

ಕನಡಾ 10.6.98 897

ಭಾರತದಲ್ಲಿ ಬೀಡಿ ಉದ್ಯಮ

ನಮ್ಮ ದೇಶದಲ್ಲಿ ಬೀಡಿ ಉದ್ಯಮವು ಇತಿಹಾಸವನ್ನು ಹುದುಕುತ್ತಾ ಹೋದಾಗ ತಂಬಾಕು ಸೇವನೆ ಎಲ್ಲಿ ಹೇಗೆ ಮತ್ತು ಯಾವಾಗ ಆರಂಭವಾಯಿತು ಎಂಬುದರ ಅಂಶಗಳು ಗೋಚರಿಸಿವೆ. ತಂಬಾಕು ಸೇವನೆ ಪ್ರಪಂಚವು ಅಮೇರಿಕಾ ದೇಶದಲ್ಲಿ ಸ್ಥಳೀಯ ಜನರು ಸಂತೋಷ ಕೊಟ್ಟಿರಲಿಲ್ಲ ಮತ್ತು ಔಷಧಿ ಮೂಲವಾಗಿ 1,500 ಇಸವಿಗಿಂತಲೂ ಮುಂಚಿತವಾಗಿ ಬಳಸುತ್ತಿದ್ದರು ಎನ್ನಲಾಗಿದೆ. ತದನಂತರ ಅಮೇರಿಕಾದಲ್ಲಿ ಚಾಲ್ತಿಯಲ್ಲಿದ್ದ ಪದ್ಧತಿಯು ಧರ್ಮ ಪ್ರಚಾರಕರು, ಪ್ರವಾಸಿಗರಿಂದ ಯುರೋಪಾದೇಶ ಅಂತರ ಪ್ರವಂಚದ ಇತರ ದೇಶಗಳಲ್ಲಿ ವಿಸ್ತರಿಸಿತು.

ಭಾರತದಲ್ಲಿ ಇದರ ಜಾಲ ಹಬ್ಬಿತು ಮತ್ತು ನವೆಂಬರ್ 1887 ರಲ್ಲಿ ಉತ್ತರ ಭಾರತದಲ್ಲಿ ಬೀಡಿ ಉದ್ಯಮ ಆರಂಭವಾಯಿತು. ಈಗ ಆಂಧ್ರಪ್ರದೇಶ, ಮಧ್ಯಪ್ರದೇಶ, ಉತ್ತರಪ್ರದೇಶ, ಬಿಹಾರ, ಗುಜರಾತ್, ಕರ್ನಾಟಕ, ಕೇರಳ, ಮಹಾರಾಷ್ಟ್ರ, ಓರಿಸ್ಸಾ, ರಾಜಸ್ಥಾನ ತಮಿಳುನಾಡು ಮತ್ತು ಪಶ್ಚಿಮ ಬಂಗಾಳಗಳಲ್ಲಿ ಸುಮಾರು 17,408 ಘಟಕಗಳನ್ನು ನಡೆಸಿ ಒಂದು ಕೋಟಿ ಕಾರ್ಮಿಕರನ್ನು ದುಡಿಸುತ್ತಿದ್ದಾರೆ. ಇವರಲ್ಲಿ ಕೇವಲ ಅರ್ಧದಷ್ಟು ಮಾತ್ರ, ಖಾಯಂ ಕೆಲಸಗಾರರಾಗಿ ದುಡಿಯುತ್ತಿದ್ದಾರೆ. ಪ್ರತಿ ದಿನ 500 ಬೀಡಿಯಂತೆ ಒಂದು ಕೋಟಿ ಜನರು ಬೀಡಿ ಕಟ್ಟಿದರೆ ದಿನಕ್ಕೆ ಐವತ್ತು ಕೋಟಿ ಬೀಡಿ ಮತ್ತು ತಿಂಗಳಿಗೆ 15 ಬಿಲಿಯನ್ ಬೀಡಿ ತಯಾರಾಗುತ್ತದೆ. ಭಾರತ ಉತ್ಪಾದನೆಯಾಗುವ ಬೀಡಿ ಮುಖ್ಯವಾಗಿ ಮಲೇಶಿಯಾ, ಸಿಂಗಾಪುರ್, ಸ್ವಿಜರ್‌ಲ್ಯಾಂಡ್, ಅಫಘಾನಿಸ್ತಾನ, ಕೆನಡಾ, ಕುವೈತ್ ದೇಶಗಳಿಗೆ ರಫ್ತು ಮಾಡಿ ಮಾರಾಟಕ್ಕೆ ವಿವಿಧ ನಿಯಮಗಳ ಮತ್ತು ರೂಪಾಯಿ ಮನ್ನಾಡಿ ಕೋಟಿ ವಾರ್ಷಿಕ ಆದಾಯ ಸಂಗ್ರಹಿಸುತ್ತದೆ. ಮಲೇಶಿಯಾ ಮತ್ತು ಸಿಂಗಾಪುರದಲ್ಲಿ ಬೀಡಿ ಉತ್ಪಾದನೆ ಇತ್ತೀಚಿನ ವರ್ಷಗಳಲ್ಲಿ ಆರಂಭವಾಗಿದ್ದರಿಂದ ಬೀಡಿ ಬೇಡಿಕೆ ಇಳಿಮುಖವಾಗಿದೆ ಎಂದು ಮೂಲಗಳು ತಿಳಿಸುತ್ತಿವೆ. ಆದರೆ ಬೀಡಿ ಉದ್ಯಮವನ್ನು ಜಿಲ್ಲೆಯಲ್ಲಿ ಪರಿಶೀಲಿಸಿದಾಗ ವ್ಯತ್ಯಾಸಗಳು ಕಂಡು ಬರುತ್ತವೆ.

71 ರಲ್ಲಿ 810 ಸಾವಿರ ಕೆಲಸದ ಹೆಕ್ಟೇರಿಸ ಉತ್ಪಾದಿಯಿಂದ 1992-93 ರಲ್ಲಿ 1390 ಕ್ಕೆ ಹೆಚ್ಚಿದ ಎಂದು ಅಂಶಗಳಿಂದ ತಿಳಿದು ಬರುತ್ತದೆ.

ಸುಖಿತವಾಯಿತು. ಆಗ ಕಾರ್ಮಿಕರು ಕಾರ್ಖಾನೆಯಲ್ಲಿ ನಿಯಮಿತ ಅನಗ್ರಿಯಲ್ಲಿ ಬೀಡಿ ಕಟ್ಟುತ್ತಿದ್ದರು. 1996 ರಲ್ಲಿ ಮಂದ ಕಾರ್ಮಿಕ ಕಾಯಿದೆ ಕಾರ್ಮಿಕರ



ಸುಮಾರು 17,408 ಘಟಕಗಳನ್ನು ನಡೆಸಿ ಒಂದು ಕೋಟಿ ಕಾರ್ಮಿಕರನ್ನು ದುಡಿಸುತ್ತಿದ್ದಾರೆ. ಇವರಲ್ಲಿ ಕೇವಲ ಅರ್ಧದಷ್ಟು ಮಾತ್ರ, ಖಾಯಂ ಕೆಲಸಗಾರರಾಗಿ ದುಡಿಯುತ್ತಿದ್ದಾರೆ. ಪ್ರತಿ ದಿನ 500 ಬೀಡಿಯಂತೆ ಒಂದು ಕೋಟಿ ಜನರು ಬೀಡಿ ಕಟ್ಟಿದರೆ ದಿನಕ್ಕೆ ಐವತ್ತು ಕೋಟಿ ಬೀಡಿ ಮತ್ತು ತಿಂಗಳಿಗೆ 15 ಬಿಲಿಯನ್ ಬೀಡಿ ತಯಾರಾಗುತ್ತದೆ.

ಬೀಡಿ ಉದ್ಯಮದಲ್ಲಿ ಎರಡು ಕತ್ತರಿಸುವುದು, ಬೀಡಿ ಸುರುಳುವುದು ಮುಖ್ಯವೆಂದಿರಬಹುದು (ನಕ್, ಕಟ್ಟುಹಾಕುವುದು) ಬಿಸಿ ವ್ಯಾಜವು ಲೇಬರಿಂಗ್, ಪ್ಯಾಕಿಂಗ್ ಇತ್ಯಾದಿ ಹಂತಗಳಿವೆ. ಉತ್ಪಾದನಾ ಹಂತದಲ್ಲಿ ಕುಶಲ ವ್ಯಾಪ್ತಿಯ ಅರ ಕುಶಲ ಕಾರ್ಮಿಕರು ತೊಡಗಿಸಿಕೊಂಡು ಆದರೆ ಬೀಡಿ ಸುರುಳುವ ಕೆಲಸ ವ್ಯಾಜವೇಕಾರದ ಕಾರ್ ಮೂರರಿಂದ ಆರು ತಿಂಗಳ ತರಬೇತಿ ಪಡೆಯ ಬೇಕಾಗುತ್ತದೆ.

ಸವಲತ್ತುಗಳನ್ನು ಹೆಚ್ಚಿಸಿತು. ಇದರಿಂದ ಬೀಡಿಯನ್ನು ಮನೆಯಲ್ಲೇ ತೋರಲು ಕಟ್ಟಿಸುವ ಪದ್ಧತಿ ಜಾರಿಗೆ ಬಂತು. ಕಾರ್ಮಿಕರು ಹೆಚ್ಚಿನ ಸಂಖ್ಯೆಯಲ್ಲಿ ಸಂಘಟಿತರಾಗಿದ್ದರಿಂದ ಬಿಡಿಯನ್ನು ದಕ್ಷಿಣ ಕನ್ನಡಕ್ಕೆ ಸ್ಥಳಾಂತರಿಸುವ ಪ್ರಯತ್ನ ಆಂದಿನಿಂದಲೇ ಆರಂಭವಾಯಿತು. ನಮ್ಮ ರಾಜ್ಯದ ನಿಯಮಗಳ ಪ್ರಕಾರ ದಕ್ಷಿಣ ಕನ್ನಡ ಜಿಲ್ಲೆಯಲ್ಲಿ ಈಗ ಬೀಡಿ ಕಾರ್ಮಿಕರನ್ನು ಹೊಂದಿ ವರ್ಕೋ ಆಗಿ ಕೆಲಸ ನಿರ್ವಹಿಸುವ ಅವಕಾಶ ಕಲ್ಪಿಸಿಕೊಟ್ಟಿದೆ. ಬೀಡಿ ಮತ್ತು ಸಿಗಾರ್ ವರ್ಕೋ, ಕೆಂಡಿಷನ್ ಆಫ್ ಎಂಪ್ಲಾಯ್ ಕಾಯಿದೆ ಮತ್ತು ಕರ್ನಾಟಕ ನಿಯಮಗಳ ಪ್ರಕಾರ ಕಾರ್ಮಿಕರು ಕಡಿಮೆ ವೇತನ, ಟೋಷನ್, ಪ್ಯಾನಿಷಿಂಗ್ ಫಂಡ್ (ಭವಿಷ್ಯ ನಿಧಿ) ರಚನೆ ಸಂಬಳ ವೃದ್ಧಿ ಕೀಯ ಸೌಲಭ್ಯ ಇತ್ಯಾದಿಗಳಿಗೆ ಅರ್ಹರಾಗುತ್ತಾರೆ.

ಬೀಡಿ ಉದ್ಯಮದಲ್ಲಿ ಕೆಂಪದಿ ಮೂಲಕು ರಿಕ್ವಿರಿದರು (ಕೆಂಪುಗೈದು), ಕಾರ್ಮಿಕರು ಇದ್ದಾರೆ. ಉದ್ಯಮವನ್ನು ಸುವ್ಯವಸ್ಥಿತವಾಗಿಡಲು ಅದರಲ್ಲೂ ಕಾರ್ಮಿಕರಿಗೆ ಅನುಕೂಲವಾಗಲು ಕೇಂದ್ರ ಸರ್ಕಾರದ 1966ರ ಬೀಡಿ ಮತ್ತು ಸಿಗಾರ್ ವರ್ಕೋ (ಕೆಂಡಿಷನ್ ಆಫ್ ಎಂಪ್ಲಾಯ್) ಕಾಯಿದೆಯ ಕಾನೂನು ನಿಯಮಗಳನ್ನು ರಚಿಸಿದೆ. ದಕ್ಷಿಣ ಭಾರತದ ಕೇರಳದಲ್ಲಿ ಪ್ರಧಾನವಾಗಿ ಬೀಡಿ ಕೈಗಾರಿಕೆ

● ಫಿಲೋಮೆನ್, ಮರೀನ್ (ಮುಂದವರೆಯುವುದು)

Controlling Tobacco Use

Rajesh Kumar

A comprehensive long-term policy, giving due consideration to all sectors which will be affected, needs to be evolved.

TOBACCO abuse has assumed epidemic proportions in India. Population-based surveys have found that 70 per cent to 80 per cent of men and 15 per cent to 30 per cent of women use tobacco. The burden of diseases caused by tobacco is relatively small at present as compared to many other communicable diseases but considering the trend in tobacco consumption in last decades tobacco-related diseases such as heart attacks, asthmatic bronchitis, cancers of lung, lips, mouth, food and windpipe, etc., will increase in future.

Government action for tobacco control such as ban on promotion of tobacco through official mass media Akashvani and Doodardshan; printing of health warning on cigarette packs and on cigarette advertisements; prohibition on smoking in public transport; health information and education campaign; and tax increase on tobacco products have succeeded in reversing the trend to some extent but considering the enormity of this problem a comprehensive long-term policy is needed.

Tobacco is used in various forms: for smoking (cigarette, bidi, chutta, dhumi, chillum and hooka), for chewing alone or in betel-quad or in pan masala, mishri, and snuff. The per capita cigarette consumption has declined from 190 to 160 between 1970 and 1985 but only one-fifth of the total 120 million smokers buy cigarettes. The consumption index with base of 100 set in 1973-74 has reached only 111 for cigarettes by 1986-87 while in same period index for bidis reached 265 mark. The production figures for tobacco leaf show annual increase of 0.1 per cent. Total leaf production was 4,60,000 metric tonnes in 1987. Percentage consumption of leaf in 1982/83 was 34 per cent for cigarettes and smoking mixture for pipes and cigarette, bidis 26 per cent, chewing products 9 per cent, hookah 5 per cent, cigar and cheroot 2 per cent, snuff 1 per cent, and miscellaneous 26 per cent. Tobacco used in cigarette and bidis is of high tar content (range from 19.4 mg to 28.3 mg in cigarettes and 23.0 mg to 40.7 mg in bidis).

The consequences of tobacco use are well known for several decades in the west. Tobacco-caused diseases in the west are virtually all related to smoking whereas in India cigarette consumption is low. But all other forms of tobacco use have also been found harmful in Indian studies. Age-adjusted relative risk (of overall mortality) among smokers (mostly bidi smokers) was 1.5 and among chewers (mostly betel-quad chewers) was 1.3 in a cohort study of 10,287 individuals followed up for 10 years in a district of Kerala. A similar study on reverse chutta smoking in a district of Andhra Pradesh found relative risk of 1.9 in men as well as in women.

Rise in tobacco-related diseases will increase the economic burden on scarce resources of ministry of health. Social security costs of employees and workers covered by Central Government Health Services (CGHS) and Employees State Insurance Corporation (ESIC) will rise. Higher sickness rate and pre-mature death in smokers is not only a loss to productivity but to the productive workforce as well. Considerable part of income in poor smoker's household is consumed to buy bidis or cigarettes or khaini, etc. and consequently less money spending on food adds to pre-existing malnutrition problem. In addition to adverse effects on health, smoking habits are responsible for large numbers of fires in industrial establishments as well as in agricultural sector.

Tobacco farming uses many more pesticides and fertilisers as compared to other crops putting heavy pressure on farming land. The leaf of iemburni plant which grows in wild is used in making bidis. Collection of this leaf from forest provides seasonal employment to hundreds of thousands of tribal people in central India but at the same time it is responsible for causing great strain on environment.

Most of the religious faiths in India prohibit smoking but some are more strict than others. Smoking in public places not only causes inconvenience to those who are not used to inhaling tobacco smoke but also hurts the religious sentiments of some people and at times leads to religious strife. In general people consider tobacco as social evil and many social organisation may take active part in anti-tobacco campaigns if the concept of public good is accepted in relation to tobacco use since smokers are a health hazard not only to themselves but also to non-smokers.

In view of the enormous adverse effects of tobacco use not only on health but also on economy, environment and social relations the tobacco control programme needs to be accelerated by adopting following measures.

(a) Legislation: Ban all tobacco-related advertisements; Smoking in public transport and in specified public places be declared as an offence; Printing of statutory warning 'tobacco chewing and smoking is injurious to health' be made compulsory for every tobacco product including bidis; and Ban sale of tobacco products to minors. (b) Taxation: Increase tax on tobacco sale, higher tax on more harmful brands; and stop subsidies for tobacco farming. (c) Administrative: Set up a tobacco control authority to monitor implementation of tobacco control policy; (d) Education: Launch a multimedia campaign against tobacco to educate public about the harmful effects of tobacco.

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Since tobacco production and consumption influences various sectors of society in several ways, some negatively and others positively; implementation of the policy should take into account its effects on various sectors. More than six million people are estimated to be employed in tobacco farming alone. Many thousand more are employed in manufacturing, distribution and advertisement of tobacco products. Sales promotion activities include even sponsorships of several cultural and sporting events. The state earns substantial amount (3.5 per cent) of its revenue from tobacco. Ministry of agriculture gives subsidies to tobacco growers. Tobacco control actions are likely to be opposed not only by tobacco growers and tobacco companies but also by some of the government departments.

Although most of tobacco-related activities, i.e. production taxation, trade, etc. are controlled by other ministries and departments (ministry of agriculture, industry, commerce and finance) but ministry of health being custodian of peoples health and committed to the goal of 'health for all' should take the leading role for formulation of tobacco control policy and for monitoring its implementation. As a first step, therefore, the ministry should have its own working group on tobacco control. In order to generate consensus with other ministries on the policy of tobacco control a cabinet sub-committee should be constituted. Since the problem is very complex and involves so many sections of the society, implementation should be step by step in phased manner.

Replacement of tobacco farming to other cash crops is a difficult proposition since net returns per hectare are three times higher for tobacco as compared to other crops. Resources generated by increasing taxation can be used to give technological as well as financial assistance to farmers encouraging them to change cropping pattern away from tobacco. Similarly anti-tobacco media campaign be financed to re-employ professional advertisers in public and private sectors who are likely to become surplus due to the policy of ban on tobacco advertisement. Indian export market of tobacco products is on decline due to anti-smoking campaigns in the industrialised countries. Therefore, it is wise to give incentive to tobacco industry to shift over to other export-oriented consumer products. Revenue generated from tax increases on tobacco be invested in potentially profitable enterprises so as to compensate for the eventual decline and ultimate depletion of this source of revenue.

Tobacco control programme is essentially an enterprise of economic readjustment which I believe can be done without any financial loss to the country. All the gains in health can be attained without any extra cost. A comprehensive approach as outlined will reduce both demand and supply by anti-tobacco campaigns and by tax increases and rapid decline in tobacco abuse will be achieved.

Smoking and Health risk data

Taken from US Surgeon Generals' and Royal College of Physicians Reports. Data derived from US and British sources.

Overall Deaths From Smoking

- Currently, the overall excess death rate in a year from all causes, irrespective of the quantity of cigarettes smoked, is 70% higher than that for non-smokers. This means that for every 100 non smokers who die during a year, 170 smokers will die.

Smoking deaths are greater in those who have smoked longer, from earlier ages and who inhale.

- 40% of heavy smokers now aged 35 (more than 25/day) will die before reaching the age of 65, compared to only 15% of non-smokers.
- The average loss of life for a 20/day smoker is about 5 years. For the 40 a day smoker, life expectancy is eight years less. This means the average habitual smoker's life is shortened by about 5.5 minutes for each cigarette smoked — not much less than the time it takes to smoke it.
- Between 2.5 and 4 out of every 10 smokers will die because of their smoking.

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fall in smoking and the related mortality. In India, the laudable example of Maharashtra, which has banned smoking in public places such as buses, trains, waiting halls etc has to be accepted and followed in other states too. What else can be done in this direction?

The following suggestions and strategies will help in combating the menace of smoking.

- Spread the message: If you smoke, stop!
- Spread the message: If you are a nonsmoker, never start!

Heart Disease

- Smoking is a major risk factor for myocardial infarction, sudden cardiac death and arteriosclerotic peripheral vascular disease. This last disease can result in gangrene and loss of a limb. The effect is greater the more cigarettes smoked, if other risk factors are present (high blood cholesterol, high blood pressure, &c) and is more pronounced at younger ages.

- Death from heart attacks is 3 times more common in smokers than in non-smokers. For those smoking more than a pack a day, the risk is about 5 times greater. Once a smoker quits, risk of heart attack tends to fall fairly quickly to that of the non-smoker.

- Among men aged 40-50, deaths from coronary heart disease are nine times more common in smokers than in non-smokers.
- Smoking nicotine and carbon monoxide aggravate exercise - induced angina.
- Women smokers who use oral contraceptives are at significantly greater risk of myocardial infarction.

Cancers

- When 12 people die from lung cancer, 11 will have been smokers. Smokers who consume two or more packs a day have lung cancer death rates 15-25 times greater than non-smokers.

- Provide health workers working at grass root levels with health information about smoking.
- Ban smoking in all public places.
- Antismoking campaigns by voluntary agencies like Rotary, Lions etc.

The pathway to a society free of smoking may have many barriers and the going will be uphill, but every civilized society should follow it. Otherwise there is scant hope of reducing the enormous suffering and death that is being caused by the 'small white Devil'. ■

- Since the early 1950s, lung cancer has been the leading cause of cancer death among males. The rate among females is accelerating and should pass that of breast cancer in the 1980s.

- Cigarette smoking is the major cause of laryngeal, mouth and oesophageal cancer and a contributory factor in the development of many bladder, kidney and pancreatic cancers.

Respiratory Diseases

- Smokers are 6 times more likely to die from the crippling respiratory diseases, emphysema and chronic bronchitis.

Birth Weight and Foetal Growth

- Babies born to women who smoke during pregnancy are on average 200 grams lighter than babies born to non-smoking women. The more the mother smokes, the greater tends to be the drop in birth weight. Reductions in babies' body length, chest and head circumference have been observed.

- There are indications that retarded foetal growth from smoking may affect physical growth, mental development and behavioural characteristics of children up to the age of 11.

— The Lung Goodbye, Simon Chapman

HOW SOON AFTER YOU QUIT SMOKING WILL YOUR BODY BEGIN TO HEAL ITSELF?



IT SOUNDS UNBELIEVABLE, BUT YOUR BODY BEGINS TO HEAL ITSELF ABOUT 12 HOURS AFTER YOU QUIT.

Times of India

CNC

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CANCER ASSOCIATION TO TAKE ON TOBACCO LOBBY

Pay for the damage says CPAA

Smita Deshmukh
TAKING inspiration from the landmark legal battle in the US, after which the tobacco industry agreed to pay \$365 billion towards the treatment of tobacco-related diseases, the Mumbai-based Cancer Patients Aide Association (CPAA) has worked out a comprehensive plan to launch a similar offensive against the Indian tobacco industry.

The CPAA will be supported by an international organisation dealing with ecology, whose legal group in New Delhi will frame a draft legislation asking the tobacco companies to pay for cancer care. Together they will seek the support of the new MPs once the next Parliament is formed to pass legislation on the lines of that being worked out in the US with regard to tobacco consumption.

The Indian legislation would forbid smoking and use of tobacco in public places and ban advertisement of these products in media, films and TV serials. The CPAA will approach companies manufacturing cigarettes, beedis and gulka to

support the project and accept the social responsibility of preventing the increased use of their products. Manufacturers will also be persuaded to contribute financially towards the management of cancer.

Titled 'Project Control Cancer Epidemic India-2010', the initiative will launch a multi-pronged attack against tobacco, which includes a media blitz on the adverse impact of tobacco. "We are planning to have a tie-up with a major advertising agency which will work out a strategy for targeting different segments of society which are inclined to use tobacco. Several ad people, including Alyque Padamsee, have agreed to co-operate," said Y K Sapru, founder chairman president, CPAA and vice-president, ortho-clinical diagnostics, Johnson & Johnson.

As part of this project the CPAA will conduct awareness programmes in colleges and schools. Several celebrities from filmdom have agreed to participate and to explode the myth that smoking is all with glamour and pleasure.

"We will establish clinics in all

major towns to wean away people from tobacco. These clinics will use psychological and medical techniques to help addicts give up tobacco and a pilot clinic is already operating in Mumbai," explained Sapru, adding that people who have given up smoking are being contacted to create a vast network of volunteers. India has the dubious distinction of being rated third among the 25 leading producers of unprocessed tobacco. Besides, there are more than 100 brands of cigarettes produced in 20 factories.

"Thanks to strong legislation, there is a marked reduction in the tobacco intake in the developed countries," said Viji Venkatesh, director, diagnostic services, CPAA, who believes that the US legislation is a comprehensive model for the rest of the world to follow. "We are not looking for a confrontation. We want the companies to know that cancer will be the biggest killer disease in India in the coming years and to do something about it," she added.

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WORLD NO-TOBACCO DAY OBSERVED

MAKING SOCIETY TOBACCO-FREE

THE Central Health Education Bureau in collaboration with the Govt. of National Capital Territory of Delhi observed the World No-Tobacco Day on 31st May 1993. The venue was Nehru Homoeopathic Medical College and Hospital, New Delhi. Eminent people from the World Health Organization, Govt. of India and representatives from voluntary organizations participated. The theme of the symposium was "Health Services: our window to a tobacco-free world."

Inaugurating the symposium, Dr D.B. Bisht, Director, Programme Management, SEARO, WHO said that tobacco "is an intoxicant drug which leads to cancer and other respiratory diseases. It is hazardous to consume tobacco through *pan* and *pan masala*, particularly by the young people. Mortality and morbidity rate in the country is very high due to the use of tobacco and smoking."

Dr Bisht stated that "65 per cent cases of cancer are avoidable and preventable if use of tobacco is given up." The theme for the next year of the World No-Tobacco Day would be "The media against tobacco" which would enforce total ban on the use of tobacco in the U.N. buildings and buildings funded by UNO, he added.

Dr Bisht said that legislation alone was not sufficient to stop people from smoking or consume tobacco. Indeed, the "enactment should come from within by the people and not from without," he added.

Dr Bisht said that the "knowledge of the art of communication is essential to convince people to quit smoking. Each health professional should also become a communicator to make the society tobacco free," he said.

Death from smoking rising

Dr V.P. Varshney, Director, Health Services, stated that smoking was killing 2 million people a year — three times as many as in the 1960's — and the death toll was rising steadily. Of these, 1.5 million people died in India every year, he said.

Dr Varshney said that there were about 30 brands of *pan masala* now on sale in the country. They contain tobacco which was extremely harmful especially for children and pregnant women.

Delhi Administration has banned smoking in hospital premises and workplaces that fall under its jurisdiction. Similar action should be taken by the Central Govt. and other depts., he said.

Dr Varshney emphasised the need of health education of the people to persuade them to quit smoking.

Indicators

Dr Narendra Bihari, OSD, DGHS, said the ICMR study has indicated that the "prevalence rate of smoking among males above 15 years of age is 90 per cent in a rural community in Meerut district of UP." According to another study undertaken in 1981-82 in an urban situation, the prevalence of smoking was found to be 59.5 per cent

among males of above 15 years of age. These indicators show the prevalent situation in the country.

Smoking is responsible for deaths due to cancer, cardiovascular diseases, respiratory diseases, peptic ulcers, pregnancy-related complications while passive smokers, with ill-health conditions like asthma, bronchitis, cold and other allergies are prone to more serious reactions of Environmental Tobacco Smoke (ETS).

The ETS causes sudden infant death syndrome, Irritant effects on eyes, nose and throat, respiratory tract infections had increased the risk of death from lung cancer and coronary heart diseases by 20 per cent. Such revelations make it imperative for the health profession to strive for making non-smoking a social norm which would eventually lead to the goal of a tobacco-free society, he said.

Dr Narendra Behari exhorted the health personnel, particularly medical doctors to set an example and abstain from smoking in order to protect their patients and their colleagues from the risks of passive smoking.

Non-communicable diseases rising

Dr I.C. Tiwari, Adviser (Health) Planning Commission, said that India has made many achievements in the field of health. The life expectancy has gone up from 31 years in 1947 to 58 years today. Many communicable diseases have either been eradicated or controlled. Smallpox and plague are non-existent. Malaria is under control. Leprosy is to be controlled by 2000 AD, he said.

But, non-communicable diseases, he said, are causing a great alarm. As we control communicable diseases we have to fight against the non-communicable diseases right from the time a mother is carrying a baby in the womb. For, passive smoking of tobacco among women carries the risk of cancer of the cervix. Besides, oral cancer closely follows it. Dr Tiwari said.

Beedi smokers, he said, carried 6 to 8 times higher risk of tobacco related diseases compared to cigarette smoking, he said.

The practitioners of the Indian Systems of Medicine who being closer to community, especially in rural areas, could help a great deal in health education of the people by persuading them against smoking, he said.

Parallel programmes

Dr Suraj Varma, a surgeon representing Cancer Society of India

SWASTH HIND

SWASTH HIND, May 1993, devoted the theme of the World No-Tobacco Day — 31 May, 1993 Health Services — Our window to a tobacco-free world was released by Dr Narendra Bihari, O.S.D., DGHS, New Delhi. The issue was hailed by all with a thunderous applause. It has been "brought out very well" and it carries "informative and thought-provoking articles" was the opinion of a cross section of the VIPs, professionals and others who were present during the symposium on the theme that was organised at the Nehru Homoeopathic Medical College and Hospital, New Delhi on 31 May, 1993.

said that the non-governmental organizations were running the parallel programmes with the Govt. in this field.

Screening in the north-east part of the country has revealed that 15 per cent of cancer is contributed by the lifestyles adopted. *Beedi* smoking is responsible for 4 per cent deaths.

Awareness

Dr V.P. Mehta, Delhi branch, Indian Cancer Society emphasized the need to create awareness among people to stop smoking. Diseases like lung and oral cancer were caused due to the 'mad' use of tobacco.

Dr Mehta emphasised on eating fibrous foods for good health.

Dr V.S. Wadhwa, Director, CHEB, proposed a vote of thanks.

—M.L. MEHTA

(Contd. from Page 165)

7. In states like Himachal Pradesh workers show interest but they are not given adequate guidance in the maintenance of cold chain and maintenance of proper registers. Supervision at all levels should be strengthened. In some States, State officials seem to be satisfied with the programme without having made any field visits. The Medical Officers and Health Visitors rarely visit the field in some States.

8. In some States mechanics are posted to maintain the cold chain at district level but they are not effective partly due to their indifference partly due to the bureaucratic delays. Such delays can be overcome by getting the equipment repaired by private companies on contractual basis.

9. Sterilization of needle and syringes at the sub-centre level and in the field are not satisfactory. It is recommended that the sterilization should be done at the PHC

level by autoclaving and the syringes and needles should be taken to the field in sterilised kits.

10. The awareness in the community about the need for immunization is fairly adequate. But the details of immunization schedule are known only in small percentage. People are more keen about the polio immunizations than other immunizations. I.E.C. activities have to be strengthened to give complete information about all immunizable diseases, immunization dosages and the timings of immunization. □

NEWS CLIPPINGS

Smoke of 100,000 million dollars

Smokers through out the world puff away yearly a trillion cigarettes worth 100,000 million dollars, an international 'Stop Smoking Conference' has been told here. Dr. Jerome Schwartz, Chairman of the conference called on the world's nations to develop a system of state-aid to smokers wishing to kick the habits, with all forms of therapy.

New York, June 22—UNI.

★ ★ ★

Smoking burns up memory

How relaxing is a cigarette? Enough to make you forget.... According to researchers of the University of California, nicotine has adverse effects on both short-term and long-term memory. The California researchers, J.P. Houston, M.E. Jarvik and N.G. Schneider tested the ability of habitual smokers to recall items read out to them from a list of 72 items containing names, professions, animals, vegetables and minerals. The experimenter read out the list. They were then given three minutes to recall as many items as they could.

The test subjects were divided into two groups. Both groups were first tested without smoking anything and the two groups were found to be more or less equal in their recall ability. They were then given three recall tests after they were given a cigarette to smoke. One group was given a cigarette containing 1.5 mg of nicotine and in the second group volunteers smoked a nicotine-free cigarette; the two groups did not know which type they had smoked. The researchers found that the nicotine cigarette group did not fare as well as the other group. Which indicates that short-term memory was affected.

Two days later, the subjects were asked to recall as many items as they could (from the list presented to them two days before). Here again, the nicotine-free group's performance was much better. This clearly goes against earlier findings which had shown that nicotine improved long-term memory.

'Science Today', May, 78

★ ★ ★

Medical studies in Malayalam?

TRIVANDRUM, July 27.

The Kerala Government has accepted in principle the Union Government's proposal to make Malayalam the medium of instruction for medical education, Health Minister J. Chitharanjan informed the Assembly today.

However, Malayalam will be introduced only in a phased manner and it will be ensured that the students are put to minimum difficulty.

Mr. Chitharanjan said that the proposal is part of the Union Government's move to make the regional languages the media of instruction. But to his understanding no final decision has been taken.

Indian Express.

DEAR FRIEND

Why Hyde Park ?

Increasingly pleased to read the last bulletin, The Editor has made appreciable efforts to reconstruct the bulletin. I am inspired to write for the bulletin by repeated humble requests from him.

It is a great pleasure to read new columns added from the last issue. But I don't understand why the name 'Hyde Park' is given to the column for it's use as a 'People's Parliament'. We all think in terms of our Country, our own health policy and our culture. Then why to borrow the name? Can't we select other name which is more meaningful and understandable.

The practice of calling no one as 'Sir' is really appreciable. We want to be real medico friends in true sense.

Vallabh Kathiria

III year student,
Ahmedabad

"I would like to visit Nagapur."

I have been following, with considerable interest the activities of 'Medico Friend Circle,' since the last six months, when I myself enrolled a member of the same. I have read the reports in your bulletins and am very glad that there exists a group of people who do realise the discrepancies not only in medical education, but in the complete health system in India, and are trying to overcome them.

It is also essential, of course, to have various meetings to decide the course of future actions, but I feel it is time we do something more concrete towards solving the various health problems. I came to know through the bulletin about the MFC group of Sevagram Medical College working at Nagapur. I would be very glad to visit them not only to see what has so far been achieved, but also to talk to other members of MFC.

Uma Ladiwala

IV year Medical Student
Grant Medical College,
Bombay

Role of non-medicos

You have rightly mentioned in your editorial that MFC is not an organisation of Medicos alone, but of all 'those who are involved in health and health related activities'. You proceed saying that it also aims at improving the non-medical aspects of society for a better life.

Frankly speaking, I could not understand it quite well. During our talks in Rewa Camp, even Moera once said that non-medicos can play a big role in MFC and it is a sad thing that our health system is totally in the hands of doctors. I would like to know what role can the non-medicos play in MFC and also in general, in the health system of our country.

Anyway, the bulletin is excellent. Our Rewa Camp has been summarised very well by Luis. It is

Myra D. Kolen

சின்புள்ள சிசிரியருக்கு

தடுப்பு நடவடிக்கை

எஸ். தேவதாஸ் ராஜேந்திரன் எழுதிய 'புனைபிலை மரபெரும் கொலையாளி' சுட்டுரையைப் (31-5-99) படித்தேன்.

புனைபிலையால் வரும் கேடுகளை மக்களுக்கு விளக்கிக் கூழி விழிப்புணர்வை ஏற்படுத்த வேண்டும். பான்பராக் போன்றவற்றைத் தடை செய்ய வேண்டும்.

அலுவலகங்களிலும், பொது இடங்களிலும் புனைபிடிப்பதற்குத் தடை விதிக்க வேண்டும். ஒரு குறிப்பிட்ட வயதுக்குக் கீழே உள்ளவர்களைப் புனைபிடித்தால் அவர்களைத் தண்டிக்க வேண்டும்.

மருத்துவர், ஆசிரியர் முதலானோர் புனைபிடிக்காமல் முன் மாதிரியாகத் திகழ வேண்டும். பெரியவர்கள் விட்டால் புனைபிடிக்கக்கூடாது. ச.மு. விமலாணந்தன், திருப்பத்தூர்.

புகைப் பழக்கத்தைக் கைவிட்டேன்

எஸ். தேவதாஸ் ராஜேந்திரன் எழுதிய 'புனைபிலை மரபெரும் கொலையாளி' சுட்டுரையைப் (31-5-99) படித்தேன்.

நான் பல ஆண்டுகளாகப் புகையிலை போடும் பழக்கத்தைக் கைவிட்டேன். இதன் எதிர்விளைவுகளைப் பற்றி பல கூறியும் கேட்கவில்லை.

ஆனால் புள்ளி விவரத்தோடும் குறிப்பிட்ட நோய்களைக் கட்டிக்காட்டியும் எழுதப்பட்ட சுட்டுரையைப் படித்ததும் இப்பழக்கத்தைக் கைவிட்டேன்.

ஆர். வீரமணி, விளக்குகோட்டை.

எச்சரிக்கை நோட்டீஸ்

சுட்டுரையிலுள்ள விவரங்கள் அண்மைக்காலக் கணக்கெடுப்பின் அடிப்படையில் அமைந்து உள்ளதால், சமுதாயப் பிரச்சினைகளுள்ளவர்கள் இதை நோட்டீசாக அச்சிட்டு குடும்பங்கள் தோறும் விநியோகிக்கலாம்.

தவிர, சிகரெட், பீடி என்று மட்டும் குறிப்பிடாமல் புகையிலை சம்பந்தப்பட்ட பொது உற்பத்தி அனைத்துக்கும் சேர்த்துக் குறிப்பிட வேண்டும்!

இரா. கல்யாணசுந்தரம், மதுரை - 9.

CHC

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Anti-smoking lobby makes presence felt

M201 13/8/98

Our Bureau
CALCUTTA

The anti-smoking lobby made its presence felt significantly at the annual general meeting of tobacco major ITC Ltd, by throwing up questions related to adherence to advertising norms and sponsorships of sporting events; by cigarette companies.

ITC chairman Yogesh Chander Deveshwar justified the company's activities by saying that 85 per cent of value-addition in the cigarette industry accrues to the exchequer at various levels and this way ITC is indirectly contributing towards the social sector.

At the company's AGM on Wednesday, Pune-based Visheshwar Raste, a voluntary anti-smoking activist, who interestingly was also an ITC shareholder, questioned why the cigarette company was into sponsoring sports events, when both the fields had nothing in common. He chose the occasion to point out the fact that the world's tobacco giants spent large amounts of money cultivating a clientele that found the hyped-up mystique and allure of the cigarette as a fashion statement. He warned that when serious measures are eventually tak-

en, like restricting or banning cigarette advertising and sponsorship, or making cigarette manufacturers liable for the damage to the health of active and passive smokers, shareholders will hold the directors of the company responsible for having ignored the writing on the wall.

Deveshwar said that unlike the tobacco giants in the West,

who have been made to pay for damages for coming up with findings, a result of research and development, which encourage persons to smoke, ITC is only catering to a demand that is there for cigarettes. It is not involved in any activity related to research and development. "We will always abide by the law," he said.

One of the shareholders also suggested

that ITC must make a special provision of Rs 1,000 crore for persons who may be dying out of smoking cigarettes.

"Tobacco is a sunset industry and according to WHO, if current trends continue, the annual death toll from smoking would rise from 3.5 to 10 million by 2025, exceeding AIDS, TB, automobile accidents and homicides," said Raste.

ITC considering Samadhan

CALCUTTA: ITC WILL consider appealing to higher judicial authorities if its Rs 800-crore excise case pending at the Customs Excise & Gold (Control) Appellate Tribunal is defeated. The verdict on the case is expected next Monday. ITC is also considering opting for Kar Vivad Samadhan introduced in this budget.

This was disclosed by ITC chairman Y C Deveshwar to reporters after the company's annual general meeting in Calcutta yesterday. (Our Bureau)

D75

THE HINDU

10-7-97

A blow to anti-smoking campaign

D751H

By B. S. Padmanabhan

10/7/97

11/10/93

THE agreement between the Indian tobacco giant ITC and the BAT for marketing the British leader's world famous brands in this country will be viewed with concern by public health activists who have been campaigning for a drastic reduction in smoking. Ironically, the ITC move has come within weeks of the observance of the 'World No Tobacco Day' on May 31, on which occasion the Union Health Minister pledged to redouble official efforts to reduce tobacco consumption. The ITC proposal is awaiting the Centre's clearance.

For quite some time the anti-smoking lobby in the developed countries has been effective in driving home the health implications of tobacco use in any form. In the U.S., the legal liability of the tobacco industry to pay for the damage it has been causing to the health of the people has recently been established. Following this, a settlement of sorts has been worked out between the industry and the attorneys-general of States, where the cases are still pending, under which it should reduce teenage smoking in phases over 10 years by 60 per cent or pay a heavy penalty. The industry is also committed to funding campaigns to dissuade people from smoking and persuade those already addicted to quit.

Similar pressures in other countries in the West have forced the cigarette industry to turn to the gullible developing markets of Eastern Europe, Asia and West Asia. A study conducted by the London-based Panos a couple of years ago revealed that smoking in the developed countries had dropped by 50 per cent between 1954 and 1994 and the number of smokers, from six to three out of every 10 adults. At the same time smoking in the developing countries is on the rise. Forty years ago no woman there smoked and among men only 20 per cent were smokers. Now 50 per cent of men and eight per cent of women smoke in the South.

According to figures released on the occasion of the 'World No Tobacco Day' every year 6,000 billion cigarettes are smoked. In the developed countries the annual consumption dropped from 2,800 cigarettes per adult in the early 1980s to 2,400 in the early 1990s. In the developing countries, which account for 75 per cent of the world population, the annual consumption during this period, rose from 1150 to 1400. It is increasing at 1.7 per cent per year. Already there are an estimated 1.1 billion smokers in the world.

What is more shocking is that some of the products exported to the developing countries by the world's largest firms have been found to have a higher content of tar and nicotine

than the brands sold in the developed nations. One of the main targets of the industry is the non-smoking woman. There has been a proliferation of "women's brands."

The health implications of tobacco use in any form have been brought out periodically. Recent epidemiological studies have shown that half of all smokers will eventually die as a result of smoking, a fact not fully appreciated. About half of all smokers killed by tobacco die

in their middle age. On an average, these smokers lose 20-25 years of their productive adult life, with devastating implications for the well-being of their families.

A positive atmosphere should be created in which non-use of tobacco will be regarded as a normal social behaviour, instead of smoking getting respectability. The mass media has a pivotal role to play in motivating the vulnerable group.

Currently three million deaths are caused worldwide by tobacco and the developing countries account for one-third. Estimates from the Indian Council of Medical Research show that about eight lakh people die every year from tobacco-related causes, which implies that one death occurs every 40 seconds in the country. If the tobacco use continues unchecked, the annual toll will touch 15 lakhs by 2020. In India, there are an estimated 214 million tobacco users above 15 years of age, one-third of them female. Smoking is prevalent among 53 per cent of adult males and three per cent of adult females.

Scientific evidence shows that tobacco is a risk factor for 25 diseases. No other single factor is known to have such an adverse impact on human health. In India there are about four lakh cases of cancer, 13 lakh persons with heart ailment and at least 70 lakh persons suffer from chronic obstructive lung diseases. Half of all cancers in men and one-fourth of all cancers in women are attributed directly to tobacco use. A strong association has been established between tobacco use and increasingly lower birth weight, male foetal loss, high loads of stillbirths, and increased prenatal mortality among female tobacco chewers.

The health services in India are subsidised and hence such a high incidence of tobacco-related diseases is bound to result in a huge expenditure to the Government. What is

the danger of smoking, is exposed to huge cigarette advertisements on the street, commercials on TV and films in which his favourite stars enjoy a smoke?

Hence, a holistic approach and combined effort by all sectors involved in the tobacco use will be required for effective control. The Health Ministry has, after consultations with other ministries, drafted a comprehensive legislation which aims at a complete ban on tobacco advertisements, ban on smoking in public places and at a more telling health warning against all tobacco products. The Parliamentary Committee on Subordinate Legislation has made certain recommendations for being incorporated into the legislation. The inordinate delay in its enactment has justifiably caused concern to the public health and environmental activists.

In spite of the powerful industry lobby, the Health Ministry has convinced other sectors with the result the Indian Airlines has banned smoking on its flights, a number of Government offices and private establishments have been declared "no smoking" zones, smoking in public places has been banned in Delhi and cigarette advertisements are not allowed by Doordarshan. But the industry has resorted to sponsorship of sports and cultural events, thereby getting visual publicity indirectly.

One of the points raised by the tobacco lobby is that any curb on tobacco use will adversely affect the farming community, besides reducing government revenues. Admittedly, the revenues will fall but this loss will be more than compensated by the reduction in the

expenditure on treatment of tobacco-related diseases. According to official sources, patients with tobacco-related diseases spent Rs. 2,830 crores on their treatment in 1990-91, whereas the revenue generated was only Rs. 2,353 crores. As regards the impact on tobacco farmers, scientists of the Indian Council of Agricultural Research have already identified a number of equally remunerative alternative cash crops which they can take up.

The environmental impact of tobacco use has not caught the attention it deserves. To cure one kg of tobacco, an average of 7.8 kg of wood will be required. Increased tobacco production and curing will result in increased denudation of forests and consequent soil erosion, land degradation and threat to food production. Tobacco depletes soil nutrients much faster than many other crops and consequently more chemical fertilizers need to be applied.

The occupational health risks in the tobacco industry too have not received much attention. According to Dr. S. K. Ghosh of the Ahmedabad-based National Institute of Occupational Health, the hands of workers engaged in harvesting and processing get affected by the chemicals in tobacco and sickness is caused when nicotine gets absorbed into the body through the skin. The symptoms are characterised by head-ache, nausea, vomiting, etc. The prevalence of "green symptoms," as these are called, is as high as 86 per cent among the workers harvesting non-virginia tobacco and 53 per cent among those handling virginia tobacco.

The agreement to market the BAT brands in India should be viewed in the light of these facts. The Health Ministry, according to one of its senior officials, has sought details of the U.S. court ruling fixing liability on the industry for the diseases caused by the tobacco use and ordering hefty compensation payable by it to meet the treatment cost. Based on this, the Ministry would explore the possibility of fixing a similar liability on the industry in India, where there are about 20 firms manufacturing more than 100 brands.

The Industry Ministry cannot turn a blind eye to the health implications and permit the ITC to expose the Indian market to foreign brands merely on the basis of liberalisation and globalisation policies. One hopes that the Health Ministry will take up this issue with the Industry Ministry and see that the ITC move does not go through. The Health Ministry will be failing in its duty if it does not do so. This will be a test case for the new Minister of State, Ms. Renuka Chaudhary.

CNC

D75

22 AUG 1997

THE THIRDS OF INDIA
(BOMBAY)

D75/101

Another Kerala village Karasseri pledges to free itself from tobacco

By P.K. Surendran
The Times of India News Service

KARASSERI (Kerala): On Independence Day a group of villagers assembled at the Karasseri public school of Kozhikode district. They had no pretence, nor a grandiose scheme to announce. They had formed an anti-smoking committee to free their village from this all-pervading vice.

After a few speeches, they took a collective pledge to make Karasseri of 2500 people free of tobacco. P.T. Mohammed, a retired school master and a chain smoker led the way. Revealing his tobacco-stained lips and teeth, the teacher said though he was 65 he looked 85 only because of the heavy smoking of the past few decades. He volunteered to announce that he is quitting smoking from this day, August 15.

"My head swims sometimes," he told the correspondent on the fifth day sans smoking. "But it is a pledge of honour to the young and, Insha Allah, I shall stick to it."

Now, many now are preparing for a smoke-free life. The first phase of creating awareness has begun with doctors explaining to the evening village sabha how "Lady Nicotine" steals the health. The next step is targeting the houses of smokers and pleading with them to kick the habit, says the young convener of the Karasseri committee for tobacco-free village, N. Aboobaker.

The committee plans to declare the village smoking-free on August 15 next year. "For full one year we will prepare the ground," says the committee chairman and teacher K. Balakrishna Pillai. Himself a compulsive smoker, Mr. Pillai abandoned it a few years ago, and he swears that he feels refreshed now.

Karasseri has a role model nearby. The Koolimadu village, four kilometres away, had set an example by be-

coming the first "tobacco-free village" of Kerala, perhaps of India, two years ago.

With exemplary zeal, Koolimadu village, housing 125 families, preserves the newly-found status. The village shops do not sell tobacco items, nor are people seen violating the self-imposed ban. "For some time, Mr. Abu, a state transport driver had difficulty. He used to go out of the village on off duty to smoke, but today he too has quit," says members of the Akshara arts and sports club of Koolimadu.

Banners and posters at the outskirts of the village inform the visitors that they are entering the 'tobacco-free village.' "It was no easy task" recalls Anil Kumar of the Nehru Yuva Kendra who has provided active support to the village. "In this part even aged women used to smoke beedi or chew tobacco," he observed. "But the zeal of the young overrode all obstacles."

Today the Akshara club has some 300 members who include school-going children to the septuagenarians. Each calculates the money one should have incurred had one developed the smoking or chewing habit. The equivalent money is given to the club to purchase newspapers or sports items. The reading room of the club has all papers available in Kozhikode.

"Many come here wondering we are really a village free of smoke," says K.M. Sulaiman exuberantly. They ask how was it possible to be sure that people do not smoke on the sly. "But we know our people. They honour the word, and slowly the habit fades away," he says. It is also remarkable that both Koolimadu and Karasseri have no liquor shops.

"Health is our reward. We do not need any other," remarked a youth at Karasseri. Both villages have undertaken the task without any promptings or external help.

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For a smoke-free society

9/7/98

The revenue earned from the tobacco industry is far less than the Government expenditure on tobacco-related patients, says Y P Gupta

The Delhi Medical Association recently reported that tobacco will emerge as a major killer by 2020. It is estimated that nearly 3.5 million people annually die in the world from smoking-related diseases, of which two-thirds die in the developing countries. The World Health Organisation has reported that over 150 million children in the world die of tobacco-induced diseases, one-third of which, under five years, are due to acute respiratory infections and tobacco smoke. If the trend continues, tobacco use will kill nearly 10 million people every year.

In India, over 10 lakh people annually or 3,000 every day, die from smoking. Several lakh more are disabled by tobacco-related diseases. The victims include those non-smokers who often remain in the company of smokers. It is unfortunate that 20 million children are addicted to smoking every year (nearly 55,000 children are becoming smokers every day in comparison to 3,000 in the US).

There are 110 crores smokers world-wide, 41 per cent being from developing countries. In India, over 200 million people consume tobacco in one form or the other. China has the largest number of smokers (some 700 million) in the world constituting 34.9 per cent of its population. Their number has been rising by seven per cent a year. It is estimated that two million Chinese would die every year

by the year 2000 from tobacco-related diseases.

Tobacco contains harmful substances such as nicotine, carbon monoxide and tar. On inhalation, these substances enter the bloodstream affecting the brain and causing heart and other ailments. Nicotine increases secretion of chemicals like adrenaline which increases the heart rate and blood pressure. Nicotine also interferes with the functioning of blood vessels increasing the tendency of blood clots. Other adverse effects are respiratory infections, gastric ulcers, pregnancy complications etc.

Tobacco intake is a major contributing factor for causing cancer. It is reported that about 300 million would be afflicted by cancer in the next 25 years and about 200 million would die due to the disease. A WHO report says that tobacco use is responsible for 90 per cent of lung cancer deaths, 30 per cent of all cancers and over 80 per cent of chronic bronchitis cases. Also, 20 to 25 per cent of coronary heart diseases and stroke are attributed to smoking.

Smoking has been causing 30 per cent of cancer deaths in the US and UK. A study from Japan, US, UK, Hongkong and Greece shows that smokers' wives are more prone to lung cancer and heart attack than

wives of the non-smokers. It is reported that an average life is shortened by eight years for a two-pack-a-day smoker. Pregnant women exposed to involuntary smoking have a great risk of delivering still born or deformed babies.

The horrors of tobacco use are highlighted every year, and mandatory warning is given in small print on each cigarette and tobacco packages, but there is

The horrors of tobacco are highlighted every year with greater intensity, yet its use in the world has increased by 75 per cent in the last two decades. It may further rise by another 10 per cent towards the end of this century as an increasing trend is evident in most developing countries. However, there is a declining trend in western countries. It dipped from 52 to 26 per cent in the US in the period 1965 to 1991

hardly such concern among the people over its ill-effects. A widespread anti-smoking campaign is mounting throughout the world to create mass awareness of the health hazards from tobacco use.

The governments of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates have already brought out legislation to ban tobacco chewing. The Hamilton City Corporation in Canada has restricted, by law, smoking in public places including public transport to achieve the goal of a smoke-free society by the year 2000. Many airlines including Indian Airlines, Thai Airways and Chinese Airlines have declared no-smoking flights for domestic routes.

Despite these efforts, tobacco use in the world has increased by 75 per cent in the last two decades. It may further rise by another 10 per cent towards end of this century as an increasing trend is evident in most developing countries. Some 46 million Americans aged 18 or above are smokers. However, there is a declining trend in western countries. It dipped from 52 to 26 per cent in the US in the period 1965 to 1991.

The Delhi Government too banned smoking in public places although its effective implementation is still under cloud. It has also banned advertisements on tobacco products. However a recent proposal to impose

a ban on distribution and selling of chewing-tobacco has led to a controversy. It is understandable for India is the world's third largest tobacco producing country. Nearly 50 per cent of the tobacco produced is consumed in the domestic market annually (424 million kg is consumed in the country and 94 million kg is exported).

The apex body of pan masala and gutkha manufacturers in the country has claimed that chewing of tobacco is 98 per cent safer than smoking. The annual consumption of raw tobacco by the chewing-tobacco industry is over 35 million kg. Gujarat is the major tobacco growing state, with over 50 lakh tobacco growers in the State. If such a ban is imposed, it would jeopardise the livelihood of millions of farmers and workers engaged in growing tobacco.

A community drive against tobacco use is thus badly needed to fight this menace. The public, particularly in the rural areas, must be made aware of the harmful effects of smoking so that they are discouraged from tobacco use. Though the country earns a revenue of about Rs 1,100 crore per year it must not forget that it spends nearly Rs 2,400 crore on patients suffering from tobacco-related cancers. Therefore the Government must also take punitive steps to ensure compliance with the anti-smoking regulations to achieve a smoke-free society.

Whither tobacco control?

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By B. S. Padmanabhan

8/8/93

m200

OUR policy-makers and administrators seem to be adept at talking to an occasion but not rising to it. How else can one explain the Health Ministry remaining a mute witness to the entry of foreign brands of cigarette into a country after its political and administrative bosses waxed eloquent on the "World No Tobacco Day" every year on the hazards of tobacco use and promised vigorous measures to contain it?

Last year, within weeks of the "World No Tobacco Day," the Indian tobacco giant — ITC — announced its plans to tie up with BAT of the U.K. to make and market the latter's brands in India. The Health Ministry's attention was drawn to the implications in the hope that it would persuade the Industry Ministry not to give clearance for the tie-up. But nothing happened.

Within a year, ITC introduced two of these brands, Benson & Hedges and State Express 555; the former four months ago, and the latter in the first week of July. In fact, ITC has planned to invest Rs. 1,400 crores over the next five years to modernise and upgrade its four cigarette factories which will double the production capacity from the current level of 78 billion sticks.

All these are taking place right under the nose of the Government of India, which is a party to the 16 or so resolutions adopted by the World Health Organisation since the 1970s, particularly the one adopted in 1986 which urged member-countries to formulate a comprehensive national tobacco control strategy. It was envisaged that the strategy would contain measures (i) to ensure effective protection to non-smokers from involuntary exposure to tobacco smoke; (ii) to promote abstinence from the use of tobacco to protect children and young people from becoming addicts; (iii) to ensure that a good example is set on all health-related premises by all health personnel; (iv) to progressively eliminate all incentives which maintain and promote the use of tobacco; (v) to prescribe statutory health warnings on cigarette packets and the containers of all types of tobacco products; (vi) to establish programmes of education and public information on tobacco and health issues with the active involvement of health professionals and media; (vii) to monitor trends in smoking and other forms of tobacco use, tobacco-related diseases and effectiveness of national smoking control action; (viii) to promote viable economic alternatives to tobacco production, trade and taxation; and (ix) to establish a national focal point to

stimulate, support and coordinate all these activities.

A decade has passed since Indig subscribed to these resolutions but no significant follow-up has been taken, except banning smoking in public places and public transport and printing a statutory warning on cigarette packets. Even here, the action has been half-hearted with the ban on smoking in public places confined to Delhi and a few other cities and the statutory warning being followed more as a ritual and printed in such small letters that the consumer hardly notices it. Advertisement in the government-controlled mass media has

Except on the occasion of the World No Tobacco Day, once a year, there has been no sustained campaign to counter the tobacco industry's promotional projects and highlight the toll tobacco use takes.

been prohibited, but it continues unabated in the print media and private television channels.

A silver lining on this otherwise gloomy horizon is the code framed by the advertising industry's regulatory body, Advertising Standards Council of India (ASCI). The code requires that the advertisements of tobacco products should not encourage minors or induce non-smokers to use tobacco products. They should not suggest that the use of tobacco products would lead to extraordinary success in various areas of human endeavour. They should not imply any link between tobacco use and manliness or female emancipation. They should not contain any endorsement of tobacco use by celebrities. More important the advertisement should not depict any model below the age of 25 and should not show any model smoking or chewing tobacco. The code will come into force on October 1.

The code by itself will not be sufficient unless it is supplemented by a comprehensive, multi-sectoral national programme. The lack of such a programme was noted by WHO in its review of the situation in South-East Asia on the last "World No Tobacco Day". The Government's lip-service is reflected in the absence of any mention about this in the Health Ministry's Annual Report. Except on the occasion of the World No Tobacco Day, once a year, there has been no

sustained campaign to counter the tobacco industry's promotional campaign and highlight the toll tobacco use takes.

Every year, 6.35 lakh tobacco-related deaths take place in India. An estimated 65 per cent of men use tobacco and in some parts a large proportion of women chew tobacco and bidis. About 33 per cent of all cancers are caused by tobacco. About 50 per cent of all cancers among men and 25 per cent among women are tobacco-related. The number of cases of avoidable tobacco-related cancers of the upper alimentary and respiratory tracts, coronary heart disease and chronic obstructive lung disease has

been estimated as 2,00,000 every year. Many still-births, low birth infants, and prenatal mortality have been reported among female fetuses.

Tobacco kills 50 per cent of its regular users within 40 years," observed Dr. Jayant Sharda Vaidya of the Royal Marsden Hospital, London, in a letter to the National Medical Journal of India, a couple of years ago.

Apart from these direct health implications of tobacco use, the hazards faced by the those engaged in the plucking and curing of tobacco leaves have been highlighted by researchers of the Ahmedabad-based National Institute of Occupational Health. The hands of the workers get affected by the chemicals in tobacco and sickness is caused when nicotine gets absorbed into the body through the skin. The symptoms are headache, nausea and vomiting.

All these well-documented findings are available with the Health Ministry but if it has no role to play, any control can only be attributed to the clout which the tobacco industry enjoys in the corridors of power. One of the pet contentions of the industry is that it makes a significant contribution to the exchequer by way of taxes and hence should not be disturbed. Also a large number of tobacco farmers will be hit if consumption is curbed. Both these have been countered by WHO forcefully.

Several studies have brought out that the

cost of healthcare of those affected by tobacco-related ailments, which is met from the Government exchequer, is much more than what the industry contributes by way of taxes. Thus, there is a net drain on the government resources. Illness or the premature death of the tobacco-users would cast a heavy economic burden on their families, perpetuating the cycle of poverty.

It was in this context that action has been initiated in the U.S. to recover the cost of treating tobacco-related ailments from the industry. On the occasion of the World No Tobacco Day in 1997, a senior Health Ministry official indicated that the U.S. court judgment would be studied to explore the possibilities of taking similar action in India. But nothing has been done so far.

As regards the possible impact of any curb on tobacco use on tobacco farmers, studies by the Rajahmundry-based Tobacco Research Institute of the ICAR have brought out equally remunerative alternatives to tobacco cultivation, besides use of tobacco for purposes other than smoking and chewing.

Time is of the essence as the industry is targeting the youngsters to make good the loss of market with the increasing death of adult smokers. According to WHO, only 5 per cent of the smokers start at the age of 24 and more than 90 per cent earlier. Sports sponsorship by tobacco companies has been found to be an important factor influencing adolescent smoking. This has been confirmed by a study of the impact on adolescents who watched the Wills World Cup Cricket matches telecast for a month in 1996.

The study carried out by Dr. S. G. Vaidya of the Goa Cancer Society, Dr. U. D. Naik of the National Organisation for Tobacco Eradication, Panaji, and Dr. Jayant S. Vaidya of the Institute of Surgical Studies, University College, London, shows that the sponsorship by ITC promoted not just its brands but smoking in general. Even those children having full knowledge were prompted to smoke after the Wills World Cup because of the false personalised perceptions like "smoking improves one's performance in cricket."

India can learn from the innovative initiatives taken by some of the countries in South-East Asia to educate the public and create a greater awareness of the health implications of tobacco use and help tobacco farmers switch to equally remunerative alternative cash crops.

28 AUG 1993

THE HINDU
(MADRAS)

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BUSINESS STANDARD
(CALCUTTA)

2 JUN 1998

TOBACCO INDUSTRY • Anuradha Himatsinghka/Shehla Raza Hassan /CALCUTTA

Companies at the receiving end yet again

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Union finance minister Yashwant Sinha yesterday announced a 6 to 11 per cent increase in excise duty on cigarettes across specific grades, confirming speculations that the industry would be at the receiving end of an excise duty hike in budget 1998.

As expected, the government went ahead with the hike, considering the fact that there was a yawning Rs 4500 crore gap in excise duty collection in the previous year. The cigarette industry posed the least restraints compared to other sectors.

The burden will be felt by cigarette manufacturers especially in the micro segment, which do not have premium brands to absorb the shock of an excise hike.

The Tobacco Institute of India (TII) had sought the retention of existing duty rates and specific duty along with the restoration

of single point taxation in its pre-budget memorandum to the union government. However, it is now plain that this suggestion has not been strictly adhered to.

The finance minister tried to cushion this effect on smokers, by simultaneously announcing lowering of excise duty on matches from Re 0.50 to Re 0.25 for every 100 matches. But that will mean little to the tobacco industry.

The latest hike is likely to upset manufacturers as the grey market of internationally famous premium brands escapes the

The burden will be felt by cigarette firms especially in the micro segment, which do not have premium brands to absorb the shock of an excise hike

excise net, while a more rational tax regime would have provided a fillip to the international tobacco majors setting up shop in India.

This would definitely eliminate to a large extent the havoc being caused by the grey market, thus relieving domestic cigarette manufacturers from shouldering the burden of excise hikes year after year. While details relating

to hikes on specific grades are not yet known, cigarette manufacturers have been paying excise according to the following rates during 1997-98:

Excise levied on cigarettes other than filter cigarettes, of length not exceeding 60 millimetres is Rs 90 per 1,000 sticks. Excise levied on non-filter cigarettes of length exceeding 60 millimetres but not exceeding 70 millimetres is Rs 350 per 1,000 cigarettes. Filter cigarettes of length (including length of the filter, the length of the filter being 11 millimetres or its actual length, whichever is more): Excise on lengths not exceeding 70 millimetres is Rs 500 per 1,000 cigarettes. Excise on lengths exceeding 70 millimetres but not exceeding 75 millimetres is Rs 820 per 1,000 cigarettes.

Excise on length exceeding 75 millimetres but not exceeding 85 millimetres is Rs 1,100 per 1,000 cigarettes.

Cigarettes were earlier taxed on the basis of packets.

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4 MAY 1998

INDIAN EXPRESS
(BOMBAY)

Ban on smoking goes up in a puff

SAURABH SHUKLA
NEW DELHI, MAY 3

THE ban on smoking at the city's railway stations has turned out to be a total washout. Five days after the Delhi Government issued the ban, smokers could be seen in full form at the platforms of the city's stations. The order clearly stipulates that the ban includes railway employees, but the smoking community is clearly having its way with no restrictive authority in sight. "It is illogical to ban smoking in a big place like a railway station. Cigarettes are sold openly here. How can you expect people not to smoke?" asks an incredulous railway employee at the Old Delhi Railway Station.

Vendors selling cigarettes seem unaware of the ban. And in the absence of any clear directive, the officials seem confused as to how to deal with them. "We just can't ask the vendors to leave overnight."

Senior railway officials say that they are confused about the ban as no clear directive has been issued.

Officials contend that they have not received any written instructions. "We have only read about the ban in the newspapers. We had received a notice earlier that the ban has to be implemented from May 1. But there has been no fresh notice since," says an official.

At the New Delhi Railway Station, a stone's throw away from the offices of senior railway officials, the official notice seems equally elusive and the awareness of a ban equally dim. For platform vendors selling cigarettes, it is business as usual. And according to the interpretation of some railway officials, the ban is only for smoking in the premises of the railway station and does not extend to evicting cigarette vendors. A senior railway official also confesses that they do not have enough manpower to enforce the ban.

Spokesperson, Northern Railways, Chandralekha Mukherjee, however, says the ban is well on its way to being enforced. "We have put up notices banning smoking at railway stations but no one has been booked for smoking till now."

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THE HINDU
(DELHI)

1 MAY 1998

Police asked to enforce smoking ban

MVC

V Radhika
New Delhi

THE DELHI Government has sought the help of Delhi police to enforce its anti-smoking law.

The request came in the wake of complaints voiced by Government personnel about belligerent smokers who cocked a snook at their attempts to cut out challoans.

Last week in a meeting with Police Commissioner T R Kakkar, Health Minister Dr Harsh Vardhan requested the deployment of police personnel in the Government's mobile enforcement squads. A request which, according to Dr Harsh Vardhan, has been heeded by Mr Kakkar.

With the Government plagued by recurrent nightmares of seeing its own law, (which has been in force for over a year) go up in smoke, the police help might just come in handy, particularly in the light of Assembly elections six months down the line. The presence of the khaki-clad men, it is hoped will help in keeping the law in place as the average Delhiite is still wary of a baton-wielding cop. It is important to point out here that the emergency call came in the wake of a we-don't-give-a-damn attitude towards the Delhi Government officials/authorised officials who tried to enforce the law. The meek threats of issuing challoans fell on deaf ears. A few officials were also roughed up by

die-hard smokers, when the officials attempted to issue a challan," said a senior official.

At another time, when a Blue-line bus driver and conductor were found smoking inside the bus, the officials sought the help of the Transport Department to tick off the errant duo. "Nothing much came of it," says an official. Ironically, bus drivers and conductors are expected to check smoking in their respective buses. Hence the novel idea of having cops escort officials when they are doing their rounds.

The initially reluctant Delhi Police finally agreed to put the law in place - courtesy a meeting that took place between the Health Minister Dr Harsh Vardhan and Police Commissioner T R Kakkar.

Inadequate man power was cited as one of the reasons for the initial reluctance of the Delhi police.

With the police chief's willingness to extend a helping hand to the Delhi Government, the Health Minister's confidence in finally seeing the law through has received a shot in the arm. From the local thanas, cops will be deployed for the help of officials of the enforcement squad, said Dr Harsh Vardhan and added that "the law which has been found wanting till now due to lack of police support will be really effective now." If the Government pull this one off, it could well be its crowning glory for, eventually, it is the greater plan of the BJP to convert smokers into healthy non-smokers.

It is the body that wiped out smallpox and has done so much to promote mass vaccination losing its way? In recent weeks the reputation of the World Health Organisation has suffered a number of blows, as critics have accused it of bowing to political pressures rather than publishing unpalatable research findings.

One instance emerged this week. A controversial new study which looked for links between lung cancer and passive smoking found that non-smokers married to, working with or growing up with smokers were not at significantly more risk from lung cancer than anyone else. The research, commissioned by the WHO and coordinated by Rodolfo Saracci of the WHO's International Agency for Research on Cancer, involved a seven-year-long study of 650 lung-cancer patients. Since it was one of the biggest single pieces of research conducted into the issue, its results were eagerly awaited by the medical world and lobby groups. But instead of being released with a fanfare, they were summarised in three short paragraphs and buried in a bulky WHO internal document.

Those paragraphs emerged in the British press — undoubtedly tipped off by the country's tobacco lobby — and were accompanied by gleeful accusations that the WHO was trying to suppress the findings. Certainly, the conclusions would have been

an embarrassment to the organisation. Though the WHO has long admitted that the links between lung cancer and passive smoking are weak, it has nonetheless used the perceived dangers to rally public support against the tobacco industry, particularly in pressing for a worldwide ban on smoking in public places. Surely, say its critics, if this study had supported the WHO's anti-smoking position, it would have trumpeted the fact.

But the study not only clashes with the tenor of the WHO's own anti-tobacco campaign, it also appears to undermine the U.S. government's war on public smoking. Unsurprisingly, many fear that the WHO's agenda is no longer governed solely by scientific principles. Rather, they suspect it is influenced by its biggest paymaster — the USA. This view is reinforced by the stance the WHO has seemed to take on another awkward issue: the links between radiation and thyroid cancer.

Sources close to the organisation allege that Keith Baverstock, a leading scientist at the WHO, has been put under unrelenting internal pressure to leave the organisation following his work on the incidence of thyroid cancer after the Chernobyl nuclear accident in 1986. This research, which found cancer rates that were more than 100 times normal in some areas of the Ukraine and Belarus, conflicts with work done by the U.S. government in its own study of dangers to public health from nuclear testing in Nevada in the 1950s.

That study, published by the government's National Cancer Institute last year, was inconclusive, and

Smokes

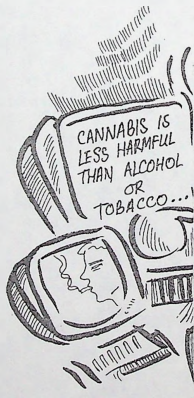
failed to tackle the issue of cancer risk. Indeed, it left out a vital piece of research by the NCI's own scientists. This had found a high incidence of thyroid cancer associated with radioactive iodine. An independent committee was set up by the USA's National Academy of Sciences to look into the NCI's conclusions about the health risks from nuclear testing. Dr Baverstock is the only WHO

The World Health Organisation is showing signs of allowing politics to get in the way of the truth, says The Economist

employee on that committee.

Why should Dr Baverstock be under such pressure? One explanation is that, if the health risks associated with nuclear tests and accidents have been underestimated or understated, the U.S. government could face new lawsuits on everything from the Nevada tests to the Three Mile Island nuclear accident in 1979.

And there is a third instance where the WHO has apparently been embarrassed by its own findings, and embarrassed America into the bargain. On 21 February *New Scientist* claimed that the WHO had caved in to political pressure by failing to include data suggesting that cannabis is less harmful than alcohol or tobacco when it published a report on the effects of the drug. *New Scientist* alleged that the WHO was persuaded not to publish by warnings from America's National Institute on Drug Abuse, and



Health is of course the

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Smokescreens

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also from the United Nations, that its findings would play into the hands of groups campaigning to legalise pot.

The WHO has countered some of these accusations, though it would not comment on the case of Dr Baverstock, saying the issue is between him and his

in a smoke-free environment, but that it was tiny compared with the 2,000 per cent increased risk for active smokers. The *BMJ* therefore decided that the WHO's results were not noteworthy enough to print. The WHO says it is still trying to have the study published. It submitted the research to the *Journal of the National Cancer Institute* in February and is waiting for it to be peer-reviewed.

As for the study of the impact of cannabis, the organisation denies accusations of suppressing data. Alan Lopez, who manages its substance-abuse programme, says the decision to withhold the findings on cannabis was because epidemiological data on the drug are less reliable than those for alcohol or tobacco.

There are lessons, though, in the case with which the WHO's motives have been impugned by sceptics. It is dangerous to become involved in campaigns that are not solidly based on scientific evidence. For instance, even the small ill-effects of passive smoking found by the meta-analysis were the result of chronic exposure at home or at work, not casual whiffs in a pub. Although passive smoking is unpleasant and irritating for non-smokers, that alone cannot justify banning it in public places.

The danger, if the WHO appears to be campaigning against passive smoking primarily for political reasons, is that it will weaken the message about the real risks of smoking (which causes six per cent of all deaths and is the world's fastest-growing killer after Aids). The organisation ought rather to concentrate on where its research, rather than politics, leads it.

Unfortunately the structure of the WHO makes this difficult. It exists at the pleasure of its 191 member states, which finance it but demonstrate no real understanding of how to run it. Its regional directors are appointed not by the organisations appointed general, but independently by health ministries in each country. Because the member countries pay the fees and appoint the directors, the WHO could find it difficult to resist pressure to support their political agenda. Critics claim that the result is an organisation which is dispirited, confused and lacking in vision.

The WHO needs once again to become a neutral arbiter of health information, ready to put its advice into practice, as it did in its fight to eradicate smallpox. There are hints of change. The new director-general, Gro Harlem Brundtland, who will replace Hiroshi Nakajima this summer, is considering altering the way regional directors are appointed to make them more directly answerable to the organisation. With the WHO turning 50 this year, it needs to overcome its mid-life crisis.



regional director. In the case of the passive smoking study, Richard Peto, an epidemiologist at Oxford University who advises the WHO, says that accusations of a cover-up are nonsense. The WHO tried to get its findings published by the *British Medical Journal* late last year, but they were rejected on grounds that the *BMJ* had just published a much bigger meta-analysis study on passive smoking, collating almost 40 research papers on more than 4,000 cancer patients.

This larger study came to the conclusion that there was indeed an increased risk of lung cancer from passive smoking (25 per cent higher than for those living

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19 MAR 1990

SGPC stubs out tobacco business from Sikh agenda

EXPRESS NEWS SERVICE
AMRITSAR, MARCH 18

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THE Shiromani Gurdwara Parbandhak Committee (SGPC), at its one-day budget session here today, prohibited Sikhs from running any tobacco-related business besides sowing its crop and using it in any form.

SGPC president Gurcharan Singh Tohra read out the resolution which was approved unanimously. The SGPC has made an appeal to all Gurdwara committees and Sikh organisations to get this decision implemented strictly.

The issue of imposing restrictions on

Sikhs indulging in tobacco business came in response to queries put to the SGPC by certain Sikh organisations abroad. In many parts of India and in foreign countries a large number of Sikhs are believed to be carrying on tobacco-related business.

The SGPC also endorsed the *hukamnama* issued by Sikh high priests, imposing a ban on holding *anand karaj* (Sikh marriages) in hotels and marriage palaces. The committee also made an appeal to Sikhs to obey the *hukamnama* in letter and spirit.

The SGPC unanimously passed budget proposals for the year 1998-99, totalling Rs 8.49 crore—about Rs 1.23 crore higher than that of previous year.

The SGPC has separately sanctioned Rs 8.17 crores for Dharan Parchar Committee. For the first time the SGPC has earmarked a sum of Rs one crore for maintenance and reconstruction of Gurdwara buildings in Pakistan. While speaking on budget provisions, Tohra requested the Pakistan Government to allow the SGPC to undertake construction of Gurdwaras there. He said that it would be in the interest of economy of that country and added that the SGPC was ready to make all payments in dollar currency.

The SGPC also made an appeal to all Sikh organisations and Sikhs settled abroad to donate liberally for setting up an

independent TV channel. He said that the estimated cost of this project would be about Rs 7 crore.

The SGPC also demanded a permanent election commission to conduct the SGPC elections every five years.

Through a resolution, the SGPC paid tributes to late Sadhu Singhbhaura former jathedar of Akal Takht, Arjan Singh Josh, MLA, Ran Singh SGPC member, Arjan Singh Bhatia and Bishan Singh Samundari former Vice Chancellor of Guru Nanak Dev University.

In all, 12 resolutions were adopted by the House. More than 50 members were absent today. Bhai Ranjit Singh, iathedar

of Akal Takht, arrived late for the budget session but two of his colleagues Bhai Manjit Singh, jathedar of Takht Kesgarh Anandpur Sahib and Bhai Kewal Singh, jathedar of Damdama Sahib, Talwandi Sabo were absent.

The Sikh high priests had yesterday returned their official vehicles to the SGPC protesting against its action of questioning their integrity in financial matters. Tohra today morning met jathedar at the latter's residence to iron out the matter. Though the outcome of the talks is not yet known, Bhai Ranjit Singh today drove to the venue of budget session in his private vehicle.

INDIAN EXPRESS
(BOMBAY)

CHC

THE TIMES OF INDIA
(MUMBAI)

28 NOV 1997

D 75

Producers will launch campaign to curb tobacco use among kids

By A Staff Reporter

MUMBAI: Cigarette and chewing tobacco manufacturers on Monday agreed to initiate a campaign to prevent tobacco consumption among children and the youth.

After being pressurised by the Food and Drug Administration (FDA) and renowned doctors to take responsibility for the hazardous health consequences of their products, the tobacco industry agreed to formulate a plan for such a campaign by January 1998.

Tobacco industry representatives agreed to the proposal at a meeting on Monday organised by the FDA to plan more effective regulatory measures for the tobacco industry.

The Tobacco Institute of India (TII), which represents the cigarette industry, said it was willing to launch a drive with 'paanwallahs' asking them not to sell cigarettes or 'beedis' to children below 18 years. "There may be several practical difficulties in implementing this drive. But this is one area where we can use our resources to curb tobacco use amongst children," said TII president Amit

Sarkar.

FDA commissioner Anil Lakhina asked the industry to frame a plan to compensate children who suffer from severe health problems due to tobacco consumption. He also asked them to formulate a campaign to prevent other children from using tobacco.

However, most doctors and health researchers present were not satisfied with the agreement. They demanded that the government take certain firm measures to control the industry and make it more accountable.

They insisted on a ban on advertising of tobacco products. Prakash Gupta from the Tata Institute of Fundamental Research (TIFR) pointed out, "Studies confirm that in countries which have banned tobacco advertising, consumption of tobacco products has fallen."

Seven countries including Malaysia, Singapore, Norway and Canada have banned any tobacco advertising, while 12 EEC countries have banned chewing tobacco. Mr Lakhina said that it was time India also framed stringent

DIS/61 28/11/97 m/41
laws to regulate the tobacco industry.

Mr Lakhina further called for more stringent control on advertisements and sterner statutory warnings on packets. He added that tobacco companies often flout advertisement regulations.

"Tobacco and tobacco products should be declared as drugs or medical devices. The government of India should enact laws for the qualitative production and ethical distribution of such drugs. It should otherwise amend the Drugs and Cosmetics Act so that the nicotine levels are regulated at production levels," he added.

Countering arguments by industry representatives that the tobacco cannot be banned since it is an important sector of the economy, Dr Dastoor, director of the Tata Memorial hospital, asserted, "The cost of human life and suffering, burden of health costs and the loss of productivity suffered by tobacco addicts is a burden that the industry will have to face up to."

Mr Lakhina estimated that 20 million Indian children under 18 years are addicted to tobacco.

OKC

D75

Psyched by terrorism, Kashmiris puff away

6/11/97

PRADEEP DUTTA
SRINAGAR, NOV 5

KASHMIRIS, say doctors, in their continuous psychological struggle with the long prevailing conflict have made smoking their way of life in a substantial way.

Data collected from various hospitals point to a six-fold increase in deaths due to the diseases

caused by cigarette smoking like bronchitis, ulcers, emphysema, heart-attacks and cancers.

A majority of the patients who flock to capital are from Pulwama, Bandipore, Budgam and Kulgam. "Patients with serious chest ailments are shifted to Chest and Disease Hospital and some serious cases are referred to Sher-e-Kashmir Institute of medical sciences, Soura," informed Dr Tanveer

Ahmed. "Some of the chronic smokers come to us with an advanced stage of cancer," says Dr Bashir Ahmed.

Smoking seems to be picking up the fastest among the students community. Suhail Ahmed, a second-year undergraduate student, says he picked up the habit out of frustration: "All my friends who are studying outside the State have even completed their post-graduation

while I am still in the final year of graduation." He was referring to the recently introduced the ten-plus-two-plus-three system of graduation introduced in the state.

Most patients who come for help to psychiatrists are in the age group of 25 to 35 years. Says Dr Avatar Singh, a psychiatrist in Rainawari Hospital, "It is seen that most of the students smoke to improve their concentration during

examination days and become addicts."

A more frightening manifestation of the disease in Kashmir is also raising its hood - juvenile smokers. A three-year-old smoking is now a common sight in the streets of Kashmir towns. Dr Mehraj-ud-Din, who along with his wife runs a de-addiction clinic at Dalgate, says, "These cases are an eye-opener for the society".

6 NOV 1997

INDIAN EXPRESS
(BOMBAY)

THEY WON'T LET OTHERS SUFFER

Cancer patients to start anti-tobacco campaign in villages



Say no to tobacco: Mundrika Prasad Varma with his electro-larynx

By **RANJONA BANERJI**

MUNDRIKA Prasad Varma, 52, goes back to his village on Monday with his hands folded, begging his friends and relatives to kick the tobacco habit. Of course, Varma can't actually do the talking himself, because he has no larynx.

Twenty years of smoking five bidis a day and eating tobacco non-stop led to throat cancer. Starting from doctors in his village in Sasaram, Bihar, Varma travelled to Mhow, Patna, Varanasi and through allopathy, homocopathy and ayurveda, looking for a cure, when the first symptoms surfaced a year ago — he started losing his voice.

From Varanasi, Varma found his way to Belur where his profetiza was diagnosed as cancer and he was advised to stop smoking and chewing tobacco immediately.

He was also advised to go to Mumbai, to the Tata Memorial Hospital. That was six months ago. On Friday, he had his last course of radiation therapy, and tells his story through his nephew and companion Anil Mintu Kumar.

Now Varma goes back to his village, six daughters, one son and wife and his profession as a *kari-gar* in silver jewellery, trying to restart life, and trying to relearn how to talk, with a electro-larynx. And then, trying come to terms with cancer, the effects of his former addictions and trying to create awareness in those around. He hadn't known, earlier, about the possible connection between tobacco and cancer. Now he does.

For Satyaprasad Dwivedi, 43, just arrived in Mumbai, the journey into cancer treatment is just beginning. His right cheek is swollen, the pain has spread to the side of his neck. He can hardly open his mouth to speak, he cannot eat solid food and ready tears fall from his cheeks as he looks back at his days as a panwallah in Siddhi, Madhya Pradesh. On Monday, Dwivedi will start treatment at the Tata Memorial Hospital — though he's still looking for the funds.

Like Varma, Dwivedi ran from doctor to doctor, looking for a cure for the 25 paise coin-sized sore in his mouth, which surfaced almost two years ago.

There's nothing wrong said most, have some vitamin B injections said others, and visit a dentist said yet another. The dentist sent him for a biopsy. And oral cancer was the diagnosis.

"But I always knew, had a fear within myself, that this was cancer, no matter what people said," Dwivedi weeps. "But how could I tell the doctors — they are much bigger than me." How did he know about cancer and tobacco? "Nowadays with TV, we're told all kinds of things."

Dwivedi cannot read or write one word of any language, but he remembers every date on which every doctor gave him the wrong diagnosis, he remembers the date of his last meal — two rotis and dal — and the date when he started his pan shop. That was 1976, and he was an addict of his own goods.

"Then I was told by a friend that I was selling poison, that I have to stop. That like sowing seeds in a field, eating tobacco was sowing the seeds for cancer. I shut the shop in 1991 and became a fruit vendor."

But cancer struck anyway. "Now what will happen to my six daughters and one son?" he asks plaintively. September 22 is Rose Day, and the Cancer Patients Aid Association, together with other voluntary agencies, will be working to increase cancer awareness and alleviate the miseries of cancer patients, through workshops, entertainment programmes and other schemes.

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1997

REPRODUCED BY THE GOVERNMENT OF GOA

Goa to ban cigarette sale to those under 21

7/19/97 0 5/2 1102

India Abroad News Service
PANAJI

One can vote at 18, but one cannot buy a cigarette till 21. That is going to be the position when a newly passed legislative measure becomes law in Goa soon.

The country's smallest state has taken the lead in controlling the sale of the tobacco leaf, brought into Asia via Portugal and Spain after Columbus' voyages to America. But the move has left the tobacco industry, which has strongly protested the law, fuming.

Tobacco lobbyists warn that the law would bring "devastating losses to business" and would also adversely affect the tourist traffic to Goa, whose golden beaches are a big draw.

Smoking will be banned in all public places, including restaurants and hotel lounges. Vendors selling tobacco products

to those below 21 will have to pay a minimum fine of Rs 1,000 and face a three-month jail term for a second offence. Advertising of tobacco products has also been banned.

Anti-tobacco lobbyists, who have long been active here, have praised the government. "More grand children will be able to enjoy the company of their grand parents (with anti-tobacco measures). It will add up to 15 to 18 years of life lost otherwise to tobacco users," said Dr Sharad G Vaidya, chairperson of the Goa-based National Organisation for Tobacco Eradication (NOTE). "If we had known the effects of

tobacco long before it became universally acceptable, no government would have ever allowed it to be marketed or even cultivated," said the septuagenarian campaigner Vaidya. Surveys conducted by the Goa Cancer Society show that there were some 11,500 boys and 7,200 girls below the age of 15 (in 1992) who were regular smokers.

The Tobacco Institute of India (TII) showed signs of panic over what could spark off a trend among larger states in India and even internationally. Globally research indicates that the tobacco-growing regions are shifting to the developing

nations ever since the West and other developed areas have become more health conscious. TII said the ban on tobacco advertising would result in "harassment to thousands of poor retailers and hawkers, whose families depend solely on these 'paan' (betel leaf) and cigarette shops."

Pointing to possible loopholes, TII asked how the state government would implement the ban on advertising when newspapers and magazines from other states come into Goa regularly.

"This law is based on two misconceptions that passive smoking is harmful to non-smokers, and that there is a correlation between the existence of advertising and levels of consumption of tobacco products," TII said here. Industry sources said that it would be impossible to implement the law which proscribes the sale, storage or distribution of any tobacco products within a radius of 100m from any place of worship.



CHC

1997

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THE TIMES OF INDIA
(MUMBAI)

Tobacco Under Fire ^{D157}

The distribution of an anti-smoking pamphlet at ITC's annual general meeting in Calcutta last week marks the debut of the 'guerrilla shareholder' in India, a breed that makes strategic investments in various scrips not in order to make a killing but, arguably, to prevent it. The memorandum urged ITC to get out of harmful and addictive products like cigarettes — so far the company's core competence — and concentrate instead on its other lines of business like edible oil and hospitality. And though Mr Y C Deveshwar, the tobacco giant's chief executive, tried to stub out the opposition by claiming that cigarettes are "a legal business", he was missing the key ethical point that the shareholder sought to make. Whichever way one looks at it, the evidence linking cigarette smoking to mortality is damning and incontrovertible. Last week, in fact, the CEO of Philip Morris admitted before a Florida court that at least 100,000 people a year die because of smoking. For years, the world's tobacco giants disputed the link and spent large amounts of money cultivating a clientele that found the hyped-up mystique and allure of the cigarette as a lifestyle and fashion statement so irresistible. Niche marketing ensured the appeal of cigarettes for different sections of the market such as women and the young. Today, the markets with the highest 'growth' potential are all in the developing world.

In Beijing last week, the WHO's director-general, Mr Hiroshi Nakajima, called on Western governments to prevent their cigarette companies from entering or expanding their operations in developing countries. He said that if current trends continue, the annual death toll from smoking would rise from 3.5 million to 10 million by 2025, exceeding AIDS, TB, car accidents, homicides and suicides put together. This push overseas has, to a certain extent, been fuelled by Western governments themselves, which have imposed strict restrictions on cigarette companies operating in their domestic markets while giving them a free hand to do as they please abroad. The landmark US settlement in which the tobacco giants agreed to pay \$368.5 billion over a 20-year period as full and final settlement of all legal claims made against them now or in the future was widely welcomed by the tobacco industry precisely because the deal imposes no obligations on overseas sales. Besides, many tobacco companies had already restructured themselves to lessen their dependence on cigarettes in anticipation of legal problems. Perhaps it is time for ITC to do the same. Tobacco is a sunset industry and Indian companies should not imagine that the relative laxity of regulations here will continue indefinitely. Some cosmetic anti-smoking attempts have been made by the Delhi government and others but when serious measures are eventually taken — like restricting or banning advertising and sponsorship or making cigarette manufacturers liable for the damage to the health of active and passive smokers — shareholders will hold the directors of their companies responsible for having ignored the writing on the wall.

CNC
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SUNDAY OBSERVER

Don't light up if you are in Goa

m120

661 SEP 30 1997

SANDESH PRABHUDESAI in PANJIM

GOA is set to enact the most comprehensive anti-smoking legislation in India.

The Goa Prohibition of Smoking and Spitting Bill, which was unanimously passed in the recent monsoon session of the state assembly, not only prohibits smoking and spitting in public places but also bans the sale of cigarettes to minors and the sale, distribution, and storage of cigarettes in the vicinity of a school or place of worship.

As a result, the state's famous festivities like the Carnival, Christmas, and night dances are likely to become tobacco-free, while sponsors will suffer

as any form of tobacco advertising has also been banned.

Predictably, the move has been strongly opposed by the Tobacco Institute of India.

While not displaying "No smoking zone" boards in public places will be a cognizable offence, stringent fines will also be levied for advertising or attempting to promote smoking or chewing tobacco, including gul, tobacco paste, pan masala, zarda, or gutka.

Going a step ahead of the anti-smoking law in Delhi, Goa has also banned tobacco promotion in the form of writing instruments, stickers, symbols, logos, trademarks, T-shirts, shoes, sportswear, caps, carry bags, and the like.

Places of public use as defined in the bill comprise auditoria, cinema halls, conference or seminar halls, hospitals, health institutions, amusement centres, restaurants, eating houses, hotel lounges, other waiting lounges, public offices, court buildings, educational institutions, libraries, bus stands, ferry boats or other public transport, places of worship, sports stadia and even beaches.

"This is bound to affect the tourist traffic, while hotels and restaurants will lose business, resulting in lay-offs and making hundreds of people jobless," complained A C Sarkar, TII director, in a protest letter to the state government. Markets in almost all Goan villages are located near places of worship

and educational institutions.

The law empowers even recognized non-governmental organizations to file complaints before the courts for violation of its provisions. Dr Sharad Vaidya, who pioneered the bill, suspects the tobacco lobby of getting the clause pertaining to the ban on advertising removed from the original bill. It was included later.

Dr Vaidya, who dismisses the TII's claim that advertising does not increase the incidence of smoking or chewing tobacco as baloney, is happy that the new law will impose a complete ban on all the sponsorships the tobacco companies were involved in, including the Carnival floats.

"It will affect the retailers

far more than the dealers, as tobacco companies may find other innovative forms of promotion," feels Datta D Naik, a local dealer of the Golden Tobacco Company Ltd. But he admits that sponsorships for cultural or sports events and distribution of sportswear will now stop.

Dr Vaidya admits that bars, taverns, and paan-cigarette shops in the tourist belts may be forced to pay more hafta by the "authorized officers" in return for lax implementation of the law, "but that doesn't mean the act is useless".

What propelled the bill was the fact that smoking and chewing of gutka has spread even among schoolchildren in the tiny state on the west

coast. A recent survey revealed that half the income of any small shopkeeper accrues from the sale of cigarettes and gutka.

But the TII's Sarkar argues, "Rather than make an impractical legislation which violates principles of freedom of commercial expression and denies the right to smoke, we will develop a programme to discourage smoking and chewing tobacco".

The government, however, is yet to react to the TII's suggestions for self-regulation. And there seems to be little chance of that happening now, with the bill already before the governor for final assent, and the law having been widely welcomed by legislators and the people as well.

15 MAR 1991

D75

THE TIMES OF INDIA, MUMBAI

**Passive smoker
in Kerala wins
case against bus
owner, conductor**

IDUKKI (Kerala): Holding that cigarette smoking is injurious not only to the health of a smoker, but also could cause greater harm to a passive smoker, a consumer court here recently ordered a bus owner and conductor to pay a compensation of Rs 2,000 to a passenger for failing to prevent his co-passengers from smoking inside a bus. Giving his ruling on a complaint filed by Sibi Mathew of Vellooal panchayat in Idukki district, consumer forum president K.A. Abdul Salam said under the Provisions of Motor Vehicles Act, the conductor had the responsibility to ensure safe and comfortable journey to all passengers.

This was part of the service required to be rendered by the bus owner to the passenger who pays for the journey. The passenger, who has paid for the journey, was a consumer. In this instance, despite complaints from a section of passengers, the conductor had failed to prevent a few co-passengers from smoking inside the moving bus. The services were deficient so as to attract the provisions of Consumer Protection Act, he said. D 201

The amount had to be paid by them within a month failing which, the forum said, a 12 per cent interest would have to be paid to the complainant.

According to the complainant, he had boarded a private bus on July 14 last from Nellimattom to Adimali. Following a blockade in the normal route, the bus was diverted through a different route. When the vehicle reached Neriyamangalam, several passengers started smoking inside the bus. Since it was raining and window screens had been pulled down, the smoke that gathered inside started suffocating the passengers. The complainant said despite his repeated requests, the conductor did not prevent the smokers. The complainant said he had to cut short his journey by bus near Neriyamangalam forests and was forced to proceed home by another vehicle after waiting for over two hours in the rainy night. 5/3199

Shaken by the experience, the complainant moved the court seeking compensation for his mental agony and also prayed that the authorities be alerted against such practices.

Info about smoking on death certificate will help anti-tobacco campaign

WAS THE DECEASED A SMOKER?

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213199

Smita Deshmukh

Convinced that only cold facts will help it win the battle against smoking, the Cancer Patients Aid Association (CPAA), is now campaigning for death certificates to state whether the deceased was a smoker or chewed tobacco.

In fact, at a recently-concluded International workshop in the city, experts had suggested the inclusion of this fact in the death certificate as it would provide ammunition to NGOs such as the CPAA to bring a ban on smoking, widely considered as responsible for several forms of cancer. It would also be a valuable form of documentation.

Dr Prakash Gupta, senior research scientist at the Tata Institute of Fundamental Research (TIFR), told the *Bombay Times* that the exercise would be cost-effective. "Till now, we have been depending on studies conducted in the West for data. This is a robust technique and will help us get correct estimates of the disease."

As a first step towards implementation, a pilot project is being worked out and several experts in the field have offered to help. Suggestions have also been put forth on how this information can be gathered through the death certificate. A copy of the proposal

will be sent to the Registrar-General of India and the Census Commissioner for their approval. "The method is being successfully implemented in China and the same can be done here," points out Dr Gupta.

At present, the CPAA screens at least 1,000 people in a year and comes up with the tobacco consumption trend. "Inclusion of smoking habits in the death certificate will be a stepping stone to developing a huge data bank on cancer in India. Dealing with such a massive disease, we must realise the importance of documentation to understand its magnitude," explains Viji Venkatesh, director, diagnostic services, CPAA.

Both Gupta and Venkatesh do not foresee any objections from the families of the deceased on the issue. "It is a routine matter. But by this, we will have access to the lifestyles and smoking habits of people."

YK Sapru, founder president of the CPAA, said that once this information is made available on death certificates, they will be able to identify target groups and direct their awareness campaigns at them. "Such programmes require funds and this way they can be used in the most effective manner," he added.

Ad council's tobacco code up in smoke

PRASHANT DHAVAN

WITH the Advertising Standards Council of India (ASCI) withdrawing its almost finalised code with relation to the advertising of cigarettes and tobacco-related products, manufacturers of such products are virtually free to advertise any way they want, fear consumer activists.

The ASCI says it withdrew its proposal because it did not want to force it upon the tobacco industry against the manufacturers' wishes.

Consumer activist N G Wagle says, "It is strange that whatever regulations were in place on tobacco advertising have also been removed (with the withdrawal of the ASCI proposal). And no one is protesting. The tobacco companies are virtually free to advertise the way they want."

After refusing to follow the ASCI code, cigarette and other tobacco-product manufacturers are ready to appoint a watchdog committee to ensure the observance of "their own code".

Ram Poddar, chairman of the Tobacco Institute of India (TII) and managing director of Godfrey Phillips, says, "Our new code covers every aspect of tobacco advertising, including direct marketing and sampling.



It will be applicable to all tobacco companies operating in India, whether they are members or non-members of TII. A committee comprising people from legal, social and commercial fields will soon be appointed."

He adds: "Since we have now revised and enlarged our own code, the ASCI withdrew its code. It was always intended to be done like this."

However, quite interesting is the fact that several clauses in the TII code seem as if they

were directly lifted from the Advertising Standards Council of India's (ASCI) document.

Activists find the tobacco industry's refusal to follow the ASCI standards inexplicable. They are worried by too few advertising restrictions on an industry that multinationals are swarming to enter.

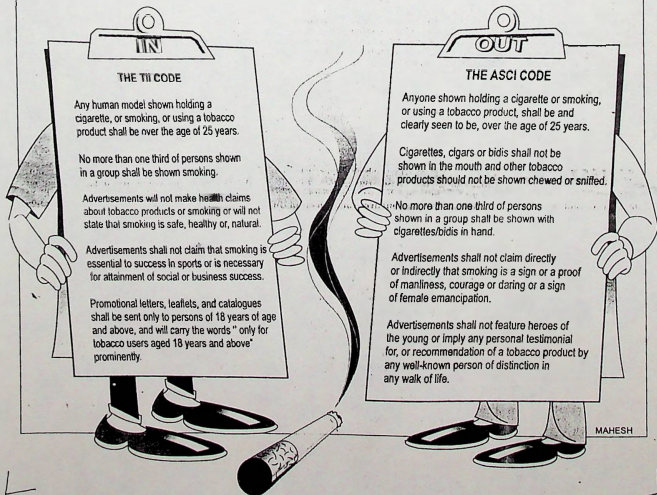
An ASCI official says: "The ASCI code, though at the discussion level, was never followed. Contrary to its provisions, a film-star modelled in a campaign with slogans like 'Red

and White smokers are one of a kind' Companies indulge in surrogate advertising (that is, advertising non-tobacco products that bear the same name as tobacco products). Indian cricketers continue to wear the Wills logo, and Four Square cricket gear is advertised during cricket broadcasts. This shows that they are not bothered about the code."

Wagle says, "The ASCI works in tandem with the media to maintain pressure on the tobacco industry. If the industry was really sincere in its intentions, it would have suggested modifying the ASCI code and would have followed it. Forming its own code is fine, but can it ensure implementation? Will an offender punish himself?"

Poddar asserts that the TII ombudsman would ensure the strict implementation of the TII code. The TII is a representative body of tobacco farmers, exporters and cigarette manufacturers.

With regard to the withdrawal of the ASCI document, Wagle says, "The ASCI has set a bad precedent. Though following it was voluntary, the code should have remained. The ASCI can't forsake its role as a watchdog just because the industry wishes so. No code will be effective with such a submissive attitude."



Tobacco tastes 'bitter', so do the ads

D75
T01

The withdrawal of advertising code for tobacco products by the Advertising Standards Council of India has sparked off an unsavoury controversy between the regulator and the tobacco industry. The industry insists that it will benchmark the ads against a code developed by itself. However, current ads do not seem to substantiate industry's claims. Rakshande Italia reports

m218

20/12/98

The Advertising Standards Council of India (ASCI) has formally cancelled the advertising code for the tobacco industry, following its inability to get prominent tobacco companies to toe its line.

Drafted after two years of hectic debate and discussions, the withdrawal of the code is now proving to be an embarrassment to the advertising regulator. The tobacco industry seems to have had its way — the ASCI code is no more, even while the tobacco industry itself is speaking in different voices about having its own self-regulatory code.

Godfrey Phillips managing director Ram Poddar (makers of Four square and Red and White cigarettes) says: "One of the reasons why ASCI repealed the code was that they did not feel the need to keep two codes for the same industry. The Tobacco Institute of India has formed its own code."

ASCI sources say this is not entirely true. They argue that ASCI was willing to look into and modify some of the rules in its code, but was not willing to compromise on the basic tenets of the code.

ASCI chairman Bharat Patel says: "We did not want to enforce a code that the industry is unwilling to accept as ASCI is all about voluntary self-regulation. Nor are we willing to modify our code to make it acceptable to the tobacco industry."

For instance, one of the key features of the code was that ads shall not include or imply any personal testimonial or recommendation of a tobacco prod-

uct by any well-known personality. Nor could an ad claim directly or indirectly, the recommendation of any particular brand by any group or class of people, which attracts public admiration or emulation.

Godfrey Phillips' ad used a celebrity endorsement — film actor Akshay Kumar, and wanted ASCI to delay giving effect to the code because of it, say ASCI sources. The code was to be effective since October, but Godfrey's Red and White premium cigarettes are still being advertised in heavy doses.

The endorsement is loud, particularly at point of purchase outlets (like Pan and Bidi shops). The posters, for instance, show a snapshot of Akshay Kumar, and just above it a line reads: "Red and White smokers are one of a kind." Mr Poddar refuses to be drawn into a conversation on this.

When asked if he thinks that this ad is appropriate he says: "That's not the issue. Lets not get into that...that is a separate subject." Repeated messages to his office and Godfrey Phillips' public relations agency Clea PR drew a blank, making attempts to discuss the violation futile.

Although Mr Poddar, who is also the president of the Tobacco Institute, claims that a self-regulatory code exists for the tobacco industry, neither his office nor ITC are able to produce a copy of the code. Even the Tobacco Institute could not furnish the code to this paper. Incidentally, ITC's Amit Sarkar is a key spokesperson for the Tobacco

Institute.

However, sources insist that the Tobacco Institute's own code bans testimonial advertising. One of the provisions on testimonial advertising says: "Advertisements shall not include any direct personal tests by written or spoken word especially urging or recommending the use of a tobacco product by any well-known person of distinction in any walk of life in a manner which is particularly attractive to minors." The institute is silent about whether it is taking any action in this case.

Another key difference between the ASCI and the tobacco industry was in respect of surrogate advertising. For example, the ad for Four Square Cricket Gear, say industry sources, could be termed as a surrogate ad as Four Square Cricket gear is not made available in large quantities. The advertisement, if one recalls, shows prominent cricketers lazing in the backwaters of Kerala while looking at Kerala's famous boat race. The cricketers on impulse plan to take part in the race and finally end up winning the race.

The practices of the tobacco industry also violates a combination of regulations in ASCI's now-aborted code. The code says: "Any advertisement for any products or service or activity bearing the brand name of the tobacco product shall be governed by the code." So, for example, if a bat with the brand name Wills (marketed by ITC) is advertised, ITC

cannot use a cricketer like Tendulkar to promote it, since by doing so it would violate the ASCI code, which does not allow testimonial advertising by famous personalities to endorse a cigarette brand.

Tobacco industry sources argue that there were several lacunae in ASCI's code and it should have been modified. One of the clauses says: "Anyone holding a cigarette or smoking or using a tobacco product shall be and clearly seen to be over the age of 25 years. Another clause contradicts this by saying, "cigarettes, cigars or bidis shall not be shown in the mouth and other tobacco products should not be shown chewed or sniffed." These two clauses were pointed out to ASCI, say sources.

Vice chairman of the ASCI code on tobacco advertising Bharat Kapadia when asked on these says: "There was difference of opinion in some of the issues but in some provisions no consensus was reached. However, we have tried to modify many of these but we concluded that there is no point in forcing anyone who does not want to follow the code."

ASCI insists that it is all about voluntary self-regulation. And while the tobacco industry has evolved its own self-regulating code, what remains to be seen is how far the industry will succeed in adhering to its own code. Will it bend the 'code' to suit its needs or, will it 'bend' its needs to suit the code? Will 'practice what you preach' hold good for the tobacco industry?

20 DEC 1998

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THE THIRDS OF INDIA
(LOCALS)

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THE TIMES OF INDIA
(MUMBAI)

18 DEC 1998

Govt's inaction may result in nation's health going up in smoke: activists

The Times of India News Service

MUMBAI: The Centre's proposal to permit direct foreign investment by multinational tobacco majors has come as a shock to anti-tobacco campaigners in India.

Prakash Gupta, senior research scientist at the Tata Institute of Fundamental Research, Mumbai, said the ministry of health and family welfare must be urged to emulate the UK government, which recently brought out a white paper, unveiling its plan for a 100 million pound war on tobacco.

The white paper, titled 'Smoking Kills', published by the UK government's department of health, is held to be one of the most comprehensive policy documents issued in recent times, which calls for worldwide action for a total ban on tobacco advertising and introduction of global tobacco marketing standards. According to it, a major portion of the will should go towards setting up of smoking cessation programmes, assisting seven out of ten adult smokers who want to give up the habit. Counsellors attached to advice clinics will offer a week's supply of nicotine replacement therapy, free of charge, to smokers least able to afford it.

Besides this, 50 million pounds will fund the most sustained and coordinated media publicity and marketing campaign ever undertaken — to stop children from taking up smoking and reduce smoking amongst adults. Youngsters and adults who want to kick the habit,

especially amongst the disadvantaged, and pregnant women who smoke will be a prime focus of this campaign. To protect children from the effects of tobacco advertising, a secondary legislation will be brought forward in the 1998-99 parliamentary session to end tobacco advertising on billboards. There is also a proposal to simultaneously prevent such advertisements shifting to the print media. A legislation treating repeated sale of tobacco to underage children as a criminal offence will also be considered.

The health department, in coordination with local governments, associations of traders and others, has initiated a new 'enforcement protocol' to crack down on tobacco sale to minors. In collaboration with the licensed hospitality trade, it has also set up a charter that supports consumers' choice of eating, drinking and socialising in areas free of a smoky atmosphere.

A national industry-led scheme will be introduced to badge restaurants, pubs and bars with an agreed symbol denoting the type of smoking policy in operation inside.

The existing measures will be further toughened on smoking in workplace. The Health and Safety Commission will be consulted on a new code to improve protection to all employees by defining the kind

of smoking policies employers need to have.

The World Health Organisation (WHO), welcoming the British government's pledge to work with other governments towards a global ban on tobacco advertising, said it will initiate urgent discussions towards joint implementation in areas where they have a role. Warning of the adverse impact aggressive tobacco marketing is having on children and adolescents in developing countries, WHO has launched an initiative to promote effective policies and interventions to reduce tobacco consumption and thereby the burden of disease.

Meanwhile, a group of 17 US Congressmen recently wrote to the International Monetary Fund warning that the process of economic restructuring in developing countries should not encourage policies that undermine health considerations.

Specifically referring to the role of the tobacco industry in Asian markets, the senators say that smoking rates in countries like Japan, Taiwan, South Korea and Thailand witnessed a hike of ten per cent higher than they would have because of the aggressive marketing of private tobacco corporations following "misguided US pressure" in forcing open the markets of those countries.

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INDIA
(BOMBAY)

23 NOV 1998

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'Pay heed to results of Chinese study on tobacco'

By Rupa Chinal

The Times of India News Service

MUMBAI: Indian research scientists and anti-tobacco activists say that India needs to pay heed to the results of a major study conducted in China, which finds that tobacco is causing 12 per cent of deaths amongst adult males in that country.

The Chinese study, which was released recently by the British Medical Journal (BMJ), reveals that China now consumes one-third of the world's cigarettes.

Based on a nationwide prospective study, the journal reports that "The recent substantial increase in cigarette consumption by Chinese men will eventually cause a substantial increase in mortality. To monitor the long-term evolution of this epidemic, a large nationally representative prospective study will continue for some decades. This report describes its early (1992-95) results, indicating that tobacco already causes 12 per cent of Chinese adult male deaths".

Outlining the medical implica-

tions, the study says that of the Chinese deaths now being caused by tobacco, 45 per cent are from chronic lung diseases, 15 per cent from lung cancer and 5-8 per cent from each of oesophagus cancer, stomach cancer, liver cancer, stroke, ischaemic heart disease and tuberculosis.

Tobacco now causes 12 per cent (and will probably eventually cause about 33 per cent) of adult male deaths, but only 3 per cent (and perhaps eventually only about one per cent) of adult female deaths in China. The hazards are similar for both sexes, but the proportion of young women who smoke has become very small.

It further says that two in three males now become smokers before age 25. Few give up, and about half of those who persist will be killed by tobacco in middle or old age. So, on present smoking patterns about 100 million of the 300 million Chinese males now aged 0-29 will eventually be killed by tobacco.

Annual Chinese cigarette consumption was 100 billion in the early 1950s, 500 billion in 1980, and

has been about 1,800 billion in recent years. Tobacco caused 0.6 million deaths in 1990.

The BMJ says, "In Britain and America about half of all persistent cigarette smokers are eventually killed by tobacco, and about the same overall risks will be seen in China. Hence, on current smoking patterns about 100 million of the 300 million Chinese males now aged 0-29 will be killed by tobacco in middle or old age, as will a few million of the females. But although the hazards are about as great for female smokers as for male smokers, the prevalence of smoking in young women has decreased substantially in recent decades, which should limit the female epidemic".

According to Prakash Gupta, senior research scientist at the Tata Institute of Fundamental Research in Mumbai, the Chinese evidence has similar implications for India. "This careful, cohort study from China now proves what had been earlier been known through projected estimations. In India, it is estimated that 630,000 deaths are

tobacco related each year. While more precise data is being worked upon, it will not be lower than what has already been estimated, he says.

India's prevention efforts are sporadic, and reaching only a small section of the population, says Dr Gupta. The use of tobacco is meanwhile growing, through cigarette and beedi smoking, and chewing tobacco such as ghutka. The official response has not moved beyond a 1975 order that called for a weak statutory warning on cigarette packets and advertising; and an executive order banning smoking in government offices, which in any case is not implemented.

In China, the government has instituted a ban on all tobacco advertising in public places. Thailand has moved even more decisively by preventing the promotion of any product that has the same name as a tobacco product. Recently, it has forced a new statutory warning on cigarette packets which warns of impotency caused by smoking.

ASCI CODE FOR ADVERTISING OF TOBACCO PRODUCTS (effective October, 1998)

Some consumer bodies are totally opposed to promotion of tobacco products. Isn't it antisocial to market a poison? CGSI agrees, because tobacco products are insidious killers, code or no code



The Advertising Standards Council of India (ASCI) has formulated a Code for the Advertising of Tobacco Products in India. The Code, which lays down standards for self-regulation in the advertising of tobacco products, is supplementary to the ASCI Code for Self-Regulation in Advertising and will be implemented from October 1, 1998. This is being done to give industry time to adapt its communication to meet the various provisions of the Code.

On the basis of comments and discussions with various interests, ASCI has developed the Code to safeguard public interest to ensure that advertisements will not overtly encourage minors (those below 18) or induce non-users to take up the use of tobacco products, suggest that their use leads to extraordinary success in various areas of human endeavour, or resort to surrogate advertising for tobacco products by circumventing the provisions of law, rule, or the Code.

The Committee developed a draft Code after studying similar Codes abroad, which was later adopted by the Council's Board of Governors.

The Code applies to advertisements for all products containing tobacco, including cigarettes, cigars, bidis, hand-rolled and chewing tobacco, *gutkha*, *zarda/kiwani/gudaku* and snuff. The Code specifies that any communication

to the public, which in the normal course would be recognised as an advertisement by the general public, is included in this definition, even if it is carried free of charge for any reason.

Any written, graphic or visual matter on packaging is subject to the Code in the same manner as any advertisement in any other medium. The Code covers the new electronic media, including the Internet, E-mail, pagers and CD-ROMs. The Code specifies that no advertisement shall be targeted at underage consumers and that anyone shown holding a cigarette or smoking, or using a tobacco product should be "clearly seen to be" over the age of 25. No more than a third of the persons seen in a group shall be shown smoking, according to the Code.

The Code specifies that advertisements shall not suggest that smoking or consuming tobacco products is safe, healthy or popular, or that it is necessary for concentration or relaxation. Advertisements shall not also claim, directly or indirectly, that use of tobacco products is a sign or proof of manliness, female emancipation, courage or daring. Nor will they be titillating or imply a link between smoking and success in relations with the opposite sex. The Code also prohibits advertising which claims that use of tobacco contributes significantly to the attainment of social or business success or in sports.

The Code prohibits the use of personal testimonial by any well-known person of distinction in any walk of life for the use of tobacco products. No heroes of the young will also be allowed to feature in advertisements. Nor will tobacco advertisements be allowed in any publication, TV channel, TV programme or any other medium that is directly wholly or mainly to minors below 18. Surrogate advertising, using the name of tobacco products for non-tobacco products, is also banned under the Code.

The ASCI was formed 12 years ago with the objective of promoting self-regulation in advertising. Over the years, it has played an increasingly important role and its Code has, in the main, been accepted and adhered to by advertisers and advertising agencies.

—ASCI News Release

Although an ad may be withdrawn due to peer pressure, the retraction is not equally publicised, nor any apology expressed for breach of the Code. More often than not, the damage is done without a word of regret.

The success of a self-regulation Code, voluntary in nature, depends on the commitment of its constituent members to the letter and spirit of the Code.

—Ed.

NBFC DEPOSITORS AND NEW REGULATORY FRAMEWORK

(Contd. from pg 18)

iii) An NBFC may grant a loan up to 75% of the amount of public deposit to the depositor, after 3 months from the date of deposit, at a rate of interest 2 percent above the interest rate payable on the deposit.

RBI's concern towards the protection of depositors is felt by one and all but the strict enforcement of the Directions and penalising to the NBFCs contravening the Directions should be on the top of its agenda. S. S. Tarapore,

former RBI, Deputy Governor, has rightly observed, "An NBFC cannot consider raising deposits as its divine right. The sanctity of the depositors should be unquestioned and in essence this is what the RBI regulations are all about".

Promotion of tobacco by cricketers

HC issues notice on plea to ban ads

NEW DELHI, May 16 (PTI)

The Delhi High Court has issued notices to the Centre, Information and Broadcasting Ministry and the Director General of Doordarshan (DD) asking them to file replies to a petition seeking to ban advertising of cigarette and tobacco by Indian cricket players.

A division bench comprising Justice Arun Kumar and Justice Manmohan Sarin asked the respondents to file replies while fixing the next hearing on July seven. The petition filed by Voluntary Health Association of India (VHAI) sought a direction to the Board of Control for Cricket in India (BCCI) to cancel its contract with Indian Tobacco Company (ITC) and prohibit the players from wearing the company's logo.

However, the court, at this stage, did not issue the notice to BCCI, which is also named as a respondent in the petition. The petition said cricket, which today had attained great popularity, had

turned into a 'scourge' of millions of children and any advertisement about cigarette and tobacco would definitely have an 'adverse' effect on them. The petitioner said unfortunately the sports related advertisements of cigarette were rapidly growing and there was every likelihood of children being 'lured' by the manufacturers' onslaught.

"The cigarette companies are using sports sponsorship to unleash a wave of surrogate advertisements in the garb of surrogate products which these companies hardly sell. The companies are actually promoting the sale of cigarette," the petitioner claimed.

Besides ITC, Godfrey Phillips (makers of Four Square brand) had also entered into individual contracts with Indian cricket players. Cigarette and tobacco products have proved to be the major cause of cancer and a number of developed countries have taken various safeguards to protect children from its effect.

'Quit tobacco' march on *ALL WELCOME* May 30

By Our Staff Reporter

BANGALORE, MAY 27. The Cancer Patient's Aid Association (CPAA) will conduct "Quit Tobacco" march to mark the World No Tobacco Day" on May 30.

The objective of the march is to create an awareness among the public of the hazards involved in the use of tobacco and to spread the message that tobacco leads to cancer and other health problems.

The children of Bharath Scouts and Guides will carry posters and display them at the EKG Prestige Centre. The scouts and guides will also perform street plays on the subject on M.G.Road and in Malleswaram.

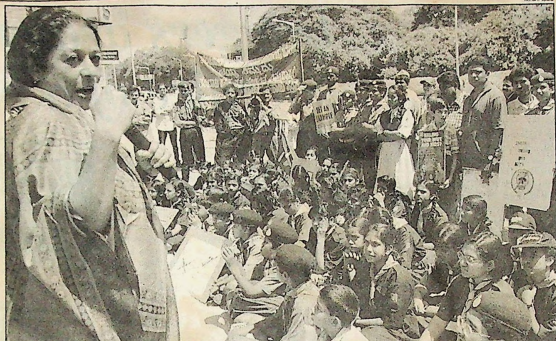
Theater personality, Ms. Arundhati Nag, Lyn Fernandes of Nriya Grama and other personalities will participate in the march, which will commence at 10 a.m.

The CPAA has stressed the need to create awareness of the ill-effects of tobacco consumption, and has pointed out that 10,000 people die of tobacco-related diseases every day. Tobacco is the cause for at least 25 life-threatening diseases and yet 1.1 billion people throughout the world smoke.

The CPAA has pointed out that even if a small percentage of smokers were to quit their habits, the benefit to the economy would be immense.

She Hindu

29/5/99



QUIT SMOKING : Actress Arundhati Nag addresses celebrities and youth, including Scouts and Guides who participated in marches on M.G. Road and Malleswaram urging people to give up smoking on the eve of World No-Tobacco Day in Bangalore on Sunday. Organised by the Cancer Patients Aid Association, they carried posters with caricatures by Ponnappa, Samitha Rathor and Rasheed Kappan. DJ and heavy metal singer Vernon provided the music and the Bharat Scouts & Guides put up a street play describing the harmful effects of smoking.

Why choke in rings of smoke

60% of cancers are lifestyle-linked: studies

Sriranjan Chaudhuri and
Anantha Krishnan M.

BANGALORE: It is called the Onco Gene. If switched on, cancer could be the end result. There are many things that could do that. Nicotine, an inherent component of every tobacco-laden product, is being touted as one of the prime reasons, though. In that context World Anti-Tobacco Day (May 31) is a day to think about one's choices.

And tobacco is not just about cancer, ask a cardiologist and he'll tell you that smoking is causing havoc with hearts; a vascular surgeon says his patients are bearing the brunt of heavy smoking, diabetologists aren't sure what else they need to do to convince diabetics not to smoke and neurologists say that a major cause for strokes is continued smoking.

While society blacklists drug addicts and alcoholics and there are any number of organisations providing support to those who intend to quit, smokers find no such support.

Says Dr G Kilara, director of medical services, Curie Institute of Oncology, "Smoking is a matter of choice and it is not a question of believing to one lobby or the other. The body soon reaches a state of dependency and the craving is as bad as that for ganja or heroin."

But the debate still rages the world over ones rights. Western data showed that after a 10-year period in the 70s when the number of cancer cases among men were coming

The 'poison stick', as it is called by many, dates back to the 16th century. The introduction of tobacco is traditionally attributed to Sir Walter Raleigh but in fact it was already being cultivated in England as early as 1573 following experiments in Portugal by French Ambassador to Lisbon Jean Nicot. It was Nicot who apparently sent the first tobacco seeds to Queen of France Catherine de Medici in the mid 16th century. Nicot was said to have believed that tobacco smoke had medicinal properties and he might have derived this view from North American Indians, who probably introduced it to Portuguese traders. Many believe it was from Jean Nicot the word Nicotine took birth. According to historians, many North American Indian tribes had used tobacco for centuries, believing in its 'healing properties'. The Turks, during the Crimean War in the 1850s, taught the British how to handle cigarettes.



TO Graphic: Prakashbabu

down, those among women were on the rise. Increased smoking by women was a leading cause -- The situation that prevail here today.

Says psycho-oncologist Dr Brindha Sitaram, "Parents tell their children that smoking is bad but do not go beyond that, the way they would with drugs or alcohol. It is a dependency that society accepts."

"Also, the reasons attributed for one to smoke are almost everything under the sun. And since stress management is one of its purported roles, there are increasing numbers, including women, who take to smoking for all the wrong

reasons," she adds.

Dr Kilara suggests that, "Over 60 per cent of cancers in India are lifestyle related, including smoking. So with a little bit of care, many lives can be saved. An attitudinal change is needed for that." So the smoke rings continue to hypnotise many more. An estimated 1 billion people smoked the world over in the beginning of the 1990s. If current trends continue, WHO estimates that the toll because of smoking will top the 10 million mark by 2030, meaning one death every three seconds. But if that is what one chooses.....

ತಂಜಾವು ವಿರೋಧಿ ದಿನದ ಅಂಗವಾಗಿ ರಸ್ತೆ ಓಟ

ಬೆಂಗಳೂರು, ಮೇ 30 - ವಿಶ್ವ ತಂಜಾವು ವಿರೋಧಿ ದಿನದ ಅಂಗವಾಗಿ ತಂಜಾವು ಸೇವನ ವಿರುದ್ಧ ಜನಜಾಗೃತಿ ಮೂಡಿಸಲು ನಗರದ ಕ್ಯಾನ್ಪಸ್ ರೋಡ್‌ಗಳ ನೆರವು ಸಂಸ್ಥೆ (ಸಿಜಿಎಮಿ) ಎಂ.ಜಿ.ರಸ್ತೆ ಹಾಗೂ ಮುಲ್ಲೇಶ್ವರದಲ್ಲಿ ಇಂದು ರಸ್ತೆ ಓಟ ಏರ್ಪಡಿಸಿತ್ತು.

ತಂಜಾವು ಸೇವನೆಯಿಂದ ಉಂಟಾಗುವ ವನರಕ ರೋಗಗಳ ಬಗ್ಗೆ ಈ ಸಂದರ್ಭದಲ್ಲಿ ಭಿತ್ತಿ ಚಿತ್ರಗಳನ್ನು ಪ್ರದರ್ಶಿಸಲಾಯಿತು. ವಿಶ್ವ ಅರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಪ್ರಕಾರ ಪ್ರತಿ ವರ್ಷ 35 ಲಕ್ಷ ಮಂದಿ ತಂಜಾವು ಸೇವನೆಯಿಂದ ಸಾಯುತ್ತಿದ್ದಾರೆ ಎಂದು ಅಂತ ಅಂತ ನೀಡಲಾಯಿತು.

ಹಾಗಾಗಿ ಅರೋಗ್ಯದ ಮೇಲೆ ಮೂಲಕವಾಗಿರುವ ತಂಜಾವು ಸೇವನೆಯ ವಿರುದ್ಧ ಸಮರ ಸಾರಯೇಕಾದೆ ಎಂದು ಪ್ರದರ್ಶನದಲ್ಲಿ ಪಾಲ್ಗೊಂಡವರು ಹೇಳಿದರು.

ಶಾಲಾ ಕಾಲೇಜು ಮಕ್ಕಳು, ಜಲನಚಿತ್ರ ನಟ ಅರುಂಧತಿ ನಾಗ್, ವ್ಯಂಗ್ಯ ಚಿತ್ರಕಾರ ಫೋಸ್ಟ್, ವಿನಯನಗರ ಪ್ರಸಾರ ಬಿಡ್ಡಪ್ಪ, ರೂಪದರ್ಶಿಗಳು ಈ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದರು.

ಶ್ರೀಮತಿ

31/5/99



ವಿಶ್ವ ತಂಜಾವು ವಿರೋಧಿ ದಿನದ ಅಂಗವಾಗಿ ಕ್ಯಾನ್ಪಸ್ ರೋಡ್‌ಗಳ ನೆರವು ಸಂಸ್ಥೆ ಬೆಂಗಳೂರಿನಲ್ಲಿ ಭಾನುವಾರ ತಂಜಾವು ಸೇವನ ವಿರುದ್ಧ ಜನಜಾಗೃತಿ ಮೂಡಿಸುವ ಕಾರ್ಯಕ್ರಮ ಹಮ್ಮಿಕೊಂಡಿತ್ತು. ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಪಾಲ್ಗೊಂಡಿರುವ ಜಲನಚಿತ್ರ ನಟ ಅರುಂಧತಿ ನಾಗ್ ಹಾಗೂ ಫೋಸ್ಟ್ ಮಕ್ಕಳು, ವಿನಯನಗರ ಪ್ರಸಾರ ಬಿಡ್ಡಪ್ಪ, ರೂಪದರ್ಶಿಗಳು.

One more campaign day has passed by with concerned researchers and doctors drumming up the evils of smoking. Though the warning drum beats associated with anti-smoking day (May 31) may wane, the danger still remains. New research shows that apart from smoking leaving behind deadly footprints of cancer, the habit also tinkers and tampers other organs, especially the stomach

stay on a par, smokers need to consume greater amounts of vitamins. The biggest digestive discomfort for smokers is acidity and heartburn, that burning feeling in the chest after a meal. This is often wrongly linked to spicy food.

The burning sensation actually comes from strong stomach acids which have flowed backward from the stomach into the food pipe. Normally the valve at the end of the food pipe prevents this back flow. But smoking (among other factors) loosens this valve. So when the smoker lies down, bends over, wears a tight belt or has a big meal, stomach acids wash upward into the food pipe. Moreover, smoking increases acid production in the stomach. As if that is not enough, it invites backward movement of bile salts and enzymes from the intestine.

The result? The smoker's upper digestive tract is awash in strong acidic material. Cigarette smoke seems to directly injure the lining of the food pipe as well, so it is more sensitive to the acid.

Researchers also know that ulcers (whose exact cause is unknown) are more likely to occur and are slower to heal, in a smoker. Experts have been investigating the connection. It has been found that not only does smoking raise acid secretion, the production of acid-neutralisers like sodium bicarbonate is temporarily reduced after smoking.

There are also indications that smoking speeds up the emptying of acidic material from the stomach into the intestine. The aggravated acidity could explain the ulcer-proneness of smokers. Any existing weakness of the stomach or intestine simply becomes worse or chronic with smoking, say experts. If cancers of the digestive organs are also more common in smokers, there are plenty of explanations.

It could be due to the 30 cancer-causing chemicals in tobacco smoke or due to the effect of enzymes and metabolites that the nicotine produces in the body. Then again, it could be the handiwork of free radicals released by the smoke. Take your pick.

Fortunately, a smoker is not permanently condemned to indigestion. There are indications that tobacco damage to the digestive system can be reversed if the smoker kicks the habit. He may not be able to actually see his cancer risk going down, but he will enjoy some relief from acidity and heartburn.

Smoke On The Lips FIRE IN THE BELLY

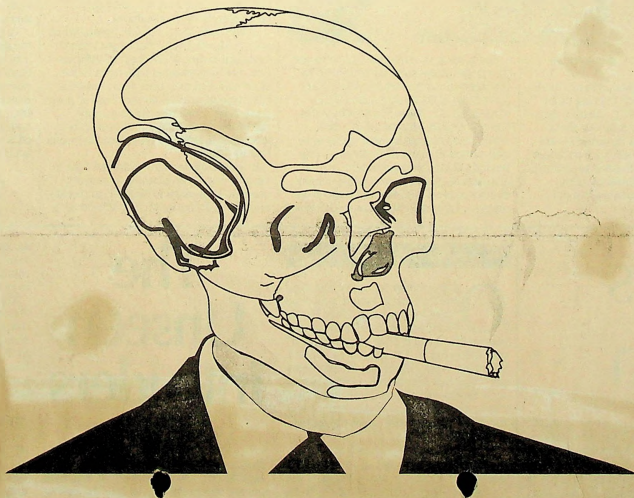
By Dr. Rohini Kelkar

Even with new health risks tarring up every part, smoking probably ranks as Public Enemy No. 1. Even diehard smokers admit its connection to many grim afflictions from lung cancer and heart disease to bad breath. Still, many people are unaware that cigarettes can also contribute to digestive problems. New research reveals that smokers are more likely to suffer heartburn, acidity, ulcers and even cancers of the food pipe, stomach and pancreas. Can cigarette-smoke damage organs, which it does not even touch?

It can and it does. Cigarette smoke is not just hot air. It's a fairly vicious fume, containing 4,000 chemicals, including 200 known poisons. Once these enter the system they cause changes in body chemistry, with far-reaching consequences.

First of all, smoking hits the headquarters of the digestive system—the liver. The effects of smoking on the liver are rarely mentioned, but researchers find that smoking alters the way the liver handles drugs (including medicines) and alcohol. The effect of these substances on a smoker is worse because his liver is less efficient at removing toxins. In medication, a smoker may need an altered dosage. If a heavy drinker also smokes, he is inviting greater damage from the same amount of alcohol.

Smoking seems to change the way in which normal food is processed by the body. The body of a smoker absorbs less nutrition and uses food less efficiently. So while the average smoker may weigh less than his non-smoking equal, his fitness is worse and nutritional deficiencies are more. Just to



(The author is a member of Healthy Home Advisory Services (HHAS) and is also Head, Department of Microbiology, Tata Memorial Hospital.)

Science Express

Making knowledge work for you

June 1/99

1-June-1999

INSIDE GIS Quiz 2

Stealth fighters are designed to strike enemy targets with a far greater impact 2

Fly ash can be made commercially viable if recycled properly 3

The defence satellite Chandras' closest point from the Earth will be 10,000 km 4

One more campaign day has passed by with concerned researchers and doctors drumming up the evils of smoking. Though the warning drum beats associated with anti-smoking day (May 31) may wane, the danger still remains. New research shows that apart from smoking leaving behind deadly footprints of cancer, the habit also tinkers and tampers other organs, especially the stomach

Smoke On The Lips

FIRE IN THE BELLY

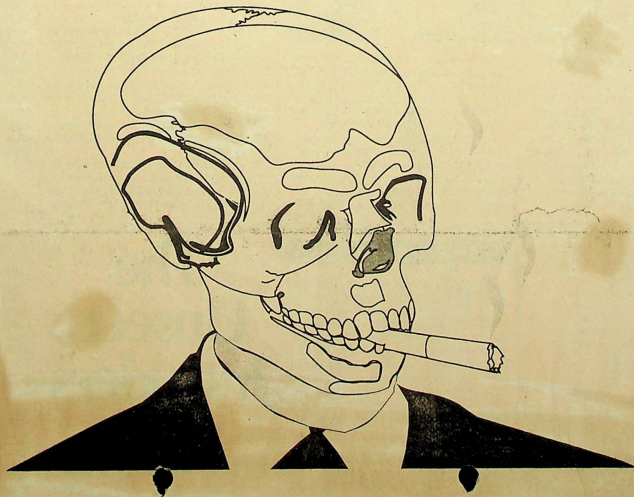
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(The author is a member of Health Home Advisory Services (HHAS) and is also Head, Department of Microbiology, Tata Memorial Hospital.)

**PEOPLE
POWER**The leader hears
the reader**Cut again for
banyan battle**

This week's ques

TO THE POINT

**Should smoking
public be banned?
Can the ban
be enforced?****H.S. BALRAM**

That the contest will be multi-cornered this time is clear. But who the main contenders are, no one knows. Finding the right candidate has become a tough job. The Congress in particular is facing a peculiar problem.

None of the sitting ministers or legislators want to contest. And some, who are interested, are in the good books of the party. In fact, the contest is taken to stop this without a leader of stature in Bellary except cigarettes inside cinema I.M.Y.Ghorpade, Rural Development and Panchayats, etc. I also feel that sayat Raj Minister in Krishna's cabinet, K.C. Konavate premises can be made way for Sonia and was promptly reward-smoking in a public place with an entry ticket to the Rajya Sabha. The party severely fined.

Who left the choice of a candidate to the party command.

he BJP is going it alone this time. But it is yet to have a candidate. The JD(U) is zeroing in on the candidature of M.P. Prakash. His request to non-progressive parties to support its candidate has fallen on deaf ears. The Bahujan Samaj Party is fielding Sanju Prasannan, Korum, Mohd Khan.

In a paper, the chances of the Congress retaining seat looks bright, what with the opposition votes among half-a-dozen candidates. In the last and trains has worked. So, the JD(S) which had fielded a general public too take offence.

Smoking in public, we can rip the BJP.

JD(U) is keen that the BJP support its candidature of the Bellary seat, in fact, had earlier been carved for JD(U) before Sonia decided to contest and everyone thought that Sushma would be a real candidate.

Neither Sonia nor Sushma is in the fray.

JD(U) should hand over the seat back to the BJP, argue its leaders. But the BJP, which cannot be defeated if supported because of its alliance with JD(U), is not relenting.

The election is thus as crucial to the Congress as to the JD(U). Through shorn of the colour and witness during the September elections, the contest is certain to generate heat and dust.

an.Singh@timesgroup.com or Balramhs@in.com)

Smoking in public places is a crime, because it not only ruins the smokers' health, but also that of the inhalers. Chances of passive smoking are more in public places. I am very emphatic about it. Enforcing the ban depends on the will of the enforcers. You can't enforce it by leaving it to the conscience of the smokers. It can be enforced through legislation, my idea of penalty is imposing a spot fine of not less than Rs 1,000.

T.N. Seetharam, Director of the serial 'Mayamriga'

**Contest in Bellary
is BJP candidate**

junath on Saturday, decided to field Thippeswamy who is from Chitradurga district.

He was a minister in the previous government.

The board meeting was attended by former prime minister H.D. Deve Gowda besides other party leaders C. Narayanaswamy, K.H.



FOR GREENER KARNATAKA: Principal Chief Minister T.B. Jayachandrabudde, Forest Minister K.H. Rangappa, C. Lingaraj Urs at a seminar on the theme 'Prosperous Karnataka' in Bangalore on Saturday

Melee deprives

The Times of India News Service

Participants narrow route participants for each other the race and each tried to the mile. Several of the students funds for some Parents of the SDMMist studied Rs 10 about 700 of

MYSORE: She won the first prize in a non-descript competition, only to lose the chance to compete at the national level.

That is what happened to Yashika, a ninth standard student of CKC Convent here. The event was a mini-marathon run conducted by the students' forum of SDM Institute of Management here on January 26. And she is not about to forget what winning there has meant — a week after the race, the wounds she suffered at the thoroughly unorganised run are yet to heal.

And on Sunday, as many other athletes compete at the state-level cross-country race at Belgaum and try to get into Karnataka's team for the national level events, Yashika will have to brood over her bad luck.

When the police officers ban on the road and the drivers are not allowed to enter the road.

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When the police officers ban on the road and the drivers are not allowed to enter the road.

explosive-36) was a high-grade ex- up to 164 hours.

Teenagers, the butt of tobacco cos now

Kalpana Jain

NEW DELHI: Cigarette manufacturers are targeting children as young as 12 years of age to ensure an ever-increasing pool of nicotine-addictive adults, says the World Health Organisation, as it launches a global campaign to beat this strategy.

And as the campaign against tobacco gets underway, more and more disturbing practices resorted to by tobacco companies are being revealed. For instance, a recent meeting in New Delhi discussed how teenagers were being picked up as the most attractive customers with well-defined strategies to appeal to them.

"The teenage years are the most important because that is the time when one begins smoking, the years in which initial brand selections are made and the period in the life cycle in which conformity to peer group norms is greatest," said officials of a tobacco industry during a meeting to discuss promotion of their sales.

At the same time, companies were using special techniques to enhance the effect of nicotine, the addictive substance in cigarettes. This, among other details, was shared by WHO con-

sultant Ross Hammond with experts who attended the meeting in Delhi.

It was revealed that one tobacco industry had launched a special project to "learn everything there was to learn about how smoking begins, how high school students feel about being smokers and how they foresee their use of tobacco in the future".

And one industry, on the basis of its surveys said, "The adolescent seeks to display his new urge for independence with a symbol and cigarettes are such a symbol since they are associated with adulthood, and at the same time, adults seek to deny them to the young."

Such aggressive campaigns to target the youth become necessary for the industry's survival as it has to fill the gap being created by the death of 11,000 people every day globally due to smoking-related causes, says WHO.

WHO has also voiced concern over the increasing hold the industry is getting in developing countries. India, it says, may be heading for a tobacco epidemic. One-fifth of the 28 lakh people who die every year the world over due to to-

bacco-related diseases are Indians. Nearly 50 per cent of the male population in India over the age of 15 are smokers, it says.

According to WHO, in the next two to three decades, seven million people will die of tobacco-related illnesses in the developing countries. The tobacco pandemic is described as "one of the major public health disasters of the 20th century". There are about 4,000 chemical substances in tobacco smoke, of which 438 can produce cancer, the most dangerous being nicotine, tobacco tar and carbon monoxide.

Nicotine is an alkaloid that affects the central nervous system and is probably the cause of the smoker's dependence on the habit. When a cigarette is lit, the nicotine is transferred from the burning tobacco to the smoke, where it mixes with minute droplets of tar. As the smoke is inhaled, the nicotine is absorbed easily into the bloodstream.

Regular use of nicotine increases the pulse rate, constricts blood vessels, increases blood pressure and affects the normal functioning of the heart.

TOI 24/11/2000

No-smoking march in city today

Staff Reporter

TOI, 22.1.2000.

BANGALORE: The Manipal Heart Foundation will organise an anti-smoking campaign on Saturday during which vice-chairman and the moving force behind this mission, Dr Devi Shetty will submit a petition to Health Minister Malaka Reddy.

The petition seeks passage of a legislation to make Karnataka a no-smoking state and also that there should be no outlets selling cigarettes within a certain kilometre radius of educational institutions and children below the age of 18 should not be allowed to buy cigarettes.

In this connection, Dr Devi Shetty will lead a walk from Queen Victoria Statue to the Vidhana Soudha at 8.30 am. It will be flagged off by Justice Michael

Saldanha. Union Minister for Sports, Youth and Culture Ananth Kumar is scheduled to participate in the walk.

Participating educational institutions include Bishop Cotton Boys' High School, Bishop Cotton Girls' High School, Cathedral High School, Sophia High School, Goodwill Girls High School, St Johns' School, Francis Xavier Girls High School, National Public School, St Joseph's Boys High School, Jyothi Nivas College, St Joseph's College, Bishop Cotton Women's Christian College and Mount Carmel College.

Event supporters include Lion's Club, Rotary Club, Texas Instruments, Britannia, Indo Nissin (Top Ramen), BPL, TVS Suzuki and Getit Yellow Pages.

Tobacco consumption worries WHO planners

The Times of India News Service

NEW DELHI: The health costs of tobacco-related diseases are far greater than the income generated from tobacco as a cash crop, says a new study by the Indian Council of Medical Research (ICMR).

The average cost of one case of tobacco-related cancer is Rs 3.5 lakh. Last year alone, 1.63 lakh people developed cancer due to tobacco use, says the study conducted by ICMR's deputy director general, Kishore Choudhary. The study was conducted at two centres, Delhi and Chandigarh.

As it is, says the World Health Or-

ganisation (WHO), India may be heading for a tobacco epidemic. One-fifth of the 2.8 million people who die each year the world over from tobacco-related diseases are Indians. Nearly 50 per cent of Indian males over the age of 15 are smokers, it says.

Therefore, to check the increasing cigarette consumption in developing countries, WHO is using international law for the first time to reduce damage to health caused by tobacco products. An international treaty is being drawn up for tobacco control.

To discuss these issues, a three-day international conference is be-

ing organised in Delhi from Friday. The conference is being sponsored by the Indian government and WHO.

WHO says in the next two to three decades seven million people will die of tobacco-related illnesses in the developing countries. The tobacco pandemic is described as "one of the major public health disasters of the 20th century".

However, policy-makers realise that reducing tobacco consumption will not be easy. Union health secretary J. A. Chowdhury says curbing the consumption of tobacco-based products is a complex issue as tobac-

co cultivation is very remunerative. Therefore, strategies will need to be worked out for providing alternatives to farmers. The conference here will examine issues from the perspective of a developing country.

What is little known to people is that there are about 4,000 chemical substances in tobacco smoke, of which 438 can produce cancer, the most dangerous being nicotine, tobacco tar and carbon monoxide.

Nicotine is an alkaloid that affects the central nervous system and is probably the cause of smokers' dependence on the habit.

Details at www.timesofindia.com

பெரு இடங்களில் சிகரட் பிடிப்பதை

தடை செய்யக்கூடாது

சென்னை ஐகோர்டில் வரக்கு

சென்னை, செப். 26-
 “பொது இடங்களில் சிகரட் பிடிப்பதை தடை செய்யக் கூடாது” என்று சீர்திருத்த அலுவலர் மன்றத்தை சேர்ந்த ஒருவர் சொன்னார். ஐகோர்டில், ‘ஹோட்டல்கள்’ பெயர் உள்ள தனியார் ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார்.

கா. விழா சரியாக நடவடிகிறது. இடங்களில் பிடிப்பதை தடை செய்ய வேண்டும் என்று யார் சொன்னால் 2 மூ. அலுவலர் சேர்ந்தார்கள்.

8-ம் பத்தி தொடர்ச்சி

முடியாத கோரட்டில் வந்து வாங்கி கொள்வது என்றார்.

நிலங்கிகள்

என்னுடைய வாழ் பற்றுத் தன்மையைப் பற்றி அவரை அறியுடன் அனுப்ப மறுத்த மாம்பாளையும் தீர்த்துக்கொடுத்தார்.

அதன்மை நினைவாக மாலைபிட்டு வணங்கப்பட்டு வருகிறது. அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள்.

சென்னை ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார். ஐகோர்டில் தடையிடக் கூடாது என்று சொன்னார்.

15 நாள் காவல்

உள்ளே போய் திராட்சை வளர்ந்து 15 நாள் காவலில் வைக்கப்பட்டன.

கூடியது. அப்படி பூர் புனை பிடிப்பதை மறு செய்வது போலவே என்று சொன்னார். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள்.

விழிப்பு

இந்த மனுக்கள் தலைமை நீதிபதி கே.டி. முனிசுந்தரன் தீர்ப்பு வழங்கியுள்ளார். அரசாங்கம் தனது கடமையை நிறைவேற்றும் முறைகளை உடனடியாக அமுல்படுத்த வேண்டும் என்று மனுக்கள் சொன்னார்கள்.

முற்க்கு சேர்த்து விடுதல்

“நாள் 22 அனுமதி கிடைக்காத பிறகு வலுவின் விளக்கம் நன்றாக மனம் போடும் முறைகளை அமுல்படுத்த வேண்டும் என்று சொன்னார்கள். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள்.

நாடு சரியானது போது இடங்களில் சிகரட்

மேலும் தடை செய்வது பற்றி உலகத்தில் இந்த நிலை உள்ளது என்று சொன்னார். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள். அது மட்டுமல்லாமல், அங்கு குழுத் திட்டம் போட்டு மரங்கள் நடவடிக்கை எடுக்க வேண்டும் என்று சொன்னார்கள்.

நிலங்கிகள்

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Smoking ban hits Kerala economy

Kochi, Aug. 8: The economic impact of the recent ban on smoking in public places as per a Kerala High Court order is stated to be severe even as protests have started mounting from those surviving on the industry despite a general welcome from the public at large for the ban.

According to economic experts, since smoking had been virtually banned everywhere except in one's private confines, the sale of cigarettes and beedis has already come down by 30 to 50 per cent with a cascading impact on the State's revenue and livelihood of thousands.

Its adverse impact on the State's revenue by way of excise

duties paid by beedi cooperatives and cigarette companies besides its impact on the corporate tax collected, octroi, luxury tax and other levies would be to the tune of several crores, experts point out quoting statistics.

Tobacco industry in Kerala alone had an annual turnover of almost Rs 1,200 crore and the industry employs about one million people. Over 2.5 lakh retailers in the State sell tobacco products and their collective income was estimated to be in the range of Rs 60 crore.

Tobacco was first brought to India by Portuguese merchants in the early 16th century who

introduced the same in the Mughal court.

India is stated to be the third largest producer of tobacco in the world with an output of approximately 520 million kgs annually of which flue-cured virginia tobacco accounts for 120 million kgs. About 85 million kg of tobacco is being exported annually of which FCV is about 65 million kg.

In India 430 million kg of tobacco is consumed in various forms of which 54 per cent is in the form of beedis, 27 per cent in the form of pan masala, snuff, chewing tobacco and the like cigarettes accounts for 19 per cent whereas it is 90 per cent

internationally, experts say. Quoting statistics, the experts pointed out that per capita consumption of cigarettes in India is just one-tenth of world levels at 101 cigarettes per annum as against the global average of 1,030 cigarettes.

This is attributed mainly towards the general non-acceptance of cigarettes by the womenfolk in India unlike in the West and the popularity of beedies among the rural folk.

The experts also pointed out that smoking of cigarettes is gradually coming down among the young generation in India where it was a craze of teenagers a few decades ago. (PTI)

for tobacco file - SDR

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Legislation awaits Cabinet approval

HT Correspondent
New Delhi, January 5

THE GOVERNMENT is preparing to introduce a comprehensive legislation for reducing the use of tobacco and its products in the country. The draft legislation, which is intended to cover cigarettes and other harmful tobacco products like "gutka", is nearly ready and awaiting Cabinet clearance before a Bill can be formally moved in Parliament to enact a law for the purpose.

Disclosing this here today, Union Health Secretary J A Chowdhury said that for enacting a legislation to check the use of most edible tobacco products, the concurrence of States would be needed.

While the Bill on tobacco products was not likely to be moved in the coming Budget session, it would possibly be ready later in the year, he said.

The Indian Government and the World Health Organisation (WHO) are jointly organising an international conference in the Capital from January 7 to deliberate on suitable global legislation to curb the use of tobacco which kills one in every 10 adults worldwide.

The world currently had 1.25 billion smokers and this figure would go up to 1.6 billion by the year 2020 if urgent steps were not taken to control tobacco consumption. This was stated at a Press conference organised by the Health Ministry and WHO.

In India alone, there were 208 million tobacco users of which over 150 million were smokers, Mr Chowdhury informed at the news conference, which was also attended by WHO Regional Director Dr Utton Muchtar Rafiqi and other senior officials of the Health Ministry.

The three-day conference on "Global tobacco

Curbing the consumption of tobacco-based products was a multi-faceted issue for many developing countries where tobacco was an extremely paying cash crop and which provided valuable employment to many, Mr Chowdhury observed.

In view of this, India's perception was that the proposed convention on tobacco control should be so designed as to facilitate the gradual introduction of legislation in affected developing countries, he added.

Speaking on the occasion, the Director General of the Indian Council of Medical Research (ICMR), Dr N K Ganguly, stated that over 23 per cent of males and 4 per cent females used tobacco in the

urban areas of the country. In the rural areas, it was used by 33 per cent males and 8 per cent females, he added.

Referring to the data obtained from a nationwide survey by the National Sample Survey Organisation, Dr Ganguly pointed out that an estimated 1,63,500 cases of cancers developed due to tobacco use in 1999. Nearly 4.45 million cases of coronary artery disease and 3.92 million cases of chronic obstructive lung disease were also caused due to tobacco.

Curb On Use of Tobacco

control law: Towards a WHO framework convention on tobacco control" would be inaugurated by Prime Minister Atal Behari Vajpayee.

The Health Secretary cited disturbing evidence, indicating that the social cost of tobacco-related diseases was rapidly overtaking the value of tobacco-based products and emphasised that any programme to reduce tobacco use would depend less on legislation and more on awareness campaigns and behavioural changes.

Asian Age 7
18/9/99
Sept.

ASIAN AGE BANGALORE - 18/9/99

Petition filed against tobacco manufacturers

Calls for more Central control on cigarette sales; Rs 500-cr compensation sought

By Our Correspondent

New Delhi, July 17: A public interest litigation case has been filed in the Supreme Court demanding greater governmental control on the manufacture and sale of cigarettes, and the payment of Rs 500 crores by tobacco giants as compensation for the hazardous effects of tobacco products sold and promoted by them.

The petition, filed earlier this month by former MP Murli Deora, demanded the payment of Rs 500 crores by ITC, VST Industries, Godfrey Phillips India, GTC and the Tobacco Institute of India as compensation for the hazardous effects of tobacco products sold by them. This amount would form the corpus for a "health care and awareness fund" to be

operated by the Union government, the petition said.

The tobacco giants and several Union ministries have been named as respondents in the case.

The petition urged the government to take urgent steps to combat health problems, particularly lung cancer, caused by smoking to both

smokers and non-smokers. Although the Parliament had acknowledged long ago that smoking was a harmful habit that could lead to "grave health hazards," it had done very little to control or regulate tobacco trade, Mr Deora said.

Mr Deora pointed out that several cigarette giants had shifted their operations to

third world countries like India after they were directed to pay billions of dollars as damages by courts in the US.

A part of the "health care and awareness fund" should be allotted to cash strapped cancer hospitals and research centres. In addition to more prominent

ANTI-SMOKING CAMPAIGN

and clearer warnings on the hazards of smoking on packaged tobacco products, the petition called for restrictions on all kinds of publicity and glamorisation of tobacco products, surrogate advertising and sponsorship of sports events by tobacco firms.

It also demanded very strict quality control measures which should be incorporated in very the process for making ciga-

rettes.

The petition said tobacco consumption in India in the form of cigarettes had increased from 21 million kg in 1951-52 to 80 million kg in 1994-95.

The sales of pan masala and gutka had risen from Rs 200 crores in 1992 to over Rs 1000 crores at present.

Indian cigarettes were more toxic than those which were sold in developed countries, with one mgm of nicotine and 21 mgm of tar.

The filter efficiency of Indian cigarettes was less than 20 per cent, compared to over 30 per cent efficiency for cigarettes sold in developed countries.

Moreover, the hydrogen cyanide, phenol and benzo(a)pyrene content was higher in Indian cigarettes.

Tobacco crop in Mysore district is poised for another setback

By K SHIVAKUMAR

09/7/99

Mysore, July 28: If tobacco growers were badly affected by shortage of fertilizer in the previous year, poor rains during the last one month will hit the yield by 40 per cent this year.

Farmers who had grown tobacco in 54,000 hectares with a production of 55 million kgs have reduced the plantation to 51 million hectares, thanks to the fall of tobacco prices last year.

Tobacco growers had sold low-grade tobacco at Rs 4 per kg. With the increase in global production last year, farmers of H D Kote, Periyapattana, Hunsur, Ramanthpura and Shimoga have grown tobacco in 52,000 hectares and they have banned growing tobacco in paddy fields, which produce low-quality tobacco.

However, sources in the Department said that the Tobacco Board had permitted to grow tobacco

in 37,480 hectares registered area. The poor rain in June and the first two week in this month has worried farmers who had taken up premature plantation.

Poor rains and premature plantation may not affect tobacco grown in 1,300 hectares in Shimoga district. It is also said that increase in production of tobacco from 45 million kgs (1997-98) to 55 million kgs (98-99) has brought the average rate of 1 kg tobacco from Rs 45 to Rs 34.

Nagesh of H D Kote said that the increase in production had made farmers to dispose low-quality tobacco at Rs 4. However, the average prices of tobacco was increased from Rs 4 to 15 (low grade), Rs 42 (medium) and high grade to Rs 55 per kg after the intervention of Union Commerce Minister Ramakrishna Hegde. The Government has permitted unauthorised tobacco growers to dispose of tobacco in auctions.

Two jailed for smoking in public

30/7/99

Kanhangad: The Hosdurg Judicial Magistrate court (Kasaragod district) here has sentenced two persons for 15 days simple imprisonment for smoking in public place. Five persons arrested on Wednesday for smoking in public places were produced before the court. While three persons avoided imprisonment by paying a fine of Rs 500 each, the other two were sent to the jail as they did not have money to pay the fine. • PTI

BRIEFS

SC notice to cigarette majors

10/8/99

New Delhi: The Supreme Court on Monday issued notices to four cigarette majors — ITC Ltd, VST Industries Ltd, Godfrey Phillips India Ltd and GTC Ltd — on a Public Interest Litigation alleging that they were flouting laws by not displaying statutory warnings prominently in the advertisements of their products.

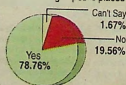
What the people say...

No smoking in public places

Smokers beware. The fines and summary arrests that have become the lot of smokers in Kerala have won wide admiration. Almost 79 per cent of our browsers want other states to follow Kerala's example and punish those who smoke in public places.

Only 19.5 per cent assert that no state has the right to imprison or fine people smoking in public places. Two per cent of the browsers were undecided.

Q: Should other Indian states also follow Kerala's example and ban smoking in public places?



Total responses 1,615
 Yes 1,272
 No 316
 Can't say 27

IE
10/8/99

8 JUL 1999

'Revoke ban on sale of cigarettes in trains'

D75
H

81799

By Our Special Correspondent

NEW DELHI, JULY 7. The eco-friendly tribe may have welcomed the Centre's move but it has positively made one group unhappy. The decision to ban the sale of bidis and cigarettes on railway platforms and in passenger trains has left the central trade unions bitter.

Describing the decision as 'unilateral', the unions have deplored the Government's disregard for tripartism. Clarifying that they were not against any public health programme of the Government, the union representatives — from the CITU, AITUC, HMS, BMS and TUCC — today submitted separate memoranda to the Prime Minister, Mr. Atal Behari Vajpayee, and the Union Railways Minister, Mr. Nitish Kumar, to underline that such gimmicks would only prove to be counterproductive.

"How far will the ban serve its avowed purpose? What is the

guarantee that the ban will not aggravate consumption through unauthorised and unfair sales?" are the questions raised by them.

But the unions are more hurt about the fact that the ban was effected without any consultations with them. "In doing so, the Government has grossly violated the concept of tripartite consultation despite being a founder-member of the Indian Labour Organisation (ILO) and a signatory to its recommendations on tripartism," the memoranda said.

By constantly and increasingly sidelining trade unions in decisions of economic and social relevance, the Government is contradicting its own endorsement of the ILO recommendations on tripartite consultations, according to the union leaders. They feel the ban on sale of bidis and cigarettes on railway platforms and in passenger trains from June 5 was more of a publicity stunt of the Railway Ministry.

Flaying the Ministry for its lack

of concern for the lakhs of cigarette and bidi vendors by depriving them of their only means of livelihood and not caring to provide any alternative source of income, the unions have urged the Government to revoke the ban immediately and keep the proposal in abeyance till a tripartite dialogue is carried out between the employer (Railways), employees (hawkers) and experts.

The leaders are surprised that the Government has not learnt a lesson from its earlier experiments like banning the sale of "paan" in the Railways' premises. "Addiction is a habit which cannot be shaken off with legislation. The need is for mass awareness campaigns on hazards of tobacco consumption and leaving the decision to people," said the statement, further suggesting the Railway Ministry to concentrate on more pressing problems such as increasing thefts on trains, rail accidents and ticketless travelling.

5/7/94
**Tobacco is a
scheduled drug,
claims petition**

New Delhi, July 4: Do tobacco products fall within the definition of 'drugs' under existing laws and should their sale be regulated as 'scheduled drugs'? The issue has been raised before the Delhi High Court in a petition.

A division bench comprising Chief Justice S N Variava and Justice S K Mahajan during hearing of preliminary submissions asked the petitioner to bring more material by July 26 to prove his point before notices could be issued to authorities concerned.

The bench observed that if, according to the petition, tobacco products are considered drugs, sale of these has to be regulated as 'scheduled drugs' under the laws. • PTI

D75

INDIAN EXPRESS
(BOMBAY)

5 JUL 1999

Tobacco is drug, claims plea in HC

PRESS TRUST OF INDIA
NEW DELHI, JULY 4

D75
IE

DO tobacco products fall within the definition of 'drugs' under existing laws and should their sale be regulated as 'scheduled drugs' - the issue has been raised before the Delhi HC in a petition.

A division bench during hearing of preliminary submissions asked the petitioner to bring more material by July 26 to prove his point before notices could be issued to authorities concerned.

The bench observed that if, according to the petition, tobacco products are considered drugs, sale of these has to be regulated as

'scheduled drugs' under the laws.

Petitioner Parmanand Katara argued that tobacco products like cigarettes, bidis, cigars, pan-masala, gutka and zarda would fall under the scope of Narcotics Drugs and Psychotropic Substances Act, Drugs and Cosmetics Act and Drugs and Magic Remedies (objectionable advertisement) Act. The data collected through reports indicates that tobacco products practically kill more people than in war, the petition said, adding that the government should not make these a source of revenue at the cost of human lives.

The petition said according to clause (iii) of Drugs and Magic

Remedies (objectionable advertisement) Act, any article, other than food, intended to affect or influence in any way the structure or any organic function of human body is a 'drug'. Since tobacco causes functional disorder of the heart, it amounts to affecting the organic functions of human body in the sense of a drug, it said.

Various reports had indicated that hazards of tobacco products were 'widespread' and main cause of oral cancer, the petitioner said. Seeking to declare tobacco as 'scheduled drug', the petitioner said sale of its products should not be allowed in wholesale and open markets without prescription.

317199

Kerala High Court bans smoking in public places

EXPRESS NEWS SERVICE

Kochi, July 12: In a landmark judgment today, a Division Bench of the Kerala High Court declared that smoking of tobacco in public places, whether in the form of cigarettes, cigars, beedis or otherwise, is illegal, unconstitutional and violative of the right to life enshrined in Article 21 of the Constitution.

Public places will include educational institutions, hospitals, shops, restaurants, commercial establishments, bars, factories, cinema theatres, parks, walkways, stadiums, places of amusement, bus stops, bus stations, railway stations, railway compartments, buses and other public transport vehicles, highways or

other places where people congregate. The Bench, consisting of the acting Chief Justice AR Lakshmanan and Justice K Narayana Kurup, also directed all district collectors in the State to promulgate an order under section 133(a) of the Criminal Procedure Code prohibiting public smoking within one month from today.

After the promulgation of an order under section 133(a), if any person is found smoking in a public place, the police can arrest him without warrant, the court said. The district collectors are further directed to issue appropriate directions to the Regional Transport Officers to strictly enforce the provisions contained in Rule 227(1)(d) and 227(5) of the Motor Vehicles Rules.

Court stays railway ban on cigarettes

Anjan Mitra &
Surajeet Das Gupta
NEW DELHI

A BAREILLY court has put a stay on a railways order banning sale of bidis and cigarettes at railway stations and in trains. The order was passed on a petition filed by a hawker.

On an appeal filed by V K Sharma, a vendor of bidis and cigarettes at Bareilly junction railway station, the district judge ordered, "Issue notices to other parties fixing 30.7.99. Meanwhile, the applicant or licensee shall not be interfered by other parties (railways and the government) in his business under contract till the date fixed."

Those made party to the case are the government through the GM of Northern Railways, divisional railway manager, NR, Moradabad, senior divisional commercial manager, NR, Moradabad and station master, Bareilly junction.

The Indian Railways Caterers' Association too has filed a case in the Mumbai High Court seeking redressal against the government policy banning sale of bidis and cigarettes on railway platforms from June 5. The case is yet to be listed for hearing.

In his petition, Sharma said the order requiring the applicant to stop sale of bidis and cigarettes was "wrong, illegal and unsustainable" on the following grounds:

- The period of vending contract (10.8.1998) is valid up to 31.8.2001, and prior to that, the opposite parties have no right to refrain the him from selling bidis and cigarettes at Bareilly junction railway station.
- The licence fee up to 30.9.1999 has been deposited.
- No prior lawful or contractual notice for termination of the paid contract has been given to the applicant.

The petitioner has said, "The decision to stop bidi and cigarette vending on the railways' premises is arbitrary and unreasonable." The petition states that since the railways' contract with the licensee runs till 2001, the ban has given rise to a dispute under the said contract, which is "liable to be referred for arbitration."

Meanwhile, the association has said that about a fourth of the income from the stalls on railway platforms and trains comes from the sale of cigarettes and bidis.

ರಾಜ್ಯವಾರ್ತೆ

ಬೆಂಗಳೂರು, ಮೇ 31

ತರಬೇತಿ

ಮೈಸೂರಿನ ಕೇಂದ್ರಿಯ ಆವಾರ ತಂತ್ರಜ್ಞಾನ ಸಂಶೋಧನಾ ಸಂಸ್ಥೆಯು (ಇನ್‌ಫೊಟೆಕ್‌ಎಂ) ಆವಾರ ಸಂಸ್ಥೆಯಲ್ಲಿ ತೊಡಗಿಸಿದ ಉಪ್ಪುಮಿಷನ್ / ಅಭಿಜಾನ ಪರಿಚಯಿಸಿ ನೀಡಿದೆ.

ಅಂಗಾಶ ಕೃಷಿ ಮೂಲಕ ಸಸ್ಯ ಚಳಿಸುವ ಒಗ್ಗಿ ಜೂನ್ 140ನೇ (8ನೇವರೆಗೆ) ಆವಾರ ದಲ್ಲಿ ಒಳನಾಡು ಸೈನ್ಯಕಾರಿ ಹಾಗೂ ಕೃಷಕರ ಜ್ಞಾನಗಳ ಕುರಿತು ಜೂನ್ 280ನೇ ದಿನಕ್ಕೆ 2ನೇವರೆಗೆ ಆರಂಭವಾದ ಉಪ್ಪುಮಿಷನ್ ಮತ್ತು ಗುಣಮಟ್ಟ ನಿರೀಕ್ಷಣಾಕಾರಿ ಒಗ್ಗಿ ಜುಲೈ 50ನೇ /16ನೇವರೆಗೆ ಹಾಗೂ ಈಟಿ ನಿರೀಕ್ಷಣಾಕಾರಿ ಒಗ್ಗಿ ಜುಲೈ 170ನೇ 310ನೇವರೆಗೆ ತರಬೇತಿ ನೀಡಲಾಗಿದೆ.

ಅಸಕ್ತರು ಜಾತಕಿಕರಾರಯ್ಯ, ಮಾನವ ಸಂಪನ್ಮೂಲ ಅಭಿವೃದ್ಧಿ ವಿಭಾಗದ ಮುಖ್ಯಸ್ಥರು, ಇನ್‌ಫೊಟೆಕ್‌ಎಂ, ಮೈಸೂರು-570013 ಈ ವಿಳಾಸದಲ್ಲಿ ಸಂಪರ್ಕಿಸಲು ಕೋರಲಾಗಿದೆ.

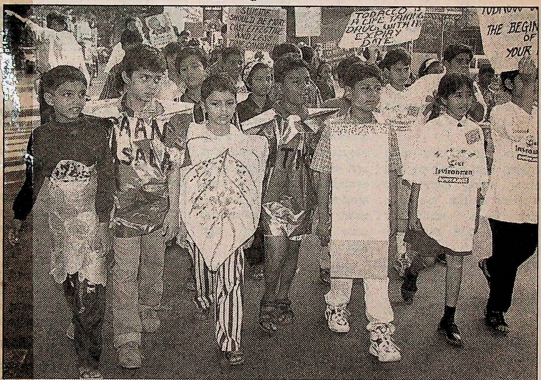
ಕಾನೂನು ಸಲಹೆ

ಬೆಂಗಳೂರಿನ ಮನೀಷಾ ಪುತ್ತಿಗೆ ಸಂಸ್ಥೆಯು ಮಹಿಳೆಯರಿಗೆ ಉಚಿತ ಕಾನೂನು ಸಲಹೆ ಹಾಗೂ ಸೇವೆ ನೀಡಲಾಗಿದೆ. ಕುಟುಂಬ ನ್ಯಾಯಾಲಯ, ಅಪಹರಣ ವಿಭಾಗ, ಲೈಸೆನ್ಸಿಂಗ್ ಮುಂತಾದ ನ್ಯಾಯಾಲಯಗಳಲ್ಲಿ ಮಹಿಳೆಯರ ಪರವಾಗಿ ಸಂಸ್ಥೆಯ ಸಂಸ್ಥೆಯು ಉಚಿತವಾಗಿ ವಾದಿಸಲಾಗಿದೆ ಎಂದು ಪ್ರಕಟವಾಗಿದೆ. ಪುಟ್ಟ ಮಹಿಳೆಗೆ ಕಾರ್ಯದರ್ಶಿ, ಮಹಿಳಾ ವ್ಯಕ್ತಿತ್ವ, 137-ಎ, ಚಾರ್ಲರ್ಸ್ ಕ್ರಾಸ್ ರಸ್ತೆ, ಕಾಂಪ್ಲೆಕ್ಸ್, ಬೀದರ್ಹಳ್ಳಿ ಬಿ. ಬೆಂಗಳೂರು-5 ಈ ವಿಳಾಸದಲ್ಲಿ ಸಹಜ 4 ರಿಂದ 6ನೇವರೆಗೆ ಸಂಪರ್ಕಿಸಲು ಕೋರಲಾಗಿದೆ.

ಅರ್ಜಿ ಆಹ್ವಾನ

ಮಹಾಂತರ ಮಹಿಳಾ ಶ್ರೀ ಬಗ್ಗುರು ರೀನುಕಾಬಿ ಪುನಃವಿಚಾರಣೆ ಶ್ರೀ ಜೋರ್ಜಿಂಗ್ ಸಂಸ್ಥೆಯು 1999-2000 ಸೇವಾಧಿಕಾರಿ ವ್ಯಾಸಂಗ ಮಾಡಲು ಇಚ್ಛಿಸುವ ವಿಶೇಷತೆಯವರ ವಿದ್ಯಾರ್ಥಿಗಳಿಂದ ಅರ್ಜಿ ಆಹ್ವಾನಿಸಿದೆ. ವರ್ಷ ಮಾಡಿದ ಅಭ್ಯಾಸದ ಮೇರೆಗೆ 10 ರೊಂದಿಗೆ ಶ್ರೀ ಮುನೀಷಾಪುರ. ಚಿಕ್ಕಬಳ್ಳಿ ಈ ವಿಳಾಸದಲ್ಲಿ ಸಂಸ್ಥೆಗೆ ತಲುಪಿಸಲು ಕೋರಲಾಗಿದೆ.

ತರಬೇತಿ



'ದಿವ್ಯ ತಂಬಾಕು ದೀರೋಧಿ ದಿನ'ದ ಅಂಗವಾಗಿ ಸೋಮವಾರ ಬೆಂಗಳೂರಿನ 'ಕ್ಯಾನ್ ಸೆಂಟರ್ ಆಫ್ ಅಂತಾರಾಜ್ಯ ಸಂಸ್ಥೆಯವರು ತಂಬಾಕು ಸೇನೆಯಿಂದ ಉಚಿತವಾಗಿ ದುಪ್ಪುಕಾರ್ಮಿಗಳ ಒಗ್ಗಿ ಜನ ಜಾಗೃತಿ ಉಂಟು ಮಾಡಲು ವಿಶ್ವವಿಖ್ಯಾತ ಜಾಧವ ಕಾರ್ಯಮಂಡಳಿ ವಿವಿಧ ಭಿತ್ತಿ ಚಿತ್ರಗಳನ್ನು ಹಿಡಿದ ಮಕ್ಕಳು.

ಕಾರ್ಗಿಲ್: 3

ಪ್ರವಾಸಿಗಳ ವಾರ್ತೆ ನವದೆಹಲಿ, ಮೇ 31-ಕಾರ್ಗಿಲ್ ಪರಿಷತ್ ಮತ್ತು ಸೇನಾ ಕಾರ್ಯಾಚರಣೆಯ ಒಗ್ಗಿ ಜನಜನಿತ ಸೇನಾತ್ಮಕ ಉಪ್ಪುಮಿಷನ್ ಸರ್ಕಾರದ ನಿಜವರಿಗಳು ತದ್ವಿರುದ್ಧ ಹೋಕೆ ನೀಡುತ್ತಿರುವುದು ವಿಶೇಷ ಮತ್ತು ಕಾರ್ಗಿಲ್ ಇಂದು ಕುಟುಮಗಿ ಚಿಕ್ಕಿತ್ತು. ಈ ಮಧ್ಯೆ ಪರಿಷತ್ತಿಯನ್ನು ನಿವಾರಿಸುವುದಕ್ಕಿಂದು ಭಾರತಕ್ಕೆ ಘಟಿಸಿ ನೀಡಲಿರುವ ಮಾಹಿತ್ಯಾನದ ವಿವೇಚಾಂಗ ಸೂಚನೆಯ ಸರ್ಕಾರ ವಿಸು ಚರ್ಚಿಸಲಿದೆ ಮತ್ತು ಯಾವ ವಿಷಯವನ್ನು ಪ್ರಸ್ತಾಪಿಸಲಿದೆ ಎಂಬುದನ್ನು ತಿಳಿಯುವುದಿಲ್ಲವೆಂದು ಎಂಬುದನ್ನು ಪ್ರಕಟ ವಿವೇಚಾಂಗ ವಿಭಾಗದ ಮುಖ್ಯಸ್ಥ ಮತ್ತು ವಿವೇಚಾಂಗ ಮಾಹಿತಿ ಮಾಹಿತಿ ರಾಜ್ಯ ಸಚಿವ ಕೆ ನಟವರ್ ಸಿಂಗ್ ಇಂದು

Customer be damned

A new report claims that cigarette manufacturers had the know-how to make cigarette smoking safer, but did not introduce them



Oblivious to safer alternatives

ACCORDING to a report by the Action on Smoking and Health (ASH) and the Imperial Cancer Research Fund, UK, tobacco giants possessed the technology that could have reduced the death toll caused by their products, but did not use them fearing that marketing a 'safer' cigarette would amount to an admission that smoking is dangerous.

An article in the *New Scientist* (Vol 161, No 2176) says that though 58 methods were patented by cigarette manufacturers for cutting levels of toxic chemicals in cigarette smoke, none were introduced. In 1980, British American Tobacco (BAT) filed a patent (US 4182348) by which carbon monoxide and nitric oxide was removed from smoke. A similar patent was registered by Philip Morris in 1981, which claimed to cut levels of hydrogen cyanide.

There are many reasons why these technologies were not adopted. A few experts feel that the cost of implementing these processes could have been a constraint. But the real reason, many feel, is the legal difficulties the companies would have to face in admitting the dangers posed by their products.

Says Clive Bates, director of ASH: "Marketing a cigarette on the basis that it had less of a tasteless gas like carbon monoxide would effectively mean admitting the product was bad for you. Then you would move into the area of product liability with the smoker who has had heart disease made worse by inhaling carbon monoxide."

Interestingly, cigarette companies have introduced lower-tar brands for many years. But they have not said that they are comparatively safer. Instead, they marketed them as tasting milder, says Bates.

A confidential memo written by Patrick Sheehy, the chief executive of BAT in 1986, states: "In attempting to develop a 'safe' cigarette you are, by implication, in danger of being interpreted as accepting that the current product is unsafe and this is not a position I think we should take."

However, Bates' claims have been refuted by Chris Proctor, head of science and regulatory affairs at BAT's London headquarters. These technologies were not developed because they might, in theory, increase levels of other toxic chemicals, says Proctor. But he could not confirm whether BAT had conducted tests to exclude this possibility.

To what extent these technologies could have cut the number of deaths, still remains unclear. Claims Bates: "If you could make cigarettes 10 per cent

less dangerous, that's 12,000 lives saved each year in the UK alone."

Taking the cue, a small company Star Scientific of Petersburg, Virginia, is planning to introduce nitrosamine-free cigarettes next year. Nitrosamines are the most dangerous of substances found in cigarette smoke. Their method is to microwave tobacco to kill the bacteria that creates the right chemical environment for the production of Nitrosamines. The company patented this method (US 5803081) in 1998.

"If their process is effective, it should be applied to cigarette manufacturing everywhere," says John Slade, a specialist in nicotine addiction at the University of Medicine and Dentistry of New Jersey in Newark. "But it might require legislation," he adds. ■

The web widens

Cancer cases in Hong Kong will reach an all-time high, says a study

Cancer cases will rise by 10 per cent in seven years and more than 13,000 cancer patients will die each year in Hong Kong. A document to be discussed at the government's medical services development committee says the number of new cancer cases will reach 22,286 by 2006, compared with 20,231 this year. Cancer has been the number one killer since 1991, accounting for one-third of all deaths in the Southeast Asia.

The Hong Kong Cancer Registry projects that by the year 2006, the total number of cancer deaths will reach 13,724. The seven leading cancers in Hong Kong are lung, liver, colon, breast, nasopharynx, stomach and rectum. Liver cancer is the most dangerous — only five per cent of liver cancer patients survive the first five years — followed by lung cancer (10 to 15 per cent) and stomach cancer (20 per cent).

The five-year survival chance for cancers of the colon, nasopharynx and rectum is 50 per cent. Breast cancer patients have about a 70 per cent chance of surviving five years.

6 JUN 1996

CRICKET IS HOT, ^{6/6/99} ^{D75} _{SMD} SMOKING IS NOT

Players urged to stop promoting cigarette brands

VINAY KRISHNA RASTOGI

LUCKNOW, June 5
THE Indian Society Against Smoking will urge the members of the Indian cricket team to stop promoting cigarette brands.

Professor Rama Kant, president of the society, said promotion by the cricketers inspired youngsters to smoke.

He said a World Health Organisation (WHO) report has established that children between 12 and 17 were prone to start smoking after watching sports events sponsored by cigarette companies.

He condemned the gimmicks which companies resorted to in promoting the smoking habit through mass media.

According to a survey conducted in Lucknow on 818 students of classes 8 to 12, about 13 per cent expressed the desire to smoke, 3.4 per cent were smoking a particular brand and 16 per cent had smoked some other brand after watching the cricket World Cup matches in 1996.

The body against smoking highlighted the fact that the European Union has banned sponsoring of sports events by cigarette companies.

Recently, hundreds of children pledged to check their parents' consumption of tobacco during the anti-tobacco march organised by the Maseeha Cancer Foundation of India in Lucknow.

The foundation urged chief minister Kalyan Singh to declare spitting and smoking in government offices a criminal offence. It also

demanding a ban on sale of *paan masala* and cigarettes near government offices and hospitals and in railway stations.

A Rizvi, the foundation's secretary, said tobacco alone would be responsible for the death of 20 million people by the year 2000.

Cigarette smoking and tobacco chewing is responsible for 45 per cent of mouth cancer cases. Smoking also causes problems during pregnancy.

According to a survey by the department of surgery, King George's Medical College, 60 per cent of smokers and those who chewed tobacco had become addicts before the age of 21. It is difficult to give up the habit formed at a younger age, even if tobacco users intend to quit at a later stage of life.

5 JUN 1995

OMBUDSMEN WILL ENFORCE NORMS IN LETTER AND SPIRIT

Tobacco cos set up panel to track ad code compliance

Javed Sayed
NEW DELHI 4 JUNE

THE tobacco industry has set up a panel of ombudsmen to monitor and ensure compliance with a voluntary marketing and advertising code for cigarette and tobacco companies.

All major cigarette manufacturers such as ITC, Godfrey Philips India (GPI), VST and GTC have agreed to subscribe to the code prepared by the Tobacco Institute of India. The ombudsmen will deal with complaints from all quarters against violation and infringement of the code and the panel's decision will be binding on the subscribers of the code.

The panel includes Deepak Shourie, executive president of *Hindustan Times*; marketing guru Shunu Sen and former industry secretary Suresh Mathur. Retired Justice H R Khanna has been approached to head the committee, sources said.

Besides looking into complaints against infringement of the code, the committee will resolve issues relating to its interpretation and suggest modifications. The panel's recommendations may in-

SMOKERS' CHAMBER

▶ Advertisements shall not make any health claim about tobacco products or smoking



▶ Commercials shall not claim overtly or covertly that smoking or consumption of tobacco products is essential for manliness or female emancipation

▶ Promotion campaigns shall not encourage increased smoking or excessive use of tobacco products

▶ Copy or illustrations that are sexually titillating not to be used

clude revision or withdrawal of advertisements that infringe the code, the sources said.

The 'Voluntary and Self Regulatory Code For Marketing Of Tobacco Products In India', which was updated by the Tobacco Institute in November, 1998, lays down standards for self regulation of marketing of tobacco products including advertising and promotion. The main objective of the code is to ensure that tobacco marketing is directed only at adults. The first meeting

of the panel is expected to take place by the end of this month where the modalities will be finalised, the sources said adding the Tobacco Institute will act as a secretarial body for the panel. All complaints will be sent to the institute, which in turn will forward them to the panel.

The sources said, the institute is holding discussions with All-India Pan Masala and Chewing Tobacco Manufacturers Association and the Bidi Manufacturers' Association about subscription to the voluntary code. Besides ITC, GPI, VST and GTC the other companies that have agreed to subscribe to the code include Reliable Cigarette & Tobacco Industries Ltd, Hyderabad Deccan Cigarette Factory Ltd, Venus Tobacco Co Ltd, Asia Tobacco Company Ltd, Hilton Tobaccos, National Tobacco Co.

The code has imposed several restrictions on tobacco companies preventing them from targeting their promotional campaigns at minors. With several provisions of the code being open to interpretation, an independent panel of ombudsmen is expected to play an important role in effective monitoring of the code.

INDIAN EXPRESS
(BOMBAY)

5 JUN 1999

IMA to petition for inclusion of tobacco in 'drugs' category

PRESS TRUST OF INDIA
NEW DELHI, JUNE 4

5/6/99

D75/1E

THE Indian Medical Association (IMA) here will soon file a public interest litigation (PIL) seeking inclusion of tobacco under the "drugs" category to regulate its sale and distribution in the country.

IMA has consulted lawyers and modalities for filing the PIL are being finalised, Dr Chander Prakash, secretary of IMA Academy of Medical Specialities, told newsmen here on Friday.

A drug, as defined by the Drugs and Cosmetics Act of India, is any substance other than food that causes change in the functioning of the body.

As a total ban on tobacco products was impossible, IMA wanted the government to regulate the sale of tobacco products, he said. Tobacco product packs should carry messages in different languages mentioning ill effects of tobacco.

Once tobacco came under the drugs category, IMA would campaign for including it in the "dangerous drugs" category. Even cultivation of drugs like cocaine is strictly regulated, Prakash said, adding tobacco companies should be sued by lung cancer patients with the help of non-governmental organisations (NGOs).

Political lobbying and money power of tobacco companies were the major bottlenecks in initiating such a measure, he said, adding sponsoring of events by tobacco companies should be stopped first.

He said the railway ban on the sale of cigarettes and bids on platforms and trains should also include other tobacco products like "gutka". Tobacco should be labelled as an addictive drug, Alan Landers, who formerly modelled as the "Winston man" to promote RJ Reynolds tobacco products, said.

Landers, who quit smoking and modelling for tobacco after surviving lung cancer and a bypass heart surgery, said nicotine content in cigarettes could be lowered resulting in lesser health hazards if tobacco came under the "addictive drugs" category.

The warning on cigarette packets should tell that cigarettes cause lung cancer and heart problems, he said. Tobacco companies spend six billion US dollars annually to promote their products, but regarding adverse health effects, they put the blame on the users, a now wiser Landers told newsmen.

Tobacco should not be made freely available in shops and aspiring smokers should be dissuaded, Prakash said. Strict penalty should be imposed on sellers selling tobacco products to children, Landers added.

ರಾಜ್ಯದಲ್ಲಿ 56 ಸಾವಿರ
ಟನ್ ತಂಬಾಕು
ಉತ್ಪಾದನೆ ಗುರಿ

ಮೆಗಳೂರು, ಜೂನ್ 3- ರಾಜ್ಯದಲ್ಲಿ
ಈ ಬಾರಿ ಒಟ್ಟು 56 ಸಾವಿರ ಟನ್
ತಂಬಾಕು ಉತ್ಪಾದಿಸುವ ಗುರಿ ಇದೆ.

ಉದ್ದೇಶಿತ ತಂಬಾಕನ್ನು ರಾಜ್ಯದ
ಸೂಚಾರು 62 ಸಾವಿರ ಹೆಕ್ಟೇರ್
ಪ್ರದೇಶದಲ್ಲಿ ವಿಳಯಲಾಗುವುದು ಎಂದು
ಕೃಷಿ ಇಲಾಖೆ ನಿರ್ದೇಶಕ ಎಂ.ಜ್ಯೋತಿ
ಅವರು ಪ್ರಕಟಣೆಯಲ್ಲಿ
ಸ್ಪಷ್ಟಪಡಿಸಿದ್ದಾರೆ.

ತಂಬಾಕು ಮಂಡಲಿ ನಿಗದಿಪಡಿಸಿರುವ
ಒಟ್ಟು 56 ಸಾವಿರ ಟನ್ ಗುರಿಯು
ತಂಬಾಕಿನ ಉತ್ಪಾದನೆಯಲ್ಲಿ 40 ಸಾವಿರ
ಟನ್ ವಿಎಫ್‌ಸಿ ಮತ್ತು 16 ಸಾವಿರ ಟನ್
ಬೀಡಿ ತಂಬಾಕು ಸೇರಿದೆ ಎಂದು ಅವರು
ಕಳಿಸಿದ್ದಾರೆ.

ಕ್ರ.ಸಂ. 3/6/99.

Say NO to tobacco.

Dr. PANKAJ MEHTA &
CHIPPY GANGJEE

EVERYONE'S always harping about why you shouldn't smoke; how terrible it is for your system and how smoking causes cancer. But you've been smoking for years, and you're hooked. It's easy for the people who don't smoke to talk. Do they have any idea how tough it is to give up? What do they know about 'withdrawal symptoms?' Besides which, it's "my life, isn't it?" Sure, these selfish thoughts might be relevant to you. What about the rest of society?

While everyone talks about nicotine, tobacco tar and carbon monoxide, are you aware that cigarette smoke contains 4000 chemicals?

Read this (these are just some of the chemicals in cigarette smoke):

Acetone = Nail polish remover;
Ammonia = Floor/Toilet cleaner;
Arsenic/Hydrogen Cyanide = Poisons; Butane = Cigarette lighter fluid;
Cadmium = Car battery fluid;
Carbon Monoxide = Vehicle exhaust fumes; DDT = Insecticide;
Methane = Petroleum gas;
Toluene = Industrial solvent. The list goes on.

Normally, you wouldn't consider keeping these frightening chemicals near you. What madness then makes you actually inhale these? Also, you're not a "mass murderer" are you? Then why are you puffing these chemicals out at people around you?

Here're some facts:

Fact 1. 4.5 to 5% of total hospital beds are occupied due to tobacco smoking.

Fact 2. Cigarette smoking causes as many deaths as the annual total of accidents, infections, diabetes, murders and suicides combined.

Fact 3. This one is for all those young, would be 'Beauty Queens' & 'Macho Hunks' who think smoking is the "cool" thing to do: Tobacco is responsible for early wrinkled skin; falling hair; red eyes; discoloured lips/teeth; retarded growth and bad breath. That's the physical part; mind-wise it kills your concentration and can leave you mentally ill through constant use.

Fact 4. Every 1 Kg of Tobacco processing needs 100 to 130 Kg of Wood -smokers are contributing to deforestation.

Fact 5. Weedicides, insecticides and chemical fertilisers required to cultivate tobacco are polluting both ground water and soils, in their areas.

Fact 6. Children who come into contact with tobacco smoke suffer some of these symptoms: frequent cough; pneumonia; colds; asthma; tonsils; poor weight gain; stunting; ear aches; stomach aches; bronchitis and the risk of getting lung or oral cancers through passive smoking.

Let us anticipate your final question! "I've already been a smoker for sooooo long; how's it going to help me if I stop Now???" Here's how, friend:

A. Within 20 minutes the blood pressure and pulse rate drop to the levels before smoking.

B. Within 8 hours, blood levels of Carbon Monoxide and Oxygen return to normal.

C. After 72 hours the lung capacity begins to increase

D. After 3/5 years, the risk of heart disease drops to the level of a non-smoker.

E. Within 10 years, the risk of death due to lung cancer drops to levels of a non-smoker.

(Dr. Pankaj Mehta is Director, Medical Education, Manipal Hospital, Bangalore)

Dear Shelma,

Here's the article as promised.

Regards.

Pankaj

To Deep/SDB -

It has a good presentation style

Deep
10/6/99

JK
15/6.

147
9/6/99
2/6/99
Pankaj

D75

- 1 JUN 1999

1/6/99

WHO to help bring down D75 cost of 'nicotin patch' H

By Our Special Correspondent

NEW DELHI, MAY 31. WHO is working with the pharmaceutical industry to try and bring down the cost of nicotin patch and other pharmacological formulations that have proved to be of help in assisting smokers quit their habit in the developed countries.

The exercise has been undertaken particularly in the context of the steady shift of the tobacco market from the developed to the developing world because of the mounting pressures against the tobacco industry in the former.

Nicotin patch and several other pharmacological formulations have been shown to make a real difference to the smokers' chance of succeeding in their quit attempts, though personal motivation and commitment on the part of the smokers continues to be a *sine qua non* for them to kick their habits. Currently, these formulations are too expensive and are within the reach of only a few in the developing countries.

Announcing the new initiative at a press conference here today, the South East Asia Regional Director of WHO, Dr. Utom Muchtar Rafei, said the WHO was also seriously pursuing an international framework convention on tobacco control — a legal instrument that would address issues as diverse as tobacco advertising and promotion, agricultural diversification, smuggling, taxes and subsidies.

The issue of having such a global tobacco control treaty had come up for discussion at the recently concluded session of the World Health Assembly at Geneva. The Assembly, which was attended by Ministers and other representatives of the 191 member-nations of WHO, decided to start the negotiation process on the framework convention. It is expected to be ready for ratification by 2003.

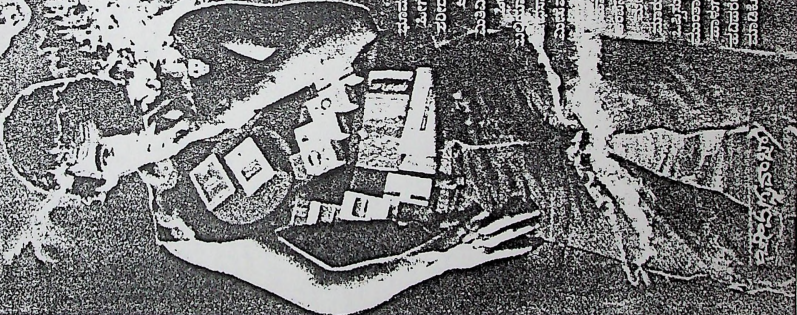
A highlight of the press conference organised in connection with the World No-Tobacco Day was the participation of Mr. Alan Landers, who had played a major role in the promotion of tobacco as a model for a cigarette brand in the U.S., but has since turned into a bitter critic of the tobacco industry after undergoing surgery for lung cancer contracted because of years of smoking.

Making a passionate plea for regulating tobacco products as addictive drugs like heroin and marijuana, he said the tobacco industry, which spent over \$6 billions on their advertisement campaigns to seduce the youth into the habit of smoking, must be taken to court for marketing a product, which they themselves knew was lethal. "Only law suits would make them see reason", he said. On the occasion, Dr. Rafei also presented the WHO award for anti-tobacco work to Dr. P. C. Gupta, senior research scientist at the Mumbai-based Tata Institute of Fundamental Research.

PH-10

ಚಿತ್ರಾಂಶ: ಅ. ಕೆ. ಶರಣ್

ಧೂಮಪಾನದ ಹಾದಿ



ಚಿತ್ರಾಂಶ: ಅ. ಕೆ. ಶರಣ್

ಧೂಮಪಾನದ ಅಪಾಯವು ಉದ್ದಕ್ಕೂ ಉಚಿತವಾಗಿ ಅರಿಯಲ್ಪಟ್ಟು ಬಹು ಸಂಖ್ಯೆಯ ಜನರಿಗೆ ತಿಳಿದು ಬಂದಿದ್ದರೂ, ಕಳೆದ ದಶಕದಲ್ಲಿ ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು, ಇದೇ ಸಮಯದಲ್ಲಿ ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು, ಇದೇ ಸಮಯದಲ್ಲಿ ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು...

ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು, ಇದೇ ಸಮಯದಲ್ಲಿ ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು, ಇದೇ ಸಮಯದಲ್ಲಿ ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು...

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ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು, ಇದೇ ಸಮಯದಲ್ಲಿ ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು, ಇದೇ ಸಮಯದಲ್ಲಿ ಧೂಮಪಾನದ ಅಪಾಯವನ್ನು ತಡೆಗಟ್ಟಲು ಸಾಧ್ಯವಾಗದೆ ಇದ್ದು...

3000 • 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

Published in Tobacco, 11/20/90 - Article on Smoking + Health - for NE by Lusk
for Tobacco Processor File - Newsclippings \$2, 1/20/90

ಸದ ಮೃತ್ಯು ದವಡೆಯಲಿ ಹರೆಯ

ಸದ ಮೃತ್ಯು ದವಡೆಯಲಿ ಹರೆಯ

ದೃಗ್ಗತನ ಪ್ರಸಿದ್ಧ ಕಂಪ್ಯೂಟರ್ ಗಳನ್ನು ತಯಾರಿಸುವ ಕಂಪೆನಿಯೊಂದು ಹದಿಹರೆಯದ ಮಕ್ಕಳು ಕಲಿಯುತ್ತಿದ್ದ ಕಾಲೆಯನ್ನು ಹುಡುಗೊಂದು ಬಂದಿತು. ಕಂಪೆನಿಯ ಅಧಿಕಾರಿಗಳು ತಮ್ಮ ಜತೆಗೆ ಒಂದು ಬ್ಲಕ್ ತುಂಬಾ ತಂದಿದ್ದ ಕಂಪ್ಯೂಟರ್ ಗಳನ್ನು ಕಾಲೆಯ ವಿಜಾತ ಕೊಠಡಿಯಲ್ಲಿ ಜೋಡಿಸಿ ಒಂದು 'ಕಂಪ್ಯೂಟರ್ ಕೇಂದ್ರ'ವನ್ನು ರೂಪಿಸಿದರು. ಕೇಂದ್ರದಲ್ಲಿ ಮಕ್ಕಳಿಗೆ ವಿನೇಸು ಸೌಕರ್ಯ ಬೇಕೋ ಅವನ್ನೆಲ್ಲಾ ಒದಗಿಸಿದರು.

ಕಂಪ್ಯೂಟರ್ ಕಂಪೆನಿಗೆ ಇದು ಧರ್ಮಾರ್ಥ ಕಾರ್ಯವೆನೂ ಆಗಿರಲಿಲ್ಲ. ಕಾಲೆಯಲ್ಲಿ ಆ

ಕಂಪ್ಯೂಟರ್ ಬಳಕೆದಾರರು ಮತ್ತು ಇಂದಿನ ಮಕ್ಕಳೇ ನಾಳೆಯ ಧೂಮಪಾನಿಗಳು ಎಂಬುದೂ ಅಷ್ಟೇ ನಿಜ ಎಂಬುದರ ಅರಿವು ಎರಡೂ ಕಂಪೆನಿಗೆಗೂ ಬೆನ್ನಾಗಿ ಇತ್ತು.

ಈ ಕಂಪೆನಿಯು ಭಾವಿಸಿದ ಹಾಗೆ ಮಕ್ಕಳೇ ಮುಂದಿನ ಮಾರುಕಟ್ಟೆ ಎಂಬುದು ವಿಂಡಿತನಿಜ. ಆದರೆ ಮಕ್ಕಳು ಬರೀ ಗ್ರಾಹಕರಾಗಿ ಬೆಳೆಯುವುದಿಲ್ಲ, ಇನ್ನೂ ವಿನೇಸೋ ಆಗಿ ಬೆಳೆಯುತ್ತಾರೆ. ಉದಾಹರಣೆಗೆ -

ಕ್ಯಾಲಿಫೋರ್ನಿಯಾದ ದಟ್ಟ ಅರಣ್ಯದಲ್ಲಿ ದ್ದ ರೆಡ್‌ವುಡ್ ಮರಗಳ ಮೇಲೆ ಸೂರ್ಯನ ಕಿರಣವೂ ಬೀಳುತ್ತಿರಲಿಲ್ಲ; ಆದರೆ ಕೊಡಲಿ ಹಿಡಿದ ದಾಳಿಗರ ಕಣ್ಣು ಬಿತ್ತು ನೂರಾರು, ಸಾವಿರಾರು ವರ್ಷಗಳಿಂದ ಬೇರುಬಿಟ್ಟು ಬೃಹತ್ ಮರಗಳು ನೆಲಕಚ್ಚಿರಿದ್ದವು. ಅದನ್ನು

ಕಂಪ್ಯೂಟರ್ ಗಳನ್ನು ಬಳಸುತ್ತ ಬೆಳೆಯುವ ಮಕ್ಕಳು ಮುಂದೆ ತಮ್ಮ ಸ್ವಂತ ಕಂಪ್ಯೂಟರ್ ಗಳನ್ನು ಕೊಳ್ಳುವಾಗ ಆದೇ ಬ್ರ್ಯಾಂಡ್ ಬಯಸುವುದು ತೀವ್ರ ಸಹಜ ಎಂಬುದು ಕಂಪೆನಿಯ ಲೆಕ್ಕಾಚಾರವಾಗಿತ್ತು. ಹಾಗೇ 'ಒಗರೇಟ್' ಗಳನ್ನು ತಯಾರಿಸುವ ಭಾರೀ ಕಂಪೆನಿಯೊಂದು ಕೆಲವು ಕಾಲಗಳ ಮಕ್ಕಳನ್ನು ಆಹ್ವಾನಿಸಿ ಕೊಂಡಿತು. ಕಂಪೆನಿಯ ಅಧಿಕಾರಿಗಳು ಮಕ್ಕಳ ಮುಂದೆ ನಾನಾ ಬಗೆಯ ಅಮಿಷಗಳನ್ನು ಹರಡಿ ಅವರನ್ನು ತಮ್ಮ ಬಲಗೆ ಕೆಡವಲು ಯತ್ನಿಸಿದರು. ಬಿ-ಜೆಟ್ ಗಳು, ತಂಪು ಕನ್ನಡಕಗಳು, ಕ್ಯಾಚ್ ಗಳು ಮುಂತಾದ ಉಡುಗೊರಿಗಳನ್ನು ನೀಡಿ ಅವರ ಪ್ರೀತಿ ಗಳಿಸಲು ಶ್ರಮಿಸಿದರು.

ತಂಜಾಲು ಕಂಪೆನಿಗೆ ಇದು ಸಮಜನೀವೂ ಕಾರ್ಯವೆನೂ ಆಗಿರಲಿಲ್ಲ. ಅಧಿಕಾರಿಗಳು ಹಾಗೇ ತನ್ನೊಡನೆ ತಂದಿದ್ದ 'ಕಿಟ್ ಒಗರೇಟ್ ಪ್ಯಾಕ್' ಗಳನ್ನೂ ಮಕ್ಕಳಿಗೆ ಪ್ರಕಟಿಸಿ ಹಂಚಿದರು. ಅವರು ಒಮ್ಮೆ ತಮ್ಮ ಬ್ರ್ಯಾಂಡ್ ನೀಡಲು ಆರಂಭಿಸಿದರೆ ಜೀವನವನ್ನೆ ಅದನ್ನೇ ಅಂಚಿಕೊಳ್ಳುತ್ತಾರೆ ಎಂಬುದು ಕಂಪೆನಿಯ ಲೆಕ್ಕಾಚಾರವಾಗಿತ್ತು.

'ಕ್ಯಾಚ್ ದಿವ್ ಯಂಗ್' ಎನ್ನುವುದು ವಿರಡೂ ಕಂಪೆನಿಗೆಗೆ ದ್ರವ್ಯವಾಗಿತ್ತು. ಇಂದಿನ ಮಕ್ಕಳೇ ನಾಳೆಯ ಪ್ರಜೆಗಳು' ಎಂಬ ನಾಣ್ಯದಿ ಎಮ್ಮೆ ನಿಜವೋ ಇಂದಿನ ಮಕ್ಕಳೇ ನಾಳೆಯ

ಜ್ಯೂನಿಯೊ ಮತ್ತು ಕ್ರಿಸ್ ಗಳಿಗೆ ಹದಿಹರೆಯದಲ್ಲಿರುವ ಸೈಮನ್ ಜಾಕ್ಸನ್, ಚಿಯು ಶೆಂಗ್, ಜೋ ವೆಹ್ನ್ ಮುಂತಾದವರು ಬಾಲ್ಯದಲ್ಲಿ ಪರಂಪರೆಯ ಪ್ರೀತಿಯನ್ನು ಆರಂಭಿಸಿದವರು. ಅವರ ಪರಿವರ ಪ್ರೀತಿಯನ್ನು ಮೆಚ್ಚಿದ 'ಟೈಮ್' ವಾರಪತ್ರಿಕೆ ತನ್ನ ಇತಿಚಿಂತನೆ ಭೂದಿನ ವಿಶೇಷ ಸಂಚಿಕೆಯಲ್ಲಿ ಅವರನ್ನೆಲ್ಲ ಪರಿವರಿಸಿ 'ಮಲಿಂಗ್ ಕ್ಲೇಯ್' 'ಮಲಿಂಗ್ ಕ್ಲೇಯ್' ಗಳೆಂದು ಹೊಗಳಿ ಪ್ರಶಂಸಿಸಿ ಪಂಚಿಯಿಸಿದೆ.

ಇವರ ಪರಿವರ ಪ್ರೀತಿಯ ಹಾಗೆ ಹದಿಹರೆಯದಲ್ಲೇ ಅಸಾಧಾರಣ ಸಂಗೀತ ಪ್ರತಿಭೆ ತೋರುವ, ಅಸಾಮಾನ್ಯ ಜ್ಞಾನ ಪ್ರದರ್ಶನವು, ಅಚ್ಚರಿ ಹುಟ್ಟಿಸುವ ಚಿತ್ರಗಳನ್ನು ದಿಡಿಸುವ, ಅದ್ಭುತ ಸಂಗೀತಧನಗಳನ್ನು ಮಾಡುವ ಅಸಂಖ್ಯಾತ ಮಕ್ಕಳು ಎಲ್ಲ ಕಾಲಕ್ಕೂ ಜಗತ್ತಿನಲ್ಲಿದ್ದಾರೆ. ಆದರೆ ಹದಿಹರೆಯದಲ್ಲೇ ತಂಜಾನಿನ ಚಿಕ್ಕಿ ಬರಿಯಾ ಗುವ ಅಸಂಖ್ಯಾತ ಮಕ್ಕಳು ಜಗತ್ತಿನಲ್ಲಿದ್ದಾರೆ. ಹೀಗಾಗಿ ಕನಸುಗಳು ಮತ್ತು ಗುರಿಗಳ ನಡುವೆ ಅಳವಳಿಕಾದ ಹದಿಹರೆಯ ಹೊಗೆಯ ಹಂದರದಲ್ಲಿ ಸುಲಂಕಿತವಿದೆ.

ವಸಾಯವಿಯ ಹುಟ್ಟು ತಂಜಾಲು ಎಂಬ ಮಾಯವಿ, ಮಾನವ ಕುಲದ ಮೇಲೆ ತನ್ನ ಯಮವಾಚ ಬೀಳಿದ್ದು 2500 ವರ್ಷಗಳನ್ನೂ ಹಿಂದೆ. ತಂಜಾನಿನ ಸ್ಥಳೀಯ ಅಂತರವಾದ 'ಒಗರೇಟ್' ಎಂಬ ಬೀಳುಗದ ಭ್ರಷ್ಟಾಸು ಸುಮಾರು ಐದುನೂರು ವರ್ಷಗಳಿಂದ ಮನುಷ್ಯರಿಗೆ ಮುಟ್ಟುತ್ತ ಅವರನ್ನು ತನ್ನ ಗುಲಾಮರನ್ನಾಗಿ ಮಾಡಿಕೊಂಡಿದ್ದಾರೆ. ಜಗತ್ತಿನಲ್ಲಿ ಪ್ರತಿ ಹದಿಮೂರು ಸೆಂಟ್ ಗಳಿಗೆ ಒಬ್ಬ ಮನುಷ್ಯ ಇದಕ್ಕೆ ಬಲಿಯಾಗುತ್ತಿದ್ದಾನೆ ಎಂದಮೇಲೆ ಈ ಮೃತ್ಯುಬಿಂಬದ ನುಕುಲು ಅಳವಡಿಸಿತು!

ಕಳೆದ ಇಪ್ಪತ್ತನೇ ವರ್ಷಗಳಿಂದ ತಂಜಾಲು ಕಂಪೆನಿಗೆಗಳ ಮಾರಿಕ್ಕಾ ಮಕ್ಕಳ ಮೇಲೆ ಬಿಟ್ಟಿದೆ. ವಿಕರದ ಅವುಗಳ ಅಚ್ಚ ಮತ್ತು ಮಜ್ಜೆ ಇಂಥವು ಮುಂದಿನ ತಲೆಮಾರಿನ ಜನರಲ್ಲಿ ಇಂದಿನ ಹದಿಹರೆಯದ ಮಕ್ಕಳನ್ನೇ ತಮ್ಮ ಮುಂದಿನ ಮದುವೆಕಟ್ಟಿಯನ್ನಾಗಿ ಅವರು ರೂಪಿಸಿಕೊಳ್ಳಬೇಕು. ಹದಿಹರೆಯದವರ ಕಿರಿಯುವ ಕುತೂಹಲ, ಉತ್ಸಾಹ, ಅಸತಿ, ಉಲ್ಲಾಸಗಳು ಫುಟ್ಟುಕುಟ್ಟು ಸಮಯ. ಹದಿಹರೆಯದ ಹೆಸನಾದ ಮನದಲ್ಲಿ ವಿಜಾತರೂ ಬಿಜಿ ಬಿತ್ತರ ಅದು ಹೆಚ್ಚು ರೂಪಿ ಬೆಳೆಯುತ್ತಾ ಹೋಗುತ್ತದೆ. ಈ ಸ್ವಭಾವ ಅರಿತ ತಂಜಾಲು ಕಂಪೆನಿಗೆಗಳು ತಮ್ಮ ಭವಿಷ್ಯಕ್ಕಾಗಿ ಧೂಮಪಾನದ ಜೀವನವನ್ನು ಮಕ್ಕಳಲ್ಲಿ ಬಿತ್ತುತ್ತಿವೆ. ಇದು ಕಂಪೆನಿಗೆಗಳ ಅಳವಡಿಸಿ ಉಳಿಸುವ ಪ್ರಕ್ರಿಯೆ. ಆದರೆ ಅದು ಮುಂದಿನ ಜನರಿಗೇ ಅರೋಗ್ಯದ ಪ್ರತಿ ಕೂಡ.

ತಂಜಾಲು ಸೇವನೆಯಿಂದ ಬರುವ ರೋಗ ಗಂಡಂ ಜಗತ್ತಿನಾದ್ಯಂತ ಪ್ರತಿ ದಿನ 11 ಸಾವಿರ ಜನ ಸುಮಾರು. ಇವರ ಹಾಗಿದ್ದರೆ ಹೊಸ ಹೊಸ ಧೂಮಪಾನಿಗಳನ್ನು ಸೇವಿಸಿ ಮಾಡಿಕೊಂಡರೆ ಮಾತ್ರ ಕಂಪೆನಿಗೆಗಳು ಉಳಿಯುತ್ತವೆ. ಅಲ್ಲದೆ

ತಿಳಿದಾಗ ಹದಿಹರೆಯದ ಜ್ಯೂನಿಯೊ ಹೃದಯ ಬೇರಿತು. ಆ ಹುಡುಗಿ ಕಣ್ಣೇರಿಡುತ್ತ, ಸಾವಿರ ವರ್ಷ ವಯಸ್ಸಿನ ಒಂದು ಮಹಿಳಾ ವ್ಯಕ್ತಿಯನ್ನು ಸರಲನೆ ಎರಿದಳು. ಅದರೊಳಗಿದ್ದ ಪೊಟಿಯಲ್ಲಿ ಮನೆಮಾಡಿದಳು. ಸೌರಶಕ್ತಿ ಬಾಲಿಕೆ ಪೋಸು ಹಿಡಿದು ಅಮೆರಿಕದ ಎಲ್ಲ ಸಮೂಹ ಮಾಧ್ಯಮಗಳ ಜತೆ ಮಾತನಾಡಿ ರೆಡ್‌ವುಡ್ ಮರಗಳನ್ನು ಉಳಿಸಲು ಒತ್ತಾಯಿಸಿದಳು. ಒಂದೆರಡು, 738 ದಿನಗಳ ಕಾಲ ಮರದ ಮೇಲೇ ಇದ್ದ ಜ್ಯೂನಿಯೊ ಹಿಲ್, ಮರ ಉರುಳಿಸುವುದಿಲ್ಲ ಎಂಬ ಅಶ್ವಾಸನೆ ದೊರೆತ ಮೇಲೆ ಕೆಳಗಿಳಿದು ನೆಲಕ್ಕೆ ಕಾಲ್ಗಿಟ್ಟಳು!

ನಿಷ್ಠಾವಂತ ಖ್ಯಾತ ವಾಪ್ ತಾರಿಯಾಗಿರುವ ಜೋಡೆರಿ ಕ್ರಿಸ್ ಎಲಿಯೊನೊ ಮನೀದರಲ್ಲಿ 'ಭೂಮಿತಾಯಿಗೆ ಕರುಣೆ ತೋರಿಸಿ' ಎಂದು ಮಧುರ ಕಂಠದಲ್ಲಿ ಹಾಡಿದರೆ, ಮಾರಿಕ್ಕರೊಂದಿ ನೊಂದಿ ವಾಗ್ವಾ ನಡಿಯೇ ದೊರೆಯಿಟ್ಟು ಹಾಗೆ ಭಾಸವಾಗುತ್ತದೆ. ನಡಿಯಂತೆ ಫಿಲಿಪ್ಪೀನ್ಸ್ ನ ಕಾಡುಮೇಡು, ಹಸಿರುಬೆಟ್ಟಗಳೆಲ್ಲ ತಮ್ಮ ನಿಟ್ಟುಸಿರನ್ನು ಅವಳ ಹಾಡಿನ ಮೂಲಕ ಹೊರಬಿಟ್ಟುತ್ತಿವೆ. ಇತಿಚಿಂತನೆ ಸಂಪಾದಿಸಿದ ಹಣದಿಂದ ಮುಟ್ಟು ಸಾಕುಪ್ಪಾಣಿಗಳ ಅಂಗಡಿಯಲ್ಲಿ ನಾಲ್ಕು ಕಲಾಕರಗಳನ್ನು ಕೊಂಡ ಅವಳು, ಅವನ್ನು ಸೀದಾ ಒಮ್ಮೆ ಅವುಗಳ ಮನೆಯಾದ ಸಮುದ್ರದಲ್ಲಿ ಬಿಟ್ಟು ಬಂದಳು.



ಮುಖ್ಯ
ಸ್ಥಾನದ
ಅಕ್ಕ
ನೀಡಿಕೆ
ಗುಣಿತ
ಸೇನೋ

ರಂಗ
ಬಿ
ನ
ದ



ತಮ್ಮ ಆರೋಗ್ಯ ಕಾರ್ಯಗಳಿಗೆ ಎಲ್ಲ ಹಣವನ್ನು
ವಿಚ್ಛಿ ಮಾಡುತ್ತವೆ ಎಂದು ಆದರಿಸುತ್ತಾ
ಹಣವನ್ನು ತಯಾರು ಕಂಪನಿಗಳು ತಮ್ಮ ಪ್ರಚಾರ
ಕಾರ್ಯಗಳಿಗೆ ವಿಚ್ಛಿ ಮಾಡುತ್ತವೆ. ಇನ್ನೊಂದು
ಹಣ ವಿಚ್ಛಿಗನುವುದರಿಂದ ಹಾನಿ ಯಾರಿಗಾದರೂ
ಇದ್ದರೆ ಅದು 'ಗಿರೋಟ' ಅರ್ಥತಯಾಗುವ
ಮಕ್ಕಳಿಗೆ ಮಾತ್ರ. ಅದು ಬಿಟ್ಟರೆ ತಯಾರು
ಬೆಳೆಕಾರರು ಮತ್ತು ಕಂಪನಿಗಳು, ಜಾಲಕಾರರು
ಸಂಸ್ಥೆಗಳು, ಜಾಲಕಾರರು ಹಣವನ್ನು ಪತ್ತೆಗೆಯುವ
ಮತ್ತು ಟಿ ಬಾಕೆಲ್ ಗಳು, ಬಿಲ್ ಬೋರ್ಡ್ ಮಾರಿಕೆಯ
ಎಲ್ಲರಿಗೂ ತುಂಬಾ ದಾಖಲಾಗುತ್ತದೆ.

ತಯಾರು ಕಂಪನಿಗಳು ಎಂಥ ಹೋಣಾಡಿ
ಗಳಿಂದಲೂ ಮಗು ತನ್ನ ಸುತ್ತಲಿನ ಪ್ರಪಂಚವನ್ನು ಕಣ್ಣು
ಬಿಟ್ಟು ನೋಡಲು ಆರಂಭಿಸುತ್ತಿದ್ದಂತೆ 'ಗಿರೋಟ'
ದ್ರೋಣಗಳ ಅರಿವು ಅದಕ್ಕೆ ಮೂಡುವಂತೆ,
ಎಲ್ಲರೂ ಅದು ಕಣ್ಣಿಗೆ ದಾಖಲಾಗುವಂತೆ ಮಾಡುತ್ತಾರೆ.
ಅಮೆರಿಕದಲ್ಲಿ ಒಂದು ಸಮಾಜ ಸೇವಕಿಯಾಗುವುದು
ವಾಸ್ತವ ಕಲವಾದುದು ವ್ಯಾಜ್ಯ ಮತ್ತು 'ಕ್ರಾಪ್' ಎಂಬ
'ಗಿರೋಟ' ಎಂದು ಗುರುತಿಸುವಂತೆ।
'ಕ್ರಾಪ್' ಅರಿವು ಜನಪ್ರಿಯ 'ಗಿರೋಟ'
ದ್ರೋಣ' ಮತ್ತು ಬೆಳೆಯುವುದಕ್ಕೆ ಕಾಯುವ
ಕಂಪನಿಗಳು ಎಂಬ ವರ್ಗದವರು ಸ್ವಲ್ಪ ವಯಸ್ಸಿನಲ್ಲಿ
ಅನ್ಯಾಯ ತಮ್ಮ ಹೊಗಳಿಯ ಬಲಿಯಲ್ಲಿ
ಕೆಲವಿರಬಹುದು ನಾನಾ ಬಗೆಯ ಕಸರತುಗಳನ್ನು
ಮಾಡುತ್ತವೆ. ಇಂದಿನಿಂದ ಪ್ರತಿಯೊಂದು
ದೇಶದಲ್ಲೂ ಹದಿನಾರುಕೈ ಬರುವ ಮೊದಲೇ ತಮ್ಮ
ಮೊದಲ 'ಗಿರೋಟ' ಸೇರಿಸುವ ಮಕ್ಕಳ ಸಂಖ್ಯೆ
ದಿನದಿನಕ್ಕೆ ವಿಸ್ತರಿಸಿ ಅಮೆರಿಕದಲ್ಲಿ ಜಾಲಕಾರರಿಗೆ
ವಿವಿಧರ ವೆಚ್ಚ ಮಾಡುವ ಅರಿವು ಜನಪ್ರಿಯ
ದ್ರೋಣಗಳಾದ ಕ್ಯಾಬಲ್, ಮಾರ್ ಬರ್ಟಿ ಮತ್ತು
ನೋವೆಲ್ಟ್ 'ಗಿರೋಟ'ಗಳನ್ನು ಸೇರುವ
ಧೂಮಪಾನಗಳ ವೈಕಿ ಕೆಲವು 86 ಮಂದಿ
ಹದಿನಾರುಕೈಯವರು. ಅಭ್ಯುದರ ಜಾಲಕಾರರು, ಉಗ್ರ
ಪ್ರಚಾರ ಹದಿನಾರುಕೈಯವರು ಮಕ್ಕಳ ಮೇಲೆ ಇನ್ನಿಲ್ಲದ
ಪರಿಣಾಮ ಬೀರಿ ಅವರು ಸುಲಭವಾಗಿ
ಮರುಳಾಗುವಂತೆ ಮಾಡುತ್ತವೆ.

ತಯಾರು ಕಂಪನಿಗಳು ಹದಿನಾರುಕೈಯವರು ಮಕ್ಕಳ
ಅಪಕೃತ್ಯ ವನವನ್ನು ಕೈಬಿಟ್ಟು ಜಾಣ್ಮೆ ಮಾಡುವಂತೆ
ಬಿಡುಗಡೆ ಮಾಡುತ್ತವೆ. ಮೊದಲಿಗೆ ಧೂಮಪಾನ ಒಂದು
ಕಟ್ಟು ಹವ್ಯಾಸ. ಅದರಿಂದ ಆರೋಗ್ಯಕ್ಕೆ ಹಾನಿ
ಎಂಬುದನ್ನು ಎಲ್ಲರೂ ಎಚ್ಚರಿಕೆಯಿಂದ ತಿಳಿದು
ದೇಶಗಳಲ್ಲಿ 'ಧೂಮಪಾನದಿಂದ ಆರೋಗ್ಯಕ್ಕೆ
ಹಾನಿಯಿದೆ' ಎಂಬ ಎಚ್ಚರಿಕೆ 'ಹಾಕಿಬೇಕೆಂದು
ಕಾನೂನುಬಾಹಿರ ಅದನ್ನು ಜಾರಿಗೊಳಿಸಿ ಮೇಲೆ ಮಕ್ಕಳು
ಜಾಲಕಾರರಲ್ಲಿ ಸಣ್ಣಪುಟ್ಟ ಅಕ್ಕಿಗಳಲ್ಲಿ
ಹಾಕಲಾಗುತ್ತದೆ.) ಧೂಮಪಾನದಿಂದಾಗುವ
ಹಾನಿಯ ಬದಲಿಗೆ, 'ಗಿರೋಟ'ಗಳಲ್ಲಿ ಇಲ್ಲದ
ಗುಣಗಳನ್ನು ಹಾಕಿ ಹೋಗಲಾಗುತ್ತದೆ. 'ಗಿರೋಟ'
ಸೇರುವುದು ಸಂಕೇತ, ಉತ್ಪನ್ನ ನೀಡುತ್ತದೆ,
ತೃಪ್ತಿ ಕೊಡುತ್ತದೆ, ಮನಸ್ಸನ್ನು ರಿಲಾಕ್ಸ್ ಮಾಡುತ್ತದೆ,
ಕೆಲಸಕ್ಕೆ ಮುಂದುವರಿಸುತ್ತದೆ, ಆತಂಕ, ವಿರಕ್ತಿ
ದೂರವಿಡುತ್ತದೆ ಎಂದೆಲ್ಲಾ ಬೇರೇ ಬೇರೆ ಮಕ್ಕಳನ್ನು
ಉತ್ತೇಜಿಸಲಾಗುತ್ತದೆ. ಧೂಮಪಾನ ಸುಲಭವಾದ
ವ್ಯವಸ್ಥೆ, ಸಾಧ್ಯತೆ, ಗಂಡಸರಂತೆ ಪ್ರತೀಕ

**ಅಮೆರಿಕದ ಎಷ್ಟೋ ಕಂಪನಿಗಳಲ್ಲಿ
ಒಬ್ಬ ಉದ್ಯೋಗಿ ಕೆಲಸದ
ಅವಧಿಯಲ್ಲಿ 'ಗಿರೋಟ' ಸೇರಿದವರಿಗೆ
ವಾರಕ್ಕೆ ಎರಡರಿಂದ ಮತ್ತು ಡ್ರಾಲರ್
ಬೋನಸ್ ಪಡೆಯುತ್ತಾನೆ. ಮೂರು
ತಿಂಗಳ ಕಾಲ ಸೇರಿದ ಪ್ರತೀಕ
ಬಿಟ್ಟು ಬಿಟ್ಟರೆ ನಗರದ ಡ್ರಾಲರ್ ಗಳ
ಬಹುಮಾನ ಪಡೆಯುತ್ತಾನೆ.**

ಎಂದು ವರ್ತಿಸುತ್ತವೆ. 'ನೀವು ಜೀವನದಲ್ಲಿ
ವಿನೂದರೂ ಸಾಧಿಸಿ ಬೇಕಾದರೆ, ಜೀವನದಲ್ಲಿ
ಸುಖ ಪಡಬೇಕಾದರೆ ನಮ್ಮ 'ಗಿರೋಟ'
ಸೇರಿಸಬೇಕು' ಎಂದು ಜಾಲಕಾರರು ಮಾಡದ
ತಯಾರು ಕಂಪನಿಯೇ ಇಲ್ಲ. 'ಗಿರೋಟ'
ಸೇರುವುದು ಸ್ವಾತಂತ್ರ್ಯ ಪಡೆದಂತೆ ಎಂದು
ಒಂದು ದ್ರೋಣ ಹೇಳಿದರೆ 'ಗಿರೋಟ'
ಸೇರುವುದು ಪೌರುಷದ ಸಂಕೇತ ಎಂದು
ಇನ್ನೊಂದು ಹೇಳುತ್ತದೆ।

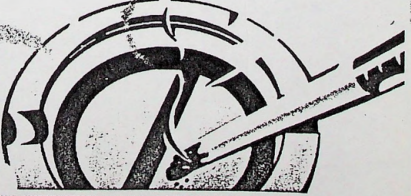
ಹುಡುಗಿಯರು ನಿಮ್ಮನ್ನು ಮೆಚ್ಚಿಬೇಕಾದರೆ
'ಗಿರೋಟ' ಸೇರಿಸಬೇಕು. 'ಅದರಿಂದ ನಿಮ್ಮಲ್ಲಿ
ಅವರಲ್ಲಿ ಪ್ರಣಯ ಉತ್ಪತ್ತಿ ಎಂದು ಹೇಳುವ
ನೀಚತನಕ್ಕೂ ಕಂಪನಿಗಳು ಇರಿಯುತ್ತವೆ.
'ಗಿರೋಟ' ಸೇರುವುದು ಉತ್ಪತ್ತಿ ಜೀವನ ಕ್ರಿಯೆ,
ಸುಖ ಸಂತೋಷ ಉತ್ಪತ್ತಿ, ನಿಮ್ಮ ಸ್ವಂತ ಶೈಲಿ, ನಿಮ್ಮ
'ಮನೋಬೋಧನೆ' ಇವುಗಳಿಗೆ ಸಹಾಯಕ. ಇದು
ಸುಖ ಸಂತೋಷ, ಸುಸಂಸ್ಕೃತರ ಹವ್ಯಾಸ, ನೀವು
'ಗಿರೋಟ' ಅಪನಾಸಿಗಾರ ಕೆಲಸ ಮಾಡುವ ಸೇರುವ
ಶೈಲಿಯನ್ನು ಇಮೇಜ್ ಸ್ವೀಕರಿಸಬೇಕು ಇದ್ದುಹೋಗಿ
ಎಂದೆಲ್ಲಾ ಮಕ್ಕಳ ಮನಸ್ಸಿನಲ್ಲಿ ಬಿತ್ತುತ್ತವೆ.

ಧೂಮಪಾನದಲ್ಲಿ ಇನ್ನೆಲ್ಲಾ ಇರುವುದಾದರೆ
ಅದನ್ನೇ 'ಮಾಡಿದವರು' ಎಂದು ಮಕ್ಕಳಿಗೆ
ಅನ್ನಿಸುವುದು ಸಹಜ. ಇದು ಸಾಲದೊಬ್ಬಂತೆ
ತಯಾರು ಕಂಪನಿಗಳು ಮಕ್ಕಳನ್ನು ಅರ್ಚಿಸಲು
ಅವರಿಗೆ ಬೇಕಾದ ಹಾಡುಗಳ ಕ್ಯಾಪ್ ಗಳು,
ಅಟದ ಸಾಮಗ್ರಿಗಳು, ಕ್ಯಾಪ್ ಗಳು, ಅವರ ನಿಟ್ಟು
ತಾರಿಯರ ಪೋಸ್ಟರ್ ಗಳು, ಬಿ - ಪರ್ಚ್ ಗಳು,
ಕೇ ಬ್ರೆನ್ ಗಳು, ಪಿನ್ ಬಾಕ್ ಗಳು,
ಮುಂತಾದುವನ್ನು ಪ್ರತಿಯೊಬ್ಬ ಹುಡುಗಿಯರು
ಮಕ್ಕಳ ಮೇಲೆ ಪೋ ಕಾರ್ಯ ಮಾಡುವುದರಲ್ಲಿ ಅದರ

ಪ್ರಯೋಜನವನ್ನು ಧೂಮಪಾನದಂತೆ. ಇದರಿಂದ
ತಯಾರು ಕಂಪನಿಗಳು ತಮ್ಮ ಸ್ವೀಕೃತರ ಎಂಬ
ಬಿಟ್ಟು ಉದ್ಯಮಿಯನ್ನು ಮಕ್ಕಳು
ತೆರೆಯಬಹುದು.

ಇದು ಮಕ್ಕಳಿಗೆ ಹದಿನಾರುಕೈಯವರು,
ಯುವಕರಿಗೆ 'ಇಷ್ಟವಾಗುವ' ಸಂಗೀತದ
ಕಾರ್ಯಕ್ರಮಗಳು, ಜಾಲಕಾರ ಪ್ರದರ್ಶನಗಳನ್ನು
ತಯಾರು ಕಂಪನಿಗಳು ಅಪಾರ ವೆಚ್ಚದಲ್ಲಿ
ಪ್ರಯೋಜಿಸುತ್ತವೆ. ಬೇಸಾಬಲ್,
ಫುಲ್ ಬಾಲ್, ಬಿಸ್ಕಾ, ಬೌಲಿಂಗ್,
ದರಿಯರ್ಡ್ ಪಂದ್ಯಗಳಿಗೆ ಅಕ್ಕವಿಲ್ಲದಷ್ಟು
ಮಕ್ಕಳು ಸುರಿಯುತ್ತವೆ. ಕ್ರಿಕೆಟ್ ವಿಚಾರವಂತರೂ
ಹೇಳುವುದೇ ಬೇಡ - ವಿಲ್ ಕೆಪ್, ರಾಫ್ ನ್
ಕೆಪ್, ಬಿಸ್ಕಾ ಅಂಡ್ ಹೆಪ್ ಕೆಪ್ ಎಂದೆಲ್ಲಾ
ಕ್ರಿಕೆಟ್ ಕ್ರೀಡಾಂಗಣದ ತುಂಬಾ 'ಗಿರೋಟ'ಗಳ
ಹೊಗೆಯೇ ತುಂಬಿಕೊಂಡಿದೆ. ಮಕ್ಕಳ ಪಾಲನೆ
ಹೀರೋಗಳಾದ 'ಕ್ರಿಕೆಟ್' ಅಟಿಗಳು
ಹೀರೋಗಳನ್ನು ನೋಡಿಯಲ್ಲಿ 'ಗಿರೋಟ'
ನಿಟ್ಟು ಬಿಟ್ಟರೆ ಪರಿಚಿತರೂ, ಕ್ಯಾಪ್ ಧರಿಸಿ
ನಿಟ್ಟು ಬಿಟ್ಟರೆ ಮಕ್ಕಳ ನಿಟ್ಟು ಸುಂದರ ಅಪಾರ.
ಮಕ್ಕಳ ಮೇಲೆ ಅದನ್ನು ಪರಿಣಾಮ ಬೀರುವ ಈ
'ಗಿರೋಟ' ಮಾಡಲ್ ಗಳು ಅವರ ಆರೋಗ್ಯದ
ವಿಷಯದಲ್ಲಿ 'ಗಿರೋಟ' ಕಂಪನಿಗಳ 'ಜಿಕ್'
'ಮ್ಯಾನ್ ಶಿಂಗ್' ಮಾಡಿಕೊಳ್ಳುತ್ತಾರೆ।

ಚಿತ್ರಕಲೆ, ಗಾಯನ, ಕ್ರೀಡಾಪಟುಗಳು
ಸೇರಿ ಮಕ್ಕಳು ಯಾರನ್ನೂ ಆರಾಧಿಸುತ್ತಾರೋ
ಅವರನ್ನು ಧೂಮಪಾನಿಗಳು ಎಂಬ ನಂಬಿಕೆಯಿಂದ
ಪ್ರಿಯರೂ ತಯಾರು ಕಂಪನಿಗಳು ಶ್ರಮಿಸುತ್ತವೆ.
ಕಾಮಿಕ್ ಹೀರೋ ಅಟಿ ಉಗ್ರ ಬಹಿಷ್ಕಾರಗಳ
ಕಾಲ ಸದಾ ನಡೆಯುತ್ತಿತ್ತು. 'ಗಿರೋಟ'
ಕೈಬಿಟ್ಟುಕೊಂಡಿದ್ದು, ಅವನರ ಧೂಮಪಾನ
ವಿರೋಧಿ ಪ್ರಚಾರದಿಂದಲೇ ಅದನ್ನು ಜನಪ್ರಿಯ
ಮಕ್ಕಳ ಪಾಲಿಗೆ ಪೌರುಷದ ಪ್ರತೀಕವಾದ
ಸಿರಿಮಾ ಹೀರೋಗಳು ಪ್ರೇಮಿಸಿ ಬೊಂಬಡಿ
ಇರುವಾಗ, ಕಪ್ಪೆ ಸಿಗ್ನಾ, ಸಾಂಡಿ
ಉದಾಹರಣೆಗಳು ರೂಪಿಸುವ 'ಗಿರೋಟ'
ಹಕ್ಕು ತಾರೆ. ಅವರ ವಿಚಾರವರ ಸಂಗತಿ
'ಗಿರೋಟ' ಆಗಿರುತ್ತದೆ. ಹಾರಿವರ್ಡ್,
ಬಾರ್ಬಿಕ್ ನಟರಿಂದ, ನಮ್ಮವರೇ ಅದರ
ಬೆಳಕಿನಿಂದ ಕೂಡ ಸಿರಿಮಗಳಲ್ಲಿ
ಇರಿಸಲಾಗುವ ಬಹುಮಾನ ದೂರದಿಂದ
ಎನಿಸಿಕೊಳ್ಳುತ್ತವೆ. ಕಡಿಗಿರುವುದು, ಶೈಲರ್



ಹೊತ್ತಿಗಿದ್ದು ಮುಂದೆ ಕ್ಷುಲ್ಲಕ ವಿಚಾರಗಳು 'ರೂನೀಕಾಂತ್ ಸ್ಟೀಲ್' ಅಧಿಸಿಕೊಂಡು ಸಣ್ಣ ವಯಸ್ಸಿನವರನ್ನು ಸೆಳೆಯುತ್ತದೆ.

ಸಂಗೀತ ಕಾರ್ಯಕ್ರಮಗಳು, ಅವರಾಗಳು ಪಂದ್ಯಾವಳಿಗಳ ಮೂಲಕ ಮಾಡುವುದರ ಹರಿಹರಿಯದ ಹುಡುಗಿಯರನ್ನೂ ವಿಶೇಷವಾಗಿ ಸೆಳೆಯಲು ತಂದಾಟು ಕಂಪನಿಗಳು ಅಲ್ಲದ ಪ್ರಚಾರ ನಡೆಸುತ್ತಿವೆ. ಸ್ಕಾರ್ಲೆಟ್ ಸೇರುವುದರಿಂದ ಸ್ವಾತಂತ್ರ್ಯ ಮತ್ತು ಸ್ವತಂತ್ರತೆಯ ಪ್ರತೀಕ, ನಿಮ್ಮನ್ನು ಮುಕ್ತಿಯ ಸಂಪ್ರದಾಯದ, ಕಂದಾಚಾರದ ಸಂಕೋಲೆಗಳನ್ನು ಕಳಚಿಕೊಳ್ಳಲು ಧೂಮಪಾನ ಮಾಡಿ ಎಂದು ಪ್ರತ್ಯಕ್ಷವಾಗಿ, ಪರೋಕ್ಷವಾಗಿ ಒತ್ತಾಯಿಸುತ್ತದೆ. 'ಪ್ಲೀ ಸ್ವಾತಂತ್ರ್ಯ' ಅಂದರೆ, 'ಸಮಾಜ' ಅಂದರೆ ಸ್ಕಾರ್ಲೆಟ್ ಸೇರುವುದು ಎಂಬ ಸಮೀಕರಣ ಮುಂದಿಡುತ್ತದೆ. ಹುಡುಗರಂತೆಯೇ,



ಹುಡುಗರಿಗೆ ಸಮಾನರಾಗಲು ಧೂಮಪಾನವೇ ದಾರಿ ಎಂದು ಪ್ರಚೋದನೆ ನೀಡುತ್ತದೆ. ಹುಡುಗರ ಹಾಗೆ ಧೈರ್ಯದಾರಿಗಳಾಗಲು, 'ಸಾಮಗ್ರಿಗಳಾಗಲು ಸ್ಕಾರ್ಲೆಟ್ ಸೇರುವುದು ಎಂದು ಹುಡುಗಿಯರು ಛಾವಿಮಂತ್ರ ಕಂಪನಿಗಳು ಪ್ರಚಾರ ಮಾಡುತ್ತವೆ. ಸ್ಕಾರ್ಲೆಟ್ ಸೇರುವುದರಿಂದ ನಾವು "ಫ್ಯಾಷನಬಲ್, ಫಾರ್ಟರ್, ಫಾ ಲಿಂಗ್ ಮತ್ತು ಫಾಸ್ಟ್" ಆಗುತ್ತೇವೆ ಎಂದು ಹುಡುಗಿಯರು ಪ್ರಮಿಸುವಂತೆ ಮಾಡುತ್ತದೆ.

ಇದು ಸಾಲದೆಂಬಂತೆ, ಸುಮಾರು ಮಲೆಯಾಳದ ನಿಮ್ಮಗೆ ಹೊಂದುವಂತೆ ಕಡಿಮೆ ಜಾರ್ಸನ್ ಮತ್ತು ಸ್ಕಾರ್ಲೆಟ್‌ಗಳನ್ನು ತಯಾರಿಸಿಕೊಡುತ್ತೇವೆ, ನಿರ್ಮೋಚನೆಯಿಂದ ಸೇರಿ ಎಂದು ಕಂಪನಿಗಳು ಹುಡುಗಿಯರಿಗೆ ಬೆರಗು ಮಾಡಿ, ಗಳನ್ನು ಪ್ರಸ್ತುತಪಡಿಸುತ್ತವೆ. ಯಶಸ್ವಿ ಪುರುಷನ ಹಾಗೆ ಯಶಸ್ವಿ ಮಹಿಳೆಯೂ ಸ್ಕಾರ್ಲೆಟ್ ಸೇರುತ್ತಾಳೆ ಎಂದು ಹುಡುಗಿಯರು ಛಾವಿಮಂತ್ರ ವಂತೆ ಶ್ರಮಿಸುತ್ತವೆ. ಹೀಗಾಗಿ ನಾಗರಿಕ ಸಮಾಜದಲ್ಲಿ ಹುಡುಗಿಯರು ಧೂಮಪಾನಕ್ಕೆ ಒಲಿಯುವ ಪ್ರವೃತ್ತಿ ಬೆಳೆದಿರುವುದನ್ನು ಹೆಚ್ಚುತ್ತಿದೆ.

ಪ್ರತಿಭಟನೆಯ ಸಂಕೇತ
ಹರಿಹರಿಯದಲ್ಲಿ ಎಲ್ಲವನ್ನೂ ಪ್ರತಿನಿಧಿಸುವ, ಯಾವುದನ್ನೂ ಬದಪಟ್ಟಿಗೆ ಒಪ್ಪಿಕೊಳ್ಳದೆ ಧಿಕ್ಕರಿಸುವ ಮನೋಭಾವ ಇರುತ್ತದೆ. ಆದರೆ ಕಟ್ಟುನಿಟ್ಟು, ಶಿಕ್ಷಣ ಪ್ರತಿಸ್ಪರ್ಧೆ ಮತ್ತು ಹಿರಿಯರ ಆದೇಶವನ್ನು ಉಲ್ಲಂಘಿಸಲು ಹರಿಹರಿಯದವರು ಸ್ಕಾರ್ಲೆಟ್ ಸೇರುವುದನ್ನು ಸಂಕೇತವಾಗಿ ಅರಿತುಕೊಳ್ಳುತ್ತಾರೆ! ಹರಿಹರಿಯಕ್ಕೆ ಕಾರಿಡು ವಾಗ ಹುಡುಗ, ಹುಡುಗಿಯರಲ್ಲಿ ಅನೇಕ ದೈಹಿಕ ಮತ್ತು ಲೈಂಗಿಕ ಬದಲಾವಣೆಗಳು ಇರುತ್ತವೆ. ಬಾಲ್ಯದಿಂದ ಕೌಮಾರ್ಯಕ್ಕೆ, ಮುಂದೆ ಕೌಮಾರ್ಯದಿಂದ ಯೌವನಕ್ಕೆ ಕಾರಿಡುವ

ಸಮಯದಲ್ಲಿ ಕುಟುಂಬ, ಶಾಲೆ- ಕಾಲೇಜಿನ ಹೊಸ ಬೇಡಿಕೆಗಳಿಗೆ ಹೊಂದಿಕೊಳ್ಳುವ ತಲಾತಲೆಯಲ್ಲಿ ಮಾನಸಿಕವಾಗಿ ಗೊಂದಲಗಳು ಕೆತ್ತಿರಿದಿರುತ್ತವೆ. ಸಮಾಜ ತಮ್ಮಿಂದ ಅಪೇಕ್ಷಿಸುವ ಒಳ್ಳೆಯ ವರ್ತನೆ, ಸಾಧನೆ ಇವುಗಳು ಅವರ ವಾಲಿಗೆ ತುಂಬಾ ಒತ್ತಡ ಹೇರುತ್ತವೆ. ಬಾಲ್ಯದಲ್ಲಿ ತಂದೆತಾಯಿಯರ ಮಡಿಲಲ್ಲೇ ಆಶ್ರಯವಿದ್ದ ಅವರು ಈಗ ಅದರಿಂದ ದೂರ ಬಂದು ಗೆಲೆಯ

ಜನಗಿಂತ ಕೆಲವು ಪ್ರಸಿದ್ಧ ಕಂಪನಿಗಳಲ್ಲಿ ಧೂಮಪಾನಿಯಾಗಿದ್ದರೆ ಕೆಲವು ಸಿಗುವುದಿಲ್ಲ. ಇನ್ನು ಕೆಲವು ಕಂಪನಿಗಳು ಕೆಲವಕ್ಕೆ ಸಂದರ್ಶನವನ್ನೂ ಕೊಡುವುದಿಲ್ಲ.

ಗೆಳೆತಿಯರನ್ನು ಮಾನಸಿಕವಾಗಿ ಆಶ್ರಯಿಸುತ್ತಾರೆ. ತಳಮಳ, ತವಕ, ತಲ್ಲಣಗಳು ತುಂಬಿದ ಈ ಸಮಯದಲ್ಲಿ ಒಂದಿಷ್ಟು ಬೇಸರ, ಒಂದು ಸಣ್ಣ ಸೋಲು ಕೂಡ ಅವರ ವಾಲಿಗೆ ಭೋಲರವಾಗಿ ಕಾಣುತ್ತದೆ. ತಂದೆ ಗದರದನೆಂದು; ತಾಯಿ ಲಾಟು ಹಾಕುವುದು ತಡಮಾಡಿದಳೆಂದು ಅತ್ಯಹತ್ಯೆ ಮಾಡಿಕೊಳ್ಳುವ ಹುಡುಗ, ಹುಡುಗಿಯರ ಕಥೆಗಳನ್ನು ನಾವು ಕೇಳುವುದುಂಟು. ಹರಿಹರಿಯದವರ ಅಂಥ ಸೂಕ್ಷ್ಮ ಸಂದರ್ಭದಲ್ಲಿ ಮಾನಸಿಕ ವಾಗಿ ವಿಚಾರದೂ ಆಸರೆ ಬೇಸಿಗಿಡಾಗುವ ಸುಲಭ ದಾಗಿ ಸ್ಕಾರ್ಲೆಟ್ ಎಂಬ ಸಣ್ಣ ಕಡ್ಡಿ ಅವರ ವಾಲಿಗೆ ದೊಡ್ಡ ಲಾಠಿಯಾಗಿಯೇ ಆಗಿಬಿಡುತ್ತದೆ.

ಹರಿಹರಿಯದ ಮಕ್ಕಳು ಸ್ಕಾರ್ಲೆಟ್‌ನಿಂದ ಆಕರ್ಷಿತರಾಗುವ ಬಗೆಯ ಬಗ್ಗೆ ಹಲವಾರು ಸಂದೇಶಗಳನ್ನು, ಸಮೀಕ್ಷೆಗಳನ್ನು ಸೇರಿಸಿವೆ. ಅದರಲ್ಲಿ ಮುಖ್ಯವಾಗಿ ಮೂರು ಪ್ರಭಾಗಗಳನ್ನು ಗುರುತಿಸಲಾಗಿದೆ: ಮೊದಲನೆಯದು, ನಿರೀಕ್ಷೆಯಂತೆ ಜಾಹೀರಾತಿನ ಪ್ರಭಾವ, ಎರಡನೆಯದು ಓರಗಿಯವರ ಒತ್ತಾಯ (ಪೀರ್ ಪ್ರೆಷರ್), ಮೂರನೆಯದು ತಂದೆತಾಯಿಯರ ಧೂಮಪಾನದ ಅಭ್ಯಾಸದ ಪ್ರಭಾವ. ಕಂಡವರ ಮಕ್ಕಳನ್ನು ಧೂಮಪಾನದ ಬಾವಿಗೆ ತಳ್ಳಿ ತಾವು ಲಾಭ ಮಾಡಿಕೊಳ್ಳುವ ತಂದೆತಾಯಿ ಕಂಪನಿಗಳು ಬೆಲೆಗಳೆ, ಬುರುಡೆಗಳು ತುಂಬಿದ ಪ್ರತ್ಯಕ್ಷ ಮತ್ತು ಪರೋಕ್ಷ ಪ್ರಚಾರದ ಮೂಲಕ ಮಕ್ಕಳ ಮೇಲೆ ಒತ್ತಡ ಹೇರುತ್ತವೆ. ಹರಿಹರಿಯದಲ್ಲಿ ಗೆಲೆಯು - ಗೆಳೆಯರ ರೀತಿಯವಾಗಲು ಗೆಲೆಯ ಪ್ರಮಾಣವಾಗಿ, ಅವರನ್ನು ಅನುಕರಿಸುವ, ಅವರು ಹೇಳಿದಂತೆ ಕೇಳುವ ಪ್ರವೃತ್ತಿ ಹೆಚ್ಚಾಗುತ್ತದೆ. ಅವರನ್ನು ಮೆಚ್ಚಿಸಲು, ಅವರಿಗಿಂತ ನಾನು ಕಡಿಮೆಯಲ್ಲ ಎಂದು



ಕುಟುಂಬದ ರಾಜಕೀಯ!

ಕುಟುಂಬದ ರಾಜಕೀಯದ ಬಗ್ಗೆಯೇ ಹೇಳುವುದು ಸರಿಯಾದ ವಿಷಯವಲ್ಲ. ಕುಟುಂಬದ ರಾಜಕೀಯವು ಎಂದರೆ, ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ.

16 ನೇ ಶತಮಾನದ ಕಾಲದಿಂದಲೂ ಕುಟುಂಬದ ರಾಜಕೀಯವು ಮಹತ್ವವನ್ನು ಪಡೆದುಕೊಂಡಿದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ.

ಕುಟುಂಬದ ರಾಜಕೀಯವು ಮಹತ್ವವನ್ನು ಪಡೆದುಕೊಂಡಿದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ.

ಕುಟುಂಬದ ರಾಜಕೀಯವು ಮಹತ್ವವನ್ನು ಪಡೆದುಕೊಂಡಿದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ.



ಮುಖಪುಟ ಲೇಖನ

ಕುಟುಂಬದ ರಾಜಕೀಯವು ಮಹತ್ವವನ್ನು ಪಡೆದುಕೊಂಡಿದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ.

ಕುಟುಂಬದ ರಾಜಕೀಯವು ಮಹತ್ವವನ್ನು ಪಡೆದುಕೊಂಡಿದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ. ಇದು ಕುಟುಂಬದ ಸದಸ್ಯರ ನಡುವಿನ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸುತ್ತದೆ.

ಧೂಮಪಾನ ಮತ್ತು ಆರೋಗ್ಯಕ್ಕೆ ಅಪರ ಸಂಬಂಧವನ್ನು ದೃಢೀಕರಿಸಿ ಸಂಶೋಧನೆಗಳು ವಿವರವಾದವು ಹೀಗೆ: ಕೇವಲ ಒಂದು ಗ್ರಾಂ ರೇಷನ್‌ನಲ್ಲಿರುವ ನಿಕೋಟಿನ್ ಪ್ರಮಾಣವನ್ನು ಒಬ್ಬ ವ್ಯಕ್ತಿಯ ಸರಮೂಲೆಗೆ ಸೇರಿಸಿದಾಗ, ಹುಟ್ಟಿದರೆ ಅದನ್ನು ಸಕ್ರಿಯವಾಗಿಸಬಹುದು. ಆದರೆ ಆ ಗ್ರಾಂಟನ್ನು ಸೇರಿಸಿದಾಗ ಇದರಲ್ಲಿ ಕೇವಲ 10 ಭಾಗ ಮಾತ್ರ ನಿರ್ವಹಿಸಿದಾಗ ಅದರ ದೇಹದ ಒಳಗೆ ಸೇರುತ್ತದೆ. ಹೀಗಾಗಿ ಗ್ರಾಂಟು ಸೇರಿಸಿದ ಮುಪ್ಪುಕಾಯ ಸ್ವಲ್ಪ ದೋಷವನ್ನು ಸಲ್ಲಿ ಇರುತ್ತದೆ.

ಗ್ರಾಂಟು ಸೇರುವಾಗ ಒಂದು ಟಾರ್ ಪಫ್ ಮೂರರಿಂದ ಐದರಿಂದ ವರೆಗೆ ಉಂಟಾಗುತ್ತದೆ. ಹೀಗೆ ಒಂದು ಟಾರ್ ಅನ್ನು 18 ಮಿ.ಲಿ. ಗಾಳಿಯನ್ನು 'ಟಾರ್' ಎಂಬ ಅನಾಹಾರಿ ಅಳವಡಿಸುತ್ತದೆ. ಈ ಟಾರ್‌ನ ಒಂದು ಹಸಿ, ಸೂಪರ್‌ಮೇನಿಯ ಹತ್ತು ಸಾವಿರದೊಂದು ಘಾಟಿಕೆಯೂ ಸಣ್ಣದಾದರು ತದೆ. ಗ್ರಾಂಟು ಸೇರುವಾಗ ವ್ಯಕ್ತಿಯ ದೇಹವೇಳೆಗೆ ಕೋಟಿ ಗಟ್ಟಿ ಟಾರ್ ಹರಿಗು ಸೇರುತ್ತದೆ.

ಗ್ರಾಂಟು ಹೊಗೆಯಲ್ಲಿ ಹೋಗಿ ಅನಿಲ ಗಣ್ಯ ಅದರಲ್ಲಿ ಕಾರ್ಬನ್ ಪಿನ್‌ಟಾಕ್ಸ್‌ಡ್ ಎಂಬ ಅತ್ಯಂತ ಕಟ್ಟು ಅನಿಲ, ದೇಹದಲ್ಲಿ ಅದ್ವಾನೇಕದ ಪೂರೈಕೆಯನ್ನು ತಡೆಯುತ್ತದೆ. ಧೂಮಪಾನಗಳ ದೇಹದಲ್ಲಿ ಹರಿಯುವ ರಕ್ತದಲ್ಲಿ ಕೇವಲ 15ರಷ್ಟು ಪ್ರಮಾಣದ ರಕ್ತವು ಅದ್ವಾನೇಕದ ಬದಲು ಈ ಕಟ್ಟು ಕಾರ್ಬನ್ ಪಿನ್‌ಟಾಕ್ಸ್‌ಡ್‌ನೇ ಹೆಚ್ಚು ಕೊಂಡು ಹರಿಯುತ್ತದೆ. ಇದರಲ್ಲಿ ನಿಕೋಟಿನ್ (ಜಿಎಫ್‌ಕೆಇಫ್), ಫೈನ್ಯೋನ್ ಸಯನ್ನಿಡ್ (ಇಲಿ ಪಾಪಾನ್), ಅಲಿಕೋನ್ (ಉಗುರಿನ ಬಗ್ಗು), ಫೈನ್ಯಾಸ್ಟಿನ್ (ಫಾಕ್ಟ್ ಇಂಥನ್), ಅಮೋನಿಯಂ, ಫೆರೋಸಿನ್ ಇರುತ್ತದೆ. ಪೋಲಿನಿಯಂ-210 ಮುಂತಾದ ರೇಡಿಯೋ ಆಕ್ಟಿವ್ ರಾಸಾಯನಿಕಗಳೂ ಇರುತ್ತವೆ. ಗ್ರಾಂಟುಗಳಲ್ಲಿ ಎರಡರಿಂದ ನಾಲ್ಕು ಸಾವಿರ ರಾಸಾಯನಿಕ ಪದಗಳೂ ಇವೆ ಎಂದು ಸಂಶೋಧಕರಾಗಿದೆ. ಒಂದು ಗ್ರಾಂಟು ಹೋಪ್‌ಟಾನ್ ಇಷ್ಟು ಸಾವಿರ ಅಂಶಗಳೂ ಕೆಲವು ಮಾತ್ರವೆಂದಿರುವರೆ ಒಂದು ರಾಸಾಯನಿಕ ಕಾರ್ಬಾನ್‌ನಿಯೂಟ್ರಿ ಲಾವುಗುಟ್ಟು ಕೊಂಡಂತೆ!

ಧೂಮಪಾನ ಮತ್ತು ಆರೋಗ್ಯ ಕುರಿತು ಜಗತ್ತಿನಲ್ಲಿ ಅನೇಕ ಅಧ್ಯಯನಗಳು 50 ಸಾವಿರ ಸಂವಿಧಾನವು ದಾಖಲೆಗೊಂಡಿವೆ ಎಂಬ ಅಂದಾಜಿದೆ. ಸಂಶೋಧನೆಗಳು ಒಟ್ಟು ಫಲಿತಾಂಶವನ್ನು ಕ್ರೋಡೀಕರಿಸುವುದಾದರೆ: ಧೂಮಪಾನದಿಂದ ಮುಖ್ಯವಾಗಿ ಶ್ವಾಸಕೋಶ ಮತ್ತು ಹೃದಯಕ್ಕೆ ತೊಂದರೆಯಾಗುತ್ತದೆ. ಗ್ರಾಂಟುಗಳು "ಕ್ಯಾನ್ಸರ್ ಕಡ್ಡಿ" ಎಂದೇ ಕರೆಯಲಾಗುತ್ತದೆ. ಧೂಮಪಾನದಿಂದ ಶ್ವಾಸಕೋಶದ ಕ್ಯಾನ್ಸರ್ ಬರುವುದು ತೀರಾ ಸಾಮಾನ್ಯ.

ಶ್ವಾಸಕೋಶದ ಕ್ಯಾನ್ಸರ್ ಅಲ್ಲದೆ, ಬಾಯಿ, ಗಂಟು ಕುಳಿ, ಶ್ವಾಸಕೋಶ, ಆಫ್‌ಸಾಳ, ಕುತ್ತಿಗೆ, ಮೇದೋಮೇಶಕ ಗ್ರಂಥಿ, ಮತ್ತು ಮಾತೃಕಾಶಯದ ಕ್ಯಾನ್ಸರ್ ಬರುವುದು. ಹೆಂಗಸರಲ್ಲಿ ಗರ್ಭಕೋಶದ ಕ್ಯಾನ್ಸರ್ ಬರುವುದು. ಧೂಮಪಾನಗಳಲ್ಲಿ ಅಲ್ಲದೆ ಕೊಡು ಸಾಮಾನ್ಯ.

ಗ್ರಾಂಟು ಸೇರಿಸಿ ಹೃದಯ, ರಕ್ತ, ರಕ್ತಕಣಗಳಿಗೆ ಹಾನಿ ಮಾಡುತ್ತದೆ. ಹೃದಯದ ಘಾತಕ್ಕೆ ವಾರಿಮಾಡುತ್ತದೆ. ಸರಮಂಜಲದ ಮೇಲೂ ಪರಿಣಾಮ ಬೀರುವುದರಿಂದ ಧೂಮಪಾನಿಗಳಿಗೆ ಪಾರ್ಶ್ವವಾಯು ಹೆಚ್ಚು.

ಧೂಮಪಾನ ಮತ್ತು ಆರೋಗ್ಯ

ಎಂದು ಸಮೀಕ್ಷೆಗಳು ಹೇಳುತ್ತವೆ. ಅವಧಮನಿಗಳು ಸಂಶೋಧನೆಗೊಂದು ದಿವ್ಯದ ರಕ್ತದ ಕೋಶಕ್ಕೆ ಆಗಿ ಪಾರ್ಶ್ವವಾಯು ಬರುವುದು. ಅವಧಮನಿ ಒಡೆದು ಪೇಸೋಲೆಟ್ ಆಗಿ ಬಹುದು. ಧೂಮಪಾನಗಳಲ್ಲಿ ಹೃದಯದ ಬದಿ ಮತ್ತು ರಕ್ತದೊತ್ತಡ ಹೆಚ್ಚು. ನಿಕೋಟಿನ್‌ನಿಂದ ರಕ್ತದಲ್ಲಿ ಕೊಟ್ಟಿರುವ ಅಂಶಗಳು ಹೆಚ್ಚಾಗುತ್ತವೆ. ಧೂಮಪಾನದ ಅನಂತರ ರಕ್ತ ಹೆಚ್ಚಾಗುತ್ತದೆ ಮತ್ತು ಧೂಮಪಾನಗಳಲ್ಲಿ ಕೆಲವು ರಕ್ತ ಕಣಗಳ ಸಂಖ್ಯೆ ಹೆಚ್ಚಾಗುತ್ತದೆ ಇದರಿಂದ ರಕ್ತ ಮಂದವಾಗಿ ಬೇಗ ಹೆಚ್ಚಾಗುತ್ತದೆ. ನಿಕೋಟಿನ್‌ನಿಂದ ರಕ್ತದ ಪ್ಲೇಟ್‌ಲೆಟ್‌ಗಳು ಅಂಟು ಅಗುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚು.

ಗ್ರಾಂಟು ಸೇರುವುದರಲ್ಲಿ ಕಫದ ಹೆಚ್ಚು, ಟ್ರಾಕಿಬ್ರಿಟ್ ಮತ್ತು ನಾನಾ ಬಗೆಯ ಉಲ್ಕಾಟದ ತೊಂದರೆಗಳು ಸಾಮಾನ್ಯ. ಗ್ರಾಂಟು ಮಾತೃಕೋಶಕ್ಕೆ ತೊಂದರೆ ಮಾಡುವುದೆಂದು ವೈದ್ಯರು ಹೇಳುತ್ತಾರೆ. ಧೂಮಪಾನದಿಂದ ಗಂಡಸರಲ್ಲಿ ಪುರುಷತ್ವ ಕಡಿಮೆಯಾಗುವುದು, ಹೆಂಗಸರಲ್ಲಿ ಬಂಜೆತನ ಬರುವುದು ದೃಢಪಟ್ಟಿದೆ. ಗರ್ಭಿನಿ ಹೆಂಗಸರು ಗ್ರಾಂಟು ಸೇರುವುದರಿಂದ ಫಲಾಣಕ್ಕೆ ತುಂಬಾ ಅಸುಖವಾಗುತ್ತದೆ. ಇನ್ನು ಧೂಮಪಾನ ಮತ್ತು ಧೂಮಪಾನವನ್ನು ಒಟ್ಟಿಗೆ ಮಾಡುವುದರಿಂದ ಅನ್ಯನಾಳದ ಕ್ಯಾನ್ಸರ್ ಬರುವ ಸಾಧ್ಯತೆ ಕೇವಲ 44ರಷ್ಟು ಹೆಚ್ಚು. ಶ್ವಾಸಕೋಶ ಮತ್ತು ಪಿತ್ತಕೋಶದವನ್ನು ಇವರಿಂದೂ ಸೇರಿ ಬೇಗ ಹಾನಿ ಮಾಡುತ್ತದೆ.

ತುಂಬಾ ಕಂಪನಿಗಳು ಗ್ರಾಂಟುಗಳಲ್ಲಿ ನಿಕೋಟಿನ್ ಅಂಶ ಹೆಚ್ಚುಮಾಡಿ ಜನ ಅದಕ್ಕೆ ಅಭಿಲೇಷಿಸುವಂತೆ ಮಾಡುತ್ತವೆ. ಆಗ ಟಿಟಿ ವಾಗುವ ನಿಕೋಟಿನ್ ಪರ್ಯಾಯ ಮತ್ತು ಕೊಟ್ಟಿನ್‌ಗಿಂತ ಹೆಚ್ಚು ಶಕ್ತಿಯನ್ನು ಹೊಂದಿರುತ್ತದೆ. ಗ್ರಾಂಟುಗಳಿಂದ ಬೀರಿ ಕಡಿಮೆ ಅನಾಹಾರಿಕ ಎಂಬ ಮೂಢನಂಬಿಕೆ ನಮ್ಮ ದೇಶದಲ್ಲಿ ಇದೆ. ಆದರೆ ಗ್ರಾಂಟುಗಳಿಗಿಂತ ಬೀರಿಯಲ್ಲಿ ಹೆಚ್ಚು

ಪ್ರಮಾಣದ ಟಾರ್, ಕಾರ್ಬನ್ ಪಿನ್‌ಟಾಕ್ಸ್‌ಡ್ ಮತ್ತು ಫೈನ್ಯೋನ್ ಸಯನ್ನಿಡ್ ಇವುಗಳಿಂದ ಅನಾಹಾರಿ ಹೆಚ್ಚು. ತೆಲಾಕಾನ್ಯೂ ಬೀರಿ, ಗ್ರಾಂಟು, ಪುಟ್ಟ, ಜಫಾಳ, ಸ್ವಲ್ಪ ಯಾವ ರೂಪದಲ್ಲಿ ಸೇರಿಸಿ ದೂರ ಅನಾಹಾರಿ ಕಟ್ಟಿಟ್ಟು.

ಪೇಸೋಲೆಟ್ ಧೂಮಪಾನದ ಅನಾಹಾರಿ ಬಗ್ಗೆ ರಾಶಿ ಸಂಶೋಧನೆಗಳು ನಡೆದಿವೆ. ಬೇರೊಬ್ಬರು ಸೇರುವ ಗ್ರಾಂಟುಗಳ ಹೊಗೆ ಕುಡಿಯುವುದರಿಂದ ಗಂಟು ಮತ್ತು ಕಣ್ಣುಗಳು ಉಂಟಾಗುತ್ತವೆ. ತಲೆನೋವು ಬರುತ್ತದೆ. ಧೂಮಪಾನಿಗಳ ಹೃದಯದಲ್ಲಿ ಶ್ವಾಸಕೋಶದ ಕ್ಯಾನ್ಸರ್ ಹೆಚ್ಚು ಎಂಬುದನ್ನು ಮರೆಯುವಂತಿಲ್ಲ. ರಕ್ತದ ಕ್ಯಾನ್ಸರ್, ಸ್ತನ ಮತ್ತು ಗಂಟು ಕ್ಯಾನ್ಸರ್‌ಗಳೂ ಇವರಲ್ಲಿ ಹೆಚ್ಚು. ಗರ್ಭಪಾತ ಮತ್ತು ಅಂಗದೀಕರಣ ಮಗು ಹುಟ್ಟುವ ಸಾಧ್ಯತೆ ಇದರಲ್ಲಿ ಹೆಚ್ಚು.

ಪೇಸೋಲೆಟ್ ಧೂಮಪಾನದಿಂದ ಮಕ್ಕಳು ಎದುರಿಸುವ ಅನಾಹಾರಿ ಅತ್ಯಧಿಕ. ಮರೆಯಲಿಲ್ಲ. ಓರಿಯಂ ಗ್ರಾಂಟು ಸೇರಿದರೆ, ಅಕ್ಕರೇ: ಹೊಗೆಯ ಪಂದಿರದಲ್ಲಿ ಮಕ್ಕಳು ಬೆಳೆಯುತ್ತವೆ. ಪೇಸೋಲೆಟ್ ಧೂಮಪಾನದಿಂದ ಮಕ್ಕಳ ರಕ್ತಕ್ಕೆ ನಿಕೋಟಿನ್ ಸೇರಬಹುದು. ಅದರಲ್ಲಿ ಶ್ವಾಸಕೋಶದ ಸೋಂಕು, ಕಿವಿಯ ಸೋಂಕು ಅಥವಾ ಮಕ್ಕಳಿಗಿಂತ ಮೂಗುಹುಟ್ಟು ಹೆಚ್ಚು ಇದರಿಂದ ಅಂತಿಮವಾಗಿ, ಮೂತು ಕುಂಟುವುದಕ್ಕೆ ನಿರ್ಧಾನ ಆಗಬಹುದು. ಧೂಮಪಾನಿಗಳ ಮಕ್ಕಳಿಗೆ ಉಲ್ಕಾಟದ ತೊಂದರೆಗಳು, ನ್ನುಜೋನಿಯ ಮತ್ತು ಕೋಟಿಟ್ ಹೆಚ್ಚು. ಬ್ರಿಟನ್‌ನ ರಾಯಲ್ ಕಾಲೇಜ್ ಆಫ್ ಫಿಜಿಯೋಲ್ಜಿ ನೀಡಿರುವ ವರದಿಯ ಪ್ರಕಾರ, ಧೂಮಪಾನಿ ತಂದೆ ತಾಯಿಗಳ ಮಕ್ಕಳು ಗಂಡಸರಲ್ಲಿ, ಗ್ರಹಣ ಶಕ್ತಿಯಲ್ಲಿ ತಮ್ಮ ಸಮವಯಸ್ಕ, ಧೂಮಪಾನಿಗಳಲ್ಲಿದ್ದವರ ಮಕ್ಕಳಿಗಿಂತ ಅದು ತಿಂಗಳು ಹಿಂದಿರುವಂತೆ!

ಹೆಚ್ಚಿನ, ಒಬ್ಬ ವ್ಯಕ್ತಿ ಒಂದು ಗ್ರಾಂಟು ಹೊತ್ತಿಸಿದರೆ, ಅದು ಉರಿಯುವಷ್ಟು ಕಾಲ, ಅಂದರೆ ಸುಮಾರು ಐದನೇ ನಿಮಿಷಗಳಷ್ಟು ಅಂತರ ಆಯಸ್ಸು ಕಡಿಮೆಯಾಗುತ್ತದೆ. ಹೀಗೆ ವರ್ಷ ತನ್ನ ಆಯಸ್ಸಿನಲ್ಲಿ ಸುಮಾರು ಅಂಶಗಳ ವರ್ಷಗಳನ್ನು ಕಳೆದುಕೊಳ್ಳುತ್ತಾನೆ. ಪ್ರತಿ ಒಂದು ಧೂಮಪಾನಿಗಳಲ್ಲಿ ಇಷ್ಟು 65 ವರ್ಷಕ್ಕೆ ಮೊದಲೇ ಸಾಯುತ್ತಾರೆ.

"ಗ್ರಾಂಟುಗಳನ್ನು ಒಂದು ತುದಿಯಲ್ಲಿ ಒಂದೇ ಇರುತ್ತದೆ, ದೇಶೀಯವು ತುದಿಯಲ್ಲಿ ಮೂರ್ತಿ ಇರುತ್ತಾನೆ" ಎಂಬ ನಾಸ್ತಿಕ ನಿಜವೇನೂ ಸುಳ್ಳೋ ಎಂಬುದನ್ನು ಈಗ ನೀವೆ ನಿರ್ಧರಿಸಿ !!



ಪ್ರತಿಜ್ಞೆ ನಲ್ಲಿ ಧೂಮಪಾನದಿಂದ ಬದುಕು ರೋಗಗಳಿಂದ ಯಾರಾದರೂ ಸುಸ್ಥರಲ್ಲಿ ಅಲ್ಲಿನ ಸಂಸ್ಕೃತ ಸಂದರ್ಭದಲ್ಲಿ ವೈದ್ಯಕರ ಸಂಪನ್ಮೂಲದ ಒಂದು ಕೆಪ್ಪು ಅಂಚಿನ ಕಾರ್ಡ್ ಮೋಗುತ್ತದೆ.

ಬಳಸುವಿಕೆಯಾಗುವ ವಿಧಾನವನ್ನು ಕಲಿಯುತ್ತಾರೆ. ಚಿಕ್ಕ ವಯಸ್ಸಿನಲ್ಲಿ ಸಿಗರೇಟ್ ಸೇದುವುದನ್ನು ಹಿರಿಯರು ಒಪ್ಪುವುದಿಲ್ಲ ಎಂಬುದನ್ನು ಅರಿತು ಅವರು ಸಿಗರೇಟ್ ವಾಸನೆಯನ್ನು ಮುಟ್ಟಿ ಹಾಕಲು ಸಿದ್ಧರಾಗುವ ಸ್ವಲ್ಪಗಲ್ಪಿ ಸೇದಲು ಹವಣಿಕೆ ಮಾಡುತ್ತಾರೆ. ಈ ಮೂಲಕ ಹಿರಿಯರಿಂದ ದೂರವಾಗುತ್ತಾರೆ. ಸಿಗರೇಟ್ ಸೇವನೆ ಎಲ್ಲಿ ನಿಷ್ಪ್ರವೃತ್ತಿಯಾಗುತ್ತದೆ ಸ್ವಲ್ಪಗಲ್ಪಿ ಸೇದಲು ಹವಣಿಕೆ ಮಾಡಿಕೊಳ್ಳುವುದು ಅನಿವಾರ್ಯವಾಗುತ್ತದೆ. ಇದರಿಂದ ಅನೇಕ ಭಾವನಾತ್ಮಕ ಮತ್ತು ಸಾಮಾಜಿಕ ವರ್ತನೆ ಬದಲಾಗುತ್ತದೆ. ಅವರ ಪಾಕೆಟ್ ಮುನ್ನಿ, ಹಣಕಾಸು ಆದ್ಯತೆ ಎಲ್ಲವೂ ಸಿಗರೇಟ್‌ನ ಕೊಂಡಿ ಕೊಳ್ಳುತ್ತದೆ. ಒಟ್ಟಿನಲ್ಲಿ ಸಿಗರೇಟ್ ಅವರ ಮೇಲೆ ಸವಾರಿ ಮಾಡುತ್ತದೆ.

ಸಿಗರೇಟ್ ಚಟಕ್ಕೆ ಮಾರಕ ದ್ರವ್ಯ ಸೇವನೆಗೂ ಇರುವ ಸಂಬಂಧದ ಬಗ್ಗೆಯೂ ಸಂಶೋಧಕರು ಬಹಳ ತಲೆದಿಡಿಸಿಕೊಂಡಿದ್ದಾರೆ. ಸಿಗರೇಟ್ ಸೇವನೆಯಲ್ಲಿ ಮಾರಕ ದ್ರವ್ಯ ಸೇವನೆ ಬಹಳ ಅಪರೂಪವಾಗಿರುತ್ತದೆ ಮತ್ತು ಸಿಗರೇಟ್ ಸೇವನೆಯಲ್ಲಿ ಮದ್ಯಪಾನ - ಮರದ ಕೆಪ್ಪು ಸೇವನೆಯಂತೆ ಮುಂದುವರಿಯುತ್ತದೆ ಎಂಬ ವಿಷಯ ಅನೇಕರು ಬಹಳ ಗಮನಾರ್ಹ ಎಂದು ಅನುಭವಿಸುತ್ತಿದ್ದಾರೆ. ವಿಶ್ವವಿದ್ಯಾಲಯ ನಡವಿಡ ಒಂದು ಸಮೀಕ್ಷೆಯು ಇದರಲ್ಲಿ ಹೇಳುತ್ತದೆ.

ತಂದಾಕನ್ನು ಎಷ್ಟು ಪ್ರಮಾಣದಲ್ಲಿ ಬಳಸಲಾಗುತ್ತದೋ ಅದಕ್ಕೂ ಇತರ ಮಾರಕ ದ್ರವ್ಯ ಬಳಸಿದ ನೇರ ಸಂಬಂಧವಿದೆ ಎಂಬುದು ಗೊತ್ತಾಗಿದೆ. ಪ್ರತಿದಿನ ಸಿಗರೇಟ್ ಸೇದುವ ಹುಡುಗರು ಮಾರಕ ಕೆಪ್ಪು ಪದವು ಒಂದೆರಡು ಮಾರ್ಗಗಳ ಮೂಲಕ ಸೇರುತ್ತದೆ ಎಂದು ಆ ದೇಶದಲ್ಲಿ ನಡವಿಡ ಮಾರಕ ದ್ರವ್ಯ ಸೇವನೆ 803 ದಿನಕ್ಕೊಂದು ಕುಟುಂಬ ಸಮೀಕ್ಷೆ 3945. ಇದೇ ಸಮೀಕ್ಷೆಯಲ್ಲಿ, 120ರವರೆಗೆ 170 ವಯಸ್ಸಿನ ಹುಡುಗರು - ಹುಡುಗಿಯರು ಒಂದು ತಿಂಗಳ ಕಾಲ ಪರೀಕ್ಷಿಸಲಾಗುತ್ತದೆ. ಸಿಗರೇಟ್ ಸೇವನೆಯನ್ನು ಮುರಿದು ಮತ್ತು ಮೂಲಕವಾಗಿಯೇ ಬಳಸುವ ಕೊಟ್ಟಿನ ಬಳಸುವ ಸಾಧ್ಯತೆ, ಸಿಗರೇಟ್ ಸೇವನೆಯಿಂದ ತಪ್ಪಾಗುತ್ತದೆ. ಅಲ್ಲಿನ ಸರ್ಕಾರದ ಅಧಿಕಾರಿಗಳು ಒಟ್ಟು ಹಾಗೆ ಸಿಗರೇಟ್ ಸೇವನೆಯನ್ನು ಮಾರಕ ಸಮಾಜಾತ್ಮಕ ವರ್ತನೆಯನ್ನಾಗಿ ಮಾಡುವ ಲಕ್ಷ್ಯವನ್ನು

ಹರಿಸಿಕೊಳ್ಳುವುದು ಗಮನಾರ್ಹ. ಒಟ್ಟು ಪದವಿಯಿಂದ ಹುಡುಗ ಅಥವಾ ಹುಡುಗಿ ಸಿಗರೇಟ್ ಸೇದಲು, ತಂದಾಕ ಬಳಸಲು ಅನುಭವಿಸಿದರೆಂದರೆ, ಅವರು ಇನ್ನಿತರ ಅಪಾಯಕಾರಿ ಚಟುಬಳಿಕೆ ಯು ಮಾಡಬಹುದಾದ ಎಂಬುದಕ್ಕೆ ಸ್ಪಷ್ಟ ಕಾಣಿಸಿಕೊಂಡಂತೆ. ನಾವು ತಂದಾಕನ ಬಳಕೆ ತಡೆಯುವುದು, ನಮ್ಮ ಯುವಜನರಲ್ಲಿ ಇನ್ನಿತರ ವಿಚಾರಕಾರಿ ವರ್ತನೆಯನ್ನು ತಡೆಯುವ ಮತ್ತು ದೂರವಿಡುವ ಕೆಲಸದ ಮೇಲೆ ಛಾಡಿ ಪರಿಗಾಮ ಬೀರುತ್ತದೆ. ಸಿಗರೇಟ್ ಸೇದಲು ಕಲಿಯುವ ತಮ್ಮ ಮಕ್ಕಳು ಮದ್ಯಪಾನ, ಮಾರಕ ದ್ರವ್ಯ ಸೇವನೆ ಕಲಿಯುವುದಿಲ್ಲ ಎಂದು ಹಿರಿಯರು ಸಮಾಧಾನ ಪಟ್ಟುಕೊಳ್ಳುವುದುಂಟು. ಆದರೆ ಕಲಿಯುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚು ಹೆಚ್ಚು ಎಂಬುದನ್ನು ಧರ್ಮ ಸಂಶೋಧಕರು ಮತ್ತು ಸಮೀಕ್ಷೆ ಗಳು ದೃಢಪಡಿಸುತ್ತವೆ.

ಕೆಲವು ಸ್ವಲ್ಪ ವಯಸ್ಸಿನವರಾದ ಒಂದು ಮುಖ್ಯ ಅಂಶ ಎಂದರೆ ಇವರು ಧೂಮಪಾನದ ಹಣಕಾಸು ಎಂದು ಹೆಸರಾದ ಅಮೆರಿಕದಲ್ಲಿ ಹಿರಿಯರಾದವರ ಧೂಮಪಾನ ಅತಿ ಹೆಚ್ಚು. ಆದರೆ ಸೇರಿ ಧೂಮಪಾನದ ಪ್ರತಿಯೊಂದು ವಿಷಯದ ಬಗ್ಗೆಯೂ ಅಧ್ಯಯನಗಳು, ಸಮೀಕ್ಷೆಗಳು ಅನುಭವಿಸಿ ನಡವಿಡುವುದರಲ್ಲಿ



ಧೂಮಪಾನದಿಂದ ಶ್ವಾಸಕೋಶದ ಕ್ಯಾನ್ಸರ್ ಬರುತ್ತದೆ ಎಂಬ 1898ರಲ್ಲಿ ಮೊದಲು ಗಮನಿಸಿ ಪಡಲಾಯಿತು. ಆದಾಗಿನೂ ವರ್ಷಗಳಾದರೂ ಇದು ನಿಜವಲ್ಲ ಎಂದು ತಿಳಿಸಲು ಕಂಪನಿಗಳು ಸಾಧಿಸುತ್ತಿವೆ.

ಅಲ್ಲಿನ ವರದಿಗಳು ಮತ್ತು ಅಂಶ ಅಂಶಗಳೇ ಹೆಚ್ಚಾಗಿ ಅಭ್ಯವಿವೆ. ಇದು ಬೆಟ್ಟರ ಯೂರೋಪ್‌ನ ಸ್ವೀಡನ್, ನಾರ್ವೆ, ಜರ್ಮನಿ ಮುಂತಾದ ದೇಶಗಳಲ್ಲಿ ಸಮೀಕ್ಷೆಗಳ ವರದಿಗಳು ಸಿಗುತ್ತವೆ. ವಿಷ್ಣುವರ್ಧಿ ಜಪಾನ್, ಚೀನಾ ಮತ್ತು ಸೋವಿಯೆಟ್ ಒಕ್ಕೂಟದ ಬೆಟ್ಟರ ದೇಶಗಳು ಅಥವಾ ನಗರಗಳಲ್ಲಿ ಹಿರಿಯರಾದವರ ಧೂಮಪಾನದ ಬಗ್ಗೆ ಮಾಹಿತಿ ಸಿಗುವುದು ಅತ್ಯಂತ ಕಡಿಮೆ ಅಥವಾ ಸಿಗುವುದಿಲ್ಲ. ಇಲ್ಲಿ, ಆದರೆ ಹಿರಿಯರಾದವರ ಧೂಮಪಾನ ಜಗತ್ತಿನ ಎಲ್ಲ ದೇಶಗಳ ಸಮೀಕ್ಷೆ ಎಂಬುದನ್ನು ಮರೆಯುವಂತಿಲ್ಲ. ತಂದಾಕ ತನ್ನ ಸಿಗರೇಟ್ ರೂಪದಲ್ಲಿ ಮಾತ್ರವಲ್ಲದೆ, ಸಿಗರೇಟ್, ಬೀಡಿ, ಜಗಿಯುವ ತಂದಾಕ (ಗುಟ್ಟಾ ಸೇಡಿ), ನಷ್ಟ, ಹ್ಯಾಪಿ ಮುಂತಾದ ತನ್ನ ಇನ್ನಿತರ ಅವತಾರಗಳಿಂದಲೂ ಹಿರಿಯರಾದವರನ್ನು ಸೆಳೆಯುತ್ತಿದೆ. ಜಗಿಯುವ ತಂದಾಕ ಅಮೆರಿಕದಲ್ಲಿ ಒಂದು ಬಗೆಯಲ್ಲಿ, ವಿಷ್ಣುವರ್ಧಿ ಇನ್ನೊಂದು ಬಗೆಯಲ್ಲಿ ಮಕ್ಕಳಿಗೆ ಸಿಗುತ್ತಿದೆ. ಜರ್ಮನಿಯಲ್ಲಿ ಬೀಡಿಯ ಹಾಪ್ ಹೇಳಿಕೆಗಳನ್ನು ಹೆಚ್ಚಾಗಿದೆ.

ಎರಡಾಗಿ ಒಡೆದ ಜಗತ್ತು

ಜಗತ್ತನ್ನು ಮೊದಲು ಜಪಾನ್, ಸಂಸ್ಕೃತಿ, ಧರ್ಮ, ಜಾತಿ, ಬಣ್ಣ, ಭಾಷೆಗಳು ಭೇದಿಸಿಲ್ಲದಿದ್ದರೆ, ಆದರೆ ಧೂಮಪಾನ ಮಾಡುವವರು ಮತ್ತು ಧೂಮಪಾನ ಮಾಡದವರು ಎಂದು ಇಡೀ ಜಗತ್ತು ಎರಡಾಗಿ ಒಡೆಯುವುದು ಯಾವಾಗ ಅನಿವಾರ್ಯವಾಯಿತೋ ಅಂದು ಅದರ ಅಪಾಯದ ಬಗ್ಗೆ ಎಚ್ಚರಿಕೆ ಮಾಡಿತ್ತು. ಸಿಗರೇಟ್‌ನ ತುಡುಕು ತಗುಲಿಸುವ ಕಿಡಿ ತಗುಲಿಸಲ ಮತ್ತು ಪ್ರದೂಮಗಳ ಮಾರಕ ಕೆಪ್ಪುಗಳಿಂದ ಎಂದು ವೈದ್ಯಕೀಯ ಸಂಶೋಧನೆಗಳು ದೃಢಪಡಿಸಿದ ಅನಂತರ ಅದರ ಬಗ್ಗೆ ಎಲ್ಲರೂ ತಿಳಿದುಕೊಂಡರು. ಇನ್ನು "ಪ್ಯಾಪಿ" ಸ್ವೀಡನ್‌ಗೆ - ಅಂದರೆ ಬೇರೆಯರ ಸೇವನೆಯ ಸಿಗರೇಟ್‌ನ ಹೊಗೆ ಕುಡಿಯುವುದರಿಂದ, ಪರೋಕ್ಷ ಧೂಮಪಾನದಿಂದ ಕೂಡ ಸಿಗರೇಟ್ ಸೇವನೆಯ

ಸಾವಿನೆದುರು ಕಂಡ ಸತ್ಯ

ಬೆಗತ್ತಿನ ಪ್ರಸಿದ್ಧ 'ಮಾರ್ಕೆಟ್‌ಲೋ' ಸಿಗರೇಟ್‌ಗಳ ಜಾಲರಾಜನ ಮ್ಯಾಜೋ ರೂಪರರ್ಬ ತನ್ನ ಕುಡುರೆ ಎರಿ ಬಂದನೇಂದರೆ, ಇದನಂಥ ಮನ್ನಣೆ ಇನ್ನೆಲ್ಲಾ ಇಲ್ಲ ಎಂದು ಅನಿಸುತ್ತಿತ್ತು. ಪುರುಷ ಸೌಂದರ್ಯಕ್ಕೆ, ಗಂಡವತನಕ್ಕೆ ಅವನೇ ಮಾರಿಯಾಗಿದ್ದ.

ನಿಜ ಜೀವನದಲ್ಲೂ ವಿಚಾರಿತ ಸಿಗರೇಟ್ ಸೇವನೆಯಿಂದ ಅವನು ಕೊನೆಗೆ ಶ್ವಾಸಕೋಶದ ಕ್ಯಾನ್ಸರ್‌ಗೆ ಬಲಿಯಾದ. ಜೀವನದಿಂದ ಸಿಗರೇಟ್ ಜಾಲರಾಜನಿಗೆ ರೂಪರರ್ಬ ಆಗಿದ್ದ ಆ ಬಲಿಪು ದೇಹದ ಸುಂದರವಾಗೂ, ಕ್ಯಾನ್ಸರ್‌ನಿಂದ ನರಳಿ ಸಾಯುವ ಮೊದಲು 'ಸಿಗರೇಟ್ ಸೇವನೆಯಲ್ಲಿ, ಅನಂತರ ನಾನು ಸಾಯುತ್ತಿದ್ದೇನೆ' ಎಂದು ಕೊನಿ ಹೇಳಿದ. ಅವನು ಸತ್ತ ಅನಂತರ ತನ್ನ ಗಂಡನ ಸಾವಿಗೆ ಸಿಗರೇಟ್ ಕಂಪನಿಯೇ ಕಾರಣ ಎಂದು ಪಂಡಿತ ಕೋರ್ಟ್‌ನಲ್ಲಿ ದಾವೆ ಹೂಡಿದಳು.

ಹಂಪ್ರಿ ಬೊಗಾರ್ಟ್‌ನ ಸೋಗನ್ನು ಅವನ ಸುತ್ತ ಇರಿಸುತ್ತಿದ್ದ ಸಿಗರೇಟ್ ಹೊಗೆ ಇನ್ನೆಲ್ಲಾ ಹೆಚ್ಚಿಸುತ್ತದೆ ಎಂದು ಅನೇಕರು ಮೆಚ್ಚುತ್ತಿದ್ದರು. ಆದರೆ ಆ ಹೊಗೆ ಅವನ ಶ್ವಾಸಕೋಶವನ್ನು ಬಲಿತಗುಡಿಸಿತ್ತು.

ಇನ್ನೊಬ್ಬ ಮಾತ್ರ ನಟ ಯೂಲ್ ಬ್ರಿಯರ್ ನವಾ ಸಿಗರೇಟ್ ಸೇವನೆಯಲ್ಲಿ ಕೊನೆಯಾಯಿತು ಎಳೆಯುವ ಮುನ್ನ ಅವನು ಹೇಳಿದ್ದು: 'ನಾಯಕನ ಮೊದಲು ಒಂದೇ ಒಂದು ಮಾತು ಹೇಳುತ್ತೇನೆ, ನಿನ್ನ ವಿಷು ಬೇಕಾದವರ ಮಾತಿ, ಆದರೆ ಬೇಕಾದವರ ಸಿಗರೇಟ್ ಸೇವನೆಯಲ್ಲಿ'.

ಅರೋಗ್ಯಕ್ಕೆ ಮೆಚ್ಚುಕೊಡುವ ಅಷ್ಟೇ ಮಟ್ಟದ ವಾಸ. ಆಗಲೇ ಇದನ್ನು ಮುಂದುವರಿಸುವ ಮೇಲೆ ಅಂತಹ ಸುರಕ್ಷಿತವಾದ ಮನೆಯನ್ನು ಕಟ್ಟಿಸಲು ಸರ್ಕಾರದಿಂದಲೂ ಇಂದು ಜನತೆಯ ವಿಶ್ವಾಸವಾಗಿದೆ. ಅಲ್ಲದೆ ಮಂಡಳಿಯಲ್ಲಿರುವ ವಿದ್ಯಾರ್ಥಿ ಪ್ರತಿಭಟನೆಗಳು ಗಟ್ಟಿಗೂಂಡು ಸುರಕ್ಷಿತ ಮನೆಯ ಸುರಕ್ಷಿತವಾದ ಪರಿಹಾರವನ್ನೇ ಆಳವಡಿಸುವಂತೆ ಜಾಗೃತವಾಗಿ ಬೆಳೆಯಿತು. ಒಬ್ಬ ಅರೋಗ್ಯ ಸಂಸ್ಥೆಯೇ ಧೂಮಪಾನ ಒಂದು ದೊಡ್ಡ ಅಡ್ಡಿಯೇ ಸಾಕು. ಆದರೆ ನಿಯಂತ್ರಣಕ್ಕೆ 1978ರಲ್ಲಿ ಒಂದು ತಜ್ಞರ ಸಮಿತಿ ಸೇರಿಸಿ, ಧೂಮಪಾನ ಸರೋಧನು ಆಳವಡಿಸುವ ಸೇತುತತ್ವವನ್ನು ಕಟ್ಟಿತು. ಇದರಿಂದಾಗಿ ತಂಪಾಕು ತಡುವ ಪರಿಹಾರವನ್ನು ಎಷ್ಟೇ ಹೆಚ್ಚಿದರೂ ಸರಕಾರಗಳು ಈ ಆಳವಡಿಸಿ ಮನೆಯ ಧೂಮಪಾನ ನಿಷೇಧ ವಾಸಗಳನ್ನು ತಡವುವ ಅನಿವಾರ್ಯವಾಯಿತು. ಈಗ ಜಗತ್ತಿನ ಬಹುತೇಕ ದೇಶಗಳಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧವಿದೆ. ಆದರೆ ಅಲ್ಲ ಕಟ್ಟಡವಾಸಗಳನ್ನು ಮೀರಿ ತಂಪಾಕಿನ ಮೇಲಿನೇ ಹಾಕಿ ಹರಿಹರಿಯದವರನ್ನು ಮರುಳುಮಾಡುತ್ತದೆ.

ಮುಂದುವರಿದ ದೇಶಗಳಲ್ಲಿ ವ್ಯಾಪಕವಾಗಿ ಪರಿಷ್ಕರಿಸುವ ತಂಪಾಕು ವಿರೋಧಿ ಆಳವಡಿಯಿಂದಾಗಿ ಅಲ್ಲಿನ ಜನ ಎಷ್ಟುತು ಕೊಂಡಿರುವುದರಿಂದ ಪಂಪುಗಳಲ್ಲಿ ಧೂಮಪಾನದ ಪ್ರಮಾಣ ಕಡಿಮೆಯಾಗುತ್ತದೆ. ಆರಂಭದೇ ತಂಪಾಕು ಕಂಪೆನಿಗಳು ಅಲ್ಲೂ ಮಕ್ಕಳ ಮೇಲೆ ಕಣ್ಣುಹಾಕಿತು. ಆಳವಡಿಯ ಅಲ್ಲೂ ವಿರೋಧಿ ಸುರಕ್ಷಿತವಾಗಿ ಸಮ್ಯಕ್ ಅರೋಗ್ಯ ಹಾಕಿಯಿತು ಎಂದು ಎಷ್ಟುತು ಗ್ರಾಹಕರು ಹೊಡೆತಿಯ ಸಂದಿಹಾರದ ದಾರ್ಶನಿಕ ಕಿರಿಕಿರಿ. ಪ್ರೈವೇಟು ರಿಯಲಿಟಿ ಡೆವಲಪ್ ಮೆಂಟ್ ತಂಪಾಕು ಉದ್ಯಮವನ್ನು ಜಕ್ಕಿಟ್ಟಿಗೆ ಹೂಡಿತು. ಈ ಸಂದರ್ಭದಲ್ಲಿ ತಾವು ಕೈಕಟ್ಟಿಕೊಂಡು ಕೂಡಲೇ ನಿಂದ ವಿಂಡಿತಿ ಎಂಬುದನ್ನು ಅರಿತ ಉದ್ಯಮ, ತಂಪಾಕು ವಿರೋಧಿ ಆಳವಡಿಸಿ ಪ್ರತಿ ಆಳವಡಿಯನ್ನು ಹೂಡಿತು. ಇದಕ್ಕಾಗಿ ಸಿರಿಯನ್ ಹಾಲರ್ ಗಳ ಹೂಡಿಸುವ ವಿಷಯ ಹೂಡಿತು. ಬೇರೂವ ಗ್ರಾಹಕ ವಸ್ತುವಿಗೂ ಉದ್ಯಮ ಹೂಡಿಸುವ ಪ್ರೋಜೆಕ್ಟ್ ತಂಪಾಕು ಉದ್ಯಮಗಳಿಗೆ ರೂಪವಂತೆ ಹೋಡಿಹೂಡುತ್ತದೆ. ಜತೆಗೆ ಸಂಸ್ಕೃತಿ, ಕ್ರೀಡೆಗಳಲ್ಲಿ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ನಿರಂತರವಾಗಿ ಪ್ರಾರೋಪಿಸಲು ಮಿಲಿಯನ್ ಗಟ್ಟಲೆ ಹಾಲರ್ ಗಳನ್ನು ವಿರ್ಜಿ ಮಾಡುತ್ತದೆ. ಧೂಮಪಾನವನ್ನು ವಿರೋಧಿಸುವುದು ಪ್ರತಿ ಸ್ವಾತಂತ್ರ್ಯಕ್ಕೆ ದೊಡ್ಡ ಮೂಡಿದಂತೆ ಎಂದು ಬೊಟ್ಟೆ ಹೂಡುತ್ತದೆ. ಅಷ್ಟೇ ಅಲ್ಲ, ತಂಪಾಕಿನಿಂದ ಹಾನಿ ಇಲ್ಲ ಎಂದು ಅಧಿಕೃತವಾಗಿ ಸಾರಲು ಹೊಸ ಸಂಶೋಧನೆಗಳನ್ನು ಮಾಡಿ, ಧೂಮಪಾನ ವಸ್ತು ಬಿಟ್ಟರೆನಿಮಗೆ ದಿನೇನು ಆಗುತ್ತದೆ ಎಂದು ಪರಿಶೀಲಿಸುತ್ತೆ. ತಂಪಾಕು ಕಂಪೆನಿಗಳಿಂದ ಅಪಾರ ಹಣ ಪಡೆದು ಆವರಿಗೆ ಬೇಕಾದಂತೆ ಸಂಶೋಧನೆ ಮಾಡುವುದು, ವಿಜ್ಞಾನಿಗಳು, ಸಂಶೋಧಕರು ಅನೇಕರಿದ್ದಾರೆ. ಆದರಿಂದ



ಧೂಮಪಾನಿಗಳ ವೇಶ

ಭಾರತದ ಬಹುಮಾನು ಜನರಿಗೆ ತಿನ್ನಲು ಅನ್ನ ಇಲ್ಲ, ಕರಿಯಲು ಕಾಲೆ ಇಲ್ಲ. ಆದರೆ ಸೇವಿಲು ತಂಪಾಕು ಮಾತ್ರ ಯಶಸ್ವಿ ವಾದಿ. ಇದರಿಂದ ಪ್ರತಿವರ್ಷ ನಮ್ಮ ದೇಶದಲ್ಲಿ 6,52,000 ಮಂದಿ ತಂಪಾಕು ಸೇವೆಯಿಂದ ಬರುವ ರೋಗಗಳಿಂದ ಸಾಯುತ್ತಾರೆ.

ಗಾಂರಿ ಹುಟ್ಟಿಸುವ ಅಂತರದಂತೆ, ನಮ್ಮ ದೇಶದಲ್ಲಿ 15 ವಯಸ್ಸು ಮೀರಿದ ಗಂಡಸರ ಪೈಕಿ ಶೇಕಡಾ 50 ಜನರು ಒಂದಲ್ಲಾ ಒಂದು ರೀತಿಯಲ್ಲಿ ತಂಪಾಕು ದಾಸವಾಗಿದ್ದಾರೆ. ತಂಪಾಕು ಬೀಡಿ, ಸಿಗರೇಟ್ ರೂಪದಲ್ಲಿ ಮಾತ್ರವಲ್ಲದೆ ಎಲೆಅಡಿಕೆ ಜತೆ ಮತ್ತು ಜರ್ವಾ, ಗುಣಮಟ್ಟ ರೂಪದಲ್ಲಿ ಸೇರಿದಾಗ ಸೇವಿಸುತ್ತಾರೆ. ಸರ್ವದ ಸೇವನೆ, ಹುಕ್ಕಾ ಸೇವನೆ ಕೂಡ ಸಮ್ಯಕ್ ಆಗಿ ಹೆಚ್ಚು.

ಭಾರತದಲ್ಲಿ ತಂಪಾಕು ಸೇರಿದಾಗ ಸೇವಿಸುವುದರಿಂದ ತಂಪಾಕು ಜನ ಜಾಯು ಕ್ಯಾನ್ಸರ್ ನಿಂದ ಸಾಯುತ್ತಾರೆ. ಭಾರತದಲ್ಲಿ ತಲೆದೋರುವ ಕ್ಯಾನ್ಸರ್ ಗಳಲ್ಲಿ ಶೇಕಡಾ 75 ರಷ್ಟು ವಾಯುಗಮದ ಪಂಪುಗಳಿಂದ ತಂಪಾಕು ಸೇವೆಯಿಂದ ಭಾರತ ಮತ್ತು ಇತರ ಅಭಿವೃದ್ಧಿಶೀಲ ರಾಷ್ಟ್ರಗಳಲ್ಲಿ ಪ್ರತಿವರ್ಷ ಸುಮಾರು 10 ಲಕ್ಷ ಜನ ಸಾಯುತ್ತಾರೆ. ಒಂದು ಆಂದಾಜಿನ ಪ್ರಕಾರ ಭಾರತದಲ್ಲಿ ಪ್ರತಿವರ್ಷ 86 ಬಿಲಿಯನ್ ಸಿಗರೇಟ್ ಮಾರಾಟವಾದರೆ 700 ಬಿಲಿಯನ್ ಬೀಡಿ ಮಾರಾಟವಾಗುತ್ತದೆ. ಸಿಗರೇಟ್ ಪ್ಯಾಕ್ ಗಳ ಎಷ್ಟುಕೆಲಸ ಮುದ್ರಣ, ಧೂಮಪಾನದ ಚಾಹಿರಾತು ನಿಯಂತ್ರಣ ಮತ್ತು ಸಾರ್ವಜನಿಕ ಸ್ಥಳಗಳಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧ ಇವುಗಳು ಇದ್ದರೂ ದೇಶದಲ್ಲಿ ಧೂಮಪಾನಕ್ಕೆ, ತಂಪಾಕು ಸೇವನೆಗೆ ಜನ ಬಲಿಯಲೇಬಿಟ್ಟಿದ್ದಾರೆ. ಗುಣಮಟ್ಟದ ಮೇಲಂತೂ ಮಕ್ಕಳು ಮತ್ತು ಯುವಜನರು ಆದರೆ ಚಟ ಹೆಚ್ಚಿಬೀಳುತ್ತಿದ್ದಾರೆ. ಭಾರತ ದಮ್ಮ ಕುಲಭವಾಗಿ ಬೇರೆಯಲ್ಲ ಸಿಗರೇಟ್, ಬೀಡಿ, ಗುಣಮಟ್ಟ ಮುಂತಾದುವು ಮಕ್ಕಳ ಕೈಗೆ ಸುಗುರುದಿಲ್ಲ.

ಭಾರತದಲ್ಲಿ ತಂಪಾಕು ಸೇವನೆ ವ್ಯಾಪಕವಾಗಿ ಹೆಚ್ಚುತ್ತಿರುವುದನ್ನು ಕಂಡ ದಿವ್ಯ ಅರೋಗ್ಯ ಸಂಸ್ಥೆ ಭಾರತದಲ್ಲಿ "ತಂಪಾಕು ಒಂದು ಸಾಂಪ್ರದಾಯಿಕ ಒಡ್ಡು" ಆಗಬಹುದು ಎಂದು ವಿಶೇಷವಾಗಿ ಎಚ್ಚರಿಸಿತು.

ಸಂಶೋಧನಾ ವರದಿಗಳು, ವ್ಯಕ್ತಿಗಳನ್ನು ಬರಲಿ. ಅದನ್ನು ಜಗತ್ತಿನಾದ್ಯಂತ ಹಂಚಲು ಸುಂದಕ ಕಂಪೆನಿಗಳು ವ್ಯವಸ್ಥೆ ಮಾಡುತ್ತವೆ. ಧೂಮಪಾನ ನಿಷೇಧವಂತೆ ರಾಜಕಾರಣಿಗಳ ಮೇಲೆ, ಸರಕಾರಗಳ ಮೇಲೆ ಒತ್ತಡ ಹೇರುತ್ತವೆ. ಆದರೆ ದೇಶದ ಮೂಡಿದರೂ ಪ್ರತಿ ಹರಿಹಾರವೇ ಸೇರೇ ಗಾಂರಿ ಒಬ್ಬ ಮುನ್ನವು ತಂಪಾಕು ಪರಿಹಾರವೆಂದಾಗಿ ಸಾಯುತ್ತಿರುವ ದಮ್ಮ ಮುಟ್ಟಿಹಲ ಸಾಧ್ಯವಾಗುತ್ತಿಲ್ಲ.

ಗ್ರಾಹಕ ಆಳವಡಿಸುವ ಪ್ರಬಲವಾಗಿರುವ ವ್ಯಾಪ್ತಿ ಜಗತ್ತಿನಲ್ಲಿ ಕಡ್ಡಕರ ಸಮಸ್ಯೆಗಳನ್ನು ಮುಂದಿಟ್ಟಿರುವ ತಂಪಾಕು ಉದ್ಯಮಕ್ಕೆ ಮೂರನೆಯ ಜಗತ್ತಿನ ಬಡ ಮತ್ತು ಮುಂದುವರಿದ ರಾಷ್ಟ್ರಗಳೇ ತಮ್ಮನ್ನು ಉಳಿಸಲು ಸಾಧ್ಯ ಎಂಬುದು ಮನ ಪರಿಕೆಯಾಗಿದೆ. ಆದರಿಂದಲೇ ಆ ದೇಶಗಳ ಮಹಿಳೆಯರು ಮತ್ತು ಮಕ್ಕಳು ಕಂಪೆನಿಗಳ ಬಾಗಿ ಸಂಪಾದಿಸಿರುವ ಹಣ ಕಡಿಬಿಟ್ಟಿದೆ. ಅದರನ್ನು ಮುಟ್ಟಿಸಲು, ಅದರನ್ನು ಸೇವಿಸಿಕೊಳ್ಳಲು ಅಲ್ಲ ವ್ಯಕ್ತಿಗಳಂತೆ ನಿರೀಕ್ಷೆ ಪ್ರಯತ್ನಗಳನ್ನು ಮಾಡುತ್ತಿವೆ. ತಮ್ಮ ಸರಕುಗಳನ್ನು ತಂದು ಈ ದೇಶಗಳ ಬಡ ಮತ್ತು ಮಧ್ಯಮವರ್ಗದ ಮಕ್ಕಳ ಮುಂದೆ ಸುಂದಿಯುತ್ತಿವೆ. ಬಡ ದೇಶಗಳಲ್ಲಿರುವ ಅಸಹಕರ ಮತ್ತು ಅಸ್ವಾಗತಿಗಳು ಆವರಿಗೆ ಪರಿಹಾರವಾಗಿವೆ. ಈ ಸಂದಿಹಾರ ವರ್ತಕರಿಗೆ ಮೂರನೆಯ ಜಗತ್ತು ಬಹಳ ಪ್ರಶಸ್ತವಾದ ಮಾರುಕಟ್ಟೆ. ಕೆಲವು ಹತ್ತು ವರ್ಷಗಳಲ್ಲಿ ಮುಂದುವರಿದ ಜಗತ್ತಿಗೆ ಸೇರಿದ ಅಮೆರಿಕ ಮತ್ತು ಇತರ ನಾಲ್ಕು ದೇಶಗಳಲ್ಲಿ ಸಿಗರೇಟ್ ಮಾರಾಟ ಕಡಿಮೆಯಾಗಿಯವ ಮತ್ತು ಮೂರನೆಯ ಜಗತ್ತಿನ ರಾಷ್ಟ್ರಗಳ ಪ್ರತಿ ಭಾರತ, ಚೀನಾ, ಯೂರೋಪ್, ಓಸೇಷಿಯಾ, ನೇಪಾಳ, ಫಿಲಿಪೈನ್ಸ್, ಬ್ರಾಜಿಲ್ ಅಮೆರಿಕದ ದೇಶಗಳು, ಆಫ್ರಿಕಾ ಮೀಡದ ದೇಶಗಳು, ಮಧ್ಯಪ್ರಾಚ್ಯ ದೇಶಗಳಲ್ಲಿ ಮಾತ್ರ ಮೂರು ಪಟ್ಟು ಹೆಚ್ಚಿರುವ ಸತ್ಯವಂತೆ ತಂಪಾಕು ಕಂಪೆನಿಗಳ ದುಪ್ಪ ಹೂಡಿಸುವುದು ತಿಳಿಹೇಳುತ್ತವೆ. ಪ್ರಪಂಚದ ನಾಲ್ಕು ವಿಂಡಿಗಳ ಸೇರಿದ ಒಟ್ಟು ಇಷ್ಟಕ್ಕೆ ದೇಶಗಳಲ್ಲಿ 'ರೇಡಿಯಾ ಕ್ಲೈಮ್' ಪತ್ರಿಕೆ ನಡೆದ ಒಂದು ಅಧ್ಯಯನವು ಮಕ್ಕಳಲ್ಲಿ ಧೂಮಪಾನ ನಿಷೇಧವಾಗಿ ಹೆಚ್ಚುತ್ತಿರುವುದನ್ನು ವಿಶೇಷವಿಡಿತು.

ಭೀಕರ ಭವಿಷ್ಯ

ಮಕ್ಕಳಲ್ಲಿ ಧೂಮಪಾನ ಹೆಚ್ಚುತ್ತಿರುವುದರಿಂದ ಮುಂದಿನ 25 ವರ್ಷಗಳಲ್ಲಿ ಸಂಪೂರ್ಣವಾಗಿ ಧೂಮಪಾನಿಗಳ ಒಳಗಡೆಯಾಗಿದೆ. ಇದನ್ನು ಅದಷ್ಟು ತತ್ಪ್ರಮಾಣ ತಂಪಾಕು ವಿರೋಧಿ ಆಳವಡಿಸಿ ಪ್ರಯತ್ನಿಸುವುದು ಮಕ್ಕಳಲ್ಲಿ ಅರಿವು ಮೂಡಿಸಲು ಪ್ರಯತ್ನಿಸುತ್ತಿದೆ. ಅಮೆರಿಕದಲ್ಲಿರುವ "ನ್ಯಾಸ್ ಟೀಕೆ" ಅಧಿಕೃತ ಬಿ ಟಿ ಲ್ಯಾಟೋ" ಎಂಬ ಧೂಮಪಾನ ಸಂಘಟನೆ 1985ರಿಂದ ಆವಿರತವಾಗಿ ದುಡಿಯುತ್ತಾ ಮಕ್ಕಳ ಕೈಗೆ ತಂಪಾಕು ಸುಗುರುದನ್ನು ವಿರೋಧಿಸುತ್ತಿದೆ. ತಂಪಾಕು ನಿರಾಧಿ ಮಕ್ಕಳಲ್ಲಿ ಅರಿವು ಮೂಡಿಸಿ, ವೈಜ್ಞಾನಿಕ ಶಿಕ್ಷಣ ನೀಡಿ ವಿರೋಧಿ ಮಾಡಿ ಕಟ್ಟಿ ಅಪರಾಧ ಕೊಂಡಿಹೂಡುವುದು

ರೂಪಿಸುತ್ತಿದೆ. ಪ್ರತಿಯೊಂದು ಮುಂದುವರಿದ ದೇಶದಲ್ಲೂ ಈಗ ಮಕ್ಕಳು ನೋಡುವ ಇಂಗ್ಲೆಂಡ್‌ನಲ್ಲಿ ಧೂಮಪಾನದ ಅಪಾಯಗಳನ್ನು ವಿವರಿಸುವ ವೆಬ್‌ಸೈಟ್‌ಗಳು ಇರುತ್ತವೆ. ಧೂಮಪಾನ ವಿರುದ್ಧ ನೆರವಾಗಲು ಸಲಹೆಗಳನ್ನು ನೀಡುವ ವ್ಯಕ್ತಿ, ಕಿಟಾಗಳು ಸಿಗುತ್ತವೆ.

ಧೂಮಪಾನ ವಿರೋಧಿಗಳು ಸಿಗರೇಟ್ ಹಾಟೋರಿಗೆ ಕಷ್ಟ ಬಗ್ಗೆ ಬಳಿಯುತ್ತ. ಅವರ ಪ್ರಾಯೋಜಿತ ನಾಟಕಗಳ ಮುಂದೆ ಕಷ್ಟ ಬಾಧ್ಯತೆ ಪ್ರದರ್ಶಿಸುತ್ತ ತಂಡಾಟು ಕಂಪೆನಿಗಳ ಕಷ್ಟ ಮುಖವನ್ನು ಬಯಸಿಳಿಯುತ್ತಿದ್ದಾರೆ. ಕ್ರಿಕೆಟ್ ಕಾಶಿಯಾದ ಲಾರ್ಡ್‌ನಲ್ಲಿ ತಂಡಾಟು ಕಂಪೆನಿಯಾದ ಬೆನ್ಸನ್ ಅಂಡ್ ಹೆಜ್ಜಾ ಕಂಪೆನಿ ಕ್ರಿಕೆಟ್ ಪಂದ್ಯವನ್ನು ಪ್ರಯೋಜಿಸಿದೆ "ಸ್ಪೋರ್ಟ್‌ಂಗ್ ಸ್ಪಂಪ್ ಯುವರ್ ಗ್ಯೂಟ್" ಎಂದು ಮಕ್ಕಳಿಗೆ ಕರಪತ್ರ ಹಂಚುತ್ತಾರೆ. "ಮಾರ್ಲ್ ಬರೋ" ಎಂಬ ತಂಡಾಟು ಕಂಪೆನಿಯನ್ನು "ಮಾರ್ಲ್ ಬರೋ" (ಸಮಾಧಿಶಿಲೆಗಳ ಸಾಲು) ಎಂದು, "ಜಾನ್ ಪ್ಲೇಯರ್" ಎಂಬ ಕಂಪೆನಿಯ ಹೆಸರನ್ನು "ಜಾನ್ ಸ್ಟೇಯರ್" (ಕಿಲೋಗ್ರಾಂ) ಎಂದು ಅರ್ಥ ಮಾಡುತ್ತಾರೆ. ನಿಕೋಟಿನ್ ಎಂಬ ಹೆಸರನ್ನು ದುರುಪ ಲಾಭಿಸುವ ವಿರುದ್ಧ ಮಕ್ಕಳ ಮೆಚ್ಚುಗೆ ಹೀರೋ ಸೂಪರ್ ಮ್ಯಾನ್ ಹೋರಾಡುವಂತೆ ಕಾರ್ಟೂ ರಚಿಸುತ್ತಾರೆ.... ಇವೆಲ್ಲವೂ ತಂಡಾಟು ವಿರೋಧದ ದಾರಿಯಲ್ಲಿ ಸ್ವಲ್ಪ ಹೆಜ್ಜೆ ಮಾತ್ರ! ಆದರೂ ಇವರು ವಿರೋಧಿ ಹೆಸರನ್ನು ಬಳಸಲು ಒಂದು ದಿನ ನಿಲ್ಲಿಸಿದರೂ ಹದಿಮೂರು ಸೆಕೆಂಡ್‌ಗಳಿಗೆ ಒಬ್ಬರಿಗೆ ದಿನಕ್ಕೆ ಅದನ್ನು ಜನ ಸಾಯುತ್ತಾರೆ!

ಆಹಾರದ ಬದಲು ತೆಂಡಾಟು
ಆದರೆ ಬಡದೇಶಗಳ ಜನರಲ್ಲಿ ತೆಂಡಾಟು ನಿಂದಾಗುವ ಹಾನಿಯ ಬಗ್ಗೆ ಪ್ರಜ್ಞೆ ಮೂಡಿಸುವುದೇ ದೊಡ್ಡ ಸಮಸ್ಯೆ. ತಿನ್ನಲು ಆಸ್ತಮಿಲ್ಲದ, ಆಕ್ರಮಣಕಾರಿಯು ಆಹಾರವನ್ನು ದಿಲ್ಲದ, ಆರೋಗ್ಯ ಸೌಲಭ್ಯಗಳಿಗೆ ಆಸ್ತದ ದಿಲ್ಲದ ದೇಶಗಳಲ್ಲಿ ತೆಂಡಾಟು ಕಂಪೆನಿಗಳು ಹೆಚ್ಚು ಮಾಡುತ್ತವೆ. ಆಹಾರ ಬೆಳೆಯುವ ಬದಲಿಗೆ ತೆಂಡಾಟು ಬೆಳೆಯುವಂತೆ ಪೋಷಣಾಹ ನಿರೀಕ್ಷಿಸಿರುವುದರಿಂದ ಜಗತ್ತಿನ 120 ದೇಶಗಳಲ್ಲಿ ಅದು ಪ್ರಮುಖ ವಾಗುವ ಬೆಳೆಯಾಗಿದೆ. ಮೂರನೆಯ ಜಗತ್ತಿನ ಅಭಿವೃದ್ಧಿ ನಿರತ ದೇಶವಾದ ಚೀನಾ ತೆಂಡಾಟು ಬೆಳೆಯುವುದರಲ್ಲಿ ಪ್ರಪಂಚದೇ ಮೊದಲ ಸ್ಥಾನದಲ್ಲಿದೆ. ದಿವರದಲ್ಲಿ ತೆಂಡಾಟು ಉತ್ಪಾದಿಸುವ ಮುಂಚೂಣಿಯಲ್ಲಿರುವ

ವಿಳಿಯ ಮಗು ಇರುವ ಮನೆಯಲ್ಲಿ ತಂದೆಯೊಬ್ಬ ಸಿಗರೇಟ್ ಸೇದಿದರೆ ಪರೋಕ್ಷ ಧೂಮಪಾನದಿಂದಾಗಿ ಆ ಮುಳಿಯೂ ವರ್ಷಕ್ಕೆ 30 ಸಿಗರೇಟ್ ಸೇದಿದಂತೆ ಆಗುತ್ತದೆ. ಧೂಮಪಾನ ತಂದೆ ತಾಯಿಯರ ಶಿಶುವಿನ ಜೊಲ್ಲು ಮತ್ತು ಮೂತ್ರದಲ್ಲಿ ನಿಕೋಟಿನ್ ಅಂಶ ಪತ್ತೆಯಾಗಿದೆ.

ಮೊದಲ ಹತ್ತು ದೇಶಗಳ ಪೈಕಿ ಐದು ದೇಶಗಳು ಮೂರನೆಯ ಜಗತ್ತಿನಲ್ಲೇ ಇವೆ (ಚೀನಾ, ಭಾರತ, ಬ್ರೆಜಿಲ್, ದಕ್ಷಿಣ ಕೊರಿಯ ಮತ್ತು ಇಂಡೋನೇಷ್ಯ). ಬಡರಾಷ್ಟ್ರಗಳು ತಮ್ಮ ದೌರ್ಬಲ್ಯಗಳಿಂದಾಗಿ ತೆಂಡಾಟನ್ನು ಹೆಚ್ಚಾಗಿ ಬೆಳೆಯುವುದಲ್ಲದೆ, ತೆಂಡಾಟು ಕಂಪೆನಿಗಳು ಬೆಳೆಯುವುದಕ್ಕೂ ಫಲವಾದ ಪ್ರದೇಶವಾಗಿವೆ. ಹೀಗಾಗಿ ವಾಸ್ತವ ಜಗತ್ತಿನ ಅಮೆರಿಕದಲ್ಲಿ ಒಬ್ಬ ಧೂಮಪಾನಿ ವರ್ಷಕ್ಕೆ 2,500 ಸಿಗರೇಟ್‌ಗಳನ್ನು ಸೇದಿದರೆ, ಜರ್ಮನಿಯಲ್ಲಿ 1,870, ಬ್ರಿಟನ್‌ನಲ್ಲಿ 1,820 ಸೇಡುತ್ತಾನೆ. ಆದರೆ ಭಾರತವೂ ಸೇರಿದಂತೆ ಮೂರನೆಯ ಜಗತ್ತಿನ ದೇಶಗಳಲ್ಲಿ ಒಬ್ಬ ಧೂಮಪಾನಿ ವರ್ಷಕ್ಕೆ 3,000 ಸಿಗರೇಟ್‌ಗಳನ್ನು ಸೇಡುತ್ತಾನೆ ಎಂಬ ಅಂದಾಜಿದೆ! ಧೂಮಪಾನದ ಸಮಸ್ಯೆಗೆ ಅರ್ಥಿಕ, ಸೈಕಿಕ ಮತ್ತು ವೈದ್ಯಕೀಯ - ಹೀಗೆ ಮೂರು ಮುಖಗಳಿವೆ. ಆದನ್ನು ವಿರೋಧಿಸುವ ಆಳವಳಿಯಲ್ಲಿ ಇವೆಲ್ಲದರ ವಿಶ್ಲೇಷಣೆ ನಡೆಯುತ್ತಿದೆ. ತೆಂಡಾಟು ಕಂಪೆನಿಗಳ ಪದ್ಧತಿಗಳನ್ನು ಗುರುತಿಸಿ

ದರೆ ಧೂಮಪಾನದ ಬಗ್ಗೆ ಯಾರಿಗಾದರೂ ಜಾಗೃತಿ ಹುಟ್ಟುತ್ತದೆ. ಕೋಟ್ಯಂತರ ಜನರ ಆರೋಗ್ಯವನ್ನು ಹಾಳು ಮಾಡಿ ಕೋಟ್ಯಂತರವಾಗಿ ಸಂಗ್ರಹಿಸುವ ಆವೃತಗಳ ಗುರಿ ಮಾಡುವುದರ ಪರವಾಗಿ ಇಲ್ಲ. ಮಕ್ಕಳ ಮೇಲೆ ಅವು ಕಟ್ಟಿಟ್ಟುಪ್ಪದಂತೆ ಇರಬೇಕು ಅತ್ಯಂತ.

ತೆಂಡಾಟು ಕಂಪೆನಿಗಳ ದಾಳಿಯಿಂದ ಮಕ್ಕಳನ್ನು ರಕ್ಷಿಸಬೇಕಾದ ಇದುವ ದಾಂ ಯೋಧಿ: ಅವರ ಉದ್ದೇಶ ವಿವೇಚನೆ ಮಕ್ಕಳಿಗೆ ಅರ್ಥಮಾಡಿಸುವುದು. ಧೂಮಪಾನದ ಅಪಾಯ ಗಳ ಬಗ್ಗೆ ಅವರನ್ನು ಅವರಿಗೆ ಅಕ್ರಮ ಪ್ರವೃತ್ತಿ ಪಡೆಯಿಸಿ ಮೂಡಿಸಬೇಕು. ಸ್ವೀಡನ್‌ನಲ್ಲಿ ಮೂರು ವರ್ಷದ ಮಕ್ಕಳಿಗೆ ಈ ಪ್ರಯೋಗ ನಡೆಸಲಾಗುತ್ತಿದೆ. ಧೂಮಪಾನದಿಂದ ಆರೋಗ್ಯ ಅದನ್ನು ಹಾಳಾಗುತ್ತದೆ ಎಂಬುದರ ವಿವರಗಳು ಪಕ್ಕಪಕ್ಕಕ್ಕೆ ಭಾಗವಾಗಬೇಕು. ಇದರ ಮಹತ್ವವನ್ನು ಹಿಂಬದು ಮಗುಗಳ ಬೇಕಾದರೆ ಲಾ ಮುಟ್ಟದಲ್ಲಿ ಇವರ ಜನಿಕ ಆರೋಗ್ಯ ರಕ್ಷಣೆಗೆ ಅಧಿಕತೆ ದೊರೆಯಬೇಕು. ನಮ್ಮ ಓಗೇಯಿಂಪೂ ಧೂಮಪಾನಿಗಳ ಓಗೇಯಿಂಗಿದೆ. ತಂದೆ ತಾಯಿಗಳು ತಮ್ಮ ಮಕ್ಕಳಿಗೆ ಕೊಡುವ ಅತ್ಯಂತ ಮೂಡಿಸಿಗೊಳಿಯುತ್ತಾರೆ. ತೆಂಡಾಟು ಕಂಪೆನಿಗಳು ರೂಪಿಸಿರುವ ಹೋಗಿವರವೆಂದು ಹಿಂಬದು ನಷ್ಟಗಳನ್ನು ಅವರಿಗೆ ತಿಳಿಸುವುದು. 1991ರಂದು ಮೇ 31ರ ದಿನವನ್ನು ವಿಶ್ವ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಕಠಿಣತೆ ಜಗತ್ತಿನಾದ್ಯಂತ "ತೆಂಡಾಟು ರಹಿತ ದಿನ"ವನ್ನಾಗಿ ಆಚರಿಸಲಾಗುತ್ತಿದೆ. ಮಕ್ಕಳಲ್ಲಿ ಅಂಥ ಮೂಡಿಸಿದರೆ ಪ್ರತಿಯೊಂದು ದಿನವೂ ತೆಂಡಾಟು ರಹಿತ ದಿನವಾಗುವುದು ಬರಿ ಕನಸಾಗಿ ಉಳಿಯಲಾರದು.

ಹಿಂದೆ ಇಂಥವರವೇ 'ಧೂಮಪಾನಿ ಧೂ' ಅಂದಾಟಿಕ್ಕಿತ್ತು ಎಳೆಯುತ್ತಿದ್ದರು, ಆದರೆ ಇಂದು...



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 smoke 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.

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!!!!"

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

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

Effects and consequences of tobacco consumption on the health of an individual and on the community

Around 650,000 deaths occur annually in India due to tobacco usage.

About 36,000 (29,354 and 6,587 women) die of cancers due to tobacco consumption out of the recorded few who can avail treatment for the cancers.

There are about 65,000 children below the age of 15 who are regular tobacco addicts.

Types of tobacco products – They can be classified under six principal headings:

- i) cigarettes;
- ii) bidis.
- iii) Chewed tobacco as such, or through consumption of paan, paan masala, Gutkha, etc.
- iv) Cigars
- v) Pipe tobacco
- vi) Snuff.

Data from the sub-continent show 20% consume tobacco in the form of cigarettes. 53% consume tobacco in the form of bidis. 37.5% chew tobacco or use it in the form of snuff.

Effects of smoking on health:

It is the major cause of lung cancer.

It accounts for 90% of lung cancer deaths in men over 65 years of age.

Other cancers caused by tobacco consumption in some form or the other are the following:

Cancer of the: i) Pharynx; ii) Oesophagus; iii) Stomach; iv) Larynx; v) Lip; vi) Oral cavity; vii) Pancreas; viii) Urinary bladder; ix) Renal pelvis; x) Cervix.

Other diseases caused by smoking:

- i) Chronic bronchitis; ii) Ischemic heart disease; iii) Coronary artery disease; iv) Emphysema; v) Peptic ulcer; vi) Buerger's disease; vii) Sudden infant death syndrome; viii) Impotence.

Risks of smoking:

The danger of early death is greatest for smokers between the age group 45 and 54. Other contributory or secondary factors are the amount smoked, the habit of inhaling and the age at which smoking begins. Smokers of plain cigarettes rather than filtered ones are at a higher risk.

Cigarettes of high tar and nicotine content have been proved to be more dangerous than low tar and nicotine ones.

Smokers of low tar and nicotine cigarettes (commonly known as lights) inhale more on such cigarettes, and smoke more number of cigarettes eventually, to get the required amount of nicotine in the blood.

Consequences of smoking in Pregnancy:

Low birth weight of new born babies

Low mental development of the foetus

High amount of DDT passed on to the foetus through breastfeeding.

Additional risk factors in India:

- i) Hyperglycemia or high blood sugar levels. An association exists between increased iron levels in the blood, smoking and cancer.
- ii) Poor nutritional status of the people.

Effects of Passive smoking:

Passive smoking increases the risk of heart disease and lung cancer by 25% although only 1% of the side stream smoke is inhaled. Sidestream smoke contains $3^{1/2}$ times more benzopyrenes which is highly carcinogenic or cancer producing substance.

Additional effects on family: Poorer sections of people in rural and urban areas live in smaller houses with their family. Overcrowding with poor ventilation puts the whole family, including children, at a high risk of the effects of passive smoking. An additional problem with the women in such houses is that they are also exposed to the fumes which are emitted from the fireplace through either using firewood or kerosene as the main fuel for cooking.

Constituents of tobacco smoke:

About 4,000 compounds have been identified out of which the main three culprits are nicotine, tar and carbon monoxide. *Tobacco tar* is the condensate of tobacco smoke.

Nicotine is a very harmful constituent. It is that which mainly produces dependence. Eg: Nicotine content of just one small cigar if injected intravenously could be enough to kill an adult man.

Carbon monoxide: This is a harmful gas which when absorbed into the blood, blocks the transport of oxygen to the different parts of the body, including the brain.

Irritants: The smokers hacking cough is due to irritant substances in tobacco smoke which affect the self cleansing mechanism of the lungs. This effect is mainly caused by the irritant substance called acrolein.

Cancer producing substances – The main cancer producing substance in tobacco smoke is a chemical substance known as N-nitrosornicotine. The concentration in unburnt tobacco is between 2,000 and 9,000 parts per billion. One part per billion in food is regarded as a potential health hazard, thus *explaining the link between tobacco chewing and cancer of the mouth.*

Chewed tobacco:

Tobacco is either chewed as such or in combination with other additive flavouring agents eg: Gutkha, Zarda, paan masala, etc. Gutkha comprises roughly 50 percent areca nut, 50 percent tobacco, sandal wood powder, lime, betel nut powder, flavouring agents and additives. Betel quid or paan contains betel leaf, areca nut, a pinch of catechu, slaked lime and tobacco. Studies conducted independently by Tata Institute of Fundamental Research and the Tata Memorial Hospital established the link between prolonged consumption of gutkha and sub mucous fibrosis (SMF), a pre-cancerous condition. An afflicted person with SMF is 400 times more likely to get oral cancer than one not afflicted.

Studies have also established the link between betel quid chewing, SMF and oral cancer. These studies were undertaken by Sumati V. Bhide, Cancer Research Institute, Tata Memorial Center, Mumbai, India.

The power of the cigarette:

Nicotine reaches the brain more rapidly than heroin which can cause a “buzz” when shot intravenously. It takes 7 seconds for nicotine from the lungs to reach the brain.

It takes 14 seconds for blood to flow from the arm to the brain.

At 10 puffs per cigarette, the pack-a-day smoker gets more than 70,000 nicotine shots to the brain every year.

Effects on the environment:

- i) Trees have to be felled in order to create tobacco farms.
- ii) Fuel wood is needed to cure or dry out the harvested crop from its natural green to brownish colour seen in cigarettes. Approximately, 10 kg of wood on an average is required to cure 1 kg of tobacco.

Socio-economic conditions of tobacco workers:

- i) Contract wages are low, about Rs.80/- per day for 12 hours work;
- ii) No medical / health care or coverage;
- iii) Housing is poor as only huts are provided for a family, or for groups of families. Thatching material for the roof is very bad;
- iv) The workplace is far away from the houses. Mothers have no time to feed their babies;
- v) No schooling facilities for children.
- vi) Occupational hazard as they are constantly exposed to tobacco dust and in case of bidi rollers, exposure to tobacco leaf causing allergies and absorption of nicotine through the skin into the blood.
- vii) a) If in case the workers fall sick, they have to think about that day's wages before taking off from work; b) about travelling a long distance to a hospital in addition to the medical bills. In case the sick labourer manages to reach the hospital, having covered the travel expenses, if he/she has to get admitted, he/she has to forego his/her wages for the number of days off work. All this if the sick labourers manage to reach the hospitals. In some cases, they are too sick to travel and remain at home for two – three days before they feel a little better, again having foregone their wages for the number of days off work. On feeling a little better, they opt to work and get paid rather than travelling to reach a hospital for medical care.

Tobacco economics or bad economics: Our country earns Rs.800 crores from exports and Rs.7,000 crores from tax revenues. On the flip side, though, we spend about Rs.22,000 crores, nearly three times the total earnings to treat the various diseases due to tobacco consumption.

Benefits at hand for quitters:

- i) CAD (coronary artery disease) decreases by 50%, 1 year after quitting. Within 15 years, relative risk of death for coronary artery disease for an ex-smoker reaches that of a long time non-smoker.
- ii) Risk of developing lung cancer, chronic obstructive pulmonary disease and stroke decrease.
- iii) 10-14 years after quitting, the risk of mortality from cancer reduces to nearly that of those who have never smoked.
- iv) In fact, health benefits are observed within 12 hours of quitting.

TOWARDS MAKING THE NATION TOBACCO FREE

by S.J.Chander

Community Health Cell, Bangalore

Introduction

Right now the global and the national environment for tobacco control give us the hope that tobacco control is possible. Indian parliament has set the precedent to the nations by passing a comprehensive bill to curb the epidemic in the country when the global treaty "Framework Convention on Tobacco Control" (FCTC), was formally adopted at the 56th World Health Assembly (WHA), the annual meeting for health ministers on 21st May 2003.

The adoption of the FCTC and the bill passed by the parliament is the first step. The task of implementation is of great concern to the public, public health professionals and activist. Implementing the bill will depend on political commitment in bringing the tobacco control measures as a priority in the national agenda with necessary resources. People's participation is crucial in taking necessary action at state level in pressuring the center to expedite the process of framing the rules and creating awareness among the masses.

Recent news report said that tobacco consumption in the country has gone up. Tobacco industries continue to capitalize on the lack of awareness on the ill effects of tobacco to increase consumption. The vast awareness need on ill effects of tobacco is left to a few small groups/organizations working in different parts of the county. The understanding of a few in the country on ill effects of tobacco is restricted to a few health effects like cancer and heart diseases. It is hoped this article would enlighten the reader understand the role of tobacco industry and the process of globalization and other socioeconomic, environment and health implications.

Tobacco industry and globalization

As the tide of globalization is sweeping the nations, India is experiencing its effects like the new communication technologies that have fuelled an explosion of business opportunities for tobacco industries to capitalize on the fastest growing middle class in the world and half of its population who are ignorant of the ill effects of their products and lives on less than a dollar a day.

Tobacco industries faces a time of dwindling sales and expensive lawsuits in the west contributed by increased public awareness. The tobacco companies are looking to developing country markets to increase sales and profit. They follow various strategies for achieving their goals; particularly through advertisements they target children. Their advertisements are region and target specific. If advertisements do not promote sales, as they say: why are they pumping in millions of dollars into advertisement? Sponsoring music concerts and sports and giving free samples are the other ways they target children.

"Half of all the Indians are under 25 years of age. It is estimated that 4 million below the age of 15 years are regular smokers. All the industries are trying to capitalize on this youthful market- none-more so than the tobacco industry" (Saskia Sassen)

The following quotes by the chief executives of the tobacco companies should convince of what they believe about advertisement.

"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]

"... 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". [Cathy Leiber, Philip Morris International, 1995][4]

The industry's very survival depends on new teenage customers. The tobacco industry needs to recruit new smokers every year to replace those who die from tobacco-related diseases and a few who manage to quit. It is estimated that they need about 10000 new customers every day. Very few people start smoking as adults. Thus, children are the industry's most significant targets. Who will protect these children from the trap of tobacco industry?

Health implications

Tobacco kills over 5 million people worldwide annually (WHO, 2003). By 2020, it is predicted that tobacco will cause more deaths worldwide than HIV, tuberculosis, maternal mortality, motor vehicle accidents, suicides and homicides combined.

Cigarette smoke contains over 4000 poisonous chemicals and over 40 of them have found to be carcinogenic (cancer causing). The poisonous gases, hydrogen cyanide, sulphur dioxide, carbon monoxide, arsenic, nitrosamines and the residual pesticides in tobacco affect the health, including reproductive health of men and women. In laymen's terms these poisonous chemicals are known as a. (toilet cleaner) ammonia acetone (nail polish remover), formaldehyde (dead body preservative) and carbon monoxide (smoke from car exhaust).

Tobacco causes serious adverse effects such as cancer, diseases of heart and blood vessels, diseases of lungs and other organs, leading to suffering, disability and death. Tobacco use among men causes impotency and infertility among women. Considerable amount of funds, public and private, are spent in treating the persons affected. Passive smoking is equally responsible in the causation of adverse effects, affecting millions of non-smokers and particularly pregnant women, reducing the growth of the foetus and causing abortion.

Economic implications

Economic losses to the nation are immeasurable. The health of the workforce is adversely affected. Household money that is spent on tobacco reduces the amount available for food, education and medical care. Children may also suffer the emotional pain and financial insecurity that comes from the loss of a parent or caretaker who dies an untimely death due to tobacco. At the rate of 20 cigarettes per day a smoker will pay around Rs.10, 950.00 per year to support the habit. For 30 years the smoker has to spend Rs.3, 28,500.00, enough money to educate two children through medical and engineering colleges. A retired senior government official from a district said that he spent Rs. 15 lakhs for cigarettes in about 20 years. When he came to know this he quit. He was one of the lucky ones who could get rid of the deadly addiction. 90% of the tobacco users though want to quit, find it extremely difficult to do so due to severe addiction that nicotine causes. Long term studies by the Indian Council of Medical Research and the World Bank report that economic losses to the state and national government far outweigh the economic gain from taxes, exports to the state / country. A World Bank study report came to the same conclusion based on international data.

Social and environment implications

Somehow, over the years tobacco use has been accepted socially because they are ignorant of the various serious implications that tobacco use. Every child has the right to grow up without tobacco. If this has to be achieved, there is a need to change the environment. It is estimated that the smoker inhales only 15% of the product that he/she smokes, the remaining 85% being inhaled by the people around, which means one doesn't have to smoke if he/she is around a smoker. Passive smoking, also known as Environmental Tobacco Smoke (ETS), contains basically all of the same carcinogens and toxic agents that are inhaled directly by smokers. Evidences regarding the serious health consequences of ETS, both for adults and for children are many. These findings make a strong case for a tough policy to limit smoking in public places. A few state governments have made some efforts towards this; further actions have to be taken by them to pass the government orders and ensure that their staff and citizens enforce the law.

7000 billion tonnes of paper are used every year for wrapping cigarettes globally. It is estimated that to cure one kg of tobacco, it requires 8kgs of wood. It means cutting of trees and destroying forests causing immense damage to the environment. It has been estimated that every for 300 cigarettes smoked, some one somewhere has killed a tree.

Is there a way out?

Where there is a will there is a way. The only argument that the industry puts forth against banning use of tobacco is that millions of tobacco growers and others involved in beedi rolling for their survival will lose their jobs. The more tobacco is grown the more it will find its way to the market. It is the duty of the State to help find people alternate jobs. If argued, it is millions of deaths and suffering over survival. What is needed is, to reduce tobacco growing in a phased manner. Experiments in a few areas have shown that there are other food grains, which are equally economically viable, could be grown if the attention the government gives to tobacco in terms of subsidy and other support is given to the alternate crops. The industry lobby is too strong for the weak political will. The elected political representatives and bureaucracy may be weak and influenced by other interest, but if the masses unite and put up a strong fight against this evil, it is possible to overcome.

Let us unite

- To create awareness among all the people and particularly among the children and the youth of the evil effects of tobacco to reduce the demand.
- To increase advocacy for banning of all forms of direct and indirect advertisements and sponsorship of sports and recreation and cultural events, promoting demand; and
- To ensure implementation of the law banning smoking in public places to prevent passive smoking and enable people, particularly children to breathe clean air for healthy living.

Towards Tobacco Control in a Globalised Economy

The 21st century witnessed the world markets being thrown open to free trade rules, raising alarming consequences especially to the developing world. Nevertheless, it worked to the benefit of certain interest groups in the market, the prominent among them being the tobacco industry.

The form, nature and the magnitude of the tobacco industry varies from country to country. But globalisation, has primarily given them all access to the global market, thereby expanding their business territories and areas of operation.

The Multinational Tobacco Industry

Tobacco industry today spans across seas, with companies like Philip Morris (PM), British American Tobacco (BAT) and Japan Tobacco expanding its horizons way beyond their countries of origin. These cigarette majors have managed to reach their brands to remote corners of the world either through large buyouts of domestic tobacco companies or by opening up subsidiaries and branches. For example, in India, Philip Morris holds 41% shares in Godfrey Philips (popular for their Four Square brand) and BAT holds 31.4% shares in Indian Tobacco Company. Thailand stands out for its resistance in 1995 to the US Trade Representative trying to force open its market to the US tobacco companies.

The political reach of tobacco companies is no secret. Philip Morris has been the largest contributor of unregulated political donations in the last two federal elections in the US¹. Considering the leading role-played by the US in the global economy, it is but strategic for tobacco corporations to maintain political influence in the US. In 1995, the company capitalising its close association with high political offices drafted a law on growing, manufacturing and advertising of tobacco which was later approved by the Lithuanian government². Thus, tobacco trade has moved on from being a token of goodwill between kings to that which dictates the world order. What is wrong about building a billion-dollar business that boosts the world economy?

The true color of the industry

- a) Tobacco is the only consumer product, which if consumed as per the manufacturer's instructions kills half of its life-long users;
- b) Tobacco industry has known about the harmful effects of tobacco for more than 30 years but intentionally opted to keep its consumers in the dark about it
- c) Besides inflicting 44-odd illnesses in human beings, tobacco poses serious threat to the environment;
- d) Tobacco depletes national reserves through high medical costs for tobacco-related diseases
- e) Tobacco is more addictive than cocaine or marijuana thereby robbing its user of the freedom to decide on continued use or discontinue its use.

Magnitude of the Tobacco Menace

According to World Health Organisation (WHO), 4million people die globally from tobacco-related illnesses every year. This is more than the combined global death toll from HIV, Tuberculosis, maternal mortality, homicide, alcohol, suicide and automobile accidents put together³. WHO projects that by 2030, the global tobacco death toll would rise to 10 million and 70 % of these deaths would occur in poor developing

¹ From research conducted by the Center for Responsive Politics, Washington, D.C. www.opensecrets.org
² INFACCT survey by Tomas Stanikas, Kaunas Medical Academy, Lithuania, presented at the 10th World Conference on Tobacco or Health, Beijing, August 1997.
³ Hoard, Barnum. "The Economic Burden of the Global Trade in Tobacco," Paper presented at the 9th World Conference on Tobacco or Health, October 1994.

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countries. In India, tobacco kills more than 8 lakh persons every year. If current trends continue, 250 million children alive today will be killed by tobacco⁴.

Youth are the hot favorites of the tobacco industry. Tobacco companies use aggressive advertising geared towards getting the children addicted at an early age so that they remain tobacco users for a lifetime. This is in clear violation of the commitments the countries from the region have made under the UN Convention on the Rights of the Child, which guarantees right to life, survival and development of a child.

Scientific studies have shown that Tobacco has been proven to cause cancer of the lungs, mouth and throat, breast, urinary bladder and cervix. Smoking is a leading cause for Peripheral Vascular Disease, which eventually leads to amputation of limbs and even early death. A cigarette smoker has two to three times the risk of having a heart attack or a stroke compared to a non-smoker. Smokeless tobacco users are more likely to develop cancers of the lip, tongue, and floor of the mouth, cheek and gum than non-users.

Non-smokers who are exposed to tobacco smoke at home, have a 25 per cent increased risk of heart diseases and lung cancer. WHO estimates that 700 million, or almost half of the world's children, breath air polluted by tobacco smoke, particularly at home. Children of smoking parents are more prone to respiratory tract infections such as bronchitis, pneumonia, cot death, middle ear diseases and asthma attacks⁵.

Tobacco production costs the environment dearly. In 66 tobacco-growing countries in the world, 4.6% of national deforestation is due to cutting of trees for curing tobacco and for building curing barns. Trees are also cut to produce paper for wrapping cigarettes and for packaging of tobacco products. In Thane district in Maharashtra (India), vast acres of forest land is cleared to procure "katha", an ingredient of the indigenous tobacco products Gutkha and pan masala from the bark of Khaire trees⁶. Smoking causes an estimated 10 % of the global deaths from fire. Disposal of the butts, packs, and cartons of tobacco products produces much trash that workers in the US complain that sweeping up cigarette butts causes them hours of extra work each month⁷.

Challenges Posed by Tobacco

Factors Influencing Demand For Tobacco And Feasible Solutions

Entrapping Advertising: Tobacco industry is the largest advertiser in the world. Obviously, they have to try hard to sell their product against all its proven dangers to public health. In 1996, Philip Morris the world's largest multinational cigarette company spent \$3.1 billion advertising its tobacco and food products⁸. In India, approximately Rupees 400 crore is spent on tobacco ads every year. In Bangladesh, British American Tobacco which owns controlling share of Bangladesh's former tobacco monopoly, spent \$ 3.4 million on brand promotions and development in 1998.

With the growing restrictions on direct advertising of tobacco products world wide, the industry is evolving dubious and unscrupulous marketing strategies to circumvent law. A quick look at these promos exposes their tactic to hook young and fresh consumers to their products through indirect means like brand stretching and sponsoring youth programmes. The industry has always opposed Ad bans and ingeniously suggests voluntary restrictions, which have proven to be ineffective in other countries. In a recent study

⁴ C. J. Murray and A. D. Lopez, Eds. *The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Disease, Injuries and Risk Factors in 1990 and Projected to 2020* (Cambridge MA: Harvard School of Public Health, 1996).

⁵ Report of the Scientific Committee on Tobacco and Health. Department of Health, UK, 1998.

⁶ "Dawood is diversifying into Gutkha", Bombay Times, 04/12/2000.

⁷ Novotny & Zhao 1999.

⁸ R. Hammond. *Tobacco Advertising and Promotion: The Need for a Co-ordinated Global Response*. Geneva: World Health Organisation. 2000

involving 22 high-income countries it was revealed that where most comprehensive advertising restrictions were in place, tobacco consumption would fall by 6 %⁹.

Package Advertising: Tobacco companies for decades have been effectively using the tobacco package space as an excellent advertising media. Countries like Canada, Brazil and European Union have realised the power of package advertising and have made it mandatory to display pictorial health messages on tobacco packs. The Canadian experience as revealed in a recent survey has been that 44 % of smokers said that the new warning increased their motivation to quit and among those attempted to quit in 2001, 38% cited the warnings as a motivating factor. 35 percent of smokers and 34 percent of nonsmokers said they know more about the health effects of smoking than they did before the new warnings¹⁰.

Tobacco & Poverty: Researchers from Bangladesh and India report that tobacco use further impoverishes poor-income households. In a recent survey conducted among 400 pavement dwelling families in Mumbai, India, the poor spend more on purchasing tobacco than on nutritious food like meat, milk, fruits or egg¹¹. Similarly, among the poor income households in Bangladesh a typical male smoker spends 5 times as much on cigarettes as the per capita expenditure on housing, 18 times as much as for health and 20 times as much as for education¹². Obviously, tobacco reduces the purchasing capacity of the poor.

Affordability: Increasing tax is a feasible strategy to reduce accessibility and affordability especially among income-sensitive groups. This should be a hot favorite among the Governments as it brings additional revenue to the Government exchequer.

Increasing taxes, increases smuggling" is the typical industry line of argument. However, it has been found that increase in contraband and smuggling arises out of poor low enforcement and customs regulations rather than from tax increases.

Rights and Awareness: Addictive as tobacco is, it robs its user of the power to choose its use or discontinue it. In doing so, it deprives the consumer of the basic right to choose. Tobacco companies hide information about the harmfulness of their products thereby denying them the right to information based on which they could otherwise make an "informed choice". Children's rights to life, survival and development are jeopardized in terms of reduced access to health and education from increasing tobacco expenses incurred by adults in the family. They are choked from passive smoking, which the adults in their environment are unmindful of.

Issues related to the Supply of Tobacco

The tobacco industry perpetually whips up farmers' associations and unions creating fear that tobacco control would lead to massive unemployment in the tobacco production sectors. However, economists Jha & Chaloupka (1999) who have done extensive macro analysis of tobacco producing economies allay these fears¹³.

They opine that the negative effects of tobacco control on employments have been grossly overstated. While there would be no net loss of jobs, there might even be job gains if global tobacco consumption fell. This is because money spent on tobacco would be spent on other goods and services thereby generating more jobs. Even in economies heavily dependent on tobacco, aid adjustment, crop diversification, rural training and other safety net systems would take care of the problem.

⁹ P. Jha & F.J. Chaloupka. *Curbing the Epidemic, Governments and the Economics of Tobacco Control*. Washington. 1999.

¹⁰ Research by Canadian Cancer Society on the Effectiveness of Pictorial Health Warnings. 2001.

¹¹ S. John, S. Vaite & D. Eforymson. *Tobacco and Poverty: Observations from India and Bangladesh*. PATH Canada. October 2002.

¹² D. Eforymson & S. Ahmed. *Hungry for Tobacco*. Work for a Better Bangladesh. 2001.

¹³ P. Jha & F.J. Chaloupka. *Curbing the Epidemic, Governments and the Economics of Tobacco Control*. Washington. 1999.

Even in countries with comprehensive tobacco control policies, tobacco consumption reduces at best by 1 %. With increasing population in most of the developing countries it would be a while before there would be any considerable impact on tobacco production, giving farmers sufficient time to diversify into alternate avenues.

A recent study conducted among tobacco farmers in Karnataka, one of the leading tobacco producing States in India, reveals that diversification to alternate livelihood is a feasible option for those engaged in various tobacco production avenues. Tobacco farmers have been found to suffer from several occupational health hazards and complain of perpetual state of poverty and debts¹⁴.

Envisaging future decline in bidi smoking, Kerala Dinesh Bidi, the largest co-operative society in Asia launched its diversification efforts into food processing and other consumer products. In the first three years of diversification, 15 out of the 30 products have been reported to be breaking even¹⁵.

Another major argument leveled against diversification is that with these efforts countries would cease to receive the tax they are currently getting from tobacco taxes. This is a fallacy. In India, for instance, the Government revenue from tobacco is way below what it spends on treating tobacco-related illnesses.

Also, with tobacco users reducing its consumption in response to tobacco control measures, it is likely that they would invest in other consumer products. This would lead to development of other sectors of the economy and thus contribute to overall national growth.

Framework Convention on Tobacco Control (FCTC)

In 1998, the World Health Organisation invoked its prerogative to propose an international tobacco control treaty named Framework Convention on Tobacco Control to contain the global tobacco epidemic. The treaty addresses transnational issues pertaining to tobacco advertising, smuggling, packaging, testing and reporting of toxic constituents, environmental tobacco smoke and resource sharing.

The treaty is currently moving towards the final stages of its negotiation by 190 odd Member Nations of WHO in the last and sixth round of negotiation scheduled for Mid February 2003. It is slated to be adopted by World Health Assembly in May 2003.

The treaty is significant for the Asian countries, primarily in resisting the tobacco industry which considers us the prime target in this decade. It serves as a booster to build national tobacco control policies and programmes. The negotiations for the first time in the history of tobacco control movement, has brought together people, Governments, NGOs, energy and resources from all over the world to address the tobacco pandemic.

Tobacco Control in Asia

In the last decade, several organisations in the region have initiated awareness programmes among children, youth, women and workers as a prevention strategy. Some of them advocate strong tobacco control policies home and abroad. In India, Research and surveillance have been carried out on different population groups on their tobacco control patterns.

Thailand has advanced tobacco control programmes and policies. India has of late proposed the Tobacco Products Bill, banning tobacco advertising, promotions and smoking in public places among others. Bangladesh and Nepal are also drafting national policies to contain the tobacco epidemic.

In the recent years, tobacco control activists have realised the power of collective strength and have formed networks and coalitions at local and national levels. The Consortium for Tobacco Free Karnataka, Indian Coalition for Tobacco Control, Bangladesh Anti Tobacco Alliance, South Asia Tobacco Control Forum and

¹⁴S. John, S. Vaite & D. Efrogmson. *Tobacco and Poverty: Observations from India and Bangladesh*. PATH Canada. October 2002.

¹⁵ *Ibid*. Interview with Kerala Dinesh Bidi Office Bearers.

South East Asia Tobacco Control Alliance, Framework Convention Alliance are a few of the active alliances in the region.

In 1998, World Health Assembly launched the drafting of an international treaty to address trans-national tobacco control issues. The treaty, Framework Convention on Tobacco Control is currently in the last stages of its development, with over 150 world countries concluding its negotiations coming summer in Geneva. Countries and organisations from the region play a vital role in demanding stringent tobacco control measures in this treaty.

Emerging Needs of Tobacco Control in Asia

Industry documents and operations reveal that they are now training their guns on Asia and Africa. Lack of adequate tobacco control policies and failure in implementing the existing policies make us all the more vulnerable to the attacks of these companies as also to tobacco epidemic. Illiterate masses and cultural practices also seem to be hurdles in tobacco control in Asia. The emerging needs therefore for the region are:

- a) Building awareness among the Asian masses about the health and socio-economic consequences of tobacco use and trade
- b) Exposing myths and cultural practices that promotes the habit
- c) Training development workers and organization on tobacco control issues
- d) Building networks and coalitions that would serve as pressure groups in policy advocacy
- e) Engaging in active advocacy for tobacco control policies at national and regional level
- f) Advocacy for effective implementation of FCTC commitments in the region

Possibilities for Collaboration

The issues involved in tobacco control demands a matching o-ordinated response from different sectors of the civil society. World Health Organisation responded to this global epidemic by setting up the Tobacco Free Initiative in 1998, which in turn supports various global campaigns and programmes in tobacco control. It calls upon the civil society each year to observe 31st of May as the World No Tobacco Day.

Besides, there are various networks, coalitions and organizations already engaged in active tobacco control. If you are further interested in learning or engaging in tobacco control issues, feel free to contact any of the organisers of the event listed below:

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for Asia Social Forum

Workshop on "Working Towards Tobacco Control in Asia"

January 2003

Subject: Notes from today's meeting - comments welcome!

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Tobacco Control: A Key Development Issue?

The Health and Development Forum held a meeting on the 12th September 2002 at the London School of Hygiene and Tropical Medicine to discuss issues relating to *Tobacco, Health and Development*. This meeting was convened following a request to BOND from DFID for information as to what UK development NGOs were doing in the area of Tobacco Control.

Jeff Collin of the London School of Hygiene and Tropical Medicine opened the meeting with an overview of the subject. He acknowledged that whilst there were valid reasons why the subject could be approached in the conventional way of focusing on the effects of tobacco on the health of smokers, there were many other ways in which the issue could be approached which might be developmentally more relevant. These included looking at it from either an economic or globalisation approach. He explained that measures to control tobacco use, such as increasing taxation brought in additional income to governments. In addition, he argued that the economic benefits of tobacco production had been overplayed. Only 18 countries gain over 1% of their income from tobacco, only 4 gain more than 5% and only 2 (Malawi and Zimbabwe) have economies which are highly dependent on tobacco. He also explained that 4 tobacco countries control 75% of the market and that they have successfully portrayed tobacco control as a first world issue.

He then introduced the Framework Convention on Tobacco Control which was first formulated at the World Health Assembly [WHA] in 1999. It is planned to ratify the convention at the next WHA in 2003. Issues being debated on the current text include trade, smuggling, advertising, packaging and numbers of countries needed to agree the convention for ratification purposes.

Scott Hardie then briefly responded on behalf of DFID. He explained that DFID is interested in tobacco because, not only is tobacco a major health issue but it goes well beyond that. DFID is particularly interested in the effect of tobacco on women and children. DFID is supporting the critical work of WHO on this issue and trying to develop a coherent approach.

Andrew Pendleton of Christian Aid then presented work they had been doing with small-scale tobacco farmers in Brazil. Their conclusion was that farming tobacco could be as bad for your health as smoking itself because of the unregulated use of pesticides and the absorption of nicotine through the skin. In addition, the farmers were often kept in debt by Souza Cruz (a BAT subsidiary) and forced to sell their tobacco to the company at low prices. The main conclusion of the Christian Aid research was that they wanted to advocate for better conditions for Brazilian tobacco farmers and they had had a meeting with BAT to pursue this matter.

In the discussion that followed, the view was expressed that although there might appear to be differences in conclusions when the issue is approached from different perspectives they were in fact broadly similar irrespective of whether the starting point was the welfare of the smoker or the small-scale farmer. It was also noted that there were many other perspectives from which the issue could be approached, such as economic and environmental. The hope was expressed that major development NGOs might take on this issue more. However, the majority of these seek to respond to the needs of poor people. If tobacco control

is not seen as a major need by poor people, it could be considered paternalistic and patronising to force these issues on them. It was acknowledged that for many poor people fear of contracting a smoking-related disease when they were older was not as pressing a concern as the immediate survival issues they face on a daily basis. Another reason why development NGOs had not been so active on tobacco issues was suggested, namely that there is little space for them because the field was already filled with health NGOs. The situation was reported to be different in Africa where the range of NGOs active on tobacco issues is broader.

Concerning the proposed Framework Convention on Tobacco Control, concern was expressed about the value of any convention which the US refused to sign. The tension was recognised between a strong convention which very few countries signed and a weaker convention which more countries could sign up to. Whatever the outcome, it was recognised that the framework convention was already playing a valuable role in stimulating discussion on tobacco issues.

A concrete proposal which was made by the meeting was that DFID consider organising a meeting aimed at major development NGOs, perhaps in co-operation with BOND. This meeting would be seen as seeking to promote dialogue on issues of common concern between those working actively on tobacco issues and those working in development more generally.

For more details of this meeting, contact Roger Drew on roger@mendlesham.fsnet.co.uk

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ರಾಜಭವನದಲ್ಲಿ 'ತಂಬಾಕಾಸುರ'

ಶು.ಬಿ.ಎ.ಬಿ - 05/8/04.

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ತಂಬಾಕಾಸುರನ ವಿರುದ್ಧ ಸಮರಕ್ಕಿಳಿದವರು

ಮತ್ತು ಎಂ.ಎಸ್. ರಾಮಯ್ಯ
ವೈದ್ಯಕೀಯ ಕಾಲೇಜಿನ ಪ್ರಿನ್ಸಿಪಲ್ ಡಾ.
ನಿಲಾಣಿ ಪಶುಮ ಪೆಟ್ಟಿ ಪಾಕದ ವಿಭಿನ್ನ
ಮರವಣಿಗೆ ದಾರಿಯುದ್ದಕ್ಕೂ ಸ್ವಾಗತ.
ಕೈಲಿವರ ಬಿ.ಡಿ. ಸಿಗರೇಟ್ ಅರಿಯಿ
ಚವ್ವಾಳ, ಜಯಶಾರ, ಧಿಕ್ಕಾರ
ತಂಬಾಕಾಸುರನನ್ನು ಮುಂದಿಟ್ಟು
ಕೊಂದು ಸಾಗುತ್ತಿದ್ದಂತೆ ಅದನ್ನು ಕಂಡ
ಧೂಮಪಾನಿಗಳು ತಂತಮ್ಮ ಬಟ್ಟೆ ಅರಿಯಿ
ಮುಖ ಮರಸಿಕೊಂಡರು. ಬಾಬಾ
ಭಜಂಜಿ ಬ್ಲಾಡ ಚೀಸ್ ಆಗಲದ
ಬ್ಲಾಸರ್, ಬಂಟಾಟ್ ಪಾರ್ಡ್‌ಸಿಟ್ಟಿಗಳ
ಅರ್ಪಣೆಗೀಡಾದ ಸಾರ್ವಜನಿಕರು
ಓಂದು ಕ್ಷಣ ಅಮಾಶ್ಯದಂತೆ ಕಂಡರೂ
ಸಾವಿರಕ್ಕೊಂದು ಮರವಣಿಗೆಯ ಉದ್ದೇಶ

ಮತ್ತು ಮೆಟ್ಟಿಕೊಂಡರು. ಕೆಲವರು
ಗೋಕುಲ ವಿದ್ಯಾ ಪ್ರತಿಷ್ಠಾನದ ಡಾ.
ಎಸ್. ಕುಮಾರ್, ಡಾ. ನರೇಶ್ ಶೆಟ್ಟಿ,
ಡಾ. ಕೆ. ಜಯಂತ್ ಕುಮಾರ್, ಡಾ.
ಎಸ್. ಪ್ರಭೀಶ್ ಮುಂಜಾಳುದ್ದಿ
ಬಿಟ್ಟು ಸುರ ಮುರುವರದ ಮರವಣಿಗೆ
ವಿಧಾನ ಸೌಧ ಹಾಯ್ದು ರಾಜಭವನಕ್ಕೆ
ಬಂದರು. ತಂಬಾಕಾಸುರನ ರೂಪಕ್ಕೆ
ಬೆರಲಿದ ಪೊಲೀಸರು ತಡೆಯದ
ಪ್ರಯತ್ನ ಮಾಡಲಿಲ್ಲ. ರಾಜಪಾಲ
ಟಿ.ಎಸ್. ಚತುರ್ವೇದಿ ಅವರಂದಲೇ
ತಂಬಾಕಾಸುರನ ಮರ್ದನ ಆಗಲೆಂಬ
ಉದ್ದೇಶ ಇರಲಿಲ್ಲವೆಂದು ಡಾ. ಪ್ರಭೀಶ್
ಅವರ ಜೊತೆ ಮುನ್ನಡೆದ ಬಿ. ಇ. ಎಲ್.
ಷೈಸಲ್ ವಿದ್ಯಾರ್ಥಿನಿ ತಂಬಾಕಿನಿ.

ರಾಜಪಾಲರಿಗೆ ತಂಬಾಕಾಸುರನ ಮರಣ
ಶಾಸನವನ್ನು ಓದಿ ಹೇಳಿದರು. ಶಾಸನ
ಓದಿದನು ನಿಂತು ನಿರವಾದವರು ಡಾ.
ಸಂಜಯ್ ನಾಗೇಶ್ ಮತ್ತು ಡಾ. ಶ್ರೀಕಾ.
ಸಮಾಜದ ಸ್ವಾಸ್ಥ್ಯ ನಾಶಕ ರಾಕ್ಷಸ
ನನ್ನು ಕೊನೆಗಾಣಿಸಲು ಸಾಮರಾಜ್ಯ
ವಿದ್ಯಾರ್ಥಿಗಳು ಸನ್ನದಧರಾಗಿ ಶ್ರೇಷ್ಠ
ಪ್ರತಿಜ್ಞೆಪಟ್ಟರು. ತಂಬಾಕಾಸುರನ
ಸಂತೋಷಪಟ್ಟರು. ಸಮಾಜಕಲ್ಪಕ
ರಕ್ಷಿಗಳ ದಮನಕ್ಕಾಗಿ ಎಲ್ಲರೂ ಒಗ್ಗಟ್ಟಾಗಿ
ಎದುರಿಸಬೇಕಾದ ಆವಶ್ಯಕತೆ ಬಗ್ಗೆ ಓಪ್ತಿ
ಹೇಯತ್ನ ಮುಖ್ಯಮಂತ್ರಿ ಮತ್ತು
ಆರೋಗ್ಯ ಸಚಿವರ ಗಮನಕ್ಕೆ ಈ ವಿಷಯ
ತರುವುದಾಗಿ ನಿರೀಕ್ಷಿಸಿ ಅತ್ಯಾಸನ
ನಿರೀದರು.
ತಮ್ಮ ಬೇಡಿಕೆ ಆಗ್ರಹಿಸಿ ಸಾಮರಾಜ್ಯ

ವಿದ್ಯಾರ್ಥಿಗಳು ಸು ಹಾಕಿದ್ದ ಪುಸ್ತಕ
ವನ್ನೂ ಈ ಸಂದರ್ಭದಲ್ಲಿ ರಾಜಪಾಲರಿಗೆ
ಅರ್ಪಿಸಲಾಯಿತು. ಈಗಾಗಲೇ ಜಾರಿ
ಯಲ್ಲಿರುವ ತಂಬಾಕು ನಿಷೇಧಿತ
ಶಾಸನಿನ ಬಗ್ಗೆ ಅನುಷ್ಠಾನ ಸರ್ಕಾರಿ
ಸಂಸ್ಥೆಗಳು, ಕುಟುಂಬಗಳು, ಸಾರ್ವಜನಿಕ
ಸ್ಥಳಗಳನ್ನು ತಂಬಾಕು ರೂಪ ವಲಯ
ಗಳೆಂದು ಘೋಷಣೆ ಮಾಡಬೇಕಾದ
ಆಗತ್ಯ ಶಾಸನ ಉಲ್ಲಂಘಿಸುವವರಿಗೆ
ತೀರಾ ಶಿಕ್ಷೆ ಸಮಸ್ತ ಜನತೆಯಲ್ಲಿ ಅರಿವು
ಮೂಡಿಸುವ ನಿಷ್ಠೆ ಪ್ರಯತ್ನ ಮುಂತಾದ
ಪ್ರಬಂಧ ಅಸ್ತಿತ್ವ ಜೊತೆಗೆ ಸ್ವಯಂ ಸೇವಾ
ಸಂಸ್ಥೆಗಳು ಮತ್ತು ಸಾಮಾಜಿಕ ಸೇವಾ
ಸಂಸ್ಥೆಗಳಿಂದ ಪೂರ್ಣ ಬೆಂಬಲ ಪಡೆಯ
ಬೇಕು ಎಂದು ನಿರೀಕ್ಷಿಸಿ ಅರಿಕೆ ಮಾಡಿತು.
ತಂಬಾಕು ಬೆಳೆಗಾರರು ಮತ್ತು
ಉತ್ಪಾದಕರು ಬೇರೊಂದು ಬೆಳೆಗೆ
ಅಭಿವೃದ್ಧಿ ಉತ್ತಮ ಬೆಳೆಯುವುದು,
ಸರ್ಕಾರ, ಬ್ಯಾಂಕು ಮತ್ತು ಸಾರ್ವಜನಿಕ
ಸಂಸ್ಥೆಗಳು ಈ ಪರ್ಯಾಯ ವ್ಯವಸ್ಥೆಗೆ
ಪೈಪೋಟಿಯನ್ನು ಸಾಧಿಸಿದರೆ ಎಲ್ಲ
ಮಾಧ್ಯಮಗಳಿಂದಲೂ ಸಕ್ರಿಯ ಪ್ರಚಾರ
ಮಾಡಿ ತಂಬಾಕಾಸುರನ ದಮನಕ್ಕೆ
ಎಲ್ಲರೂ ಸದಾ ಸನ್ನದಧರಾಗಿರಬೇಕು.
ತಂತಮ್ಮ ಮನೆಗಳಿಂದಲೂ ಪ್ರಾಮಾಣಿಕ
ವಾಗಿ ಪ್ರಯತ್ನಿಸುವಂತೆ ಹಲವಾರು
ಉಪಯುಕ್ತ ಅಂಶಗಳನ್ನು ಇದರಲ್ಲಿ
ಉಲ್ಲೇಖಿಸಲಾಗಿದೆ.
ರಕ್ಷಿಬೇಟಾಸುರನೆಯಿಂದ ತಂಬಾಕಾಸು
ರನಿಗೆ ಹಕ್ಕಿ ನಗರ-ಪಟ್ಟಣ ಎಂಬ
ಭೇದವಿಲ್ಲ. ಸ್ವಲ್ಪ ಅಕ್ಕಿ ಹಕ್ಕಿ ನೋಡಿ-
ಅಷ್ಟೇ ಎಲ್ಲರೂ ಇನ್ನೂ ಈ ಆಗ್ರಹ
ಕೇವಲ ಓದುವ ಪ್ರಯತ್ನ ಈ
ಪ್ರಯತ್ನವೂ ಅನನ್ಯವೇ ವ್ಯಾಪಕವಾಗಿ
ಅನುಷ್ಠಾನವಾಗಲಿ ಹುಟ್ಟುಹಣು.
ಚಿತ್ರ-ಲೇಖನ :
■ ಎಂ. ವಿಶ್ವನಾಥ್

SJC

lib.

Write up for TFI conference in 2006

CFTFK

The Consortium For Tobacco Free Karnatak (CFTFK) was formed in the year 2000 AD. Prior to formation of CFTFK a few of the health care organizations and hospitals working in Bangalore would come together and organize a public rally on World No Tobacco Day (WNTD). The idea of forming a consortium was felt during the reflection after the WNTD rally of 2000. The partners of the network felt the need for addressing both the demand and supply issues in tobacco control in a sustained manner.

Goal:

Work towards initiating tobacco control measures in Kamataka state

Objectives:

- 1. To create and increase awareness on various implications of tobacco use among various groups
- 2. To launch educational Programs for the educational institutions
- 3. To advocate for tobacco control policies that would address the socio, economic, health and environment implications of tobacco use.

TH
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1. Public awareness

To create public awareness the CFTFK has organized public rallies, poster exhibition talk on radio and television written to print medium and talks to professional groups. (L&T senior engineers) Rotarians

2. Schools and colleges

Awareness session

3. Students' action for tobacco control

4. Workshop for college and school teacher

5. Street children

Audiovisual presentation and role-plays

6. Poster Exhibitions

Exhibitions at public places and institutions

7. Puppet shows

For street children and during seminar

8. Street play

On WNTD by professional team

9. Public Rally

Each year the public rally was conducted in a different manner to capture a larger audience

10. District workshops

Orientation programme were conducted to voluntary organizations working in various districts

11. Radio and television

Members of the consortium have gone to the studios of DD, Udaya TV, Chandana TV Star Plus ,
Radio programme All India Radio, Gyan Vanin of IGNOU

12. Print media

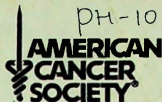
The reporter of poplar dailies regularly interviews members of the consortium

13. Seminar and workshop

Conducted workshop at ASF, IHF, Participated at the workshop on tobacco at World Social Forum

14. Memorandum submission

Quit Smoking Tips



Massachusetts Division, Inc.

Preparing to Quit

Ask yourself 3 key questions: How much do I smoke? Why do I smoke? What will be my most difficult hurdle in quitting?

If you're feeling ambivalent about quitting, ask yourself which you want most: to smoke or to stop. (Remember, you don't have to get rid of the desire to smoke before stopping.)

Throw away all cigarettes and matches. Put away your ashtrays or fill them with sugar-free gum, low calorie candy or potpourri.

Choose a method of quitting. Cold turkey is the most successful, but a gradual approach is fine.

Decide to cut down by a certain number of cigarettes per day, and increase your reduction by that number each succeeding day.

Postpone the first cigarette of the day by an hour, and extend that time daily.

Make it hard to get and smoke a cigarette. Put them in a different place. Wrap up the package and put elastic bands around it. Smoke with your left hand if you usually smoke with your right.

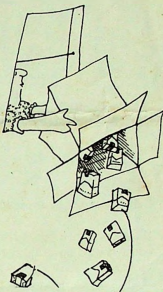
Change to a brand you don't like. Buy only one pack at a time.

Change your everyday behavior so that everything you do becomes a conscious choice.

If you always have a smoke with your coffee, switch to tea, juice or soda.

If you smoke in bed, don't — stand up instead.

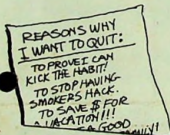
If you shower first, don't — have your breakfast first.



Call up your friends and tell them you're going to quit. (Choose to tell the friends who will offer only positive reinforcement.)

Make a list of why you smoke and why you want to quit. Choose the most important reason why you want to quit and write it on a 3" X 5" card; carry it with you at all times and read it when you get the cravings.

Set a final quit date.



Tips - For and After the Day you Quit

Visit the dentist and have your teeth cleaned to get rid of the tobacco stains. Notice how nice they look, and resolve to keep them that way.

Make a list of things you'd like to buy yourself or someone else. Estimate the cost in terms of packs of cigarettes, and put the money aside to buy these presents.

Spend as much free time as possible in places where smoking is prohibited — libraries, museums, theaters, churches.

Drink large quantities of water and fruit juice. Nicotine is flushed out of the body in four to five days.

Quit Smoking Tips - cont'd

Avoid alcohol, coffee and other beverages that you associate with smoking. The connections between alcohol and cigarettes is an intense one. **BEWARE!** Alcohol lowers your resistance to temptation.

If you miss the sensation of having a cigarette in your hand, play with something else — a pencil, a paper-clip, a marble.

Keep oral substitutes handy: toothpicks, cinnamon sticks, carrots, pickles, apples, raisins, etc.

If you quit for one day, you can quit for another. Try it.

If you break down and have a cigarette, don't give up. Some people take several tries before they make it. Just don't have a second cigarette.

FIND NEW HABITS - Seek new activities or perform old activities in new ways. Do things differently and develop a non-smoking environment around you.

AVOID TEMPTATION - Stay away from situations you associate with pleasurable smoking.

Brush your teeth.

Think positive thoughts and avoid negative ones.

Take deep rhythmic breaths similar to smoking to help you relax.

Remember that a craving to smoke will pass, whether you light up or not.

If cigarettes give you an energy boost, indulge in moderate exercise, such as short walks after meals, pushups, deep knee bends, a walk up a flight of stairs, or touching your toes.

Stock low-calorie snack food at home and at work. Keep celery or carrot sticks ready to eat in the refrigerator. Avoid eating new foods that are high in calories.

If you gain a few pound while quitting, don't get discouraged. To reach the same health risk as smoking one pack of cigarettes per day, the average smoker would have to be roughly 125 pounds overweight.

Eat several small meals. This maintains constant blood sugar levels and helps prevent the urge to smoke. Avoid sugary or spicy foods that trigger a desire for cigarettes.

Take 10 deep breaths, hold the last one while lighting a match. Exhale slowly and blow out the match. Pretend it is a cigarette and put it out in an ashtray.

Take a shower; you can't smoke in the shower.

Learn to relax quickly and deeply. Visualize a soothing, pleasing situation, and get away from it all for a moment. Concentrate on that peaceful image and nothing else.

Call a supportive friend.

Never allow yourself to think that "one won't hurt," because it will.

Remember that the best way to deal with change is to create change. If you want a cigarette, don't sit there letting the craving whittle away at you — **MOVE.**

Walk around the block, get a drink of water, do something else!

REWARD YOURSELF. Plan to do something fun for doing your best.



FACT FILE

Choose Life Not Tobacco

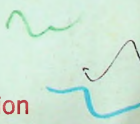
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जिन्दगी चुनो तम्बाकू नहीं



Voluntary Organisation in Interest of Consumer Education



Tobacco Kills . . .



Did you know...

◆ 2200 Indians die everyday due to tobacco use.

◆ 40% of all cancers in India are due to tobacco use.

◆ India has the highest number of oral cancer cases and 90% of all oral cancers are tobacco related.

◆ One Cigarette smoked costs 14 minutes of your life.

◆ Tobacco smoke contains more than 4000 harmful chemicals.

◆ Some of these harmful chemicals are: Ammonia (used in floor cleaners), Arsenic (white ant poison), Carbon Monoxide (dangerous gas in car exhaust), Naphthalene (used in mothballs), Nicotine (used to kill insects).

Every child has the right to grow up without being tempted to use tobacco and live in a tobacco free environment
A conscious effort needs to be made towards providing such an environment

Where **not smoking** is considered **normal behaviour**

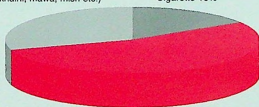
Faces of Terror . . . Oral Cancer Patients



Tobacco Consumption in India

Smokeless Tobacco 30%
(tobacco, pan masala, snuff, khaini, mawa, misri etc.)

Cigarette 16%



Bidi 54%



तंबाकू जानलेवा है . . .



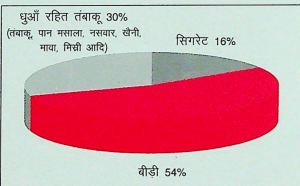
क्या आपको मालूम है...

- ♦ तंबाकू लेने से हर दिन 2200 भारतवासी मौत के शिकार हो जाते हैं।
- ♦ कैंसर रोग का 40 प्रतिशत तंबाकू के सेवन का ही नतीजा है।
- ♦ भारत में मुख कैंसर के मरीजों की संख्या सबसे अधिक है और मुख कैंसर का 90 प्रतिशत तंबाकू से संबंध रखता है।
- ♦ एक सिगरेट पीने से आपके जीवन के 14 मिनट कम हो जाते हैं।
- ♦ तंबाकू के धुएँ में 4000 से अधिक हानिकारक रसायन हैं।
- ♦ इनमें से कुछ हानिकारक रसायन निम्न हैं: अमोनिया (फर्श को साफ करने वाले द्रव्य में इस्तेमाल किया जाता है), आर्सेनिक (सफेद चींटियों का जहर), कार्बन मोनोक्साइड (गाड़ियों द्वारा छोड़े जाने वाले धुएँ में खतरनाक गैस), नैपथलीन (कीड़ों को दूर रखने की दवाईयों में इस्तेमाल किया जाने वाला), निकोटीन (कीड़े-मकौड़े मारने की दवाई में इस्तेमाल किया जाता है)।

भयभीत करने वाले चेहरे.....
मुख कैंसर के रोगी



भारत में तंबाकू का उपयोग



हर बच्चे को तंबाकू के सेवन का लालच किये बिना बड़े होने और तंबाकू से मुक्त वातावरण में बड़े होने का अधिकार है।
उन्हें इस तरह का वातावरण देने के लिए प्रसार करने की आवश्यकता है

जहाँ धूम्रपान ने करने को
स्वाभाविक आचरण माना जाता है।



Passive Smoking

Cigarette smoke is a major indoor air pollutant-classified as human cancer causing agent

◆ Are you living or working with smokers?

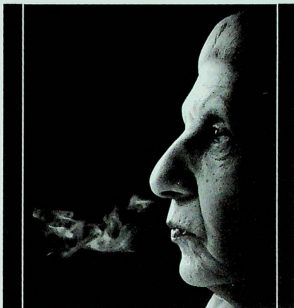
◆ You are prone to 20% - 30% increased risk of fatal cardiac problems.

◆ There's no safe level of exposure for passive smoking.

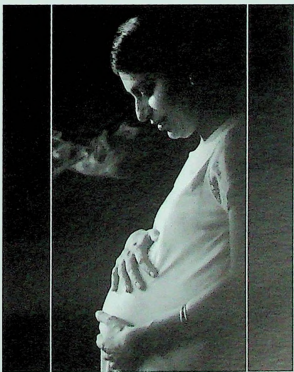
◆ Children and Women are most vulnerable.

◆ Some alarming results of Passive Smoking are:
Bronchitis, Pneumonia,
Asthma, Reduced rate of Lung Growth, Miscarriage, Low Birth Weight Babies, Sudden Infant Death Syndrome (SIDS).

When a passive smoker inhales cigarette smoke, it acts on the brain within **6 seconds**



**Passive Smoking:
Deadlier than you think**



निष्क्रिय धूम्रपान

सिगरेट का धुआँ अंदर की हवा को प्रदूषित करने में प्रमुख है, जिस से मानव में कैंसर के कारक के रूप में वर्गीकृत किया गया है।

◆ क्या आप धूम्रपान करने वालों के साथ काम करते, या रहते हैं ?

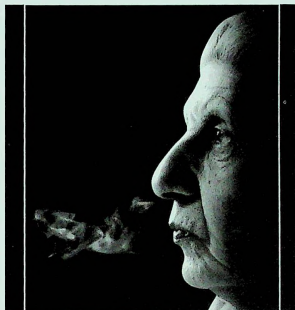
◆ आपको जानलेवा दिल की बीमारियों की समस्या का सामना करने का 20 प्रतिशत – 30 प्रतिशत अधिक खतरा है।

◆ निष्क्रिय धूम्रपान का कोई सुरक्षात्मक स्तर नहीं है।

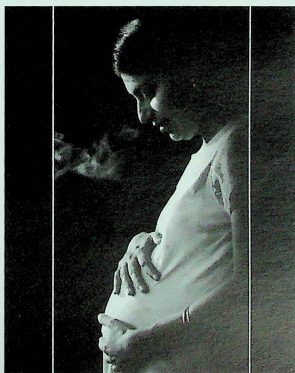
◆ बच्चे और स्त्रियाँ सबसे ज़्यादा असुरक्षित हैं।

◆ निष्क्रिय धूम्रपान के कुछ चौंकाने वाले नतीजे निम्न हैं:
ब्रॉंकाइटिस, न्यूमोनिया, दमा, यकृत के विकास की धीमी गति, गर्भपात, कम वजन वाले शिशुओं का जन्म, अचानक शिशुओं की मौत के संलक्षण

यदि कोई निष्क्रिय धूम्रपान करने वाला सिगरेट के धुएँ को साँस के साथ अंदर लेता है, तो वह उसके दिमाग पर 6 सेकेंड में काम करने लगता है।



**निष्क्रिय धूम्रपान:
आपके सोचने से ज़्यादा घातक**



Economic Consequences

Tobacco industry insists that sale of tobacco benefits the economy.

Don't get misled!

We incur more losses than gains.

The real picture:

◆ 661 trees are cut for one tonne of tobacco.

◆ Environmental costs such as deforestation and collection of tobacco users' litter.

◆ Loss of land that could grow food instead of tobacco.

◆ Absenteeism from work due to poor health resulting in low productivity.



Bidi workers exposed to tobacco

It costs
Rs. 27,760
crores to treat
people with
tobacco related
diseases
(more than 4
times the
revenue earned
from the
tobacco
industry)

(Source: ICMR, 1999)



Contribution of tobacco
to the GDP is mere 0.14%
of the total GDP.
That comes at a high
price - tobacco
causes 1 in every
5 deaths in India.

(Source: Tobacco Quit India)



Maize thrives where tobacco was
formerly grown

आर्थिक परिणाम

तंबाकू उद्योग इस बात पर बल देता है कि तंबाकू से अर्थव्यवस्था को लाभ पहुँचता है।

इस बहकावे में न रहिए!

हमें लाभ की अपेक्षा अधिक नुकसान होता है।

सही तस्वीर:

◆ 1 टन तंबाकू के लिए 661 पेड़ काटे जाते हैं।

◆ पर्यावरण को हानि, जैसे वनों का कटाव और तंबाकू का सेवन करने वालों द्वारा फैलायी गयी गंदगी।

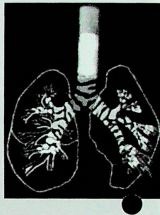
◆ भूमि का नुकसान, जिस पर तंबाकू की जगह खाद्यान्न उगाया जा सकता है।

◆ बुरे स्वास्थ्य की वजह से कार्य न कर पाना, जिसका नतीजा कम उत्पादकता है।



तंबाकू का सामना करने वाले बीड़ी मजदूर।

तंबाकू से संबंधित रोगों के शिकार मरीजों के इलाज में 27,760 करोड़ रुपये खर्च होते हैं (तंबाकू उद्योग से कमाये गये राजस्व 4 गुना से भी अधिक)



(स्रोत: आइ सी एम आर, 1999)

तंबाकू का जी.डी.पी. कुल जी.डी.पी. का केवल 0.14 प्रतिशत है। यह भारी कीमत पर प्राप्त होता है – भारत में हर 5 मौतों में से 1 मौत तंबाकू के कारण होती है।

(स्रोत: टोबैको क्विट इंडिया)



जहाँ पहले तंबाकू की फसल थी, वहाँ अब मक्के की फसल लहराती है।

Tobacco Advertising & Promotion

◆ Tobacco advertisement contributes Rs. 300-400 crore to the advertising industry.

◆ Newspapers, Magazines, Billboards, surrogate forms of advertising encourage tobacco use e.g. *Manikchand* Flimfare Awards, *Wills* "Made for Each Other" contest etc.

◆ Of 395 films made in India between 1991-2002, 76.5% showed tobacco use.
(Source: WHO/NMH/TFI/03.01)

Cigarette Brand | Advertising Expenditure

Gold Flake | Rs. 50 crore

555 | Rs. 10 crore

B & H | Rs. 10 crore

ITC Brands | Rs. 40 crore

(Source : Times of India, 9th February, 2001)

Figures collected in 2000 indicate that spending on tobacco brands grew by 28%, specifically targeting the youth segment.

(Source: *The Role and Responsibility of Media in Global Tobacco Control*. Geneva: WHO, 2002)

How does tobacco advertising & promotion work?

Seductive images, endorsements, usage in movies tempt people to try it. Once the trial happens, a person gets addicted.

“



Alcohol, cigarettes, drugs... these are all temporary highs. What one should

pursue are things of more permanent nature such as love, passion and good deeds. I may smoke on screen, but I will never endorse cigarette smoking.

Vivek Oberoi,
actor

”



तंबाकू को विज्ञापित करना और समर्थन देना

◆ तंबाकू के विज्ञापन, विज्ञापन उद्योग को 300-400 करोड़ रुपये देता है।

◆ समाचार पत्र, पत्रिकाएं, इश्तेहारपट्ट और विज्ञापन के अप्रत्यक्ष तरीके तंबाकू के उपयोग को प्रोत्साहन देते हैं, जैसे भाणिकर्चंद फिल्म फेयर पुरस्कार, विल्स "मेड फॉर ईच अदर" प्रतियोगिता आदि।

◆ 1991-2002 के दौरान भारत में बनायी गयी फिल्मों के 76.5 प्रतिशत में तंबाकू का इस्तेमाल दिखाया गया।

(स्रोत: विश्व स्वास्थ्य संगठन/एन एम एच/टी एफ आई/03.01)

सिगरेट की किस्में	विज्ञापन पर खर्च
गोल्ड फ्लेक	50 करोड़ रुपये
555	10 करोड़ रुपये
बी एंड एच	10 करोड़ रुपये
आइ टी सी के ब्रांड	40 करोड़ रुपये

(स्रोत: टाइम्स ऑफ इंडिया, 9 फरवरी, 2001)

सन् 2000 में संकलित आंकड़ों से संकेत मिलता है कि विशेषकर युवा वर्ग को लक्ष्य बनाकर तंबाकू की किस्मों पर किया गया खर्च 28 प्रतिशत बढ़ गया था।

(स्रोत: द रोल एंड रेसर्पोनसिबिलिटी ऑफ मीडिया इन ग्लोबल टोबैको कंट्रोल, जिनीवा: विश्व स्वास्थ्य संगठन, 2002)

तंबाकू के विज्ञापन और उसे दिया जाने वाला समर्थन कैसे काम करते हैं ?

सम्बोहक चित्रण व फिल्मों में इनका इस्तेमाल दिखाये जाने से उसके सेवन के लिए लोगों में लालच पैदा हो जाता है। एक बार यह कोशिश कामयाब हो जाती है तो इन्सान उसका आदी हो जाता है।

“



‘शराब, सिगरेट, नशीली औषधियां, इन सबसे अस्थायी मजा मिलता है। लोगों को इससे

ज्यादा स्थायी आनंद को अपनाना चाहिए, जैसे प्यार, भावावेश तथा अच्छे काम। मैं पर्दे पर धूम्रपान करता हूँ, लेकिन मैं कभी सिगरेट पीने को मंजूरी नहीं दूंगा।’

—विवेक ओबरोय
अभिनेता

”



Tobacco Control Law in India

Indian Parliament enacts stringent Tobacco Control Act, May 11, 2003

Called the Cigarette and Other Tobacco Products (Prohibition of Advertisement, Regulation of Trade and Commerce, Production, Supply and Distribution) Act 2003, it enacts the following:-

◆ **Prohibit all forms of direct and indirect tobacco advertising.**

◆ **Total ban on sponsoring of any sport or cultural events by tobacco companies.**

◆ **Prohibit smoking in public places.**

◆ **Prohibit sale of tobacco products to persons below the age of 18.**

◆ **Prohibit sale of tobacco products within 100 yards of educational institutions.**

◆ **Indication of nicotine and tar contents on the packets.**

◆ **Indication of pictorial warnings on the package in English as well as Indian languages.**



Smoke-free restaurant



Smoke-free public transport



Smoke-free educational institution

भारत में तंबाकू नियंत्रण कानून

भारतीय संसद ने सख्त तंबाकू नियंत्रण अधिनियम लागू किया, मई 11, 2003

सिगरेट तथा अन्य तंबाकू उत्पाद (विज्ञापित करना व्यापार तथा वाणिज्य, उत्पादन, आपूर्ति वितरण पर निषेध) अधिनियम 2003 के नाम से परिचित, इस अधिनियम के अंतर्गत निम्न बातें लागू की जाती हैं:

◆ हर तरह के प्रत्यक्ष तथा अप्रत्यक्ष तंबाकू के विज्ञापनों पर रोक लगाएं।

◆ तंबाकू कंपनियों द्वारा किसी भी खेल, या सांस्कृतिक कार्यक्रम को प्रवर्तित करने पर पूर्ण प्रतिबंध।

◆ सार्वजनिक स्थानों पर धूम्रपान निषेध।

◆ 18 वर्ष की कम आयु के लोगों को तंबाकू बेचने पर प्रतिबंध।

◆ शैक्षिक संस्थानों के आसपास 100 गज की दूरी तक तंबाकू उत्पाद बेचने पर मनाही।

◆ पैकेट पर निकोटीन और टार होने का संकेत।

◆ पैकेट पर अंग्रेजी तथा भारतीय भाषाओं में भी सचित्र चेतावनी का संकेत।



धूम्ररहित रेस्तरां



धूम्ररहित सार्वजनिक वाहन



धूम्ररहित शैक्षिक संस्थान

Tobacco Control Laws at State Level

◆ Public smoking is banned in Himachal Pradesh, Tamil Nadu, Meghalaya, Jammu and Kashmir, Assam, Rajasthan and Sikkim by legislation.

◆ The Goa “Prohibition of Smoking & Spitting Act” 1997, prohibits smoking or spitting in places of public work in Goa. It also makes it mandatory for a “No Smoking/Spitting” board to be displayed prominently at all places of public work.

◆ A similar legislation was brought about in the National Capital Region of Delhi, in 1996 and in the state of West Bengal in 2003.

◆ The governments of Tamil Nadu, Andhra Pradesh, Goa, Bihar and Maharashtra have recently banned sale of Gutkha in their states.

◆ In Kerala a High Court order prohibits smoking in public areas.

The other existing regulations are:

- ◆ The Supreme Court has declared smoking in Public Places a punishable offence in November 2001.
- ◆ The Railway Ministry has banned the sale of tobacco products on the railway platform and inside the train.



राज्य स्तर पर तंबाकू नियंत्रण कानून

- ◆ हिमाचल प्रदेश, तमिलनाडु, मेघालय, जम्मू-कश्मीर, असम, राजस्थान तथा सिक्किम में सार्वजनिक स्थानों पर धूम्रपान पर कानूनी प्रतिबंध।



- ◆ गोआ में धूम्रपान और थूकना पर प्रतिबंध अधिनियम 1997 द्वारा सार्वजनिक कार्यस्थलों पर धूम्रपान और थूकने की मनाही है। इसके द्वारा यह भी अनिवार्य कर दिया गया है कि "धूम्रपान/थूकना निषेध" का पट्टा हर सार्वजनिक कार्यस्थलों पर स्पष्ट रूप से प्रदर्शित किया जाए।

- ◆ इसी तरह का एक कानून 1996 में दिल्ली के राष्ट्रीय राजधानी क्षेत्र में और 2003 में पश्चिम बंगाल राज्य में लागू किया गया था।



- ◆ तमिलनाडु, आंध्रप्रदेश, गोआ, बिहार और महाराष्ट्र की सरकारों ने हाल ही में अपने राज्यों में गुटके की बिक्री पर रोक लगा दी है।

- ◆ केरल में उच्च न्यायालय के एक आदेश से सार्वजनिक क्षेत्रों में धूम्रपान की मनाही है।

इस समय चलने वाले अंतर्गत कानून निम्न हैं:

- ◆ नवम्बर 2001 में सर्वोच्च न्यायालय ने सार्वजनिक स्थानों पर धूम्रपान करने को एक दंडनीय अपराध घोषित किया है।
- ◆ रेल मंत्रालय ने रेलवे प्लेटफॉर्म और ट्रेन के अंदर तंबाकू उत्पाद बेचने पर रोक लगा दी है।



Action Points

1 All states in India should effectively implement the Tobacco Control Act. *Advocacy with State Govts./law enforcers/local leaders for developing systems for implementation*

Tools - Brochures, local prevalence data, appeals by children, mobilising support from local sports persons and NGOs.

2 Consumer organisations and NGOs should work as watchdogs to ensure enforcement of tobacco laws.

Tools - Knowledge of laws, follow-ups with law enforcers, surveys, mobilising local citizen groups, providing up-to-date data on infringements of the law.

3 Sensitise elected representatives, corporates, trade & student unions

Tools - Enlist support of corporates through the programme "Tobacco Free Workplaces"

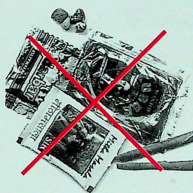
Tools - Develop model interventions for replication at state level.

4 Monitor & publish role of surrogate advertisements to educate consumers & report to concerned Ministries in Govt. of India (I&B/Health)

Tools - Conduct regular studies on surrogate advertisements, action taken & change in attitude of stakeholders.



Model of No Smoking City Ban



On the move against tobacco - World No Tobacco Day, 31st May, 2002 Trivandrum. Among the first runners are P. T. Usha, Minister M.M. Hassan, MLA Vijayakumar

कार्य बिन्दु

1

भारत का प्रत्येक राज्य तंबाकू नियंत्रण अधिनियम को प्रभावी ढंग से लागू करें। अधिनियम को कार्यान्वित करने की पद्धतियों का विकास करने के लिए राज्य सरकारें/कानून लागू करने वाले/स्थानीय नेताओं से सिफारिश करें

उपकरण— पुस्तिकाएं, स्थानीय प्रचलन के आँकड़े, बच्चों द्वारा अपील, स्थानीय खिलाड़ियों तथा गैरसरकारी संगठनों से समर्थन जुटाना।

2

तंबाकू कानून लागू किये जाने को सुनिश्चित करने के लिए निगरानी रखने का काम करना।

उपकरण— कानून का ज्ञान, कानून लागू करने वालों के काम की प्रगति देखना, सर्वेक्षण, स्थानीय नागरिक दलों का समर्थन प्राप्त करना, कानून तोड़ने के बारे में हाल के आँकड़े उपलब्ध कराना।

3

निर्वाचित प्रतिनिधियों, निगमों, व्यापार और छात्र युनियनों को संवेदनशील बनाना।

उपकरण— 'टोबैको फ्री वर्कप्लेस' कार्यक्रम के माध्यम से संस्थाओं का समर्थन जुटाना।

उपकरण— राज्य स्तर पर दोहरायें जाने के लिए हस्तक्षेप के नमूने विकसित करना।

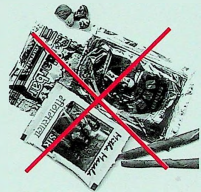
4

उपयोक्ताओं को सिखाने के लिए अप्रत्यक्ष विज्ञापनों की भूमिका को मॉनिटर तथा प्रकाशित करना, तथा भारत सरकार के संबद्ध मंत्रालयों (सूचना तथा प्रसारण/स्वास्थ्य) को इसकी जानकारी देना।

उपकरण— अप्रत्यक्ष विज्ञापनों, कार्यवाही तथा प्रभावित व्यक्तियों के दृष्टिकोण में अंतर पर नियमित अध्ययन की व्यवस्था करना।



धूम्रपान वर्जित शहर प्रतिबंध का नमूना



तंबाकू के विरुद्ध बढ़ते कदम — 31 मई, 2002 को विश्व तंबाकू निषेध दिवस। धावकों में आगे हैं पी.टी. उषा, मंत्री एम.एम. हसन, विधायक विजयकुमार

Highlights of the VOICE study on tobacco law enforcers in Delhi and Goa, 2003

(+) Positive

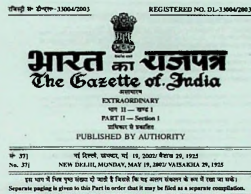
- ◆ 91% of law enforcers strongly feel that consumption of tobacco products is harmful to health.
- ◆ 80% are aware of existing laws and regulations on smoking/tobacco control.
- ◆ 73% strongly commit that they will enforce the laws on tobacco control strictly.

(-) Negative

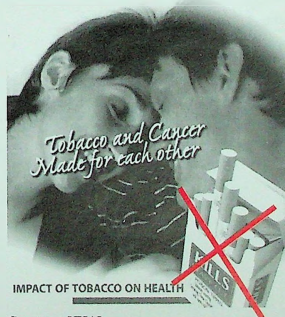
- ◆ 60% agreed that smoking or consumption of tobacco in public places is a MINOR law infringement.
- ◆ 65% accepted that the tobacco control laws & regulations are not monitored regularly.
- ◆ 62% said that they do not get support from the citizens who are onlookers at the time of raid / prosecutions.
- ◆ 80% felt that lack of infrastructural support reduces the ability to enforce social laws like anti-dowry, child marriage or sale of Gutkha (to name a few).
- ◆ 53% were of the view that intense work pressure lead to smoking and other addictive habits.

For many more revealing facts and information of this study contact:

Bejon Misra
Advisor, Consumer Voice
bejonmisra@consumer-voice.org



MINISTRY OF LAW AND JUSTICE
(Legislative Department)
New Delhi, the 19th May, 2003/12004Aa 29, 1923 (Sak)
The following Act of Parliament received the assent of the President on the 18th May, 2003, and is hereby published for general information—
THE CIGARETTES AND OTHER TOBACCO PRODUCTS (PROHIBITION OF ADVERTISEMENT AND REGULATION OF TRADE AND COMMERCE, PRODUCTION, SUPPLY AND DISTRIBUTION) ACT, 2003



Courtesy: VHAI

दिल्ली और गैर गांधी वंशों का नाम लागू करने वाली पर बॉयकोट द्वारा किया गया अप्रचन के विरुद्ध और 2003

(+) सकारात्मक

◆ कागज लागू करने वाली में 91 प्रतिशत दुबला से मध्यम कपड़े हैं कि तंबाकू उत्पादों का संग्रहण संरक्षक के लिए हानिकारक है।

◆ 80 प्रतिशत धूम्रपान/तंबाकू निर्यात कराने वाला निर्यात के बारे में संभव है।

◆ 73 प्रतिशत दुबला से बचने देते हैं कि वे तंबाकू निर्यात से संबंधित कार्यों को सख्ती से लागू करेंगे।

(-) नकारात्मक

◆ 60 प्रतिशत का मत है कि सांविधानिक स्थलों पर धूम्रपान या तंबाकू को संभव एक मामूली कार्रवाई नहीं है।

◆ 65 प्रतिशत ने स्वीकार किया कि तंबाकू निर्यात कार्यों और निर्यातों को नियमित रूप से मॉनिटर नहीं किया जाता।

◆ 62 प्रतिशत ने कहा कि धमाका खाली धूम्र/दंडित करने समय गारंटीकों से कोई संशय नहीं मिलता, जो ऐसे समय खर्च-खर्च देखते हैं।

◆ 80 प्रतिशत महसूस करते हैं कि स्थानीय बांधों के समर्थन के अभाव में दहेज विरोधी, बाल निवारण या गैर-खला की जाहक (कैडक) जैसे सामाजिक कार्यों को लागू करने की संभावना घट जाती है।

◆ 53 प्रतिशत का विश्वास है कि अत्यधिक लोग काम के दबाव से धूम्रपान तथा अन्य लत पड़ते वाली आदतें पड़ जाती हैं।

इस अप्रचन के और भी विस्तृत विवरण करने वाले तथ्यों तथा जानकारियों के लिए कृपया:

दिल्ली प्रतिशत निर्यात
परामर्शदाता, consumer_voice.org

REGISTRED NO. DL-10042013



MINISTRY OF LAW AND JUSTICE
(Legislative Department)
New Delhi, India, 110002
The following Act of Parliament received the assent of the President on 18th May, 2003, and is hereby published for general information—
THE CIGARETTES AND OTHER TOBACCO PRODUCTS PROHIBITION OF ADVERTISEMENT AND REGULATION OF TRADE AND COMMERCE, PRODUCTION, SUPPLY AND DISTRIBUTION, ACT, 2003

THE DEATH PROHIBITION OF SMOKING AND NON-SMOKER'S HEALTH PROTECTION ACT, 1986
OFFICIAL GAZETTE
GOVERNMENT OF INDIA
NEW DELHI



दिल्ली प्रतिशत निर्यात
परामर्शदाता



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Contact:
Bejon Misra, Advisor, Consumer VOICE
consumeralert@eth.net

Supported by :



World Health Organization

To Dr. Francis

4/12/02

Dear Sir,

Here is the Study design prepared by Sr. Mariet, who is doing her MSc nursing at JKK College Erode. At present she is in NIMHANS for a month for clinical psychiatry posting. She is leaving Bangalore on 14th December. She has requested if we could help her before that to finalize the design & prepare tools for the study.

Thanks.

Yours sincerely

Chandley

CM
4/12

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RESEARCH PROPOSAL

Submitted by :

Sr. Mariet,
M.Sc., (N) - II Year.

J.K.K. college of Nursing

Exode, - 5.

PLANNED TEACHING ^{ON} "NICOTINE ABUSE" ~~PROGRAMME~~

STATEMENT OF THE PROBLEM :

A study to evaluate the effectiveness of planned teaching programme on knowledge of "Nicotine Abuse" among adolescents in a selected Higher Secondary school in Kerala.

OBJECTIVES :

1. To assess the knowledge of adolescence regarding Nicotine Abuse before planned teaching programme in the experimental group. *and control group.*
2. *Pre-test knowledge of adolescent*
2. To assess the knowledge of adolescence regarding Nicotine Abuse after planned teaching programme in the experimental group and control group.
3. To evaluate the effectiveness of the planned teaching programme by comparing the pre - test and post - test knowledge of the experimental group and control group.
4. To find the association between selected back ground factors and knowledge of higher-secondary students on "Nicotine Abuse" among the experimental group.

HYPOTHESIS :

- H1 - There will be significant difference in the knowledge of the experimental group between pre - test and post - test.

3 weeks available for data collection

Lib.

- H0 - There will not be significant difference in the knowledge of the experimental group between pre – test and post – test.
- H2 - There will be significant difference in the knowledge of the control group between pre – test and post – test.
- H0 - There will not be significant difference in the knowledge of the control group between pre – test and post – test.
- H3 - There will be significant difference in the knowledge obtained by the control group and experimental group.
- H0 - There will not be significant difference in the knowledge obtained by the control group and experimental group.
- H4 - There will be a significant association between the age and knowledge of Nicotine Abuse among the experimental group.
- H0 - There will not be a significant association between the age and knowledge of Nicotine Abuse among the experimental group.
- H5 - There will be a significant association between the knowledge of Nicotine Abuse and sex of the experimental group.
- H0 - There will not be a significant association between the knowledge of Nicotine Abuse and sex of the experimental group.

ASSUMPTIONS :

It is assumed that

1. Students would co – operate with the researcher and would be willing to express their knowledge regarding "Nicotine Abuse".
2. The tool employed for the study would be adequate and sufficient for gaining information about the knowledge of adolescence regarding "Nicotine Abuse".
3. The Planned teaching programme would be effective in improving the knowledge of adolescence regarding "Nicotine Abuse".

DELIMITATIONS

1. The study is de limitedto The students studying in ST.ANNES Higher secondary school.
2. Only adolscence between 13 and 17 years
3. Students who arestudying 9th-12thstandard
4. Students who are available at data collection
5. The measurement of knowledge only before and after the planned teaching programme

PLAN AND ORGANIZATION OF REWIEW OF LITERATURE

It will be done on following headings

1. Study regarding nicotine in general
2. Study related to nicotine abuse
- ✓ 3. Study related to nicotine abuse among adolescence
- ✓ 4. Study related to planned teaching programme

A system is made up of separate components

The parts rely on one another, are interrelated
share a common purpose and together form a whole

Input is the information that enters the system.

Output is the end product of a system.

Throughput is the

Feed back is the process through which the out-
put is returned to the system.

Open system ~~is~~ interacts the environment.

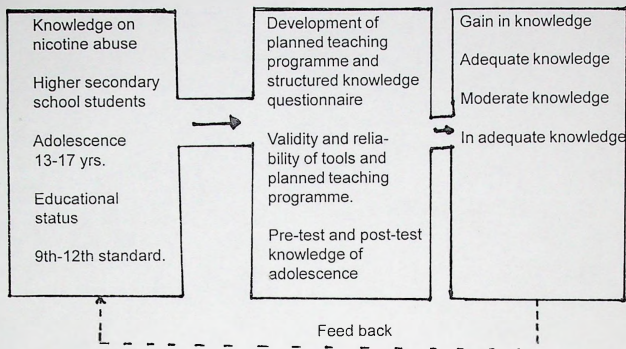
Factors that change the envt. can also have
an impact on the system.

A closed system ~~is~~ does not interact
with the envt.

INPUT

PROCESS

OUTPUT



Conceptual frame work based on system model
key -----> not under study

*Implementing
planned teaching
programme.*

According to the age - 13 to 17.

METHODOLOGY:

Population:

All the adolescence are the target population' adolescence who are are studying in the St;Annes higher secondary school is the accessible population

Sample:

A total of 60 adolescence are included in the present study "By ~~convenience~~ ^{systematic random} sampling; There are 30 subjects in the experimental group and 30 subjects in the control group.

Sample size: 60
Control group: 30
Experimental group: 30

SAMPLE SELECTION CRITERIA

Inclusion Criteria:

- Adolescence
- Adolescence who are studying in the St.Anne's higher secondary school.
- Adolescence who are between the age group of 13-17.
- Adoles who are studying in the 9th - 12 th standard.

Exclusion Criteria:

- Adolescence below 13 and above 17.
- Adolescence who are absent in the day of data collection
- Adolescence who are not studying in the higher secondary school.

~~One or method or other method.~~
physical deformity

RESEARCH APPROACH :

In view of the nature of the problem selected for the study and the objectives to be accomplished an evaluative research is considered an appropriate research approach for the present study.

Setting :

The study will be conducted at St. Anne's Higher Secondary School, Kurianadu, Kottayam District, Kerala State.

Research Design

True experimental design : Pre – test, Post – test experimental design.

Randomized Group	Pre – Test	Treatment	Post – Test
Experimental Group	Knowledge Test O ₁	Planned Teaching Programme X ₁	Knowledge Test O ₂
Control Group	Knowledge Test O ₃	---	Knowledge Test O ₄

VARIABLES UNDER STUDY

1) Independent variable

Planned teaching programme.

2) Dependent variable

- a) Performance on pre – test (knowledge on Nicotine Abuse)
- b) Performance on post – test.

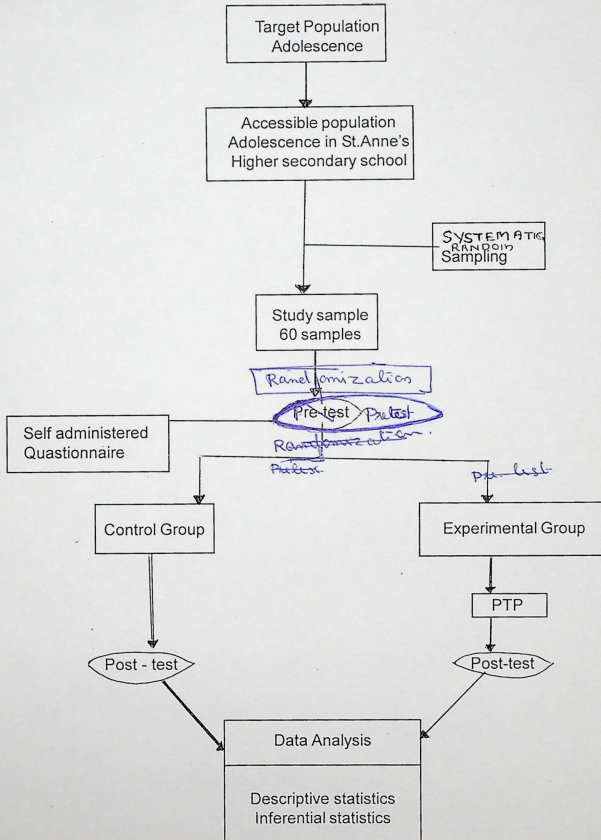
3) Attributed variables

Age, Sex, Educational qualifications and source of information.

Selection of the tool

A self administered structured knowledge questionnaire is selected for the study. It is considered to be the most appropriate instrument to elicit the responses from literate subjects.

EXPRIMENTAL RESEARCH DESIGN



BLUE PRINT OF THE TOOL:

Sl.No.	Items	No.		Weightage
01.	General aspects of nicotine	10	1-10	20%
02.	Methods of using nicotine	12	11-20	22%
03.	Side effects of nicotine addiction	8	21-30	18%
04.	Manifestations of nicotine addiction	10	31-40	20%
05.	Management of nicotine addiction	10	41-50	20%
	Total	50		100%

Reliability and validity of tool:

Establishment of content validity:

Content validity of the tool, i.e. the structural questionnaire, lesson plan of teaching programme and the content of the studies will be sent to both nursing and medical experts. *unlearned behavioural therapist.*

Reliability of the tool:

3 samples are selected for reliability of the tool (by test-re-test method). The teaching is performed two times at the interval of ~~6~~ days. *- 8 days 2 weeks.*

DATA COLLECTION PROCEDURE:

Get the permission from the Principal of St. Ann's high school and select the sample by ^{SYSTEMATIC Random} sampling select the control group and experimental group. Do the planned teaching programme only for experimental group. Administer post test to the both control group and experimental group.

PLAN FOR DATA ANALYSIS:

Find the frequency and percentage of samples for analysis of demographic variables.

- Find mean and standard deviation of knowledge of nicotine abuse of both experimental and control group.

- paired and unpaired "t" test will be used to determine the effectiveness of the teaching programme on Nicotine abuse.
- Chi – square test will be used to find the association of demographic variables and level of knowledge among the experimental group.

and control group.

PLAN FOR PILOT STUDY :

The pilot study will be conducted on 03.03.2003 to 08.03.2003.
Sample number will be 10, from the same school.