the one most likely to take hold during adolescence. A study found that 42% of young people who smoke as few as three cigarettes go on to become regular smokers. What often starts out as an act of independence may rapidly become an addictive dependence on tobacco. Studies by health scientists in the United States have found that about three-fourths of under-age smokers consider themselves addicted, while a majority of adolescent smokers in Australia had tried to quit and found it very difficult. About two-thirds of adolescent smokers in another USA study indicated that they wanted to quit smoking, and 70% said that they would not have started if they could choose again. These responses are remarkably similar to the conclusions of studies conducted years earlier for a Canadian tobacco company:
"However intriguing smoking was at 11, 12 or 13, by the age of 16 or 17 many regretted their use of cigarettes for health reasons, and because they feel unable to stop smoking when they want to."

Danger!

PR in the playground

Tobacco industry initiatives on Youth smoking

"We believe in our right to provide adult smokers with brand choice and information, alongside our responsibility to ensure that our marketing does not undermine efforts to prevent children from smoking. [Martin Broughton, Chairman of BAT, 2000][1]

"In all my years at Philip Morris, I've never heard anyone talk about marketing to youth." [Geoffrey Bible, CEO of Philip Morris, 1998][2]

'If younger adults turn away from smoking, the industry will decline, just as a population which does not give birth will eventually dwindle.'
[Diane Burrows, RJ Reynolds, 1984][3]

"... We refined the objective of a juvenile initiative program as follows: "Maintain and proactively protect our ability to advertise, promote and market our products via a juvenile initiative*".
* Juvenile Initiative = a series of programs and events to discourage juvenile smoking because smoking is an adult decision."
[Cathy Leiber, Philip Morris International, 1995][4]

"As we discussed, the ultimate means for determining the success of this program will be: 1) A reduction in legislation introduced and passed restricting or banning our sales and marketing activities; 2) Passage of legislation favorable to the industry; 3) greater support from business, parent, and teacher groups."
[Joshua Slavitt, Philip Morris, "Tobacco Industry Youth Initiative," 1991] [5]

'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, 1969][6]

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Tobacco and the developing world

Published in Post OR

Bernard Lown, MD

The opium wars of the 21st century: Tobacco and the developing world

The opium wars of the 21st centry: Tobacco and the developing worldSince the 1964.report of the Surgeon General's Advisory Committee on Smoking and Health 38 million adults in the United States have quit smoking. (1) During the 1990's, the retreat of cigarette companies has become a near rout in some industrialized countries. The tobacco industry, quite to the contrary, is not on its knees nor about to surrender. Its long range global strategy is to maintain sales roughly constant in industrialized countries, while investing mammoth resources to increase market share in the Third World, in the former Soviet Union and in Eastern Europe. The struggle against tobacco is not being won, it is being relocated. In the past decade United States tobacco consumption dropped 17 percent while exports have skyrocketed 259 percent. At present, the two American giants, Philip Morris and R.J. Reynolds sell more than two thirds of their cigarettes overseas and half their profits come from foreign sales. (2)

The tobacco wars of the next century will increasingly be waged among vulnerable populations ill equipped to cope with the slick marketing techniques and the dirty tricks perfected by the tobacco industry. Most developing countries have no advertising controls, lack adequate health warning requirements, and have a dearth of pressure groups campaigning for stricter tobacco controls. They have set no age limits, nor imposed restrictions on smoking in public places. Their populations are poorly educated on the health hazards nor is information being provided to the burgeoning numbers of teen-agers who are most susceptible to advertising hype.

Tobacco already exacts an inordinate toll in the developing world. In Mexico, according to the Center for Disease Control (CDC), death rate for all smoking related disease has increased substantially, ranging in mortality increases of 60% for cerebrovascular disease to 220% for lung cancer. (3) In Brazil cigarette-related disease now leads infectious diseases as the principal cause of death.(4) In Bangladesh, as a result of increased smoking, cancer of the lung has become the third most common cancer among men and perinatal mortality is 270 per 1000 /children of smoking mothers-more than twice the rate for children of nonsmokers. (4) In India, a six-fold increase in mortality from bronchitis and emphysema has been noted, coincident with that country's skyrocketing cigarette consumption.(4,5) In developing countries, not only is the use of tobacco surging, but the cigarettes are more addictive and more lethal because of higher tar and nicotine content.

In Asia smoking is growing at the fastest rate in the world accounting for half of global cigarette use . The largest number of recruits are among the young and women. (6) The tobacco industry finds the Asian market particularly inviting because of its size and the love for smoking. In China 61 percent of men and 10% of women over 15 now smoke. These 320 million smokers consume 1.7 trillion cigarettes annually. While the Chinese account for a third of all smokers world wide, as yet this lucrative market has not reached its potential limit. The staggering health costs is a reckoning for the future. The Chinese Academy of Preventive Medicine forecasts 3.2 million deaths annually by the year 2030. (7, 8)

The United States has played a key role in promoting the global consumption of tobacco. More than a century ago the American tobacco magnate James B. Duke entered China. (9) Until his arrival very few Chinese smoked, mostly older men using a bitter native tobacco. usually in pipes. Duke hired "teachers", who traveled from village to village in Shantung province, marketing a milder North Carolina tobacco leaf and instructing curious onlookers how to light up and hold cigarettes. Duke installed the first mechanical cigarette-rolling machine in China and unleashed a panoply of promotional materials, including cigarette packs displaying nude American actresses. He set the precedent of having the United States government pressure the Chinese to permit the import of American cigarettes.

Pushing deadly merchandise abroad if anything it has intensified in recent years. In 1985 when US began its campaign to open Asian markets to tobacco exports, it shipped 18 billion cigarettes; by 1992 the figure had risen to 87 billion or nearly five-fold. The US government, while discouraging smoking at home, successfully pressured Japan, Taiwan, South Korea and Thailand into breaking their domestic tobacco monopolies to allow the sale of American cigarettes.(6) These national monopolies did not advertise and sold cigarettes largely to male adults. After US companies penetrated their markets smoking soared among young people. Two years after the entry of American cigarettes in Japan, their import increased by 75 percent with 10-fold increase in the number of television advertisements to encourage smoking. The US broke a healthy taboo against smoking by Japanese women. In but a few years the number of women smokers more than doubled. (6, 10)

In a single year after the ban against American tobacco was lifted, smoking among Korean teenagers rose from 18.4 to 29.8 percent and more than quintupled among female teens, from 1.6 to 8.7 per cent. (2) A poll among two thousand high school students in Taipei, Taiwan indicated that 26% boys and 1% of girls smoked a cigarette. After American tobacco companies entered their market in a survey of eleven hundred high school students, the figures shot up to 48 percent of boys and 20 percent of girls. (6) Words like Marlboro, Winston, Salem, and Kent have entered the vocabulary of every Asian nation.

The American government engaged in activities that would have provoked outrage if carried out in its own country. The US Trade representative refused the Taiwanese proposal not to allow advertisement in magazines read primarily by teen-agers. (6) The Taiwanese were not permitted to move the health warnings from the side to the front of the package nor increase the type size, nor were they allowed to prohibit wending machine sales. An unconscionable American trade imperialism fuels the rise in smoking. This prompted the former U.S. Surgeon General, Dr. C. Everett Koop to say about his country, "People will look back on this era of the health of the world, as imperialistic as anything since the British Empire-but worse." (10).

Even without the exercise of government muscle on their behalf, the tobacco titans present a formidable challenge to an unwary public. Tobacco promotion is pursued aggressively in less developed countries, with advertising budgets for many countries surpassing national funds appropriated for health research. The tobacco companies invest prodigious resources in targeting women and children. According to a recent editorial in the New York Times, "Hong Kong is one of the battlefronts of the modern-day Opium War. While Britain went to war last century to keep its Indian-grown opium streaming into Chinese ports, today American tobacco companies win profits and build addiction throughout Asia." (11)

In Hong Kong, where American tobacco blends make up 94 percent of the market, hip clothing stores pass out cigarettes free to their customers. Advertising is geared to the young in Asia by sponsoring sporting events and pop concerts with free disco passes given out in return for empty cigarette packs. The Marlboro bicycle tour is the biggest national summer sport in the Philippines. (5) Salem cigarettes sponsor a "virtual reality" dome, where teenagers attack each other with laser guns. (12) Empty packs of American cigarettes can be redeemed for tickets to movies, discos and concerts. In Kenya, cigarettes with brand names such as Life and Sportsman are promoted as the passport to success, health, and a Western lifestyle(13). In Taiwan, most smokers prefer Long Life, Prosperity Island, or New Paradise.(14)

The financial stakes are enormous. The international trade in tobacco is dominated by six multinational conglomerates, three of which are based in the United States (Philip Morris, RJ. Reynolds, and American Brands). Together, these six companies account for 40 percent of the world cigarette production and almost 85 percent of the tobacco leaf sold on the world market.(15) Since 1970, as American domestic smoking rates began to decline, intensive marketing campaigns supported by vast governmental resources tripled America's export of tobacco. Sales of Philip Morris in Africa is growing at 20% per year. It is projected that international sales of Philip Morris will jump 16% in 1997 to 764 billion cigarettes with a projection of 1 trillion by the year 2000. Foreign smoking is the major reason for the profitability of Philip Morris with earnings of $6.3 billions in 1996. This company now ranks third in profitability in the US behind Exxon and General Electric. By virtue of their great wealth the tobacco conglomerates are a world power having more political clout than a majority of developing nations.

From a public health perspective what is happening in the developing world is an unprecedented calamity. We know but little of the full impact of smoking on malnourished disease-ridden people. There is evidence that tobacco may interact synergistically with infectious diseases and with environmental hazards to cause increases in certain cancers. For example, tuberculosis which is widespread in developing countries, may enhance the risk of lung cancer and is further amplified by smoking. (16)) In Egypt, Schistosoma haematobium has been associated with an increased prevalence of bladder carcinoma among smokers (17) In less-developed countries, poorly controlled occupational hazards, such as organic dusts, uranium, or asbestos, may act as synergistic co-carcinogens in workers. (5) In addition, the health costs of fires resulting from cigarette smoking in countries where dwellings are often constructed of highly flammable materials is part of the tragic impact of tobacco.

The burden of disease due to tobacco is incalculable. Richard Peto and colleagues, (18) suggest that by the year 2025 mortality ascribable to global tobacco use will exceed 10 million annually and about 70% of the deaths will be in the developing countries. Such colossal mayhem is unprecedented in the annals of human barbarism. Cigarettes can not be permitted as a trade weapon that wastes the lives of unwitting victims to enrich the coffers of corporate America. The world has outlawed chemical weapons but tobacco is far more deadly. United States health professionals have an awesome moral burden to speak out and unrelentingly combat this global scourge. op

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HEALTH HAZARDS OF TOBACCO USE

Tobacco use is a serious and growing problem in India. It is estimated that 65% of all men use some form of tobacco- about 35% smoking, 22% smokeless and 8% both. Prevalence rates for women differ widely, from 15% in Bhavnagar to 67% in Andhra Pradesh. Overall, however, the prevalence of bidi and cigarette smoking amongst women is about 3% and the use of chewing tobacco is similar to that of men at 22%.[1] Since the 1980s use of pan masala and gutka has increased at a phenomenal rate.[2]

This extraordinarily high use of tobacco products is having a devastating impact on the health of the people. The World Health Organization estimates that 8 lakh persons die from tobacco related diseases each year in India alone.[3] Currently, approximately 50% of cancers among males and 20% of cancers among females are caused by tobacco. In a World Bank collaborative research project conducted in Chennai on 50,000 subjects the following key findings were made: 50% of smokers died due to smoking, 25% of deaths among males aged 25-69 years were attributable to tobacco use and the risk of dying among smokers with tuberculosis is about 4-fold higher than the nonsmokers with tuberculosis. Another study showed that smokers have a 3-fold risk of developing tuberculosis compared to non-smokers. This shows that at least 65% of tuberculosis seen among smokers is attributable to the habit of smoking.[4]

Chronic Obstructive Lung Disease (COLD)

Chronic obstructive lung disease (including chronic bronchitis and emphysema) is a progressively disabling disease that is rarely reversible. It can cause prolonged suffering due to difficulty in breathing because of the obstruction or narrowing of the small airways in the lungs and the destruction of the air sacs in the lungs due to smoking.

Smoking is the main cause of chronic obstructive lung disease: it is very rare in non-smokers and at least 80% of the deaths from this disease can be attributed to cigarette smoking.[5] The risk of death due to the disease increases with the number of cigarettes smoked.

Pneumonia

Pneumonia is not only more common amongst smokers, but is also much more likely to be fatal.[6]

Lung Cancer

Lung cancer kills more people than any other type of cancer and at least 80% of these deaths are caused by smoking. The risk of lung cancer increases directly with the number of cigarettes smoked. In 1999, 22% of all cancer deaths related to lung cancer, making it the most common

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form of cancer.[7] One in two smokers dies prematurely: of these, nearly one in four will die of lung cancer. The risk of dying from lung cancer increases with the number of cigarettes smoked per day. Smokers who start when they are young are at an increased risk of developing lung cancer. Results of a study of ex-smokers with lung cancer found that those who started smoking before age 15 had twice as many cell mutations as those who started after age 20.[8]

Cancers of the Mouth and Throat

Smoking cigarettes, pipes and cigars is a risk factor for all cancers associated with the larynx, oral cavity and oesophagus. Over 90% of patients with oral cancer use tobacco by either smoking or chewing it. "Oral cancer" includes cancers of the lip, tongue, mouth and throat. The risk for these cancers increases with the number of cigarettes smoked and those who smoke pipes or cigars experience a risk similar to that of cigarette smokers.[9]

Breast Cancer

There is growing evidence of a link between both active and passive smoking and breast cancer. Seven of the eight published studies examining passive smoking and breast cancer suggest an increased risk of breast cancer associated with long term passive smoke exposure among women who have never smoked.[10]

Cervical Cancer

A study in Sweden investigated whether behavioral/lifestyle factors such as smoking, nutrition and oral contraceptive use were independent risk factors for cervical cancer and found that smoking was the second most significant behavioral/lifestyle factor after Human Papilloma Virus (HPV).[11]

Coronary Heart Disease (CHD)

Cigarette smoking, raised blood cholesterol and high blood pressure are the most firmly established, non-hereditary risk factors leading to Coronary Heart Disease (CHD) with cigarette smoking being the "most important of the known modifiable risk factors for CHD", according to the US Surgeon General.[12] A cigarette smoker has two to three times the risk of having a heart attack than a non-smoker. If both of the other main risk factors are present then the chances of having a heart attack can be increased eight times.[13] Men under 45 years of age who smoke 25 or more cigarettes a day are 15 times as likely to die from CHD as non-smokers of the same age.[14] Even light smokers are at increased risk of CHD: a US study found that women who smoked 1-4 cigarettes a day had a 2.5-fold increased risk of fatal coronary heart disease.[15]

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Peripheral Vascular Disease (PVD)

Smokers have a 16 times greater risk of developing peripheral vascular disease (PVD) (blocked blood vessels in the legs or feet) than people who have never smoked.[16] Smokers who ignore the warning of early symptoms and continue to smoke are more likely to develop gangrene of a leg. Cigarette smoking combines with other factors to multiply the risks of arteriosclerosis. Patients who continue to smoke after surgery for PVD are more likely to relapse, leading to amputation, and are more likely to die earlier.[17]

Stroke

Smokers are more likely to develop a cerebral thrombosis (stroke) than non-smokers. About 11% of all stroke deaths are estimated to be smoking related, with the overall relative risk of stroke in smokers being about 1.5 times that of non-smokers.[18] Heavy smokers (consuming 20 or more cigarettes a day) have a 2-4 times greater risk of stroke than non-smokers.[19] A recent study showed that passive smoking as well as active smoking significantly increased the risk of stroke in men and women.[20]

Reduced Fertility

Women who smoke may have reduced fertility. One study found that 38% of non-smokers conceived in their first cycle compared with 28% of smokers. Smokers were 3.4 times more likely than non-smokers to have taken more than one year to conceive.[21] A recent British study found that both active and passive smoking was associated with delayed conception.[22] Cigarette smoking may also affect male fertility: spermatozoa from smokers has been found to be decreased in density and motility compared with that of non-smokers.[23]

Male Sexual Impotence

Impotence, or penile erectile dysfuntion, is the repeated inability to have or maintain an erection. One study of men between the ages of 31 and 49, showed a 50% increase in the risk of impotence among smokers compared with men who had never smoked.[24] Another US study, of patients attending an impotence clinic, found that the number of current and ex-smokers (81%) was significantly higher than would be expected in the general population (58%).[25]

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Foetal Growth and Birth Weight

Babies born to women who smoke are on average 200 grams (8 ozs) lighter than babies born to comparable non-smoking mothers. Furthermore, the more cigarettes a woman smokes during pregnancy, the greater the probable reduction in birth weight. Low birth weight is associated with higher risks of death and disease in infancy and early childhood.[26]

Spontaneous Abortion and Pregnancy Complications

The rate of spontaneous abortion (miscarriage) is substantially higher in women who smoke. This is the case even when other factors have been taken into account.[8] On an average, smokers have more complications of pregnancy and labour which can include bleeding during pregnancy, premature detachment of the placenta and premature rupture of the membranes.[27] Some studies have also revealed a link between smoking and ectopic pregnancy[10] and congenital defects in the offspring of smokers.[28]

The Hazards of Passive Smoking

Non-smokers who are exposed to passive smoking in the home, have a 25 per cent increased risk of heart disease and lung cancer.[29] A major review by the Government-appointed Scientific Committee on Tobacco and Health (SCOTH) in the UK concluded that passive smoking is a cause of lung cancer and ischaemic heart disease in adult non-smokers, and a cause of respiratory tract infections such as bronchitis, pneumonia and bronchiolitis, cot death, middle ear disease and asthmatic attacks in children.[30] More than one-quarter of the risk of death due to Sudden Infant Death Syndrome (cot death) is attributable to maternal smoking (equivalent to 365 deaths per year in England and Wales.[31] While the relative health risks from passive smoking are small in comparison with those from active smoking, because the diseases are common, the overall health impact is large.

Benefits of Quitting Smoking

When smokers give up, their risk of getting lung cancer starts decreasing so that after 10 years an ex-smoker's risk is about a third to half that of continuing smokers.[32]

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PH-8.

FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Introduction – International Treaties and Conventions

There is no dearth of international conventions and laws. There are a lot of them around and everyone is directly affected by at least some of them. To give a few examples, there is a Convention on the Rights of the Child, Convention on Climatic Change, Convention for Protection of Ozone Layer, etc.

Such international conventions are first negotiated by government representatives within the United Nations System. The negotiated international convention does not become a law automatically – it has to be ratified by the competent legislative body of the country. In India, for example, international conventions and treaties need to be ratified by the Indian Parliament.

The proposal for starting the process of an international treaty or convention can be initiated by any of the permanent organs of the United Nations System. Until 1998, the World Health Organization (WHO) had not used its constitutional mandate to propose an international treaty or convention. It had no problem in getting its policies and recommendations in the interest of public health accepted by everyone.

Why a Convention on Tobacco?

Smoking has been recognized as a major cause of lung cancer, other cancers, heart diseases and lung diseases for over 40 years. It has been identified as a major global public health problem. Until about 1990, each year tobacco-related deaths numbered 3 million globally of which 2 million occured in developed countries. But since then it has been affecting developing countries far more than industrialized countries. As per current estimates, by the year 2030, tobacco will cause 10 million deaths globally of which 70% will be in developing countries. Despite these well-established scientific facts the recommendations made by WHO and other scientific bodies for the control of tobacco in the interest of public health have not been readily accepted or applied in all countries. As a result, smoking and tobacco use is increasing globally every year.

The reasons are not difficult to identify. Unlike other disease causing agents, tobacco use and smoking are promoted globally by a powerful multinational industry that is a big business in every country in the world. This industry opposes almost every meaningful recommendation for tobacco control even though the validity of such recommendations in reducing tobacco use and improving public health has been well established scientifically. The recommended policies include a ban on advertisement of tobacco products, increase in taxes, no smoking in public places, detailed consumer information, appropriate trade practices and others. Several of these (e.g. advertising, smuggling) are transnational in character necessitating an international approach.

FCTC – Current Status

For these and other reasons, the World Health Organization used its prerogative to propose the Framework Convention on Tobacco Control (FCTC). In response to an invitation from

the FCTC Working Group, over 500 submissions were made by the public health groups as well as in the tobacco industry worldwide. Public hearings on these submissions took place in October 2000 in Geneva. Following this public hearing the first session of the Intergovernmental Negotiating Body (INB) was held during October 16-21, 2000. The second session was held during April 30 – May 5, 2001 and the third in November 2001. As per the current timetable the FCTC would be adopted by the World Health Assembly during its session in May 2003.

Issues under Consideration

The objective of the FCTC is to reduce the health hazards of tobacco use through collective international action and cooperation on tobacco control. Issues that will be part of the negotiation discussions include:

Tobacco smuggling: Currently, recorded world cigarette exports exceed imports by about 400 billion cigarettes, implying that over seven per cent of world cigarette production is smuggled from one country to another to avoid statutory taxes.

Tobacco advertising: Bans or restrictions on tobacco advertising in one country can be undermined by advertising spillover from other countries.

Reporting of production, sales, imports and exports of tobacco products: Improved standards of international reporting of tobacco production and sales would facilitate international monitoring of this product.

Testing and reporting of toxic constituents: Improved and more effective international standards for the testing and reporting of ingredients and toxic constituents in tobacco products and tobacco smoke would facilitate the monitoring of the degree of hazard of tobacco products.

Policy and programme information sharing: More effective sharing of information among nations about the state of their national tobacco control legislation and programmes would help improve both national and international tobacco control measures.

FCTC and Economies of Tobacco Growing Countries

Part of the propaganda unleashed against FCTC is that it would affect the economy of tobacco growing countries. After a careful analysis a World Bank report states that: "...the negative effects of tobacco control on employment have been greatly overstated. There would be no net loss of jobs, and there might even be job gains if global tobacco consumption fell. This is because money once spent on tobacco would be spent on other goods and services, thereby generating more jobs". A small number of countries in Sub-Saharan Africa might be an exception but aid adjustment, crop diversification, rural training and other safety net systems would take care of the problem.

Other Benefits from FCTC

The process of developing the FCTC is likely to be very important for strengthening tobacco control in many ways, for example it could:

- Enable and encourage governments to strengthen their national tobacco control policies by providing greater access to scientific research and examples of best practice; motivating

national leaders to rethink priorities as they respond to an ongoing international process; and, engaging powerful ministries, such as finance and foreign affairs, more deeply in tobacco control;

- Raise public awareness internationally about the unscrupulous strategies and tactics employed by the multinational tobacco companies;
- Mobilize technical and financial support for tobacco control at national and international levels;
- Make it politically easier for developing countries to resist the tobacco industry; and
- Mobilize non-governmental organizations (NGOs) and other members of civil society in support of stronger tobacco control policies.

FCTC and Non-Governmental Organizations (NGOs)

Non-governmental organizations must play a key role in the development and negotiation of the convention to ensure its success. There are several ways in which NGOs can support the FCTC. They can:

- Join some group of NGOs working on FCTC. The largest such group is the Framework Convention Alliance;
- Educate themselves and their constituencies about global tobacco issues and the FCTC;
- Keep the media informed about the FCTC and get their support;
- Provide the media with regular stories on the tobacco problem, suggesting the FCTC as part of the solution;
- Find out what the country's delegates to the FCTC have said so far and meet with them in order to influence their future positions;
- Contact the FCA Regional Contact to find out what regional action is occurring in the region;
- Get resolutions passed in support of the WHO FCTC by the boards of respective NGOs;
- Adopt a declaration modeled after the Kobe Declaration; and
- Meet with and send copies of resolutions or declarations to representatives involved in the WHO FCTC negotiations in respective countries.

More resources and information on FCTC is available at www.fctc.org

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PH-8.

ORAL TOBACCO USE – ITS IMPLICATIONS FOR INDIA AND THE WORLD MEASURES TO PREVENT ITS USE, SALE AND MARKETING

Tobacco-related diseases are now a global epidemic. Each year, about 4 million people die due to tobacco consumption throughout the world. Today, India is the second largest producer of tobacco and also the second leading seller in the world. Most of the tobacco produced in India is used within the country. The percentage of tobacco exported to other countries is very low. However, approximately 2,200 people die of tobacco use every day in India. Yet, the tobacco companies are persisting with their aggressive marketing. They are targeting adolescents as future customers.

Presently, there are 60 cigarette-manufacturing factories, about 1000 gutkha and pan masala manufacturing units and over 1 million women engaged in the hand rolling of bidis. Approximately 600 children between the age group of 10 to 18 are recruited every day by the tobacco industry to keep their business growing.

Smokeless tobacco products are easily available and at a price that even children can buy it from any tobacco or *pan* shop. Children do not simply choose to consume tobacco but are influenced by their environment with the glamorous advertisements endorsing their acceptance. They are influenced by the sports personalities, movie stars and people around them consuming tobacco and because tobacco products are easily available.

What is Smokeless Tobacco?

Smokeless tobacco consists of dried leaves and stems of the plant Nicotinia Tabacum, containing the drug, nicotine. Nicotine is toxic and has been classified as the most addictive drug in existence. In India industrially manufactured chewing tobacco, Gutkha, is easily available in sachets and most popular among youth all over the country. Chewing tobacco is the major cause of oral cancer.

There are mainly two forms of smokeless tobacco used in different parts of the world.

1. Oral snuff – also commonly known as dip available in moist, dry and sachet forms.
2. Chewing tobacco – available in loose leaf, twist and plug forms.

Any form of tobacco used in the world has been established to cause oral cancer, which is the commonest cancers in India among men.

Contents of Smokeless Tobacco

Smokeless tobacco contains dangerous chemicals, which result in addiction leading to death. Nicotine is the main deadly substance in smokeless tobacco. It is directly absorbed in the blood stream and leads to addiction. Smokeless tobacco has similar or higher levels of nicotine than smoking tobacco.

Smokeless Tobacco Causes Cancer

Smokeless tobacco use may increase the risk of oral cancer four times. Smokeless tobacco users, specially those consuming snuff for a long time can develop cancer of the lip, tongue, floor of the mouth, cheek and gum. The chances of oral cancer are higher in users than in the non-users of smokeless tobacco.

Warning Signs:

- A mouth sore that bleeds easily or fails to heal, often appears where the tobacco product is placed.
- A painless lump, thickening or soreness in the mouth, throat or tongue.
- Soreness or swelling that persists.
- A white or red patch in the mouth that persists.
- Difficulty in chewing, swallowing or moving tongue or jaw.

Preventive Measures

There are a number of organizations working for tobacco control worldwide as well as in India. Many preventive measures have been taken and are being planned targeting users as well as non-users. Many preventive campaigns have been carried out to make the general public aware of the dangerous and harmful effects of tobacco use. There is a long way to reach the goal of tobacco control but we must keep making efforts.

1. **Control over Glamorous Advertisements and Marketing of Tobacco Products:** Advertisements through the media are one of the effective ways of spreading messages across to the public and tobacco industries have chosen it for the promotion of their products and its sale. It immediately affects the adolescent group as this is a very inquisitive age group and can easily be influenced. Studies have shown that in some countries, tobacco advertising is twice as influential as peer pressure in encouraging children to use tobacco. However, the advertisements are misleading and must be stopped as well as marketing of tobacco to the youth to protect them from becoming future consumers.

2. **Protect Children from Becoming Addictive to Tobacco:** The two main smokeless tobacco products, gutkha and pan masala (containing tobacco), are very easily available in India. Children are always interested to try out new products seen in the advertisements. Often, the small and cheap sachets are given free to children in cinema halls, outside schools and colleges and even during some events. There should be an age limit at which tobacco products can be sold legally to children. If someone breaches the law, a heavy penalty should be imposed.

3. **Increase in Taxes on Tobacco Products:** The government has to make efforts to increase taxes on tobacco products, to make them unaffordable to children. This will not only reduce sales but also increase revenue generation to be used for other tobacco control activities in the country.

4. **Generating Awareness Regarding the Ill-effects of Tobacco Use:**
   Designing of strong and very clear messages is necessary. Many organizations have done similar work in other health awareness areas very successfully. Equally important is to generate awareness about the dangers and harmful effects of tobacco use specially focusing on adolescents and children. It has been proved that mass media programmes and educational programmes produce better results and a quick impact.

5. **Declaring Public Institutions, Specially Schools and Colleges as Tobacco Free:**
   It is necessary to develop school and college health programmes in order to completely stop the sale and consumption of tobacco within and outside educational institutions.

6. **Involvement of Health Personnel in Awareness Campaigns:**
   Health personnel like doctors, nurses, health volunteers and so on can be of great help in tobacco control activities. They should be appropriately trained as they directly interact with patients and the community.

7. **Eliminate Sponsorship by Tobacco Companies of any Public Events:**
   Tobacco companies sponsor major events like sports, awards, festivals and so on. These sponsorships should be discouraged in order to control the advertisement of tobacco products.

8. **Showing Prominent Warning on Tobacco Products:**
   The statutory warning mentioned on tobacco packets and even on cigarette packets is not prominent. It is necessary that the warnings are prominently depicted on the packets so that they leave some impact on the mind of the user. For example, a picture of a new born with disability, pregnant women, oral cancer pictures and so on.

Conclusion:

Smokeless tobacco is a growing addiction especially amongst the youth of India (as high as 55%). If not effectively controlled, it will soon become an epidemic and also a major cause of deaths in India. It is important to invest in the future - on youth and children. They are being targeted by the tobacco industries for giving employment as well as the future customers. Many organizations are working in the area of tobacco control and legislative measures have also been adopted. **Tobacco Products (Prohibition of Advertising and Regulation of Trade, Commerce and Supply) Bill, 2001** has already been introduced in Parliament and efforts are required to pass the bill. In order to control the tobacco epidemic, effective smoking cessation programmes are required to be implemented along with awareness programmes. Only when this is done will significant progress be made in combating what has become a truly global epidemic.

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