

Beyond prevention helping teens quit smoking

There is often a lack of smoking cessation resources designed for young people.

As countries strive towards tobacco-free societies, prevention of smoking among youth is of key importance. However, around the world, high rates of smoking among teens provides a strong argument for effective youth-oriented smoking cessation programmes. Available information suggests that physical and psychological dependence on smoking can develop quickly in young people. By the time teens have been smoking on a daily basis for a number of years, the smoking habit and addiction levels may well have become entrenched, and they are faced with the same difficulties in quitting as adult smokers. Although intentions to quit and quit attempts are common among teenagers, only small numbers of teenagers actually quit. One of the problems may well be the lack of smoking cessation resources tailored to young people.

Recent studies have found that students would welcome smoking cessation assistance if provided in acceptable ways. It appears that some groups of students prefer more independent quitting strategies, such as self-help programmes or "quit and win" style incentives. However, this will vary among populations, and will need to be determined before interventions are planned.

Tobacco addiction and kids

The younger people start smoking cigarettes, the more likely they are to become strongly addicted to nicotine.

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

"However intriguing smoking was at 11, 12 or 13, by the age of 16 or 17 many regretted their use of cigarettes for health reasons, and because they feel unable to stop smoking when they want to."

Danger!

PR in the playground

Tobacco industry initiatives on Youth smoking

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

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

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

"... We refined the objective of a juvenile initiative program as follows: "Maintain and proactively protect our ability to advertise, promote and market our products via a juvenile initiative*"

* Juvenile Initiative = a series of programs and events to discourage juvenile smoking because smoking is an adult decision."

[Cathy Leiber, Philip Morris International, 1995][4]

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

[Joshua Slavitt, Philip Morris, "Tobacco Industry Youth Initiative," 1991] [5]

'A cigarette for the beginner is a symbolic act. I am no longer my mother's child, I'm tough, I am an adventurer, I'm not square ... As the force from the psychological symbolism subsides, the pharmacological effect takes over to sustain the habit.'

[Philip Morris, 1969][6]

Tobacco! A cash crop or crash crop?

By S.J.Chander

Community Health Cell, Bangalore

HISTORY OF TOBACCO USE

We have been taught in schools that tobacco is cash crop and many of us believe it. It is worth finding the truth of the matter, if tobacco is really a cash crop, if so who does it benefit? Today tobacco is grown in over 125 countries. Many believe that tobacco is part of our ancient civilization but the fact is that the Portuguese introduced tobacco in India some time in early 16th century. Tobacco plant is a native of Mexico, Central and South America. There are about sixty five known varieties of tobacco of which only two (*nicotiana tabaccum* and *cicotiana rustica*) are grown extensively cultivated. The popular varieties being cultivated in India were introduced by USA and Canada; particularly the Virginia tobacco was introduced by the state of Virginia in USA.

The royal physician in the comet of Akbar was apprehensive of the ill effects smoking and suggested it be smoked only after passing the smoke through water. This gave rise to the use of hukkah, which later became the prevalent form of smoking in the country. Since hukkah is cumbersome to smoke; *bidi* became the convenient form of smoking later. *Bidi* was first manufactured in Bihar; later it spread to the other parts. Chewing tobacco with various brands have become the popular form of tobacco used in the country today. First cigarette machine factory was set up in Havana, Cuba in 1853. Later cigarette manufacturing spread to England and America. After the First World War cigarette smoking replaced the other forms of tobacco use and its consumption increased rapidly. India ranks third in the world in tobacco production.

FORMS OF TOBACCO USE

Tobacco products are available in the modern world in many forms. While the primitive forms are still used in many parts of the world by a small percentage of people, Cigarette smoking has become the popular form of tobacco used internationally. In India Cigarette smoking accounts for about 16% and chewing tobacco for 30%; the remaining percentage of people consume the other forms like *bidis* moist snuff, dry snuff etc. Here are some of the other forms of tobacco used around the world.

Kreteks are clove-flavoured cigarettes. They contain a wide range of exotic flavouring and eugenol which has an anesthetizing effect, allowing for deeper smoke inhalation.

Pipes are made of briar, slate, clay or other substance- tobacco is placed in the bowl and inhaled through the stem, some time through water. These are also called pipes.

Sticks are made from sun-cured tobacco known as burs and wrapped in cigarette paper.

Chewing tobacco is known as plug, loose, leaf, and twist *pan masala*, or *betel* leaf quid consists of tobacco, arca nuts and staked lime wrapped in a *betel* leaf.

Moist snuff is taken orally. A small amount of ground tobacco is held in the mouth between the cheek and gum.

Dry snuff is powdered tobacco that is inhaled through the nose or taken by mouth.

Cigars are made of air-cured and fermented tobaccos with a tobacco wrapper, and come in many shapes and size.

CULTURAL USE TO COMMERCIALIZATION

Over the years the cultural use of tobacco has been converted into commercial purposes. The following quote by an investor adds to the evidence; ***"I tell you why I like the cigarette business. It cost a penny to make. Sell it for a dollar. It addictive. And there is fantastic brand loyalty."*** (Warren Buffet, investor ,1990s) Mr. David Sweanor, Senior legal counsel, smoking and health action foundation, Canada argues that Tobacco MNCs like other public companies exist to make money for shareholders. These companies make huge returns on investment of in excess 100% per year. The financial success is due to its ability to sell by creating of demand particularly through advertisement of various forms. Often the tobacco company brings an argument that the industry plays a vital role of providing means of livelihood for million of growers and others involved in manufacturing. The fact is that it is the tobacco company gets the lions share.

There are over 260 million tobacco users in the country today. The situation in the west has changed due to increased health awareness and high cost of treatment of illness due to tobacco use. Dwindling sales in the west forced the multinational companies look to the east for marketing. These MNCs mainly target the adolescent population. Each day 68,000 to 82,000 adolescents from low and middle income countries enter the pool of tobacco users every day against 14,000 to 15,000 in high income countries. The production of tobacco leaves has more than doubled since 19060, 7 million metric tons of tobacco has been produced since then.

The performance of ITC (Indian Tobacco Company)during the quarter March 2003 has clocked 10 per cent increase in net sales at Rs 1,580 crore, and the net profit was up 13 per cent at Rs 323 crore. The British American Tobacco Company, which has a 31 per cent stake in ITC, recorded a net profit of Rs13.71bn (\$292m) for the year to March 2003, up 15.3 per cent on Rs11.9bn in the previous year. ITC continues to anticipate good results. Consumption of Cigarettes accounts for only 20 percent of the tobacco

usage in the country, with the remaining being made up by users of beedies and chewing tobacco. Chewing tobacco and beedi industry continue to thrive in the name of providing employment.

A CROP THAT CURTAILS LIFE

How can we call a crop that kills as cash crop? Every ten seconds, another person dies as a result of tobacco use. This translates to nearly 10,000 deaths every day and 5 million deaths annually (WHO). The tobacco related death in the country has been estimated as 8-9 lakhs a year. About half of all smokers who are killed by tobacco die in middle age. On an average, these smokers who die in middle age lose about 20-25 years of life expectancy.

Tobacco use is linked to over 25 diseases, which include heart and lung diseases, cancer and thromboangeitis (Gangrene of feet). Low birth weight, respiratory distress syndrome and infant death syndrome have been found to be of higher incidence among babies of women smokers. Tobacco use contributes to 75-80% of all heart attack deaths in young smokers are under the age of 50. The cost of cancer cure estimated in 1990 was 1,34,499 and the cost borne by the patient was Rs. 17,965, the loss to institution for treating the person was Rs. 4,009, loss to GNP due to premature death was 1,12,475. In 1999 alone 1.63 lakhs people developed cancer due to tobacco use (ICMR)

While the net profit of tobacco per annum is estimated as 24,000 crore, the cost of treating tobacco related disease is estimated as 27,700 crore. Though the loss is more than the gain the government continues to promote tobacco in the name of job opportunities. With political will we can replace jobs, can we replace lives?

Over two million children below fourteen years of age are engaged as laborers in the highly hazardous tobacco industry most them as bonded laborers. The children, mostly girls, who roll *bidi* have stunted growth and

suffer from respiratory diseases like tuberculosis and asthma, besides menstrual disorders. They also suffer from tuberculosis, gastrointestinal problems and bowel disorders. According to Dr. Sinha, assistant professor at Department of Preventive Oncology, Patna Medical College 93.3 per cent of the sufferers did not receive any treatment simply because they could not afford; the finding is based on a study conducted by them.

A CROP THAT ENDANGERS ENVIRONMENT

Curing tobacco consumes an estimated 200,000 hectares of woodland each year. *"By the government's own estimates in Karnataka, 1,20,000 tones of wood is used just for curing."* This is in addition to packaging and the forest cleared for nurseries. It was reported that to get a cartload of wood which is valued at from the forest a farmer bribes the forest department staff 100-200 rupees. Mr. Naveen Thomas, Fellow with Community health Cell who has done an assessment on tobacco cultivation in Karnataka says, in a village in Karnataka about 80 per cent of the forest has been cleared just because they need the wood for curing. WHO estimates that 7 billion tones of papers are used every year world wide for wrapping cigarettes. It is estimated that every kg of tobacco curing requires 20 kgs of wood. Dr. Dhanpal who has done a study on 'quality of life , energy use pattern and environment in rural areas' for his PhD thesis has estimated that in dry areas the wood required per person for fuel for cooking purposes is 0.9 kg and in cold areas is about 1 kg per person. The energy that every Kg of tobacco curing consumes can be used for four days for a family of five. Greater use of fertilizers and pesticides and increased mechanization is responsible for higher yields but its impact on environment is immeasurable.

A CROP FOE TO FARMERS

It has been observed that tobacco industry exploits the million of tobacco farmers worldwide by increasing their debt burden(WHO). Karnataka has

about 18,000 registered and over 16,000 unregistered tobacco cultivators. Without looking at the serious implications the government has actively been promoting cultivation of tobacco over the last 50 years along with the tobacco companies. Tobacco cultivation involves a labour-intensive process that rapidly depletes soil nutrients and requires heavy use of pesticides and fertilizers. The net return from tobacco are estimated less when compared to many other crops but the farmers realize very little of the profits from the tobacco crop. Dr. Satvinder kaul of Punjab Agricultural University argues that most farmers cultivate tobacco not because it is profitable but because their families have traditionally done for years. It has been observed that when the prices are good, they earn about 6000 to 8000 rupees per acre. There are other crops that are equally or more profitable than tobacco; unfortunately due to lack of financial support the farmers are unable to switch over. The landless laborers, particularly the women and children who work in tobacco fields earn about 40 rupees and men earn about 50 rupees. While they are compelled to earn this meager amount for their survival, they are exposed to serious health hazards. A woman in shimoga district in Karnataka who worked in the tobacco field spent more than 15000 rupees for her treatment for corrosion of the internal organs due to exposure to tobacco dust. She says now *"even if they pay 100 rupees a day I will not work in the tobacco field."*

ENSURE ITS ELIMINATION

Political backing that the tobacco industry receives in the name of sympathy towards tobacco cultivators is the biggest hurdle for tobacco control in the country. Both the acts recently passed by the state and the center does not ensure elimination as it addresses only demand. It is more than six months since the acts were passed and the government is yet to come out with rules for enforcement. Unless the government takes measures to bring down the supply, we will never be able to prevent million of death and unnecessary suffering illness due to tobacco use. While these acts were being passed, Karnataka has grown 40,000 tones of tobacco as against the ceiling of

25,000 tones for the year. No action is yet taken. While eighty percent of tobacco users in this country belong to the rural areas and most of them cannot read and write and do not know the ill effects of tobacco, the only health warning the educated tobacco users and masses know is "**cigarette smoking is injurious to health**" which is printed in small letter on the packets and beneath the glamorous advertisement displayed in prime localities. I wonder if any one pauses to ask; in what way it is injurious to health? and what connection the pictures displayed in the advertisement has with tobacco. If one critically analyzes, you would come to know that the captions and picture convey a lie, to lure the innocent children and adolescent. Together we can overcome, Let us all the responsible citizen of this country join the campaign to **educate, enforce and eliminate** a crop that kills, endangers environment and enemy to farmers and laborers.

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SEVHA — Students Educating and Volunteering for Health Awareness

Dear Student(s),

We are excited to hear that you want to help take a stand against the tobacco industry! We really need your group's help. So, where to begin? To help you get started, we've created this packet that has some ideas and checklists to guide you in forming a tobacco education group, and other ways to raise awareness on tobacco usage in India. It contains the following items:

SEVHA PRESENTATION SUMMARY

HOW TO RESEARCH

TAG

WHAT ELSE CAN I DO? (Other ideas, besides presentations, to raise awareness on tobacco use in India)

STARTING YOUR OWN TOBACCO AWARENESS CAMPAIGN

SAMPLE BROCHURES AND POSTERS

Please feel free to contact us if you have any questions or concerns. We are very interested in your progress and your ideas so please send us updates. Our contact information is listed below. Remember to stay focused, creative, and tobacco-free! GOOD LUCK!!!

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SEVHA — Students Educating and Volunteering for Health Awareness

SUMMARY OF SEVHA PRESENTATION

- Introduction of group and SEVHA delegates
- World Tobacco Statistics
 - 40 Lakh tobacco related deaths occur in the world ever year.
- India and Tobacco
 - India ranks 2nd in per capita cigarette consumption.
 - India is the 2nd largest tobacco producer in the world.
 - 5,000 people begin to smoke in India every day.
- What is in a Cigarette
 - 4,700 Chemicals in One Cigarette!
- Nicotine: The Addictive Chemical
- Where does the smoke go?
- Passive Smoking
 - 15% of smoke is inhaled by the smoker; other 85% of the smoke enters the air.
- Use Tobacco... Win Prizes
 - 8th Prize: An Empty Wallet
 - 7th Prize: Stained Teeth, Bad Breath, and Wrinkles
 - 6th Prize: Gum Disease
 - Caused by chewing tobacco
 - 5th Prize: Hairy Tongue
 - Chewing tobacco causes fungus and bacteria to grow on the tongue.
 - 4th Prize: Submucous Fibrosis
 - Cheek muscles tightening making it difficult to speak or eat.
 - 3rd Prize: Emphysema
 - Caused by smoking which makes it difficult for a person to breathe.
 - 2nd Prize: Blood Pressure and Heart Disease
 - Nicotine increases blood pressure and causes cholesterol problems.
 - 1st Prize: Oral and Lung Cancer
 - India has the highest oral cancer rate in the world.
- The Tobacco Industry targets YOU
- A Fair Warning??
- How to Stop
 - Admit the addiction.
 - Get support from family and friends.
 - Avoid situations where you will use tobacco.
 - Stay strong and determined!!!
- So You Choose...
- Conclusion
- Question and Answer Session



SEVHA – Students Educating and Volunteering for Health Awareness

HOW TO RESEARCH

It is critical that you be as accurate as possible in presenting information. If students catch any mistakes in the presentation, you will automatically lose credibility with them.

Resources:

- **The Internet**

The Internet is an invaluable source of statistics, facts, and other useful information. Some websites that you might find useful are:

- The World Health Organization: Tobacco Free Initiative
<http://tobacco.who.int>
- ASH: Action on Smoking and Health
<http://www.ash.org>
- Center for Disease Control and Prevention: Tobacco Information and Prevention Source
<http://www.cdc.gov/tobacco>
- Tobacco Free Kids Ad Gallery
<http://www.tobaccofreekids.org/adgallery/>

- **Doctors and Hospitals**

Many doctors are more than happy to meet with young people who take an interest in health related issues. You might try finding names and phone numbers of doctors, especially those specializing in cancer or lung disease, and calling them to set up an appointment. They are the best source for pictures that you can insert into your presentation. Many doctors are also involved with other NGO's, which may have funds, contacts, or other information of use to you.

- **Other Groups**

There are many groups in India that carry out health-based programs and research. Use these groups as references. They often have access to information that is not published. Some organizations that you might consider:

- United Nations Children's Fund (Unicef)
<http://www.unicef.org>
- World Assembly on Tobacco Counters Health
<http://www.watch-2000.org/>
- TATA Cancer Research Institute
<http://www.tatamemorialcentre.com/crriorg.htm>

Remember, every time you record a statistic or other fact, you must also record the source of that information. Audience members will often want to know where you obtained your information, and you must be prepared with an answer.



SEVHA – Students Educating and Volunteering for Health Awareness

TAG (Tobacco Awareness Group)

Group's goal

- Spreading tobacco awareness within your own school once a month to continue providing the youth information on the dangers of tobacco use.

Rules for TAG

- make sure you allow ALL students to join TAG
- Even if you only have a small group for TAG, you can still be effective and have a successful TAG
- Make sure you have permission from your principal
- Nothing should take away from your studies
- One project should be done once a month
- Two different people per month will lead a project, you should switch the two people who lead every month so that everyone has the chance to lead a project.

How to Spread Awareness

- Doing activities and projects within and around your school
- Brainstorm (come up with different ideas to do to attract students in the school)
- Look at the What Else Can I Do sheet for good ideas

How to find information on Tobacco

- Use the search engines on the Internet such as Google.com and find information on the Internet, and be able to use E-mail to keep in touch with us
- Use SEVHA for help, email: sevha@umich.edu, and visit our website: www.umich.edu/~sevha
- Go to your Government Library and School Library to find information
- Contact Doctors for information
- Ask your teacher to help you find information

India ratifies FCTC aimed at curbing tobacco-related deaths

Source: Deepika.com (in), 2004-02-10

Intro:

The Government of India has ratified the Framework Convention on Tobacco Control (FCTC) aimed at curbing tobacco-related deaths and disease.

The FCTC, the first international treaty negotiated under the auspices of the World Health Organisation, was ratified on February 5.

The FCTC was earlier unanimously adopted by 192 nations at the World Health Assembly (WHA) on May 21, 2003.

WHO to docs: The butt stops here!

Source: The Times of India, 2004-02-11

Author: JYOTI SHARMA

Intro:

WHO has charted a code of conduct for doctors and asked them to set an example by quitting smoking before they counsel patients.

When it comes to tobacco use, health professionals have the opportunity to help people change their behaviour. Their involvement is the key to successfully curbing the tobacco epidemic, says Vera Luiza da Costa Silva, director of the Tobacco Free Initiative, WHO. Simultaneously, WHO figures reveal that, in many countries, more health professionals than their general-population counterparts are addicted to smoking. So, is the good doctor just blowing smoke in ones face when he tells us to stub out smoking?

Going by the response of the medical fraternity in India, doctors here give a nod of approval to the WHO directive.

PIB Press Release

Source: Press Information Bureau-Government of India (in), 2004-02-10

Intro:

In a historic leap towards promoting public health, the Government of India ratified the Framework Convention on Tobacco Control (FCTC) on 5 February 2004. The FCTC is the first international treaty negotiated under the auspices of the World Health Organization (WHO), aimed at curbing tobacco-related deaths and disease.

The FCTC was earlier unanimously adopted by 192 nations at the World Health Assembly (WHA) on 21st May 2003. Among its many tobacco control measures, the FCTC requires countries to impose restrictions on tobacco advertising, sponsorship and promotion, establish new packaging and labeling of tobacco products with strong health warnings, establish clean indoor air controls by imposing restrictions on smoking in public places and strengthening legislation to clamp down on illicit trade in tobacco products.

Stubbing out tobacco menace

Ratifies international pact on tobacco-related deaths, diseases

Source: Indian Express, 2004-02-09

Author: TOUFIQ RASHID

Intro:

The Government is set to combat the tobacco menace with a vengeance. So even as tobacco rules' wait for a go-ahead from the Ministry of Law, the Ministry of Health has ratified the Framework Convention on Tobacco Control (FCTC), the first international treaty to curb tobacco-related deaths and disease.

By adopting the World Health Assembly treaty, India has become the seventh country, as also the largest in the world, to do so. While tobacco rules will be implemented from May 1 this year, we have ratified the FCTC to show our commitment in curbing tobacco-related illnesses," said Health Secretary J.V.R. Prasada Rao.

India ratifies anti-tobacco treaty

Source: grandprix.com, 2004-02-09

Intro:

India has become the eighth country to ratify the World Health Organization's Framework Convention on Tobacco Control.

'Ban on tobacco advertisements from May 1'

Source: The Hindu Online (in), 2004-02-07

Author: Our Special Correspondent

Intro:

From May 1, advertisements about tobacco and its products will be banned in the country. The Ministry of Health and Family Welfare has recommended the notification of rules on this to the Law Ministry.

◦ Dalmia group plans to take non-tobacco bidis overseas

Source: New Kerala.com (in), 2004-02-08

Author: Lola Nayar, New Delhi, Feb 8 (IANS)

Intro:

Targeting a niche population needing help to wean off tobacco, the Dalmia Consumer Care division of the Sanjay Dalmia group is eyeing a huge market overseas for its innovative non-tobacco bidis.

It is a little over seven months since the Dalmia Consumer Care division of the Rs.12 billion turnover company launched its Vardaan brand of non-tobacco, non-nicotine bidis, or cheroot, to take a slice of the estimated Rs.150 billion bidi market of the total Indian tobacco industry, worth around Rs.600 billion.

Already Vardaan is selling around one million bidis a day. . . .

So far, the company's products are finding more acceptability among youngsters and women who are keen to shed the habit of chewing or smoking tobacco. The hardened smokers and tobacco chewers are still a long way from being wooed.

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February 2004 (Volume 59, Number 2)

Source: Thorax (British Thoracic Society), 2004-02-01

Intro:

Higher tuberculosis mortality in India seen in those who have ever smoked

K Dheda and G Rook

Thorax 2004; 59: 115. [This graph only]

• Ban on tobacco product ads to take effect from May 1

Source: Business Line (The Hindu), 2004-02-07

Author: Our Bureau

Intro:

IT'S official now. Come May 1, and the total ban on advertising of cigarettes and tobacco products will come into effect. From the same day smoking in public places and sale of cigarettes and other tobacco products to minors would become an offence.

Speaking to presspersons on completion of one year in office, the Health Minister, Ms Sushma Swaraj, said, "The Bill on ban of tobacco products has been one of the important legislations cleared this year. We will shortly be notifying the ban on tobacco ads."

Come May, no fags for schoolkids

Source: The Times of India, 2004-02-07

Intro:

Under an Act which will be notified in the next few days, selling cigarettes to children below 18 years will be an offence.

That's not all. Under the stringent anti-tobacco law, smoking in public places anywhere in the country will invite penalty. So, the airports, railway stations and bus stops will hopefully wear a sanitised look without the familiar tobacco smell.

Already, tobacco selling is prohibited at stations. But health minister Sushma Swaraj wants to go a step further. When the notification becomes part of the government gazette next week, no tobacco products can be advertised either on TV or in newspapers. "We'll see to it that no surrogate ads sneak in," Swaraj said on Saturday.

• Regulations of anti-tobacco act worked out: Sushma

Source: The Times of India, 2004-02-07

Intro:

Government has worked out rules and regulations of the Anti-Tobacco Act, which is likely to come into force by May 1, Health Minister Sushma Swaraj said on Saturday.

"We have worked out the rules and regulations of the Anti-Tobacco Bill which has been sent for notification,"

Swaraj told reporters on completion of one year in office. . . .

She said the Anti-Tobacco Act would ban advertisements on smoking in both print and electronic media, ban smoking in public places and prohibit sale of cigarettes to minors.

Tobacco-free India alone can contain spread of cancer: Kalam

Source: Sun Network (in), 2004-02-07

Intro:

President A P J Abdul Kalam has stressed that Cancer can be completely eradicated if we have tobacco less India. He was in Chennai to participate in various functions.

Participating in the Golden Jubilee Celebrations of Cancer Institute, Chennai-Adyar, Abdul Kalam underlined the need for taking a serious efforts to have a tobacco free India.

He said it is foremost and paramount importance to carry the message to the masses that cancer is curable.

Companies flout law on tobacco in tooth care products

Use of tobacco products as dentifrice among adolescents in India: questionnaire study BMJ Volume 328, pp 323-4

Source: EurekAlert, 2004-02-05

Intro:

Up to 68% of adolescents in India use dental products containing tobacco, despite a law barring manufacturers from using tobacco as an ingredient in any toothpaste or toothpowder, reveals a study in this week's BMJ.

The authors believe that many companies are taking advantage of a widespread misconception in India that tobacco is good for the teeth by packaging and positioning their products as dental care products.

Indian students use tobacco dentifrice

BMJ 2004;328 (7 February), doi:10.1136/bmj.328.7435.0-d

Source: British Medical Journal, 2004-02-06

Intro:

Although tobacco products are prohibited in India for use as a dentifrice, 6-68% of students aged 13-15 still use them. Sinha and colleagues (p 323) surveyed the use of tobacco products as dentifrice in 14 states of India. Tobacco toothpaste and tooth powder were commonly reported in all states, but usage varied widely: 6% of students in Goa--and 68% in Bihar--used these products, probably because of the misconception that tobacco is good for the teeth.

• Use of tobacco products as dentifrice among adolescents in India: questionnaire study

BMJ 2004;328:323-324 (7 February), doi:10.1136/bmj.328.7435.323

Source: British Medical Journal, 2004-02-06

Author: D N Sinha, chairman1, P C Gupta, senior research scientist2, M S Pednekar, senior statistician3

Intro:

The 1992 amendment to India's Drugs and Cosmetics Act 1940 barred manufacturers from using tobacco as an ingredient in any toothpaste or toothpowder. One manufacturer challenged this amendment, but ultimately the

Supreme Court passed judgment in favour of the government of India.1

We carried out our study 10 years after the law had been amended. Surprisingly, 6-68% students still reported that they currently used products containing tobacco for oral care, which shows clearly that the regulations have not been implemented adequately.

• **Companies Flout Law on Tobacco in Tooth Care Products**

Source: Newswise, 2004-02-06

Intro:

Use of tobacco products as dentifrice among adolescents in India: questionnaire study BMJ Volume 328, pp 323-4

Up to 68% of adolescents in India use dental products containing tobacco, despite a law barring manufacturers from using tobacco as an ingredient in any toothpaste or toothpowder, reveals a study in this weeks BMJ.

The authors believe that many companies are taking advantage of a widespread misconception in India that tobacco is good for the teeth by packaging and positioning their products as dental care products.

• **Don't light up, children to tell smokers**

Source: The Times of India, 2004-02-06

Intro:

PUNE: Groups of schoolchildren would move around the city on Saturday (tomorrow), asking people to donate their cigarettes.

Initiated by the Prashanti Cancer Care Mission, a citybased NGO working with cancer patients, the aim behind the mission is to involve youngsters in building up an anti-tobacco campaign.

Students from class VIII and IX of the Priya Darshini School, Bhosari, will go around M.G. road, Dhole Patil road, F.C. road, and outside Wadia and Symbiosis colleges, asking smokers to give up smoking and give a small lecture on the ill-effects of tobacco.

• **Army to launch war on hidden enemy: smoking**

Source: The Times of India, 2004-02-05

Author: SIDDHARTHA D. KASHYAP

Intro:

PUNE: The rough-and-tough image of a macho man with a cigarette dangling from his lips may be good for the movies, not for the Indian Army. The army now wants its men to "Blow the enemy" not your heart and lungs.

With an increasing number of heartrelated disorders and cancer cases among the troops, senior medical officers from the armed forces are busy chalking out a detailed plan to weed out the problem.

The fauji doctors, who have gathered in the city for the annual armed forces medical services (AFMS) conference, are discussing a number of issues, including a no-smoking campaign for the armed forces.

Tobacco: Centre accused of discriminating against State

Source: The Hindu Online (in), 2004-02-02

Author: Our Staff Correspondent

Intro:

The Arkalgud MLA, A. Manju, has accused the Bharatiya Janata Party-led National Democratic Alliance Government of discriminating against Karnataka with regard to increasing the crop size of tobacco to "appease" its alliance partner, Telugu Desam Party.

Addressing a press conference here on Sunday, he noted that as more number of Andhra Pradesh representatives were there on the Tobacco Board, the growers in the State were getting a raw deal, though they were producing high quality tobacco.

ITC Posts 18% Rise In Q3 Net

Source: Financial Express (in), 2004-01-30

Author: OUR CORPORATE BUREAU

Intro:

ITC Ltd on Friday reported a 12 per cent growth in profit before tax (PBT) and 18 per cent in profit after tax (PAT) for the quarter to December 31, 2003, compared with the same quarter of the previous year.

Profit after tax in the latest quarter was Rs 381 crore on a net sales turnover of Rs 1,665 crore, against Rs 324 crore on Rs 1,502 crore for the same period of the previous year. Other income increased by 22 per cent to Rs 42 crore.

Pre-tax profit was Rs 567 crore in the latest quarter, against Rs 506 crore in the same quarter of the previous year. Earnings per share for the quarter was Rs 15.38.

Three of the company's four main segments fast-moving consumer goods (FMCG), hotels, paperboards and specialty paper, and agribusiness reported strong growth. But agribusiness was impacted by slower marketing of the current Mysore leaf tobacco crop and delayed exports shipments of soya.

Feds Bust Six State Cigarette-Smuggling Ring

Source: The Independent Online (IOL) (za), 2004-01-29

Author: ALY SUJO

Intro:

The feds have busted a massive, multimillion-dollar cigarette-smuggling ring that operated out of New York, New Jersey and four other states, officials said yesterday.

The crackdown, described as one of the biggest ever, netted about \$20 million worth of cigarettes, said Immigration and Customs Enforcement (ICE) officials unsealing a 92-count indictment in El Paso, Texas...

The phony brands were manufactured in China, Taiwan, India and other countries and were painstakingly created to resemble popular U.S. brands, ICE spokesman Mark Raimondi said.

Expanding Horizons / Even after years of sustained growth, Sopariwala Exports remains firmly committed to its core valuesquality, hard work and family ties.

Source: Tobacco Reporter, 2004-01-01

Intro:

Sopariwala has reason to be pleased. What began as a modest family business has mushroomed into a giant supplier of tobacco to world-renowned clients, and continues to expand. Today, the company is India's largest exporter of sun/ air-cured tobacco. At four state-of-the-art factories with a combined surface of 125,000 square meters, Sopariwala processes and packs about 25,000 tons per year. Its largest markets are Europe, the Middle East, Russia, the United States and South Africa.

Sopariwala is also India's largest exporter of bidis

PRASAD: FDI In Tobacco Sector Will Only Boost Cigarette Smuggling

Source: Financial Express (in), 2004-01-26

Author: G SIVA RAMA PRASAD

Intro:

Tobacco farmers of Andhra Pradesh are seriously concerned about the import and sale of Marlboro' cigarettes in India by the wholly-owned Indian subsidiary of the world's largest cigarette maker, Philip Morris. As per the track record of international cigarette multinationals (MNCs), Philip Morris' ulterior strategy is to piggyback on imports to legitimately advertise the brand and promote the sale of smuggled Marlboro cigarettes.

Global cigarette MNCs have been pressing the Indian government for several years now for permission to directly invest in India's tobacco industry. But going by their track record, their real motive in setting up cigarette manufacturing facilities in India is to secure a legitimate platform to engage in large-scale cigarette smuggling into the country. . . .

--The writer is secretary, Guntur Tobacco Growers Welfare Association

Tobacco auctions begin in Prakasam

Source: Business Standard (in), 2004-01-24

Author: Our Correspondent in Guntur

Intro:

The much-awaited tobacco auctions for 2003-04 season took off on Friday in the Tobacco Board platforms at D C Palli and Kaligiri (southern light soils-SLS) in Prakasam district, with seven traders, including ITC, GPI, Mittapalli, PSS (H), Trans-continental, Md Enterprises and Mandava Appa Rao, purchasing 25 bales at the first platform, and 18 bales at the second one.

Public Interest Organizations Urge Indian Government to Ratify Global Tobacco Treaty

Source: PR Newswire, 2004-01-23

Author: Source: Infact

Intro:

Representatives of a leading network of organizations advocating for the swift implementation of the Framework Convention on Tobacco Control (FCTC) have come to Delhi to urge India to ratify the treaty. Eighty-five governments have signed the treaty, which enters into force and becomes international law after 40 countries sign and ratify it. Last month India's Cabinet approved ratification of the FCTC. The Network for Accountability of Tobacco Transnationals (NATT) noted India's leadership throughout the FCTC negotiating process, and are calling on Indian officials to complete the FCTC ratification process quickly.

LETTER: Impose ban on tobacco products

Source: News Today (in), 2004-01-23

Author: Madhu Agrawal, Delhi

Intro:

Impose ban on tobacco products Sir,

It refers to the Union Cabinet's decision to impose a total ban on advertisements of tobacco products in the country.

It is not understood why our rulers do not take the ultimate step and impose a total ban on sale of injurious tobacco products especially cigarettes which are proven health hazards responsible for killing millions of people every year.

EDITORIAL: Government proposes to guillotine all tobacco advertising

Source: The Times of India, 2004-01-23

Intro:

Far from deterring such targeted consumers, the proposed advertising ban might actually attract them to tobacco products in greater numbers as an expression of rebellion.

The solution might lie not in banning tobacco advertising but by countering it with even more effective anti-tobacco messages. What we need are not 'hidden persuaders' which will keep people smoking but unhidden persuaders which will get them to stop.

Excise waiver for tobacco firms in NE

Sop extended to infrastructure projects

Source: Business Standard (in), 2004-01-23

Author: Subhomoy Bhattacharjee in New Delhi

Intro:

The central government has decided to exempt tobacco and pan masala companies, based in the North-eastern states, from excise duty, provided they make a similar quantum of investment in their units for 10 years, prospectively.

The Central Board of Excise and Customs (CBEC) notification has doubled the 50 per cent relief on excise duty, given to them in August 2003.

Herbal products for tobacco users

Source: Business Standard (in), 2004-01-23

Author: Our Regional Bureau in Hyderabad Published : January 23, 2004

Intro:

Ashian Herbex Limited, a city-based natural health products manufacturing company, has launched two new herbal products targeted at cigarette smokers and tobacco chewers.

While Smoktime, a health candy, is useful for smokers who usually suffer from lung and throat related problems, Panntime candy is useful for tobacco chewers who usually suffer from mouth ulcers, tooth related problems and gastric troubles.

Tobacco trigger for child asthma

Source: The Telegraph (Calcutta) (In), 2004-01-22

Author: A STAFF REPORTER

Intro:

Childhood asthma is on the rise globally. But those who merely point fingers at growing pollution levels may be misled.

The Bhagirathi Neotia Lecture Series 2004 began on Wednesday with a talk on Breathing problems in children', . . .

Cigarettes are directly linked to asthma, particularly if a mother smokes during pregnancy, but even if there are smokers in the house. This is one clear factor Sampa Mitra Pahari, a paediatrician at Apollo Gleneagles Hospital, agreed is a leading cause for increasing incidence of asthma, pollution and allergies aside.

Chew on this: some forms of tobacco may be good for you

Source: India Express, 2004-01-21

Author: Abhishek Kapoor

Intro:

MAYBE a tad difficult to digest, but scientists are backing this. Chewing carcinogenic" tobacco might be injurious to health, but not so the consumption of products obtained from the plant.

Scientists at Gujarat Agricultural University's Bidi and Tobacco Research Station (BTRS) have isolated a number of compounds from tobacco leaves that are edible (including a protein), and may even be used as intermediates in drugs meant for curing heart-related ailments! The research was conducted over a period of three years at the Anand varsity campus.

A team of researchers, under lead scientist B K Patel, have isolated a protein from 70 to 90-day-old tobacco leaves. The protein has been found to be edible and tests conducted on rats showed no adverse impact on health. No toxicity was found on the animals, researchers said. Oil extracted from the tobacco seed too was found to be edible.

Speaking about the results, Patel said the protein concentrate is rich in lysin, an amino acid, and could be a replacement for pulses . . .

The station has developed protein with 75 per cent purity, and according to Patel, is in talks with manufacturers for commercial production.

Other products that the institute has been successful in isolating from tobacco, with positive applications, include nicotine sulphate, an insecticide

18 pc people addicted to tobacco in city: Study

Source: The Times of India, 2004-01-21

Author: SOURAV SANYAL

Intro:

CHANDIGARH : The first-ever study to assess the pattern of tobacco-based product (TBP) usage in city shows that 18.4 per cent persons are dependent on TBPs. Of these, an alarming 96.5 per cent persons are smokers.

Conducted by the community medicine department of Government Medical College and Hospital (GMCH) between July, 2002, and June, 2003, on a sample size of 1,087 persons, the study is going to be presented at the Indian Public Health Association Conference at Bhubaneswar on January 24.

Tobacco ads may see their last in fag-end of January

Source: Hindustan Times, 2004-01-20

Author: Sanchita Sharma New Delhi, January 20

Intro:

Tobacco advertising is likely to go up in smoke by the end of this month when the Health Ministry takes its first step to implement the tobacco-control legislation. "The gazette notification for a complete ban on advertisements and all direct and indirect promotional activities for tobacco products will be done in a week or two," said Health Secretary J.V.R. Prasada Rao.

The ban will cover brand extension, sponsorships and surrogate advertising, including the use of tobacco logos.

Contribution of British Indian doctors hailed

Source: Kerala Next (in), 2004-01-20

Intro:

London, British Health Secretary John Reid has hailed the contribution of doctors of Indian origin to the National Health Service (NHS). At a function organised by the Labour Friends of India he met about 200 doctors of Indian origin Monday night. . .

"We recognise that South Asians are more likely to die earlier from heart disease and oral cancer than the national average. We have taken action on these inequalities by running a multimillion-pound campaign on smoking and chewing tobacco to reduce the high levels that currently lead to increased levels of the disease amongst the community."

International Tobacco Treaty Seen as Model for Curbing Corporate Abuses at World Social Forum in India

Source: CSRwire, 2004-01-19

Intro:

As tens of thousands of activists gather at the World Social Forum, the effort to implement the Framework Convention on Tobacco Control (FCTC) continues to make significant progress. . . .

Infact and the Network for Accountability of Tobacco Transnationals (NATT) have launched a campaign for the FCTC's swift implementation. . . .

Throughout the FCTC negotiations, NATT members encouraged, prodded and pressured countries to stand firm in the face of Big Tobacco's enormous political and economic clout. With International Weeks of Resistance to Tobacco Transnationals, Marlboro Man Awards, and the release of a number of reports, NATT has played a key role in exposing and challenging the attempts of transnational tobacco corporations and their political allies in wealthy countries to derail the FCTC. In the push toward ratification, NATT will continue to watchdog the tobacco industry's interference in the process.

Pune Masala

Source: India Express, 2004-01-19

Intro:

THE notice board put by the court authorities here prominently says smoking and spitting in the court premises is prohibited," but this, it seems does not hold true for the lawyers, themselves.

Recently, a well-known senior advocate was seen smoking his favourite brand of cigarettes and that too just outside the special court for the Maharashtra Control for Organised Crime Act (MCOCA). However, this seemed to have gone unnoticed. Makes one wonder does the long arm of the law also apply to lawyers? [This graph only]

FDI seen as major threat to tobacco, cigarette industry

Source: Business Standard (in), 2004-01-19

Author: Chandrasekhar in Guntur Published : January 19, 2004

Intro:

A delegation comprising 100 farmers, belonging to various organisations, recently met union agriculture minister Rajnath Singh and union commerce minister Arun Jaitley, pleading against allowing foreign direct investment (FDI) in the tobacco sector and the cigarette industry.

The delegation reminded the two ministers that it was the multinational companies (MNCs) that had hijacked the vast Russian tobacco market from the exporters.

Kill belle

Source: Mid-day.com (in), 2004-01-18

Author: Khalid Mohamed

Intro:

Ek Hasina Thi Cast: Urmila Matondkar, Saif Ali Khan Direction: Sriram Raghavan Rating: ** . . .

The jail is overrun by cute whiskered rats, a vaguely lesbian bully (Black Lips) and expert cooks serving up crunchy tandoor chapattis. With a l'il help from a portly gangsta inmate (Cigarette Smoker), Zakhmi escapes from her cushy cell, and travels to Dilli to become a kill-bill billi.

An investigative police lady (Seema Biswas, oh dear) smokes away, unphotogenically too, till you wonder if our director Raghavan is an anti-tobacco activist. [This graph only]

Sarees given as incentive for no tobacco pledge

Source: Hindustan Times, 2004-01-17

Author: HT Correspondent

Intro:

One hundred and one sarees were distributed as an incentive to the tobacco addicts to motivate them for giving up the tobacco chewing habit by a local NGO- Madhya Pradesh Rajya Mahila Sewa Samiti in a function.

The sarees were given as gift to such poor women who gave a solemn understanding not to consume tobacco and its other products.

Bhopal Development Authority (BDA) chairman Dhruv Narayan Singh was the chief guest of the programme. Madhuri Saran Agrawal, secretary, Jawaharlal Nehru Cancer Hospital management committee presided over the function.

International Tobacco Treaty Seen as Model For Curbing Corporate Abuses at World Social Forum in India

Source: PR Newswire, 2004-01-16

Intro:

MUMBAI, India, Jan. 16 /PRNewswire/ -- As tens of thousands of activists gather at the World Social Forum, the effort to implement the Framework Convention on Tobacco Control (FCTC) continues to make significant progress. The FCTC, the world's first public health and corporate accountability treaty, will save millions of lives and change the way the tobacco industry operates globally.

DAS: Where there s smoke...

Source: Hindustan Times, 2004-01-14

Author: Jayanta Das

Intro:

Tobacco has been considered a 'demerit product' and the Indian government has always taken efforts to ensure that FDI in tobacco is not allowed.

The anti-tobacco law, which both Houses of Parliament have recently approved and which awaits formal notification, contemplates blanket curbs on all tobacco advertising. But a few loopholes still exist which need to be addressed.

Take for instance tobacco advertisement on TV. Doordarshan has obtained the rights to telecast Formula One races that are mainly sponsored by the cigarette MNCs. . . .

The Indian government has resisted all the attraction of FDI in tobacco. Given the growing global concern against tobacco, it serves all the more purpose to continue with the present ban. Besides, the government needs to take serious measures to prevent any back-door entry of multinational cigarette giants.

Hep & hooked: Cancer catches women tobacco addicts

Source: The Times of India, 2004-01-12

Intro:

Corporate executive Preeti Thakkar is 29 today and is heavily into chewing tobacco. Surprised? Donâ€™t be for she is part of the everincreasing tribe of women in Gujarat who are addicted to tobacco smoking or chewing---as stress buster or simply to make a style statement. Its ills notwithstanding, the tobacco is winning more and more die-hard fans of the fairer sex. This to the extent that a big chunk of patients with tobacco-related cancers at the Gujarat Cancer Research Institute (GCRI) are women! In Ahmedabad city alone, of 560-odd cases of cancer of the oral cavity reported in 1998, around 100 were women . . .

Onco-surgeon Dr Rajendra Dave concedes that tobacco addiction in women here transcends class boundaries. "Unlike other states where mostly rural women take to tobacco to cope with backbreaking workload, here the addiction is more in high class women. Of late, the addiction of tobacco in women in the state has increased due to greater access in form of cigarettes, gutkha, etc and social acceptability". . .

Heena Trivedi, an Ahmedabad-based actress, got hooked due to easy access, got the first taste of tobacco when I was in class 7. Initially, it was just tasting the stuff here and there. I got hooked it when I started working and now I canâ€™t give it up", says Heena, who was earlier into eating gutkha. She gave it up for 'desi' tobacco after she lost her voice to a bad quality product that she consumed during shooting of a serial.

SINGH: PEOPLE LIKE US Pub-hopper's glossary

Source: Business Standard (in), 2004-01-10

Author: Kishore Singh

Intro:

"A hooqa bar or a sheesha bar is where you sit with friends around a hubble-bubble." "But what if you don't smoke?" I said. "Silly," said my wife, "it's not like serious smoking, it's just dragging on a puff or two."

I was still not getting it: "But don't you eat?" "After some time," she said, "though the whole point is to hang around, have a couple of drinks, peck at a snack or two, order a meal that you look at in desultory fashion, and then smoke some more." . . .

"At least people don't smoke," I offered. "You don't get anything," sighed my wife, "in a lounge bar you have humidors from where you select cigars, and spend the better part of an evening trying to light one. And all conversation is laconic, never informed, and never about politics or religion."

Since all the restaurants I used to know were now lounging dens, I did not know where to go for a meal

Altria In Talks To Buy Out KK Modi In Godfrey Philips

Source: Financial Express (in), 2004-01-09

Author: OUR CORPORATE BUREAUS

Intro:

Action is fuming at cigarette maker Godfrey Philips India. The US-based Altria Group, a global giant in packaged goods, is negotiating with KK Modi to buyout his 36 per cent stake in Godfrey Philips India. Negotiations are, however, stuck on the price and valuation factor, with Mr Modi sticking to his guns and refusing to cede management control to the multinational.

Altria too holds 36 per cent stake in Godfrey Philips, but has no management control. Altria wants management control so that it could bring in the required technology and high-end products into the country, said informed sources. For this, Altria is not averse to buying out Modi's stake.

ITC signs MoU with AP govt

Source: Business Standard (in), 2004-01-10

Author: Our Regional Bureau in Hyderabad

Intro:

Tobacco major ITC signed an MoU with the Andhra Pradesh government at the CII Partnership Summit today to take up a pilot project of developing public waste land of 1,000 acres under its social forestry programme.

The company proposes to utilise this forestry produce as a raw material for its paper board manufacturing plant.

Altria seeks board berth in Godfrey Phillips

Source: Business Standard (in), 2004-01-10

Author: Arijit De, Reeba Zachariah in Mumbai

Intro:

The \$80-billion Altria Group, the holding company for tobacco giant Philip Morris, foods major Kraft and brewer SAB Miller, is planning to push for the induction of three of its nominees on the board of Godfrey Phillips India (GPI), its Indian tobacco associate.

Philip Morris International had withdrawn all its directors from the GPI board in the mid-1990s, citing corporate governance issues.

GPI is now under full management control of Altria's local partner, the KK Modi group, and both hold over 36 per cent each in the company.

LETTER: Smoking in public vehicle

Source: Dhaka Daily Star (bd), 2004-01-10

Author: Md.Zillur Rahaman, MSS Economics, 311, BB Hall, DU

Intro:

One year back, Indian Supreme Court issued a decree that smoking in public transport is entirely prohibited and if anyone would go against this verdict, then he/she would be given pecuniary punishment. Can we expect such an outcome from our Supreme Court/ Government to make smoking in the public transport illegal?

Glutathione S-transferase M3 (A/A) genotype as a risk factor for oral cancer and leukoplakia among Indian tobacco smokers

Source: International Journal of Cancer, 2003-12-04

Intro:

It may be suggested that polymorphisms in GSTP1, GSTM1, GSTM3 and GSTT1 genes regulate risk of cancer and leukoplakia differentially among different tobacco habituais.

ITC takes up social forestry in Andhra Pradesh

Source: New Kerala.com (in), 2004-01-09

Intro:

Andhra Pradesh Friday signed a memorandum of understanding (MoU) with tobacco and hospitality major ITC Limited for conducting a social forestry project over 1,000 acres of wasteland.

Under the MoU, signed at the concluding session of the 10th CII Partnership Summit here, Velugu - a state government agency - and ITC would jointly initiate a wasteland development project in Khammam district.

The project aims at developing sustainable solutions to the problem of endemic poverty, officials said.

Stench of burnt-out business

Source: The Telegraph (Calcutta) (in), 2004-01-09

Intro:

But what makes this Burrabazar belt such a peril point? Ask state fire services minister Pratim Chatterjee and he spews flames: "Flouting safety norms is rampant in Burrabazar. Besides, the buildings are in poor shape and the traders don't even disclose that they are dealing in combustible materials. . . .According to minister Chatterjee, the source of fire that broke out on 4, Ramjidas Jethia Lane on Tuesday morning was a warehouse, owned by Nilkantha Brothers, loaded with bidi leaves and tobacco. "We are hiring an agency that will divide the city into zones and check the possible fire hazards in commercial and residential complexes. We will be strict with violators and penalise them," he promised.

But that is later. For now, there's nothing but the stench of burnt-out business. "This is the centre of bidi trade and manufacturers from various places come here to procure raw materials. With the entire stock going up in flames, the loss will be enormous And it will take some time for the market to normalise. Till then, all of us will have to bear the losses," said Ramesh Sakaria, a trader in bidi leaves with a shop next to Nilkantha Brothers.

Vox Popular!

Source: The Times of India, 2004-01-08

Author: NIKITA SINGH

Intro:

Even if you don't remember the face, you can't forget the voice! Newsreader and media personality Shammi Narang's deep baritone can be recognised anywhere.

Besides his continuing tryst with voice-overs and television, he has also been associated with Bravery Awards sponsored by a tobacco company ever since their inception in 1992. . . .

"How can we ever think of doing justice to all those people who do heroic things every day of their lives but never come forward [This graph only]

Indians are nuts about betel leaf

Paan combines the betel leaf, nut and lime

Source: Al-Jazeera (qt), 2004-01-07

Intro:

It is a 'quid-essential' Indian story written in fountains of red ink all over the urban landscape: chewing on quid - a combination of betel leaf, nut and lime - and spitting out the brick red saliva is a national fad dating back five millennia.

Sanctified by ancient texts on religion, medicine, food and pleasure, the consumption of the heart shaped green leaf, colloquially known as paan, has today spurred a multi-million dollar agro-industry.

Wrapped around tobacco and condiments, paan is the pleasure food of one out of every ten Indians, rich or poor, which makes it one of the hottest trading items.

On an average a paan-seller in any locality would be making a thousand rupees (\$20) a day but in busy commercial areas five to six times more, says Ram Das.

His aunt did this to him for chewing tobacco**Source:** Mid-day.com (in), 2004-01-06**Author:** Umesh Mohite**Intro:**

Kushal Anil Walke swears never to eat gutkha again, having learnt his lesson the hard way. In a state of shock, he displays burns on his hand and below his left eye, the result of his aunt Ashia Jaffar Husain Khan (27) scalding him with a hot knife for eating gutkha.

◦ Godfrey Phillips eyes converts**Source:** The Telegraph (Calcutta) (in), 2004-01-06**Author:** OUR CORRESPONDENT**Intro:**

Tobacco major Godfrey Phillips India (GPI) is all set to introduce half-a-dozen cigarette products in the next fiscal and is drawing up a strategy to persuade bidi smokers to upgrade to cheap cigarettes. "While GPI will not actually start making bidis, we have an ambitious plan to occupy that space," said Nita Kapoor, senior vice-president (corporate affairs). . . .

With the anti-tobacco legislations being further fine tuned, is this the right time to launch new cigarettes? "We have set an ambitious plan to capture at least 30 per cent market share in the coming decade and new products, across the spectrum are part of that strategy," said Kapoor.

Asked about the impact of the increasing legislations on cigarettes, Kapoor said, "We will abide by whatever legislation the government brings in, but it should be applied to pan masalas and gutkas as well as they are more harmful. Besides, cigarettes constitute 14 per cent of the tobacco industry but contributes 90 per cent of the revenue," she said.

Begin tobacco auctions from Jan 23: ITA**Source:** Business Standard (in), 2004-01-06**Author:** Our Correspondent in Guntur**Intro:**

The Indian Tobacco Association (ITA) has asked the Tobacco Board to begin tobacco auctions in Andhra Pradesh on January 23, Chebrolu Narendranath, who was on Monday re-elected president of the ITA, told Business Standard .

He was apprehensive that the year 2004 would be a difficult year because of two major reasons.

First, about 150 million kg new tobacco crop would hit auction floors in the coming months. . . .

The second major problem, Narendranath said, was the appreciation of rupee.

• **Dalmia plans to export non-tobacco smokes, gum**

Source: Business Standard (in), 2004-01-06

Author: Our Bureau in Kolkata

Intro:

Dalmia Consumer Care (DCC) plans to develop and export its non-tobacco smoking and chewing products initially for south Asian markets and thereafter Europe.

DCC currently sells a bidi-type non-tobacco smoking product called 'Vardaan' wrapped in a tendu leaf as a cigarette replacement, and a herbal chewing gum called 'Chabaaza' to replace pan masala and gutka in the Indian market.

Sudershan Banerjee, managing director and chief executive officer of DCC, said Vardaan was selling strongly in the target areas where bidi-smoking was popular and this success had encouraged the company to develop a paper-wrapped product for the export market.

Both the products were based on herbal raw materials named in indigenous Indian medicinal and ayurveda texts.

...

DCC was working on a pilot project in Andhra Pradesh to wean away farmers from tobacco and instead grow the herbal products used in the tobacco-alternative products, said Banerjee.

Teachers told to give up tobacco, alcohol

Source: The Hindu Online (in), 2004-01-04

Author: Our Staff Correspondent

Intro:

The Bidar District Rashtriya Seva Dal President, Bandeppa Kante, has called upon teachers to give up tobacco and alcohol and other bad habits and be role models to students.

"Teachers should be careful in their ways, as students are in the habit of imitating them, including their bad habits," he said after inaugurating a district-level camp for Seva Dal member-students in Aurad on Saturday.

Chamber hails ban on tobacco

Source: Yahoo! India News, 2004-01-02

Author: Our correspondent

Intro:

The Arunachal Chamber of Commerce and Industries (ACCI) has welcomed the state government's ban on the sale of all kinds of chewing tobacco with effect from today...

However, government has not imposed any curbs on the sale of cigarettes, said B.K. Ghosh Dastidar, the chamber's adviser.

LETTER: GUPTA: Bans are part of life

Source: Indian Express, 2004-01-01

Intro:

I agree with Bibek Debroy (IE, December 31) that in general bans do not work. That's why public health scientists do not ask for a ban on tobacco products even though they are the items that produce serious diseases and cause death when used exactly as per manufacturers' instructions. Debroy, however, has seriously erred in comparing the smoking ban with the ban on Lady Chatterley's Lover and the like. Secondhand tobacco smoke is a proven toxic substance that is classified as a Class-A carcinogen.

DEBROY: In 2004, just ban bans

We just love banning things although this approach has never worked

Source: Indian Express, 2003-12-31

Author: BIBEK DEBROY

Intro:

There are two related points about bans. First, they are inefficient. It is better to hike taxes on tobacco and cigarettes instead. Second, bans are difficult to enforce. In other countries, airports have segregated smoking lounges and smokers congregate there. In India, smoking is prohibited everywhere in airports and people flout the ban with impunity. In contrast to bans, price-based measures like higher taxes are self-enforcing. But we love bans.

Beedi industry burning out

Source: Kerala Next (in), 2003-12-30

Intro:

North Kerala 's beedi industry, that offered job to thousands and spark to trade union movement over decades, is puffing and panting to survive.

Worldwide anti-tobacco campaign and a declining beedi-smoking habit among the younger generation had pushed the industry into a grave crisis, forcing a string of small units to close and pushing several others on the verge of closure.

Margao cops keep crime under control in 2003

Source: Navhind Times (in), 2003-12-30

Intro:**Makeover sends ITC on brand hunt**

Smoke & Mirrors

Source: The Telegraph (Calcutta) (in), 2003-12-29

Author: RAJA GHOSHAL AND SRINJOY SHARMA

Intro:

Cigarettes-to-hotel major ITC Ltd, which is in the process of re-inventing itself as an FMCG and retail major, has opened negotiations with some leading FMCG companies for brand acquisitions.

Although officials are tight-lipped about who they are talking to, it appears that ITC is interested in packaged foods, ice-creams and confectionery products. A senior ITC official said the brand acquisitions or possible acquisitions of FMCG companies is in tune with the ITC plan to leverage its brand name to re-invent itself.

As part of the makeover, it plans to convert the current Wills Sports stores across various cities into multi-branding outlets of ITC, which will stock all ITC products, including its food products, branded apparel, greeting cards, paper products agarbattis and match boxes and, yes, cigarettes too.

Gutkha eats into good health: Oral cancer up

Source: India Express, 2003-12-29

Author: Toufiq Rashid

Intro:

Oral cancer is striking fast and across age groups. Around 8-10 per cent of the people examined during a random survey by the Indian Cancer Society this year have been found to be at the pre-oral cancer stage.

This means that they run the risk of developing cancer in the next five to six years if they do not stop chewing tobacco.

Of the 3,731 people checked by the mobile oral cancer detection vans of the Society till end of November, 327 (8.76 per cent) were found to be at the pre-cancerous stage. . . .

According to the Society, the numbers are increasing among the middle class, the new segment being middle-aged women.

Beedi industry in Kerala in grave crisis

Source: Yahoo! India News, 2003-12-28

Author: ChennaiOnline News Service

Intro:

North Kerala's beedi industry, that offered jobs to thousands and spark to trade union movement over decades, is puffing and panting to survive.

Worldwide anti-tobacco campaign and fast declining smoking habit among the younger generation had pushed the industry into a grave crisis forcing a string of small units to close and pushing several others on the verge of closure.

The crisis had forced the registered beedi rollers to switch over to unorganised sector forgoing rights and privileges won through heroic struggles.

"The registered workers, who form a small segment, do not have work on regular basis. This has not only deprived them of better wages but even forced them to give up rights and privileges prescribed by the Beedi and Cigar Act 1966," veteran CITU leader C Kannan told newsmen.

Tobacco Board official attacked

Source: GUNAAH - Crime News in India, 2003-12-28

Author: Our Correspondent

Intro:

A senior official from the Tobacco, Bellam Kotalah, was injured in an attack here yesterday morning by a group of unidentified persons.

The attackers killed his security guard and attacked him and his wife before decamping with valuables worth over Rs 1 lakh from the house.

Smoke without the fire

Source: agencyfaqs! (in), 2003-12-27

Author: Shiv Aroor / FINANCIAL EXPRESS

Intro:

Making non-tobacco cigarettes may not be that hard for a company that has already developed a non-tobacco bidi. But getting smokers to notice that smoking the safer alternative is as good as smoking real tobacco is still the clincher. The six-month-old start-up company Dalmia Consumer Care (DCC), part of the Rs 1,200 crore Sanjay Dalmia group, which also controls Rs 400 crore tobacco company GTC Industries (selling the brands Panama, Chancellor among others) has its hands literally full already.

When it launched Vardan non-tobacco bidis in June this year, little did they know that in a matter of a few months, millions of Vardan sticks would be smoked every day in the country.

Paan-flavoured Chewing Gum To Help Addicts Kick Tobacco

Source: Financial Express (in), 2003-12-25

Author: OUR CORPORATE BUREAU

Intro:

Dalmia Consumer Care (DCC) has added another product to its tobacco- substitute fast-moving consumer good (FMCG) range -- Chabaaza, a paan-flavoured chewing gum. Chabaaza is the second product from DCC, after it launched Vardaan, its first tobacco alternative, earlier this year.

According to Kartik Raina, chief operating officer, DCC, Vardaan sells about one million sticks every day now.

"Chabaaza is the first in a series of products we will launch to address the lamentable reality of India having the highest number of chewing tobacco users in up to 40 per cent of oral cancer cases in India," said Sudershan Banerjee, chief executive officer and managing director, DCC.

Centre Mulls Insurance Coverage For Tobacco Crop

Source: Financial Express (in), 2003-12-20

Author: OUR ECONOMIC BUREAU

Intro:

Notwithstanding the worldwide discouragement for consumption of tobacco, the government has mooted a proposal to extend insurance cover to the tobacco crop. Plans are also afoot to substantially raise the minimum support prices (MSPs) for different varieties of tobacco to help the growers.

Presenting awards to successful tobacco growers at a function organised jointly by the Tobacco Institute of India and the Confederation of Indian Industries (CII) here on Thursday evening, the Union agriculture minister Rajnath Singh appreciated the efforts of tobacco growers in boosting production despite the shrinkage of area under cultivation. He said tobacco growers, like other farmers, were also exposed to natural calamities like drought and heavy rains. There was a need to extend the insurance cover to this crop as well, he said.

Mr Singh said "I am aware that India is a signatory to the UN Framework Convention on Tobacco Control (FCTC), but as an agriculture minister I want to see that the growers of all crops get same justice. My ministry is therefore studying the possibilities of extending the insurance cover to tobacco crop. We will also examine the possibilities of raising the MSPs for different tobacco varieties."

Factory making spurious tobacco unearthed, 1 held

Source: Chandigarh Tribune (in), 2003-12-20

Author: Chander Parkash / Tribune News Service

Intro:

The police has unearthed a factory, manufacturing fake tobacco and selling it under the name of known brands in different markets.

In a press note here today, Mr Kapil Dev, SSP, said that three brothers namely Ranjiv Kumar, Parshottam Kumar and Sanjiv Kumar were running a tobacco factory under the brand name of Mahesh Tobacco Company and manufacturing and packing tobacco under brand name of Ganesh Tobacco Factory, Maur Mandi. One of the accused Ranjiv Kumar was arrested by the raiding team.

Tobacco industry protests ad ban

Source: NDTV (in), 2003-12-19

Author: Abhijit Neogy

Intro:

A few days after the Union Cabinet approved a Bill to ban tobacco advertising in the country, the tobacco industry has broken its silence on the issue.

"Tobacco is the main crop in the rain shadow regions of Karnataka and Andhra. Four lakh farmers depend on tobacco cultivation for their livelihood and it's a huge revenue earner for the government, both in terms of excise and foreign exchange. The ban will definitely affect tobacco consumption and hence production," said Vikram Raj Urs of the Tobacco Growers' Forum.

The cigarette manufacturing companies feel this is just another example of skewed government policy against the tobacco industry. They claim they have already taken a hit with lower import duties on foreign tobacco.

Singh assures tobacco farmers on crop insurance

Source: NDTV (in), 2003-12-19

Intro:

Agriculture Ministry today assured tobacco farmers that crop insurance will be extended to the commodity and Centre will look into the feasibility of increasing its Minimum Support Price (MSP).

"I will take up the issue of tobacco crop insurance and hike in the MSP at the appropriate forum in the government. No doubt it is an employment intensive and revenue generating crop", Agriculture Minister Rajnath Singh said here.

At the Tobacco Farmers' Awards function organised here under the auspices of the Tobacco Institute of India, he said even though the country was a signatory to WHO's Framework for control on production and consumption of tobacco, the farmers' interests would never be undermined

India News: Fire in stationary coach disrupts trains

Source: Kerala Next (in), 2003-12-18

Intro:

New Delhi, India(IANS) Rail traffic came to a halt temporarily at a major railway station here Thursday after a coach of a stationary train caught fire, sparking panic all around. . . .

A fire department official said the cause of the fire had not been ascertained, but it was possible that people leaving lit cigarettes in the compartment had sparked the blaze.

Cigarette Tobacco Growers Seek Relief In Excise Duty

Source: Financial Express (in), 2003-12-17

Author: ASHOK B SHARMA

Intro:

The tobacco growers have demanded a parity in excise duty on all tobacco products, hike in customs duty on cigarettes to the WTO bound level of 150 per cent from the existing 30 per cent, withdrawal of 15 per cent national calamity contingent duty (NCCD) imposed in the wake of the last Gujarat earthquake and a reasonable hike in the minimum support price (MSP) for tobacco.

They have also urged the government to check the influx of contraband and smuggled cigarettes from Nepal and position India as a major exporter of tobacco in the event of declining tobacco production in major exporting country, Zimbabwe.

In a pre-budget memorandum submitted to the Union finance minister, Jaswant Singh, the convener of the Federation of Cigarette Tobacco Growers Association (FCTGA) Venkateswara Rao alleged "there is a serious discrimination between cigarette tobacco (Flue-Cured Virginia tobacco) and tobacco to make other products.

Tobacco ban: CCEA to take final call

Source: Utkal Sambad (in), 2003-12-17

Intro:

The government had said that it intended to come out with a comprehensive legislation to ban advertising and control the use of tobacco. The Cabinet Committee on Economic Affairs is expected to meet today and reach a final decision.

The Cabinet has already approved the ratification of the Framework Convention on Tobacco Control with India becoming the seventh nation in the world to ratify this global convention.

ITC proposes to re-enter tea biz

Source: agencyfaqs! (in), 2003-12-17

Author: Jayanta Mallick

Intro:

ITC plans to re-enter the tea business through its international business division. Mr S. Shivakumar, CEO of the division, told Business Line here today that the company was poised to venture into organic Darjeeling tea exports.

LEAD STORY: Is there more to Israeli's murder on high seas?

Source: News Today (in), 2003-12-16

Intro:

The deceased Israeli, Cohen Yoel, himself is reported to have been seen travelling between Chennai and Port Blair at least two to three times in the last one year, though the Home Department does not seem have any record about him.

The Mercantile Marine department, which conducted a separate enquiry into the incident, seems to be now more worried about the freedom most of the foreigners get onboard Indian ships. . .

'This particular incident was apparently triggered by the cook talking to Yoel about smoking. There was no need for any of them to be there in the prohibited area, that too at that time of the night. The security of the ship is so bad that two foreigners had a hammock tied up there and were having fun in a prohibited area. Interestingly, access to this particular area is blocked by a gate that is at least eight-foot high. And in this dark area two persons apparently quarrelled about cigarette (or was it ganja!) which ended in a murder. There seems to be some mystery in it', says the officer from department. . .

With many cases of drug smuggling and a few cases of ISI suspects using Chennai as transit point being reported, many feel that the security agencies should keep a watch on foreign tourists more seriously.

ITC brewing a fresh plan, eyes organic tea

Source: Rediff on the Net, 2003-12-16

Author: BS Bureau in Kolkata *

Intro:

ITC Ltd is looking at tea in its organic form to add to the basket of commodities being handled under its international business division, better known for its e-choupal network.

"Extensive groundwork is under way in the field of organic tea which has a bright future in international business and the company would be exploring opportunities in the field," S Sivakumar, division chief executive of the international business division of ITC, said.

ITC brewing a fresh plan, eyes organic tea

Source: Business Standard (in), 2003-12-16

Author: Our Bureau in Kolkata

Intro:

ITC Ltd is looking at tea in its organic form to add to the basket of commodities being handled under its international business division, better known for its e-choupal network.

"Extensive groundwork is under way in the field of organic tea which has a bright future in international business and the company would be exploring opportunities in the field," S Sivakumar, division chief executive of the international business division of ITC, said.

Sivakumar said ITC will not be in the market to acquire any gardens growing tea or factories. Instead it would be looking for alliances and partners which will conform to its standards for organic teas and produce and package the commodity to the specifications laid down by ITC.

My world is dominated by me: SRK

Source: The Times of India, 2003-12-15

Author: S BALAKRISHNAN

Intro:

The chain-smoking King Khan is on cloud nine. The enormous success of Kal Ho Nā Ho has reinforced his status as the numero uno star in Bollywood. About 13 years ago, Shah Rukh Khan, son of a kerosene dealer, came to Mumbai from Delhi with dreams of making it big in tinsel town. [This graph only]

Strict reading of penal provisions

Source: Business Standard (in), 2003-12-15

Author: Sukumar Mukhopadhyay

Intro:

Even confiscation of goods under the Customs or excise law that is not usually regarded as penalty, is to be viewed as a penal action and any judgment given will have to follow the same strict approach.

The Supreme Court in the MF Patel vs Commissioner of Central Excise case, AIR 1970 SC 829, ruled that if some confiscable tobacco was mixed with other tobacco then only the confiscable proportion could be confiscated and not the whole amount. [This graph only]

Nation at a Glance: Man chewing tobacco held

Source: The Telegraph (Calcutta) (in), 2003-12-14

Intro:

Akola (PTI): A man found violating a ban on chewing of tobacco in the sessions court premises was taken into custody, police said on Saturday. This is the first incident of its kind here.

Jafarkhan Shabirkhan was caught chewing tobacco near the chamber of additional sessions judge S.. Sardesai on Friday and charged under various sections of Bombay Police Act

Cabinet ratifies global tobacco control norms

Source: The Times of India, 2003-12-12

Intro:

The Union Cabinet has approved India's ratification of the Framework Convention on Tobacco Control (FCTC) adopted by the World Health Assembly, the governing body of the World Health Organisation in 1999. The decision precedes the notification of rules and regulations under the domestic legislation "The Cigarettes and other Tobacco Products (Prohibition of advertisement and regulation of trade and commerce, production, supply and distribution) Act, 2003 which has been passed by the Parliament earlier.

ITC dips as Cabinet ratifies tobacco paper

Source: Business Standard (in), 2003-12-13

Intro:

Cigarette major ITC fell on sustained selling pressure after the Union Cabinet ratified the Framework Convention on Tobacco Control (FCTC) adopted by the World Health Assembly, the governing body of the World Health Organisation in 1999. . . .

The two-day fall in ITC follows reports that the government will release rules on a ban on advertising tobacco products in the print and electronic media within eight to 10 days.

Ferry cook admits killing gap-year student's boyfriend

Source: Electronic Telegraph (uk), 2003-12-12

Author: Rahul Bedi in New Delhi and Richard Savill

Intro:

A passenger ferry cook yesterday confessed to killing the Israeli boyfriend of a British gap-year student in a "grudge" attack as the couple slept on deck while sailing across the Bay of Bengal.

Rajesh Paul, 26, was arrested after he admitted the murder of 27-year-old Yoel Cohen, an environmentalist, who bled to death in the arms of Carina Sewell, his 19-year-old girlfriend, police officers said.

Earlier in the day, the two men had apparently had a row over smoking, a police spokesman added.

Cook confesses to fatal stabbing of passenger

Source: The Scotsman, 2003-12-12

Author: FOREIGN STAFF

Intro:

INDIAN police investigating the fatal stabbing of a British teenagers boyfriend during a cruise trip arrested a ships cook yesterday who they said had confessed to the killing.

Carina Sewell, 19, was travelling with her boyfriend, Yeol Cohen, 27, on a ferry from the remote Andaman Islands in the Bay of Bengal to the southern city of Madras in the early hours of last Sunday.

They were sleeping on the deck of the MV Nancowri after leaving Port Blair in the Andaman Islands, when Ms Sewell was disturbed. She turned to see that Mr Cohen had been stabbed or slashed across the neck. . . .

Mr Babu said the cook had an argument the day before the incident because Mr Cohen was smoking on the ships fifth deck, a restricted area.

Ship passenger murder case solved

Source: Sun Network (in), 2003-12-12

Intro:

Chennai Police have solved the Israeli tourist murder case. The cook of the luxury liner, Rajesh Paul has been arrested. Yeol Cohen, a passenger was found murdered in his sleep while he was returning from Andaman

Islands to Chennai on 7th December. . . .

Nataraj said Yoel and Paul quarrelled on the morning of 6th December. Paul noticed Yoel smoking, on one of the decks where he was not supposed to go. Paul questioned Yoel which led a verbal duel and Yoel insulted him and shoved him away. Police said to settle score, he attacked Yoel that night, allegedly slitting his throat with a butcher's knife when he was asleep on the fifth deck.

Pact push to smoking rules

Source: The Telegraph (Calcutta) (in), 2003-12-12

Author: OUR CORRESPONDENT

Intro:

The Centre will announce rules framed to give effect to a tough anti-smoking legislation within the next 10 days, Union minister for health and family welfare Sushma Swaraj said today.

Parliament has already passed the Cigarettes and Other Tobacco Products Act in April to ban advertising of tobacco products and place restrictions on smoking and chewing tobacco in public.

The occasion for speeding up the process seems to be the cabinet approval of the ratification of the Framework Convention on Tobacco Control yesterday. With this, India will become the seventh nation in the world to ratify this global convention, the minister said.

The convention, which will be implemented three months after at least 40 nations ratify it, enforces a comprehensive set of anti-smoking laws by member countries.

Tobacco lobbyist Tobacco Institute of India director A.C. Sarkar refused to react, saying he is yet to receive any communication from the ministry about the notification.

ITC duty evasion case in deadlock

Source: Business Standard (in), 2003-12-12

Author: Our Law Correspondent in New Delhi

Intro:

The Supreme Court yesterday concluded the hearing in the appeals moved by the revenue department and ITC Ltd over the alleged duty evasion by the company to the tune of Rs 800 crore.

During the three-month-long hearing, the judges had occasionally asked the parties to settle the issue between themselves, but both sides were reluctant to do so.

The bench consisting of Justice Ruma Pal and Justice P V Reddi reserved their judgment without specifying any date for its delivery.

The revenue department accused ITC of colluding with the retailers in selling cigarettes at a price higher than the MRP printed on the package.

• Tobacco ads to go off electronic, print media: Health ministry

Source: Indian Television Dot Com (in), 2003-12-11

Author: Indiantelevision.com Team (11 December 2003 7:00 pm)

Intro:

The government is determined to choke out publicity and promotional initiatives undertaken by tobacco and tobacco-related products.

Advertisement and promotion of tobacco and its products in the electronic and print media is slated to be banned in India in about a week's time.

A senior information and broadcasting ministry official confirmed that the health ministry, in this regard, has initiated a move. "As and when the law is in place, the I&B ministry, being the nodal ministry for media, would see that it is implemented and take steps in this regard after consultation with the media industry," the official added.

The rules and regulations for the ban are "ready" and these will be notified in eight to 10 days, UNI reports

Ship's cook in murder arrest

Source: Daily Telegraph/Sunday Telegraph (au), 2003-12-12

Author: From correspondents in Madras, India

Intro:

POLICE arrested a ship's cook today and accused him of using a butcher's knife to stab to death an Israeli tourist over a petty dispute during a cruise this week.

Yoel Cohen, 27, was attacked and had his throat slit on Monday while he was travelling with his British girlfriend, Carina Elizabeth Sewell, from the remote Andaman Islands in the Bay of Bengal to the southern city of Madras.

"We have arrested Rajesh Paul, the cook of the ship M V Nancowri and he has confessed to the murder of the Israeli national," Babu told reporters today.

Babu said the cook had an argument on December 6 over Cohen smoking on the ship's fifth deck, a restricted area. There had also been some subsequent run-ins between the two on Sunday, he said.

"It seems to be a murder born out of grudge," said Babu. [This graph only]

Indian cabinet approves ban on tobacco advertising

Source: interactive investor international, 2003-12-11

Intro:

The cabinet today approved the drafting of legislation to ban tobacco advertising and agreed to ratify an international anti-smoking convention, the Press Trust of India reported.

The news agency quoted Parliamentary Affairs Minister Sushma Swaraj as saying a bill is being prepared to ban advertising of tobacco products in the print and electronic media.

Swaraj also announced that India will ratify the World Health Organisation's Framework Convention on Tobacco Control (FCTC), becoming the seventh nation to do so.

Govt seeks to ban tobacco advertising

Source: NDTV (in), 2003-12-11

Intro:

The government today said it will soon come out with a comprehensive legislation to ban advertising and control the use of tobacco, with the Cabinet approving ratification of the Framework Convention on Tobacco Control (FCTC).

With this approval, India will become the seventh nation in the world to ratify this global convention, Parliamentary Affairs Minister Sushma Swaraj said.

It would be implemented three months after at least 40 nations ratify it.

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Editors: Prabhat Jha and Frank Chaloupka

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Tobacco is expected to kill about 1 billion people in the 21st century. While its health impact is little disputed, there is widespread debate on the economic arguments for and against its control. *Tobacco Control in Developing Countries* brings together a set of critical reviews of current knowledge on the economics of tobacco control. It is intended to provide a comprehensive evidence-base for the design of effective policies in any country, with an emphasis on the needs of developing countries.

Here is what eminent authorities are saying about *Tobacco Control in Developing Countries*:

This book clearly demonstrates the power of taxation to influence behaviour. As smoking is already a major killer in Eastern Europe and elsewhere, policy makers – especially finance ministers – should consider using the instrument of price to effectively curb smoking.

The Honourable Lesław Balcerowicz,
Deputy Premier Minister and Minister of Finance, the Republic of Poland

This book should serve as an invaluable source of knowledge for policy makers in developing countries as they grapple with the problem of controlling tobacco consumption.

Isher Judge Ahluwalia, Director and Chief Executive,
Indian Council for Research on International Economic Relations, New Delhi

Jha and Chaloupka have assembled a definitive set of economic arguments for prevention and control that we lacked even a couple of years ago. Their analysis is changing debate around the world on the desirability of, and means for, control of tobacco use.

Dean T. Jamison, Professor of Public Health and of Education, University of California, Los Angeles, USA and lead author, World Development Report 1993: Investing in Health

Few challenges to global health are as great as tobacco, one of the major causes of premature mortality of the 21st century. I hope that this comprehensive analysis can help to reduce the risk of cancer and many other diseases throughout the world.

Harold E. Varmus, President and Chief Executive Officer of
Memorial Sloan-Kettering Cancer Center, New York, USA
and co-recipient of the 1989 Nobel Prize for Medicine

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Foreword

Tobacco is rapidly becoming one of the single biggest causes of death worldwide, and by 2030 it is expected to kill about 10 million people per year. Until recently, this epidemic of chronic disease and premature death mainly affected rich countries. But by 2030, some 70% of tobacco deaths will be in low-income and middle-income countries. And in rich countries, smoking is increasingly concentrated among the poor, and is responsible for much of their ill health and premature mortality.

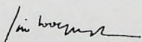
For both the World Health Organization (WHO) and the World Bank, increased action to reduce this burden is a priority as part of their missions to improve health and reduce poverty. Such action must clearly take place within countries, involving governments and civil society. As knowledge-based institutions, the World Bank and the WHO can enable action at local levels by providing sound evidence for policy-makers. This book is the result of a partnership between the two organizations.

Tobacco is different from many other health challenges. Cigarettes are demanded by consumers and form part of the social custom of many societies. Cigarettes are

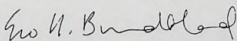
extensively traded and profitable commodities, whose production and consumption are part of economies of developed and developing countries alike. The economic aspects of tobacco use are therefore critical to the debate on its control. However, until recently economic aspects have received little global attention.

This book is intended primarily to fill that gap. It covers key, and often complex, issues that most societies and policy-makers face when they think about tobacco or its control.

The world has seen unprecedented health gains in the twentieth century. As we enter the twenty-first, both our organizations are committed to helping governments to sustain these gains and to extend good health to the poorest of the world. It is our hope that the impressive evidence base presented in this book will enable early action with control policies that are simple, cost-effective, and available now. Without such action, the world can expect about 1 billion people to be killed by tobacco in the twenty-first century.



JAMES D. WOLFENSOHN
President
World Bank



GRO HARLEM BRUNDTLAND
Director General
World Health Organization

Overview

Prabhat Jha

Frank J. Chaloupka

and Phyllida Brown

This book brings together a set of critical reviews of the current status of knowledge on tobacco control. It is intended to provide a sound and comprehensive evidence-base for the design of effective tobacco control policies in any country, with an emphasis on the needs of the low-income and middle income countries where most smokers live.

The Book at a Glance

The structure of the book is as follows. Following the Overview, there are six sections. Section I provides brief descriptive overviews of global trends in smoking and the impact of tobacco on health, as well as a discussion of the costs of tobacco use. Section II provides an economic analysis of tobacco use, focusing on three key issues: tobacco addiction, the costs and benefits of tobacco use, and the economic rationale for government intervention in the tobacco market. Section III reviews the effectiveness of policies intended to reduce demand for tobacco: the provision of consumer information about tobacco, the impact of advertising and promotion, the taxation of tobacco products, clean indoor-air policies and other regulatory measures, and smoking cessation therapies. Section IV examines issues affecting the supply of tobacco, including a review of the impact of tobacco-control policies on national economies and employment. Section V addresses questions about the design of effective policies and models the impact of various different control measures on tobacco-related mortality. In this section,

there is also a discussion of strategic priorities for international organizations in responding to the global tobacco epidemic. Finally, there are statistical appendices and directions to electronic sources of data on tobacco.

SUMMARIES OF THE CHAPTERS

Section I: Tobacco Use and its Consequences

CHAPTER 2: GLOBAL PATTERNS OF SMOKING AND SMOKING-ATTRIBUTABLE MORTALITY

Gajalakshmi *et al.* review global data on the prevalence of smoking, trends in tobacco consumption, and smoking-related deaths. They find that eight out of ten smokers now live in developing countries, and that, while the prevalence of smoking has fallen overall in the past two decades in the high-income countries, it has been rising in most low-income and middle-income countries. Most smokers start early in life and the number of young people who take up regular smoking is estimated to be about 100 000 per day. The addictive nature of nicotine is discussed. Data from the high-income countries, where the tobacco epidemic is well established, suggest that about half of long-term regular smokers are killed by tobacco, and of these, about half die in middle age. Currently, worldwide, about 4 million people die of tobacco-related disease every year. This figure is expected to rise to 10 million by 2050, with seven out of 10 deaths being in developing countries. Estimates from the high-income countries indicate that, worldwide, the number of people killed by tobacco through the whole of the twentieth century was about 0.1 billion, for the twenty-first century; the cumulative

number could be 1 billion if current smoking patterns continue. Many of the deaths expected in coming decades could be averted if people alive today quit smoking, but in low-income and middle-income countries, quitters are rare.

CHAPTER 3: POVERTY AND SMOKING

Bobak *et al.* examine the available data on the prevalence of smoking in different socio-economic groups, and on socio-economic differences in tobacco-related mortality. They find that, in almost all countries studied, smoking is more common among men of low socio-economic status. For women, who have been smoking in large numbers for a shorter period, the relationship between smoking and socio-economic status is more variable. Where mortality data can be reliably measured, in the high-income countries and the former socialist countries of Europe, it appears that much of the excess mortality of poor and less-educated men can be attributed to smoking.

CHAPTER 4: ESTIMATING THE COSTS OF TOBACCO USE

Lightwood *et al.* review studies that attempt to estimate the costs of tobacco use, focusing on the costs for health systems. Since the methods for these estimates are complex and subject to debate, the authors first review the various methods and their strengths and weaknesses. They show that estimates of the gross costs of healthcare related to tobacco use – that is, all care costs in any given year that can be attributed to the extra health needs of smokers – range from 0.1% to 1.1% of gross domestic product in the high-income countries. In low-income countries, there are fewer studies, but those that exist indicate that the gross healthcare costs may be proportionately as high as in high-income countries. Studies of the net healthcare costs, which are usually assessed over a lifetime and take

account of the fact that smokers' lives tend to be shorter than non-smokers', reach more heterogeneous conclusions because of the different approaches they take. However, the studies that the authors consider to be most robust do conclude that there are net healthcare costs from smoking.

Section II: Analytics of Tobacco Use

CHAPTER 5: THE ECONOMICS OF ADDICTION

Chaloupka *et al.* review economic approaches to addiction and consumer choice, including a discussion of recent work on new economic models of addiction. Having summarized existing knowledge on the addictive potential of tobacco, the authors discuss economic models of addictive behavior. In the past, economists largely ignored addiction, viewing it as an irrational behavior for which basic economic principles did not apply. Only in recent years have there been attempts to model addiction. Economic models hypothesize that, for addictive behavior, past consumption choices determine current consumption choices because, by definition, a consumer who is addicted to something must have consumed it in the past and will need to maintain, or increase, past consumption levels to service the addiction. This hypothesis is supported by the findings of empirical research. However, empirical applications of the models clearly indicate that increases in cigarette prices and other costs of smoking will reduce cigarette consumption, with the effects of price increases being greater in the long-run than in the short-run. Recent extensions to these models emphasize particular aspects of addictive behavior, including the youth of most "beginner" smokers and the inadequate level of consumer information available to them. These newer models also

discuss the adjustment costs of quitting for adult smokers. Most of these newer models have yet to be tested empirically.

CHAPTER 6: A WELFARE ANALYSIS OF TOBACCO

Peck *et al.* provide a novel approach to assessing the costs and benefits of tobacco use. First, the authors estimate the benefits of smoking to smokers and producers, using the relationship of price and expenditure to the demand and supply curve, respectively. Estimating costs is more difficult, as the authors discuss. Traditional cost-benefit analysis assumes that smokers take into account the costs to themselves when they buy cigarettes, and that these costs should therefore be excluded from the analysis. However, the authors argue that smokers may not be aware of some of the costs of their choice for themselves, such as health damage. Most smokers start young and quickly become addicted, and, in high-income countries where health information is widely available, most adult smokers say that they regret starting. Existing research suggests that people are willing to pay to avoid the costs of lost health and life. In the context of tobacco, the authors argue that uninformed smokers would be willing to pay to avoid premature death or disability, or to avoid the costs of trying to quit. Using a conservative value of the willingness to pay to avoid such costs, the authors then calculate what percentage of the smoking population would have to be unaware of the health risks of smoking for the net benefits from smoking to be zero. Their calculations indicate that if up to 23% of smokers underestimate the health costs of tobacco, then the net benefits of smoking are zero. While higher prices would cause smokers a loss of satisfaction from having to reduce their consumption or quit, the extra health gains from a price increase of 10% globally would outweigh the losses if as few as 3% of smokers are uninformed.

CHAPTER 7: THE ECONOMIC RATIONALE FOR INTERVENTION IN THE TOBACCO MARKET

Economic theory suggests that, if consumers know all the risks and bear all the costs of their choices, there is no justification, on efficiency grounds, for governments to intervene in a market. Jha *et al.* discuss three key inefficiencies in the tobacco market, or market failures: inadequate information about the health risks of tobacco, inadequate information about the risks of addiction, and physical or financial costs imposed on non-smokers. They conclude that there are clear economic grounds for intervening, particularly to protect young people and non-smokers. The authors identify the ideal responses to these failures and the most effective responses, pointing out that these are not always the same. They conclude that taxation is the most effective measure for correcting several of these market failures, although taxation imposes costs on all smokers. The authors also discuss government intervention on the grounds of reducing inequality between poor and non-poor groups.

Section III: Demand for Tobacco

CHAPTER 8: CONSUMER INFORMATION AND TOBACCO USE

Kenkel and Chen address two questions: first, whether consumers are well informed about the consequences of smoking; and second, whether public policies to improve consumer information about smoking can reduce tobacco consumption. The review finds that there is widespread general awareness of the risks of smoking in high-income countries. However, in low-income and middle-income countries this general awareness of the risks may be more limited. Moreover, even among people who are generally aware of the health risks of tobacco, many underestimate

these risks relative to other health risks, and many fail to apply the knowledge to themselves personally. Young people, it appears, underestimate the addictive potential of cigarettes. In some countries, improvements in the quality and extent of information to consumers are still possible; in others, most of the potential improvements in consumer awareness have probably already been achieved. Reviews of the impact of specific types of information (such as "information shocks" – the publication of new evidence on the health consequences of smoking – and warnings on cigarette packs) indicate that these can effectively reduce the prevalence of smoking in a population. The evidence suggests that government policies to increase consumer information about the health consequences of smoking can form part of an effective tobacco control program.

CHAPTER 9: TOBACCO ADVERTISING AND PROMOTION

Although public health advocates argue that tobacco advertising affects the number of people who smoke and the amount of tobacco they consume, the existing empirical literature concludes that advertising has little or no such impact. Here, Saffer examines the empirical studies more closely, and offers important insight into their limitations. The chapter discusses an alternative approach, based on studying the effects of bans on advertising and promotion. The primary conclusion is that comprehensive bans on tobacco advertising and promotion do reduce cigarette consumption, whereas partial bans have little or no effect. Counter-advertising, the provision of health information about smoking, is also found to be effective.

CHAPTER 10: THE TAXATION OF TOBACCO PRODUCTS

Chaloupka *et al.* review a significant body of research from high-income countries on the impact of tax increases on cigarette consumption. The studies consistently show that higher tobacco prices significantly reduce tobacco use. The majority conclude that an increase in price of 10% would reduce demand by about 4% in these countries. A small but growing body of research indicates that smokers in low-income and middle-income countries are more responsive to price changes than those in high-income countries. Most estimates suggest that a price increase of 10% in these countries would reduce demand by about 8%. In most studies, about half of the reduced demand takes the form of quitting, and about half takes the form of reduced consumption. The evidence indicates that young people are more responsive to price changes than adults. Further studies indicate that people on low incomes and people with lower levels of education are also more responsive to price changes than wealthier, highly-educated people. Because of the addictive nature of tobacco use, the authors find, the impact of price rises on tobacco consumption will be greater in the long run than in the short run. The authors discuss the various reasons that governments might choose to increase tobacco taxes, including the generation of revenue, the desire to correct economic inefficiencies, or the desire to improve public health.

CHAPTER 11: CLEAN INDOOR-AIR LAWS AND YOUTH ACCESS RESTRICTIONS

In this short chapter Woollery *et al.* review the evidence, mainly from the United States, of the impact of policies designed to prevent smoking in public places, workplaces and other facilities. The authors also assess the evidence on the effectiveness of policies to restrict young people's

access to purchasing cigarettes. They find that comprehensive clean-air laws can reduce cigarette consumption, but that such policies work best when there is a strong social consensus against smoking in public places and therefore self-enforcement of the restrictions. Clean-air laws do impose costs on smokers who want to continue to smoke, but claims that they reduce revenues for business, tourism and the leisure sector are not supported by data. The evidence for the effectiveness of youth access restrictions is more mixed. Some show a promising effect, while others show little or no effect. The importance of enforcing such restrictions is discussed.

CHAPTER 12: SMOKING CESSATION AND NICOTINE-REPLACEMENT THERAPIES

In this chapter, Novotny *et al.* briefly review the evidence for the effectiveness of cessation programs and in particular of nicotine replacement therapies (NRTs) of various types. They find that NRTs and other pharmacological quitting aides can approximately double the chances that an individual will succeed in quitting compared with unaided attempts. The authors compare the small and highly regulated market for NRTs with the large and unregulated market for cigarettes, against which NRTs compete. The NRT market is limited by several factors including, at present, high costs in some areas, a relatively low global demand for quitting, and complex regulatory issues. Where there have been studies, these have found that NRTs can be a cost-effective component of tobacco-control programs. The policy implications for governments, such as options for deregulating the NRT market, or financing NRTs for poorer smokers, are discussed.

Section IV: Supply of Tobacco

CHAPTER 13: THE SUPPLY-SIDE EFFECTS OF TOBACCO-CONTROL POLICIES

Jacobs *et al.* describe the size and nature of the tobacco industry, both farming and manufacturing. They then examine the impact of tobacco control measures on countries' economies, in particular on employment. They find that, if tobacco consumption were to fall because of control policies, the impact on total employment would be minimal or zero in most countries, since the money consumers once spent on tobacco would be spent instead on other goods and services, hence generating jobs. For a small number of tobacco-producing countries that are heavily dependent on this crop, however, there would be net job losses. Reductions in jobs and other adjustments in the economy that result from demand-side measures would be spread over decades or longer. The authors also discuss the effects on cigarette consumption of supply-side policies, such as price supports and quotas, that provide incentives to grow tobacco. They conclude that the net impact of these policies on retail price, and hence on consumption, is small. Attempts to reduce tobacco consumption by reducing the tobacco supply are unlikely to succeed. Given high demand and the presence of alternative suppliers, policies such as crop diversification or buy-outs are largely ineffective. However, diversification, placed within broader rural development programs, can help meet the transition costs of the poorest farmers.

CHAPTER 14: THE IMPACT OF TRADE LIBERALIZATION ON TOBACCO CONSUMPTION

Recent trends in global trade and their impact on tobacco markets and tobacco consumption are discussed by Taylor *et al.* The authors find that a variety of trade agreements

in recent years have significantly reduced the barriers to trade in tobacco products. Economic theory suggests that the reductions in these barriers will increase competition within tobacco markets, reduce prices, and increase marketing efforts, as well as raise incomes. As a result, tobacco use is likely to increase, particularly in low-income and middle-income countries. The limited empirical literature confirms this hypothesis. The authors' new empirical analysis provides additional evidence that cigarette consumption is rising because of freer trade, with the biggest impact on low-income and middle-income countries. The policy implications are briefly discussed.

CHAPTER 15: HOW BIG IS THE WORLDWIDE CIGARETTE-SMUGGLING PROBLEM?

In this chapter Merriman *et al.* review the economic theory and empirical literature on cigarette smuggling and provides new estimates of the extent of this illicit trade. By examining the difference between recorded cigarette exports and imports, the authors estimate that about one-third of cigarettes are lost in transit. If these are smuggled, the implication is that about 6% of the total number of cigarettes consumed worldwide are smuggled. A second analysis uses country-level data to examine the key determinants of smuggling. The risk of smuggling is often cited as a counter-argument to the policy of raising cigarette taxes, because large tax differentials between nearby legislatures provide an obvious motive for smuggling. However, Merriman *et al.* conclude that corruption within countries is a stronger predictor of smuggling than price. The authors also analyse data from European countries to estimate the extent of bootlegging in response to inter-country price differentials. They find that bootlegged tobacco products account for about 8.5% of consumption. Based on simulations from this European

analysis, the authors conclude that a unilateral tax increase by one country would lead to increased tax revenues, even after the likely impact in increasing smuggling is taken into account. Coordinated tax increases between neighbouring legislatures would increase tax revenues by greater amounts. The authors conclude that the problem of smuggling should not be seen as an insurmountable obstacle to increasing taxes. Higher cigarette taxes will both reduce cigarette smoking and increase government revenues, even in the presence of smuggling.

CHAPTER 16: ISSUES IN THE SMUGGLING OF TOBACCO PRODUCTS

Joossens *et al.* describe the different types of legal, quasi-legal and illegal activities that are variously described as cross-border shopping and smuggling, and discuss their determinants. The impact of tax increases on smuggling is examined in more detail, with particular reference to the experiences of Canada and Sweden, where taxes were cut because of a perceived problem with smuggling. In each case, as a result of the cut, cigarette consumption climbed and revenue fell. The authors conclude, like the authors of Chapter 15, that higher taxes do lead to reduced consumption and increased revenues. Evidence for the tobacco industry's involvement in smuggling is reviewed. The policy options for dealing with smuggling are briefly discussed.

Section V: Policy Directions

CHAPTER 17: THE DESIGN, ADMINISTRATION, AND POTENTIAL REVENUE OF TOBACCO EXCISES

This chapter discusses the practical and policy issues in

designing tobacco excise taxes in low-income and middle-income countries. Sunley *et al.* also provide estimates of the revenue-generating potential of tax increases based on existing empirical evidence on price, tax and demand elasticity for 70 countries. The authors conclude that an increase of 10% in the tax on cigarettes in each of these countries would raise government revenues by nearly 7% on average. The increase in revenues would be somewhat larger in high-income countries, where demand is more inelastic and taxes account for a larger share of pack price. However, in low-income countries, the increased revenues, though smaller, would still be considerable.

CHAPTER 18: THE EFFECTIVENESS AND COST-EFFECTIVENESS OF PRICE INCREASES AND OTHER TOBACCO-CONTROL POLICIES.

Ranson *et al.* examine the global impact of various tobacco control measures on cigarette consumption and tobacco-attributable deaths, for the cohort of smokers alive in 1995. Based on deliberately conservative assumptions, they find that tax increases that would raise the real price of cigarettes by about 10% worldwide could cause about 42 million smokers alive in 1995 to quit, and could prevent a minimum of 10 million premature tobacco-related deaths. A set of "non-price" measures, including information campaigns, comprehensive bans on advertising and promotion, prominent warning labels and clean-air restrictions, could persuade 23 million smokers alive in 1995 to quit and could avert 5 million deaths. A third measure, the widely increased use of nicotine-replacement therapies, could persuade 6 million to quit and could avert 1 million deaths. By weighing the public-sector costs of implementing these interventions against their expected health gains (measured in disability-adjusted life years), and based on various

assumptions, the researchers conclude that all three types of intervention could be cost-effective compared with many other health interventions. However, given substantial variation in implementation costs and likely effectiveness in different contexts, local cost-effectiveness estimates would be essential for the design of policies.

CHAPTER 19: STRATEGIC PRIORITIES IN TOBACCO CONTROL FOR GOVERNMENTS AND INTERNATIONAL AGENCIES

This final chapter discusses some of the issues facing governments and international agencies when developing policies. Jha *et al.* first review national comprehensive control programs, including their goals, targets and instruments. They find that for short-term progress in reducing tobacco mortality, programs need to focus on preventing the uptake of smoking by children, and persuading adults to quit. Most tobacco control programs will use a mix of price, information and regulation interventions, although the exact mix will vary across countries. The evidence from countries where comprehensive tobacco control programs have been evaluated suggests that they can significantly reduce cigarette consumption. To be effective, control programs need to use a broad mix of policy instruments, involving finance and commerce ministries, as well as health ministries. Given the global nature of trade, some aspects of tobacco control require international or cross-border action. The WHO's Framework Convention on Tobacco Control is a promising vehicle for such action. Finally, the authors argue, research on the causes and consequences of tobacco use – including the costs of smoking – is a high priority and an international public good. Most importantly, middle-income and low-income countries require detailed ongoing studies of the impact of tobacco on population health, including studies of the impact of quitting.

Appendices

The statistical appendices provide information for readers about other sources of information on the tobacco epidemic that are updated periodically. For example, we provide information on the epidemiology of tobacco-attributable diseases, the prevalence of tobacco use, taxes, prices, smuggling, agricultural and industrial issues, spending on tobacco control, and the extent of existing tobacco control programs. The reader is referred to web sites and other sources where information can be presented in much greater detail than is possible in book form. Appendix 3 provides important information about the classification of countries by World Bank definitions of income and by World Bank regions. This information is key to an understanding of many of the tables and figures in the chapters.

TOBACCO FACT SHEET

Tobacco industries use movie industries to promote their products

Tobacco industry uses film stars to promote their products. During the past one year:

- ❑ 62 brands of tobacco were exposed in bollywood.
- ❑ Sharuk Khan has been shown smoking on screen 109 times followed by
- ❑ Rajinikath 103 times
- ❑ Gulshon Grover 69 times
- ❑ Ajay devgaon 55 times
- ❑ Smoking is shown as cool, glamorous, sexy and giving freedom.

HISTORY OF TOBACCO USE

- ❑ Tobacco was first discovered in 15th century. Portuguese introduced tobacco into India.
- ❑ Bidis were first manufactured in Bihar, India.
- ❑ Cigarettes were first manufactured by machine in Cuba.

FORMS OF TOBACCO USE

Tobacco is used in various forms like:

- chewing. (Gutka, pan, etc)
- Smoking, (cigarette, bidi hooka (through hookah (a long pipe) and cigars.)
- Snuff (includes snuff used as paste applied over gums and teeth and powder used nasally).

15 % of tobacco is used as cigarettes.

85% tobacco is used as bidis and chewing products.

PREVALENCE

- ❑ Every day 82000 – 100000 youngsters light their first cigarettes worldwide.
- ❑ In India there are 260 million tobacco users, equivalent to the population of Europe.
- ❑ Every year 1,20,000 children below 20 years enter the pool of tobacco users in Karnataka.

Despite all masseurs taken for tobacco control in the country;

- ❑ Tobacco consumption has grown tremendously

- ❑ Tobacco companies register huge margin of profits.
- ❑ Karnataka has grown 15,000 tonnes more tobacco than the stipulated quantity for a year.

CHEMICAL CONTENT IN TOBACCO

- ❑ Tobacco smoke contains over 4700 poisonous chemicals of which about 60 of them are carcinogenic (cancer causing)

Some of the chemical content in tobacco its uses and the common names of them are:

- ❑ Arsenic: used as rat poison
- ❑ Ammonia: toilet cleaner
- ❑ Acetone: nail polish remover
- ❑ Carbon monoxide: dangerous gas car exhaust
- ❑ Formaldehyde: preservative used for dead bodies

- Nicotine one of the substances in tobacco is more addictive than cocaine or heroin.

TOBACCO USE HAS VARIOUS SOCIO ECONOMIC HEALTH AND ENVIRONMENT IMPLICATIONS

Social

Over the years tobacco use has been socially accepted as a habit. In some culture tobacco is served after meals with beetle leaves.

- Majority of the users and non-users in this country do not know the harmful effects of tobacco.

ECONOMIC

- The nation gets Rs. 24,000 corers as revenue from tobacco
- Spends Rs. 27, 000 corers for treating tobacco-related illnesses.(Source Kidwai study)
- A smoker can educate his/her child as a doctor or engineer form the money that is spent on smoking for 15-20 years
- A street child who earns on an average 900 rupees a month spends 200-250 rupees on tobacco
- A retired government official found to his astonishment that he had spent nearly 12-13lakhs in 15 years of smoking, when he calculated this he quit smoking .

HEALTH

- ❑ Tobacco use kills five million people every year worldwide
- ❑ Eight to nine lakhs people die in India every year due to tobacco use.

- ❑ Over 25 diseases are directly associated with tobacco use.
- ❑ Tobacco use in men cause impotency and in women infertility
- ❑ Chewing tobacco causes oral cancer; India has highest number of oral cancer in the world.
- ❑ Tobacco use shortens life by 15-20 years

PASSIVE SMOKING

- A smoker inhales only 15% of the smoke the rest is inhaled by people around the smoker
- Passive smoking or second hand smoking is as hazardous as smoking.
- Passive smoking is more harmful to children.
- Tobacco smoke causes congenital deformities in children and low birth weight babies.

ENVIRONMENT

- ❑ Tobacco is one of the major contributors to deforestation.
- ❑ 8 billion tones of papers are used every year world wide for rapping cigarettes and packing.
- ❑ To cure one kilogram of tobacco they use some times up to 25 kgs of wood.
- ❑ It has been estimated that every 300 cigarettes smoked, some one somewhere has killed a tree.

BENEFITS OF QUITTING SMOKING

- ❑ Body starts repairing within 24 hours
- ❑ Get free from nicotine within 7-10 days
- ❑ Risk of heart attack is generally reduced within 2-3 years of giving smoking
- ❑ The risk of lungs cancer may take up to 20 years to normalize
- ❑ Appetite and taste improves
- ❑ Disappearance of bad breath and odor of smoke from clothes and home.
- ❑ Relief from cough is welcome to the smoker and others as well near him/her.
- ❑ Money could be saved and invested in productive purposes. A person who quits before 35 years of age benefits more but never too later for others
- Every cigarettes avoided adds five minutes to life.

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NOTE ON STUDIES ON IMPACT OF TOBACCO CONSUMPTION ON HEALTH OF PEOPLE

The World Bank has a public position regarding tobacco that is articulated in its well researched publication titled "Curbing the Epidemic – Governments and the Economics of Tobacco Control" published in 1999.

To quote "with current smoking patterns about 500 million people alive today will eventually be killed by tobacco use. More than half of these are now children and teenagers. By 2030, tobacco is expected to be the single biggest cause of death worldwide, accounting for about 10 million deaths per year. Increased activity to reduce this burden is a priority for both the World Health Organisation (WHO) and the World Bank.

*["Since 1991, the World Bank has a formal policy on tobacco in recognition of the harm that it does to health. The policy prohibits the Bank from lending on tobacco and encourages control efforts"].

Some silent points

1. Smoking now kills one in 10 adults worldwide. By 2030, or earlier, the proportion will be one in six.
2. By 2020, seven of every 10 people killed by smoking will be in low and middle income nations.
3. Estimates of 500 million tobacco related deaths by 2050 are based on studies done by well known researcher Richard Peto and others in 1994.
4. Data is provided regarding concerns of whether tobacco control measures would harm the economy.
 - * "Tobacco production is a small part of most economies. For all but a very few countries heavily dependent on tobacco farming (Zimbabwe and Malawi), there would be no net loss of jobs, & there might even be job gains if global tobacco consumption fell. This is because money once spent on tobacco, would be spent on other goods and services, thereby generating more jobs".
 - The tobacco industry estimates that 33 million people are involved in tobacco farming worldwide of which 15 million are in China and 3.5 million in India (out of our 1 billion population). This includes seasonal workers, part-time workers and family members of farmers.
 - * Studies in India have noted the adverse health consequences faced by laborers in tobacco farms and beedi rollers.

- "A study in the United Kingdom found that jobs would increase by more than 100,000 full-time equivalents in 1990 if former smokers spent their money on luxury items and if any decline in tax revenues brought about by non-tax measures to reduce demand were off set by taking other goods and services".
- "A study in the United States found that the number of jobs would rise by 20,000 between 1993 and 2000 if all domestic consumption was eliminated".
- Experience has shown that increasing taxes on tobacco do not reduce government revenue. In the United Kingdom cigarette taxes were raised repeatedly over three decades. Due partly to this and to increased awareness about health consequences of smoking consumption declined sharply ~~over~~ the 30 year period from 130 billion cigarettes sold annually to 80 billion/year.

Compiled by Dr.Thelma Narayan of CHC

Statement issued by the participants of the
"WORKSHOP ON ACTION TOWARDS A TOBACCO FREE WORLD"

On 3rd January 2003

ASIAN SOCIAL FORUM, HYDERABAD, INDIA

FIGHT TOBACCO THE KILLER !!!

Realizing that tobacco and its products including cigarettes, bidis, guthka, and chewed tobacco...

- Is one of the biggest killers worldwide and particularly among the poor killing 4.9 million people every year and reducing life by 15-20 years. Tobacco causes cancer of the various organs, diseases of heart, blood vessels, lungs and other organs leading to suffering disability and death.
- Is highly addictive with nicotine being more addictive than cocaine or heroin.
- Is the only freely available consumer product that kills.
- Has an adverse environmental impact, using of millions of tonnes of wood for curing tobacco, excessive use of pesticides and chemicals, depleting soil fertility
- The tobacco industry results in an overall fiscal loss, with loss of productivity and cost of treating tobacco related illnesses being more than the revenue gained.
- The tobacco industry indulges in misinformation through aggressive advertisement and sponsorship targeting children, youth and women.
- Affects millions of non-smokers and particularly pregnant women, retarding the growth of the unborn children and causing abortion through passive smoking.
- Tobacco use perpetuates poverty at household and larger levels.

We the participants of the workshop on Action Towards a Tobacco Free World in the Asia Social Forum issues this statement and call upon Government, civil society, media and the people to take up urgent action

- On public policies in the context of right to food, right to health and right to work and poverty reduction.
- Work through local government and local bodies, focussing on women and dalits.
- Hold the tobacco companies responsible for the losses incurred and the adverse consequences on individuals and families of tobacco use.
- Ban all direct and indirect advertisement of tobacco and its products including sponsorship of sports and cultural event by the tobacco companies and affiliated bodies
- Ban the manufacture and sale of chewed tobacco in any form, since minors are especially vulnerable.
- Progressively reduce the area of cultivation of tobacco utilizing the area thus freed for other beneficial crops.
- Prevent the cutting down of trees and denudation of forests for curing and packaging tobacco.
- Increase progressively the tax on tobacco and its products and utilize the revenue thus received for health promotion.
- Introduce legislation and effectively implement laws for prohibition of smoking in public places.
- Use all means to increase public awareness
- Reduce glamorization of tobacco products through films and media.

"WORKING TOGETHER FOR TOBACCO CONTROL" TOGETHER WE CAN DO IT!

4th January 2003

For Immediate Release

Asian Tobacco Control Activists Suggest Alternatives to Tobacco-Related Work

Hyderabad: Moving out from tobacco cultivation, is a feasible alternative, was the message that emanated from the workshop on "Action Towards a Tobacco Free World" at the Asia Social Forum in the citadel of tobacco farming. The workshop held yesterday brought together development workers, researchers, medical and economic experts besides the labourers who were previously engaged in tobacco related work.

Latha, a labourer from Shimoga, Karnataka narrated her experiences working in the tobacco fields, " We used to get a paltry wage of Rs. 30/-a day for 20 hours of back-breaking work in the tobacco farms. Tobacco dust infested my insides and I spent more than Rs. 30,000/- in treatment". She has since become a crusader persuading her co-workers to give up toiling on tobacco farms at the cost of their health. " I will never go back to those fields, even if they offer me Hundred rupees a day", reaffirms a decided Latha.

Tobacco Board officials from the region admit that 80 % of the forest in some of these villages have been depleted due to massive felling of trees to cure tobacco. Their records confirm that many tobacco farmers are therefore leaving tobacco cultivation. Some of these farmers have found safer havens in growing maize and groundnut and tobacco laborers in Shimoga and other parts of Karnataka have shifted to income generation activities like rearing cattle.

Suvarna, a development worker who works with women in tobacco farming relates, " Tobacco work drains them of their energy and health and often strains family relationships to the point of breaking them due to the long hours of work during the farming season. It leaves them with hardly any time to attend to household chores and children". Many of these children eventually drop out of school and are taken to work on tobacco farms.

Several of the workers at the workshop who despise working on tobacco farms pointed out that Government policies in this regard are anti-poor. Government promotes tobacco farming, research and marketing through support institutions and these essentially benefit the rich farmers who own land and resources. They opine that unless these are reversed and alternatives are explored and developed, this exploitative industry would continue to thrive undeterred.

For Further details, contact:

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ASF Sidelights

The venue of Asia Social Forum, Nizam College grounds, thundered with the resounding rhythms of dappu(drums). Marxist intellectuals to Gandhians were seated on the dias. From revolutionary groups to anti tobacco groups participated in the programme.

Nora Cartinas an octagenarian from Argentina seized the attention with her active approach and inspirational speech.

Buddhist monks from Sri Lanka not withstanding the scorching sun sheltered under umbrellas.

Medha Patkar and the leaders of the Left parties squatted in the masses before the Plenary.

FACT SHEET NO. 22

August 2001

TOBACCO & THE ENVIRONMENT**Extent of tobacco production**

Tobacco is a temperate crop which is grown in more than 100 countries world-wide, mostly in developing countries. China is the world's largest producer, followed by the USA, India, Brazil and Turkey. These five countries produce nearly two-thirds of global output.[1]

Pesticides

Tobacco is a sensitive plant prone to many diseases. Consequently, huge amounts of fertiliser, herbicide and pesticides are used in the growing of tobacco: up to sixteen applications may be made during a three-month growing period. Among the pesticides commonly used are aldicarb and chlorpyrifos, both highly toxic substances. Methyl bromide, an ozone-depleting chemical, is also commonly used to fumigate the soil prior to planting tobacco seedlings. In 1997, over 5.5 million pounds of methyl bromide were applied to tobacco fields worldwide.[2] The effects of these chemicals are not monitored generally but it is known that they leach into the soil and find their way into streams, rivers, and food chains. These substances may indirectly cause the genetic selection of pesticide-resistant mosquitoes or flies, making the control of diseases such as malaria much more difficult.[3]

Green Tobacco Sickness

In addition to the health risks posed by using pesticides, tobacco growers are susceptible to an occupational illness known as green tobacco sickness. This is caused by the absorption of nicotine through the skin from contact with wet tobacco leaves. Symptoms of GTS include nausea, weakness, dizziness and abdominal cramps, and fluctuations in blood pressure and heart rates. It is not known exactly how many tobacco workers are affected by green tobacco sickness but one study of migrant workers in North Carolina suggests that 41% of the workers get the illness at least once during harvest season.[4]

Tobacco and deforestation

After harvesting, tobacco is cured to preserve it for storage, transport and processing. Most tobacco is flue cured which entails passing heated air through the harvested leaves. In many developing countries trees are cut down to provide fuel for the curing process and for the construction of the curing barns. An estimated 200,000 ha of woodlands are removed by tobacco farming each year. Deforestation occurs mainly in developing countries amounting to 1.5% of global net losses of forest cover or 4.6% of total national deforestation.[5] In Malawi, which is heavily dependent on tobacco as an export crop, more than 35,000 tonnes of tobacco leaves are cured annually. About 12 cubic metres of wood are needed for every tonne of tobacco.[6] In one region of Malawi, nearly 80% of the wood cut down is used for tobacco, even though tobacco farmers make up only 3% of the farmers in the area. In semi-arid areas, where tobacco thrives the loss of trees can make land more vulnerable to desertification and unfit for agriculture.

Industry response

Faced with dwindling sources of wood fuel, the tobacco industry has attempted to address the problem by encouraging tobacco farmers to plant trees along with tobacco. However, the plantations set up by BAT in Kenya, for example, consist largely of fast-growing eucalyptus and cypresses which adversely affect biodiversity and can lower the water table. Some farmers are reluctant to use these trees as fuel, preferring instead to sell their trees as building poles while continuing to collect wood from what remains of the natural forest.[7] The production of tobacco from the planting of the seed to the marketing of the finished product is tightly controlled by the multinational companies. They offer inducements to the farmers in developing countries in the form of financial incentives, technical expertise, supplies, seeds, fertiliser, and a guaranteed foreign exchange for the tobacco crop after harvest. Although the industry provides employment for many unskilled workers and may help with education and social welfare, dependence on tobacco by the governments of poor countries means that little is done to counter the growing trend in tobacco consumption in these countries.3

Impact on food production and health

The growing of tobacco means that less land is available for food crops. While some food is grown between crops of tobacco, it has been estimated that 10 to 20 million people could be fed by food crops grown instead of tobacco.3 A cost-benefit analysis of tobacco growing for developing countries has shown that the short-term gain from tobacco is likely to be offset by long-term costs. Many developing countries are entering a phase in which life expectancy after childhood has improved because of the control of infectious diseases but there are now substantial increases in tobacco-related illness. In Pakistan, for example, lung cancer is now the most

commonly reported fatal cancer. In India, a six fold increase in mortality from bronchitis and emphysema has been recorded, coinciding with a dramatic increase in cigarette consumption. Tobacco consumption may affect whole families indirectly. A study in Bangladesh found that in poor families expenditure on tobacco meant that young children were not getting enough food. Smoking of only five cigarettes a day could lead to a monthly dietary deficit of 8000 calories.[8]

Diversification

In developed countries, a fall in domestic consumption combined with higher labour costs has prompted a move towards diversification into other crops. In Canada, for example, the number of farms producing tobacco decreased from 2916 in 1981 to 1326 in 1992.[9] Now, even developing countries that are heavily dependent on tobacco production are considering alternatives. In Malawi, for example, the government is considering diversifying into macadamia and cotton production.[10]

Pollution

Burning tobacco is the main source of indoor pollution in the developed world. Tobacco smoke contains about 4,000 chemicals including carcinogens, irritants and toxic gases. The health impact of breathing environmental tobacco smoke is well documented. See Fact sheet no 8, [Passive smoking](#) or the more detailed [Passive smoking brief](#) for further information.

A survey by the Tidy Britain Group found that cigarette ends account for about 40% of items of street litter in the UK.[11] Every day, UK smokers throw away about 200 million butts and 20 million packets, many of which end up on the ground.

Cigarettes and matches are a common cause of fires. In the UK in 1999, smokers' materials accounted for 123 deaths in 5,200 accidental fires in dwellings.[12] Smokers' materials were also the most frequent source of ignition causing fire deaths. Carelessly dropped matches or cigarette ends are a common source of fires in the countryside and other indoor public places: the fire at Kings Cross Underground station in 1987 which killed 31 people is believed to have been started by a dropped match.

For further information see the ASH briefing: [The environmental impacts of tobacco](#)

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Tobacco or Health: Country Profile

India

Socio-demographic characteristics

Population	1985	1990	1995	2005	2025
Total	767,940,000	850,793,000	929,005,000	1,082,184,000	1,330,201,000
Adult (15+)	479,846,000	541,293,000	604,285,000	753,647,000	1,027,977,000
% Urban	24.3	25.5	26.8	30.5	42.5
% Rural	75.7	74.5	73.2	69.5	57.5

HEALTH STATUS

Life expectancy at birth, 1990-95 : 60.3 (males), 60.6 (females); 1995-2000: 62.1 (males), 62.7 (females)
Infant mortality rate in 1990-95: 78 per 1,000 live births; 1995-2000: 72 per 1,000 live births

SOCIO-ECONOMIC SITUATION

GNP per capita (US\$), 1991 : 330, 1995: 340;
Real GDP per capita (PPPS), 1991 : 1,150, 1995: 1422
Average distribution of labour force by sector, 1990 - 92 :
 Agriculture 62%; Industry 11%; Services 27%
Adult literacy rate (%), 1992 : Total 50, Male 64, Female 35;
 1995: Total 52.0, male 65.5, female 37.7

TOBACCO PRODUCTION, TRADE AND INDUSTRY

Agriculture: In 1993, 417,700 hectares were harvested for tobacco, compared to 436,600 hectares in 1985. About 0.2% of all arable land is used for tobacco growing.

Production and Trade: In 1992, 578,800 tonnes or about 7.0% of the world's total unmanufactured tobacco was produced in India, making it the world's third largest tobacco-growing country. In 1992, India produced about 767,436 million manufactured cigarettes and bidis, accounting for 13.5% of the world total. About 2, 100

million cigarettes were exported. Only 30 million manufactured cigarettes were imported. It is estimated that during the recent past India has been producing 100 billion cigarettes and 850,000 million bidis annually. In 1990, India's earnings from tobacco exports totalled US\$ 127.7 million, compared with US\$ 122.2 million in 1985. Import costs of cigarettes rose tenfold in the same period to US\$ 3.0 million. The last two decades have seen a phenomenal growth in the chewing tobacco industry.

Industry: In 1993, 3.4 million people were estimated to be engaged full-time in tobacco manufacturing. This accounted for 11.7% of all manufacturing work. Almost 0.9 million people (full-time equivalent) work in growing and curing tobacco. There are over 20 companies involved in cigarette production and sales offering more than 100 brands in the Indian market.

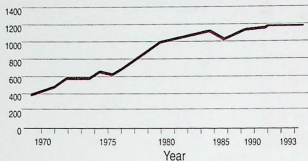
TOBACCO CONSUMPTION

Annual consumption of manufactured cigarettes declined between 1984 and 1992 from around 90 billion to about 85 billion. In 1992, 6.1% of the world's total unmanufactured tobacco and 1.5% of the total manufactured cigarettes were consumed in India. Only about 20% of the total tobacco consumed in India (by weight) is in the form of cigarettes. About 40% is in the form of bidis and the remaining 40% is consumed as chewing tobacco, pan masala, snuff, hookli, chutta, dhumti, and other tobacco mixtures featuring

Consumption of Manufactured Cigarettes

Year	Annual average per adult (15+)		
	Cigarettes	Bidis	Total
1970-72	170	840	1,010
1980-82	180	1,130	1,310
1990-92	150	1,220	1,370

Per adult consumption
of cigarettes + bidis (age 15 +)



ingredients such as areca nut. Chuttas and dhumtis are also smoked in reverse fashion, with the lighted end inside the mouth.

Tar/Nicotine/Filters In 1990, tar levels of cigarettes ranged from 18.0 - 28.0 mg, and nicotine levels from 0.9 - 1.8 mg. Tar levels of bidis are much higher at 45-50 mg. In 1990, 51% of the cigarettes sold were filter-tipped. However, there is little difference in nicotine yields of filter and non-filter cigarettes manufactured in India.

PREVALENCE

Adequate national data on prevalence of tobacco is not available. However, based on estimated per capita consumption figures, it appears that bidi smoking has risen substantially during the last three decades. Cigarette smoking increased up to the 1970s, remained stationary or declined somewhat during the 1980s. Other forms of tobacco use have increased considerably over the years.

Tobacco use among population sub-groups It is estimated that 65% of all men use some form of tobacco, (about 35% smoking, 22% smokeless tobacco, 8% both). In 1997, it was reported that about 194 million men and 45 million women above 15 years of age used tobacco, which caused 800,000 deaths annually. Prevalence rates for women differed widely, from 15% in Bhavnagar to 67% in Andhra Pradesh. However, overall prevalence of bidi and cigarette smoking among women is about 3%. The use of smokeless tobacco is 44.5% among women and 27.1% among men. About one-third of women use at least one form of tobacco. An extensive survey of nearly 100,000 individuals aged 35 years and over in Mumbai showed a high prevalence (57.5%) of tobacco use among women, but solely in the smokeless form.

Differences in tobacco use also vary among other groups; Sikhs do not use tobacco at all, and Parsis use very little, while tobacco use is permissible among Hindus, Moslems and Christians. Smoking rates tend to be

higher in rural areas than urban areas. Smoking is a status symbol among urban educated youth, but most appear to be unaware of the hazards of smoking.

MORTALITY FROM TOBACCO USE

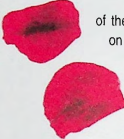
Tobacco is responsible for a significant amount of morbidity and mortality among middle-aged adults. India has one of the highest rates of oral cancer in the world, and they are increasing. Tobacco-related cancers account for about half of all cancers among men and one-fourth among women. Oral cancer accounts for one-third of the total cancer cases, with 90% of the patients being tobacco chewers. Clinical observations in some areas have revealed that over 60% of heart disease patients under 40 years of age are tobacco users; over half of the patients aged 41-60 are also smokers. The burden of disease attributable to tobacco includes 1.3 million cases of coronary artery diseases and 7 million chronic obstructive airway diseases annually. It is estimated that 25% of all persons above the age of 40 in urban India who smoke suffer from chronic bronchitis. Still births, low-birth weight babies and prenatal mortality have been reported among female tobacco chewers.

TOBACCO CONTROL MEASURES

Control on Tobacco Products Tobacco advertising has been banned in state-controlled electronic media, but continues without restriction in newspapers, magazines, on posters, billboards, and in the video cassettes of Indian films. Promotion through sponsorship competitions, promotion of items such as clothing etc. are not banned. A proposal for a total ban on advertising and sponsorship of all tobacco products is under consideration by the Government. Smoking at public places is banned.

Health warnings are required on cigarette packets since the "Cigarette Act" of 1975. Packets of pan masala also bear health warnings but these are virtually invisible due to the bright colour of the packets and the small size of the warnings. In 1975 the government dropped restrictions on package size and contents for cigarettes, cigars and 22 other products, and initiated a Tobacco Development Board for promoting tobacco by offering direct subsidies and a price support system to farmers.

Taxes are levied on tobacco products, at varying rates and with varying degrees of effectiveness. Between 1987 and 1992, excise duty on many Indian cigarettes increased between 64% - 112%. Cigarette taxes represent about 75%



of the retail price. Taxes are much lower on packaged chewing tobacco and are rarely collected on bidis and unpackaged tobacco products.

Regulatory control and the application of retail taxes on these products is extremely difficult as there is a large sector which operates outside of official control. For example, the bidi industry is highly decentralized and many manufacturers are unlicensed. Much of bidi manufacturing is a cottage industry. Often whole families, including women and children, are engaged in bidi production. The growing million dollar pan masala industry is yet to be roped into the tax system fully.

High taxes on manufactured cigarettes and low taxes on bidis and other tobacco products are encouraging substitution of

bidis and other tobacco products for manufactured cigarettes.

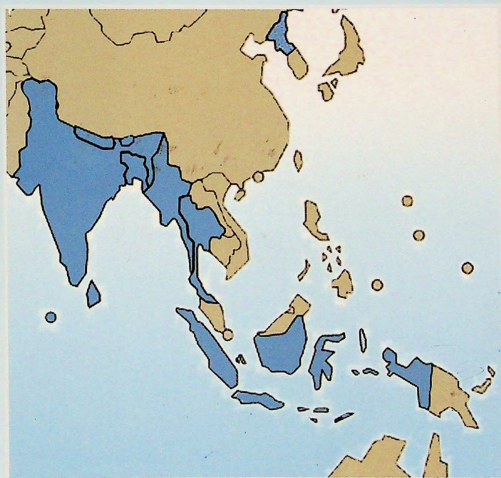
Protection for non-smokers In 1990, through an executive order, the government prohibited smoking in all health care establishments, government offices, educational institutions, air-conditioned railway cars, chaircars, buses, and domestic passenger flights. Recently Indian Airlines banned smoking on its international flights to UK, Europe and America.

Health education There is no organization currently working at the national level for tobacco control. Several non-governmental organisations and committed individuals at the local levels are involved, but to date, no perceptible attitudinal changes among tobacco consumers have been seen. Recently, in some states smoking within 100 meters of educational institutions has been prohibited.



FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

and beyond....



**Fact Sheets
on Tobacco Control Policies
in the South East Asia Region of WHO**

PATH CANADA

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All those who contributed, in ways big and small, to make this kit happen.

Tobacco & Cancer



Choose LIFE not TOBACCO

Issued in public interest by:



Department of Preventive Oncology
Tata Memorial Centre
3rd Floor, Service Block 'D'
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510, Shah Nahar, Dr. E. Moses, Worli, Mumbai-400 018.

Do you know ?

- Around 250,000 tobacco related cancers are diagnosed each year in India.
- In India 2200 people die due to tobacco use, everyday.
- 40% of all the cancers are due to tobacco consumption in some form.
- Tobacco consumption leads to cancer of oral cavity, nasal cavity, voice box, food pipe and lungs.
- Tobacco is also a contributory factor for cancer of the pancreas, bladder, kidney, stomach and uterine cervix.

Warning signals of Oral Cancer

Before oral cancer develops, the body will give certain warning signals. These are also known as precancerous lesions. Most oral cancers develop from these precancer.

A) Leucoplakia

(White patch in the mouth). Normally develops at the site where the person places the tobacco in the mouth.



B) Erythroplakia (Red patch in mouth)

A velvety red patch that develops in the oral mucosa.

C) Submucosal Fibrosis

A chronic mucosal condition that results in uniform whitish discoloration of the entire oral cavity with (i) Difficulty in opening mouth fully; (ii) Intolerance to spicy food.



D) Non healing Ulcers

This ulcer is usually painless, keeps increasing in size, and does not show signs of healing.



Other harmful effects of Tobacco

- A) Heart Diseases : Hypertension (high blood pressure), angina, coronary heart disease (heart attack).
- B) Cerebrovascular disease : Strokes (paralysis).
- C) Respiratory diseases : Sinusitis, emphysema, bronchitis, asthma.
- D) Peripheral vascular diseases : Gangrene of toes, cramps in the legs on walking, loss of stamina.
- E) Impotence

Investigations that help diagnosing cancer of Head & Neck Region:

A) Biopsy

The doctor collects a small sample of the suspected lesion to examine under a microscope.

B) Indirect Laryngoscopy

Here the doctor uses the laryngeal mirror to examine the voice box for cancer.

C) Chest X-ray

Chest X-rays are important in detecting lung cancer.

Myths about Tobacco Consumption

- Contrary to belief, bidis are more harmful than cigarettes.
- The poisonous gases and cancer producing substances are twice the quantity in 2 puffs of a bidi than in 2 puffs of a cigarette.
- There is no safe cigarette. Filtered, menthol, imported, low tar or low nicotine cigarettes all are harmful.
- Tobacco consumed in paan, snuff or dental paste is not safe either.

Mouth Self Examination

- Unlike other cancers of the body that require sophisticated and costly equipment for diagnosis, oral cavity lesions can be easily recognized.
- By doing "Mouth Self Examination", it is possible to find out pre-cancerous lesions and early stages of mouth cancer.

Method of Mouth Self Examination

Rinse your mouth with water. Examine your mouth in front of a mirror under a good light for white or red patches, non healing ulcers and inability to open mouth.

You want to stop tobacco use but cannot?

Understandable - nicotine in tobacco is one of the most addictive substances known

**We can help you
get rid of Tobacco Addiction.**

Contact Tobacco Cessation Clinic at the Department of Preventive Oncology.

For further information please contact:

**Department of Preventive Oncology
Tata Memorial Centre
3rd Floor, Service Block 'D'
Parel, Mumbai 400 012.
Tel: 2415 4379/2417 700 Ext.4631**

PATH  **Canada**

*Programme for
Appropriate Technology in Health*

*International
Tobacco Control
Activities*

Overview

PATH Canada is committed to reducing the harm to health, the environment, and household and national economy that tobacco causes. PATH Canada has worked on tobacco control since the early 1990s, and currently has programmes in four countries, in addition to its work on creating resources in different languages for tobacco control advocates, particularly in developing countries. The focus of its in-country programmes is to support the ability of local NGOs to:

- ◆ be effective advocates for strong tobacco control laws and policies;
- ◆ work with the media to enhance public understanding of the multi-sectoral problems caused by tobacco;
- ◆ increase public support for tobacco control.

Bangladesh

In Bangladesh, PATH Canada works closely with Work for a Better Bangladesh (WBB) and the Bangladesh Anti-Tobacco Alliance (BATA). PATH Canada has provided technical and financial assistance to BATA since its inception. BATA has had many successes to date, including winning a High Court order against British American Tobacco (BAT), and receiving the World Health Organisation (WHO) Tobacco Free World Award. PATH Canada's support has been critical in raising the profile of tobacco control work and supporting legislative initiatives.

Currently PATH Canada, WBB and BATA are jointly implementing a project funded by the Government of Canada through the Canadian International Development Agency (CIDA). The project is aimed at strengthening NGO activities in tobacco control and using the mass media to increase public knowledge about tobacco and support for tobacco control policies.

Joint research between PATH Canada and WBB on the relationship between tobacco use and poverty has contributed to the understanding of this neglected issue, and of the need to incorporate tobacco control into development work. (Please see "Hungry for Tobacco: An analysis of the economic impact of tobacco on the poor in Bangladesh." Tobacco Control 2001;10:212-217.)

For more information about tobacco control work in Bangladesh, please see the websites of WBB and BATA:

<http://wbb.globalink.org>
<http://bata.globalink.org>

India and Nepal

PATH Canada initiated its work in India and Nepal in late 2001. In India we are supporting local initiatives for tobacco control, focused particularly on policy development and media work. In Nepal we are supporting the Resource Centre for Primary Health Care (RECPHEC) to focus on networking, advocacy, and media work for tobacco control.

Vietnam

PATH Canada's work in Vietnam began in 1995 with a policy analysis of tobacco control and a qualitative research report on attitudes towards tobacco control. The results were used in project planning, and led to subsequent activities, funded by the Canadian Embassy, to increase public awareness and support for tobacco control. PATH Canada is currently collaborating with the Thai Nguyen Department of Health, funded by the Government of Canada through the Canadian International Development Agency (CIDA), to increase the number of smoke-free areas and the role of health practitioners in tobacco control. PATH Canada also works intensively with the media to air television programmes, radio scripts, and to publish frequent articles in popular newspapers and magazines.

Tobacco control resources

In addition to country programmes, PATH Canada also produces resources for tobacco control advocates in developing countries. Publications as of fall 2001 (some also available in Bengali, French, Spanish, and Vietnamese) include:

□ *A Burning Issue: Tobacco Control and Development; A manual for non-governmental organizations. Designed to inspire those in different sectors to become involved in tobacco control, the manual offers essential background information as well as practical suggestions for effective activities.*

❑ British American Tobacco's Youth Smoking Prevention Campaign: What are its true objectives? Not only an analysis of BAT Bangladesh's programme, but also a guide to countering industry-sponsored youth prevention campaigns in other countries.

❑ Factsheets on poverty and employment, illustrating how tobacco use can exacerbate poverty and why successful tobacco control fails to harm, and can even benefit, workers and employment rates.

❑ Hungry for Tobacco: An analysis of the economic impact of tobacco on the poor in Bangladesh. This report shows how tobacco expenditures can further aggravate poverty and malnutrition by diverting resources from basic needs.

❑ PATH Canada Guide: International Tobacco Growers' Association. ITGA Uncovered: Unraveling the spin – the truth behind the claims. Exposure of the connections between ITGA and the tobacco industry, with detailed information to counter ITGA's claims of representing tobacco farmers.

❑ PATH Canada Guide: Tobacco Control Law. A practical guide to different legal measures to reduce tobacco use.

❑ PATH Canada Guide: Using the media for tobacco control. Full of examples from different countries and practical suggestions, it encourages and helps enable organizations to use the media for tobacco control.

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our tobacco control resources
can be found at:

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and

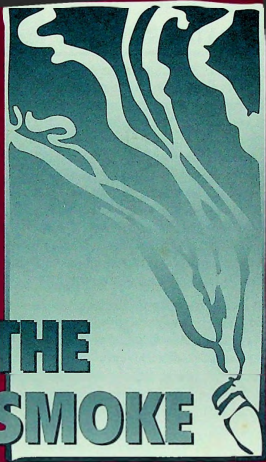
http://wbb.globalink.org

A variety of materials available for tobacco control in low-income countries

www.pathcanada.org

PATH  Canada

Program for Appropriate Technology in Health
admin@pathcanada.org



**THE
SMOKE
AROUND
YOU**

**The Risks of
Involuntary
Smoking**



Hope. Progress. Answers.



WHAT SHOULD YOU KNOW?

Have you ever breathed the smoke that curls up from the tip of someone's cigarette? Have you ever breathed the smoke exhaled by a smoker? If so, then you have breathed most of the same harmful, cancer-causing parts of smoke inhaled by smokers. As an involuntary smoker—a nonsmoker breathing the smoke from others—you are at increased risk. Former US Surgeon General C. Everett Koop said, "It is now clear that disease risk due to inhalation of tobacco smoke is not limited to the individual who is smoking."

The risk of developing disease depends on the amount of tobacco smoke exposure. As an involuntary smoker, you breathe less tobacco smoke than an active smoker because the smoke mixes with the air around you. But the Environmental Protection Agency estimates that 3,000 nonsmokers die of lung cancer annually—as a result of breathing someone else's cigarette smoke.

Involuntary smoking also causes heart disease, aggravates asthmatic conditions, and impairs blood circulation.

Though legislation has been passed reducing smoking in the workplace, there's still cause for concern. Tobacco smoke spreads quickly, and a workday is more than enough time to expose most people within many working environments. Even if you don't sit next to smokers, the smoky air within a building may be harmful.



WHY SHOULD YOU KNOW?

The Surgeon General and the National Academy of Sciences have examined the evidence surrounding involuntary smoking. Both studies agreed: *Exposure to other people's smoke increases the risk of developing lung cancer.*

Other studies have also shown dangers for nonsmokers who breathe the smoke from cigarettes. The studies found that:

- Overall, nonsmoking wives of husbands who smoke have a 20% increased risk of lung cancer compared with women whose husbands don't smoke. DHHS, 1993; NIH Pub. No. 93-360, *Smoking and Tobacco Control, Monograph 4*. pp. v and vii.
- Nonsmokers married to heavy smokers (40+ cigarettes per day) were found to have 2 times the risk of lung cancer compared with those married to nonsmokers. ACS, *Cancer, Causes & Control*. 1997;8: p. 62.
- Nonsmokers married to current smokers had about 20% higher coronary heart disease mortality compared to nonsmoking couples. *Circulation*. 1996;94: p. 622-628.

These studies have focused on people who live with smokers; if you live with just one smoker, you are at risk for lung cancer.



WHAT ABOUT KIDS?

Lung cancer is not the only hazard that faces involuntary smokers. For instance, the children of smokers have a greater chance of developing certain illnesses such as:

- colds
- bronchitis and pneumonia, especially during the first two years of life
- chronic coughs, especially as children get older
- ear infections
- reduced lung function
- increasing severity of symptoms and episodes among children with asthma

As with adults, the more smoke a child is exposed to, the more that child's risk is increased. Therefore, if it is the smoking parent who handles most of the child care, the child's chances of developing the ailments listed above are greater. And of course, the risk is highest if *both* parents smoke.



WHO'S TAKING ACTION?

As of January 1, 1997, 48 states and the District of Columbia have some restriction on smoking in public places.

Forty-two states and the District of Columbia have enacted laws that address smoking in government buildings. Twenty-three have enacted laws that address it in private workplaces.

All 50 states and the District of Columbia prohibit the sale of tobacco products to minors.

All 50 states and the District of Columbia impose an excise tax on cigarettes, including eight states now charging at least 70¢ per pack: Michigan, Massachusetts, Alaska, Washington, Hawaii, Rhode Island, New Jersey, and Maine.

Forty states plus the District of Columbia have restrictions on the placement of vending machines containing tobacco products.

Smoking has been banned on all US flights of six hours or less. Some US carriers offer smokefree international flights on their own. In addition, an agreement between the US, Canada, and Australia was signed on November 1, 1994 banning smoking on flights between these countries. The agreement applies to nonstop flights and went into effect 120 days after the signing.



WHAT CAN YOU DO?

Now that you know that all smoke is harmful, what can you do to help fight the problem?

- If you smoke, stop.
- If others in your household smoke, help them to stop.
- Ask to be seated in the nonsmoking sections of restaurants and public transportation.
- Make certain that your children's schools and their child-care situations are smoke-free.
- Help negotiate for a smoke-free work environment.
- Ask visitors not to smoke in your home.
- Let your legislators know where you stand on nonsmokers' rights issues, and that you will support their efforts to pass laws designed to protect the nonsmoker.
- Call your local American Cancer Society and ask how you can become active in the effort to reduce smoking in your community.



Hope. Progress. Answers.

For more information, call toll free: 1-800-ACS-2345
or on the Internet www.cancer.org

T H E

COLD HARD FACTS



ABOUT DIP.



**BELIEVE
WHAT YOU
READ.
IT'S RIGHT
ON THE CAN.**

**THIS PRODUCT MAY
CAUSE MOUTH CANCER.**

It's a fact. Dipping causes lip, cheek, tongue, and other types of oral cancer. And the longer you dip, the greater your chances of getting oral cancer become.

**THIS PRODUCT MAY CAUSE GUM
DISEASE AND RESULT IN TOOTH LOSS.**

A dipper's gums start receding. Dip damages mouth tissue beyond repair. And mouth sores that look like grayish white places on the inner cheek begin to appear. Nearly 90% of all oral cancers start from these mouth sores.

**THIS PRODUCT IS NOT A SAFE
ALTERNATIVE TO CIGARETTE SMOKING.**

When he was 12 years old, Sean Marsee began dipping. He thought it was safe. Six years later, he had cancer in the very spot where he once put dip. At 19, Sean Marsee was dead.

**WHAT YOU DON'T KNOW
ABOUT DIP.**

The tobacco companies start you out on sugary, long cut dip that's easy for a new dipper to handle. As you get used to the buzz from the nicotine, you want more.

You start dipping more. You start trying finer cut brands with more nicotine to satisfy your need. That's exactly what the tobacco companies want you to do. Dipping is addictive. Period.

The nicotine in dip is a drug. Why do you think you felt high the first time you tried it?

 **AMERICAN
CANCER
SOCIETY**

Hope. Progress. Answers.

**FOR MORE INFORMATION,
CALL TOLL FREE
1-800-ACS-2345
OR ON THE INTERNET
WWW.CANCER.ORG**

**YOU KNOW
YOU'RE HOOKED.**



**YOU DON'T KNOW
IF YOU CAN STOP
OR EVEN IF
YOU SHOULD.**



**HERE'S THE TRUTH
ABOUT DIP.**



**WHAT YOU DO
WITH THE FACTS
IS UP TO YOU.**



Hope. Progress. Answers.

FOR MORE INFORMATION,

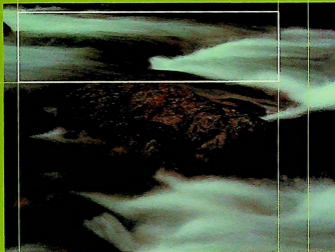
CALL TOLL FREE

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WWW.CANCER.ORG

When Smokers Quit



Within 20 minutes of smoking that last cigarette, the body begins a series of changes that continue for years.

20 Minutes After Quitting

- Blood pressure drops to a level close to that before the last cigarette
(US Surgeon General's Report, 1988, pp. 39, 202)
- Temperature of hands and feet increases to normal
(US Surgeon General's Report, 1988, pp. 47, 48, 202)

8 Hours After Quitting

- Carbon monoxide level in blood drops to normal
(US Surgeon General's Report, 1988, p. 59)

24 Hours After Quitting

- Chance of heart attack decreases
(US Surgeon General's Report, 1988, p. 202)

2 Weeks to 3 Months After Quitting

- Circulation improves
(US Surgeon General's Report, 1990, pp. 193, 194, 196)
- Lung function increases up to 30%
(US Surgeon General's Report, 1990, pp. 285, 323)



1 to 9 Months After Quitting

- Coughing, sinus congestion, fatigue, shortness of breath decrease
(US Surgeon General's Report, 1990, pp. 304, 319, 322)
- Cilia regain normal function in lungs, increasing ability to handle mucus, clean the lungs, reduce infection
(US Surgeon General's Report, 1990, pp. 304, 307)

1 Year After Quitting

- Excess risk of coronary heart disease is half that of a smoker's
(US Surgeon General's Report, 1990, p. vi)

5 Years After Quitting

- Stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting
(US Surgeon General's Report, 1990, p. 79)

10 Years After Quitting

- Lung cancer death rate about half that of a continuing smoker's
(US Surgeon General's Report, 1990, p. 110)
- Risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decrease
(US Surgeon General's Report, 1990, pp. 147, 152, 155, 159, 172)

15 Years After Quitting

- Risk of coronary heart disease is that of a nonsmoker's
(US Surgeon General's Report, 1990, p. 79)

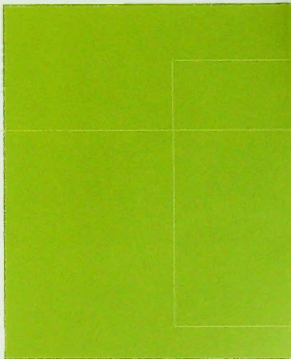
Quit Tips

- Nibble on low-calorie items, like carrot sticks, celery, and apples; suck cinnamon or chew gum.
- Stretch out your meals: eat slowly and pause between bites.
- After dinner, instead of a cigarette, treat yourself to a mint or a cup of orange tea with honey.
- Take a deep breath and exhale slowly. Remember, the desire to smoke will pass.

Basic Strategies

- Stay positive. When you wake up, promise yourself that you won't smoke a cigarette that day.
- Picture success. Plan ahead and think of how you'll deal with stressful situations without lighting up.
- Take a breather. Relaxation exercises help relieve urges to smoke. Remember, urges to smoke are temporary.
- Work out. Exercise, like swimming, running, and racket sports, helps relieve tension and reduces your urge to smoke.

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Hope. Progress. Answers.



Tobacco companies are injurious
to your health.....

Time to take the smoke out of them !!!

**PATH Canada along with the People's Health Movement,
Framework Convention Alliance and Advocacy Forum
For Tobacco Control Jointly Presents**

A Teatime Workshop on
**LEARNING FROM
THE GLOBAL CONTROL
CAMPAIGN INCLUDING FCTC**

at the
International Health Forum 2004
on
14th January 2004, 5 pm -7 pm
at
International YMCA, YMCA Road, Bombay Central, Mumbai
Room No.

International health advocates and researchers will facilitate discussion on the challenges, opportunities, and strategies to build momentum around tobacco control in developing countries. The seminar will also explore the opportunities presented by the framework convention on tobacco control [FCTC], the first international treaty adopted by who, in advancing health rights of disfranchised populations.

AVAILABLE AT THE VENUE :

FREE TOBACCO CONTROL MANUALS,
FACT SHEETS, BOOKMARKS
TEA AND REFRESHMENTS !!

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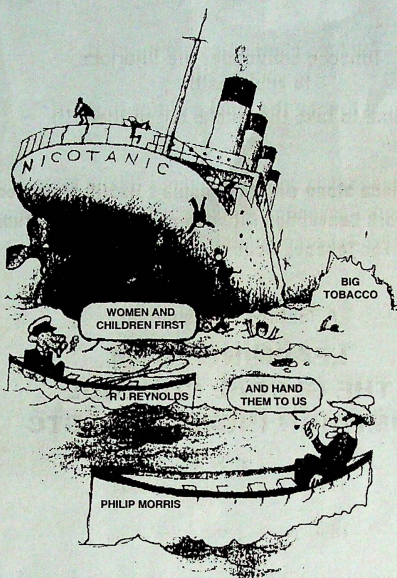
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WORKSHOP INVITATION TO ALL :

- THOSE WORKING IN THE FIELD OF HEALTH AND HEALTH RIGHTS, GENDER AND HUMAN RIGHTS, FOOD SECURITY AND NUTRITION, DRUG USE, POVERTY AND RELATED SECTORS
- INDIVIDUALS CONCERNED ABOUT THE HARMS OF TOBACCO
- THOSE WHO THOUGHT ABOUT TOBACCO CONTROL BUT NEED MORE INFORMATION AND IDEAS
- THOSE WHO ARE ALREADY WORKING IN TOBACCO CONTROL, AND WANT MORE INPUTS.

By boycotting definite US products, we want to put pressure on the US government to join the international community, complying with the rules of the United Nations and international law. With the military attack and invasion of Iraq in March 2003 the US acted as a rogue state and violated the UN charter. Today more than ever US companies seem to have a major impact on the policy of the US administration. The US government policy has increasingly been marked by arrogance and self-interest.

Who has got weapons of mass destruction?



We demand that the US:

- allow the UN to take over the civil administration in Iraq as soon as possible and end 'pre-emptive' attacks on other states
- actively pursue a two-state solution for Palestine & Israel
- recognize the competence of the International Criminal Court to prosecute war criminals and cancel all bilateral agreements
- adopt the Kyoto protocol to stop global warming
- stop forcing the use of genetically modified food and farming on the world
- stop the use of double standards concerning Weapons of Mass Destruction (e.g. those of Israel and the US's own stocks)
- abandon National Missile Defense & reinstate the ABM Treaty
- ratify the Comprehensive Nuclear Test Ban Treaty, respect the Nuclear Non-Proliferation Treaty and move towards a Treaty for complete nuclear disarmament
- ratifies the Biological Weapons Convention Protocol and strengthens the Chemical Weapons Convention and ratifies the Landmine Treaty

The unilateral policies of the US must stop now and all US troops must leave Iraq immediately.

