

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

### LAW & POLICY

#### Drafting of model legislation

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

### ECONOMIC ANALYSIS

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

#### Report summary

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

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

### PUBLIC EDUCATION

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

### PUBLIC MOBILIZATION

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

### SEMINARS

BATA has held two seminars to date:

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

### NEWSLETTER

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

### FINANCIAL SUPPORT

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

# BANGLADESH ANTI-TOBACCO ALLIANCE



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### Member organizations

Our fifteen member organizations represent a broad range of interests.

**ADHUNIK** is an anti-tobacco organization involved in policy work and public education.

**Bangladesh Cancer Society** addresses issues of cancer awareness, education, and treatment.

**Consumers' Association of Bangladesh** seeks to protect the rights of consumers in a difficult environment.

**Dhaka Ahsania Mission** works in health, development, education, and the environment.

**National Non-Smokers' Forum** is the oldest anti-tobacco organization in Bangladesh.

**Welfare Association for Cancer Care (WACC)** is a forum of UICC's "Reach to Recovery" focusing on breast cancer counseling.

**Work for a Better Bangladesh** focuses on issues of environment and on tobacco control.

**Young People for Social Action (YPSA)** works on education, health, and environment.

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

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

### Affiliate organizations

In addition to our members, other organizations contribute their time and energy to working with BATA.

**Bangladesh Women's Health Coalition (BWHC)** focuses on women's reproductive health, legal rights, and advocacy.

**The Disadvantaged Adolescents' Working Network (DAWN) Forum** brings together over twenty NGOs working with adolescents.

**The Institute of Allergy and Clinical Immunology of Bangladesh** provides advice and treatment to asthma and allergy sufferers.

**The Law and Society Trust** works to protect the legal rights of the underprivileged and to represent individuals against corporations.

**Naripokkho** is a women's organization focusing on women's health, status, and rights.

**POROSH** is an environmental organization.

**The Student Anti-Smoking Committee (SASC)** is run by students of Dhaka University.  
**Social Advancement & Solidarity Center (SASTER)** is a social service organization.

### Formation

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

### Objectives

- Contribute to the health and well-being of Bangladeshis by reducing tobacco consumption.
- Reduce the damage to health, the environment, and personal and national economy from tobacco consumption.
- Educate the public and policymakers about the dangers of tobacco.

- Help strengthen the nation's tobacco control policies and legislation.
- Conduct research to learn more about tobacco use and its effects, particularly economic effects.
- Raise awareness among development organizations about the importance of tobacco control, and encourage more groups to become involved.
- Continue to be a strong united force in tobacco control locally, nationally, regionally, and internationally.

### **BATA ACTIVITIES 1999-2000**



#### ADVOCACY

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

#### Voyage of Discovery decision

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

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

 GLOBAL PARTNERSHIPS FOR TOBACCO CONTROL 

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# Menu of Suggested Activities

What types of activities might partner organizations work on together? This menu provides a sampling of possible joint projects, covering a wide breadth of issue areas. You and your partner can pick and choose according to your particular interests or think of your own. We will be developing modules for some of the activities listed below. In the meantime, if you would like further information on any of them please contact us. Also let us know if you come up with any creative ideas of your own. We will share them with everyone else!

## TOBACCO ADVERTISING & PROMOTION

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➤ **Local Surveys**

Each partner could survey their local environment for: tobacco advertisements, promotions, merchandising approaches and retailing outlets; tobacco control and public health messages, treatment facilities, etc.; and tobacco control ordinances (local taxes, smoke-free regulations, etc.). The partners would exchange information and compare results. Are promotions within 1000 feet of schools banned in Milwaukee but permitted in Manila? Are newspaper advertisements for tobacco banned in Bangkok but permitted in Baltimore? The survey results should be newsworthy, and may spur local policy initiative follow-ups. **<Further Information Provided in Packet>**

➤ **Women and Tobacco**

Women are a primary target of the tobacco industry all over the world, nowhere more so than in the developing world, where smoking rates among women is traditionally low. Partners might examine industry promotional activities targeting women, comparing and contrasting the industry efforts in different countries. In addition to elaborating how the industry hopes to lure more women into smoking, they may highlight the double standards that permit certain promotional activities in developing countries that cannot take place in the United States or Western countries because of reasons of law or custom. Simply focusing on how women are being targeted may help to inoculate women from the industry's deadly seductions, especially if partner investigations spur media interest and are followed up with educational activities for girls and women.

➤ **Celebrity accountability**

While most American entertainment and sports celebrities would refuse as a matter of course to endorse cigarettes or tobacco products in the United States, many seem to feel differently when it comes to markets overseas. Several sports and music stars either endorse tobacco products directly, or participate in entertainment events that are showcases for a sponsoring



tobacco company. These arrangements enable the Americans to protect their image in the United States, while cashing in on tobacco dollars. In developing countries, de facto celebrity endorsement supports the romanticization of smoking and the association with perceived American traits of wealth, freedom, etc. Working together, partners could document the role of U.S. celebrities in overseas tobacco marketing, and then make binational, direct requests to the celebrities to terminate their association with Big Tobacco.

#### ➤ **Going to the Movies**

Hollywood specializes in glamour, and when Hollywood movie characters smoke -- as they so frequently do -- they glorify smoking. There is little doubt that this glamorization of smoking entices young people into smoking and lessens the social stigma against smoking. The problem is severe in the United States, but is probably more intense outside of the United States, where Hollywood movies have an even larger cultural influence -- and where Hollywood norms may be perceived to be those of Americans. Efforts to convince Hollywood writers, directors, producers and actors to limit on-screen smoking time have met with limited success. But stepped up, organized international efforts might do better. Partners could work together to document and explain the harmful effect of smoking in movies, and then convey those findings to Hollywood principals. Hearing from overseas tobacco control groups, and their characterizations of how smoking in the movies affects tobacco consumption in their countries, may be particularly influential with some Hollywood figures.

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### **GOING SMOKE-FREE**

#### ➤ **Smoke-free Hospitals**

Partner hospitals could share information on the transition to smoke-free status -- the public health imperative, how to address employee concerns, how to change the medical culture, how to address patient protests. Or medical association or NGO partners could campaign to make hospitals smoke-free.

#### ➤ **Youth and Tobacco-free Schools**

Partner student groups in particular schools (a high school in California and one in Nigeria, for example) could together share information on tobacco message prevalence in their schools and surrounding environs; survey student smoking rates; work together to analyze how industry promotional messages target youth; coordinate anti-tobacco messages in their schools; and perhaps jointly develop or share anti-tobacco songs, plays or artistic displays.

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### **SPOTLIGHT ON TRADE PRACTICES & POLITICAL INFLUENCE**

#### ➤ **Tobacco Industry Documents**

Partners could jointly research the tobacco industry documents for material related to their communities or areas of interest. Because of technological limitations among many groups in the South, even reviewing the documents available on the internet may be impractical. But a tobacco control partner in, say, Minneapolis could easily do a computer search for a Kenyan



partner. This would truly be a joint effort, because the nature of the documents and the inadequate indices publicly available requires that those conducting the search be informed about key terms and names -- information that only the Kenyan partner might have -- both for the purposes of finding and interpreting the documents. Such joint efforts clearly offer rich possibilities, as the steady stream of blockbuster stories based on the documents hit the media.

➤ **Smuggling**

Groups that identify smuggling as among their issues of priority concern could benefit enormously from sharing particularized information about smuggling in their countries and communities. Partners might jointly explore how smuggling occurs, its impact on tobacco consumption and tobacco control regulation, policy tools to curb smuggling, how to convert their findings into policy proposals at the national and international level, and work together to plug into negotiations over a smuggling protocol to the Framework Convention on Tobacco Control.

➤ **Evaluating Industry Political Influence**

Partners could work together to do local or national surveys of tobacco politics: Do tobacco companies contribute to political candidates? How much? Do they employ lobbyists? Who are they? Did they previously serve in government? What kind of ties exist between government officials and the tobacco industry? Does the industry target charitable giving to influence government officials? Do cities or countries have mechanisms in place to ensure the industry does not exercise improper influence? Are different kinds of tobacco industry support for politicians disclosed to the public?

## **TAPPING NEW RESOURCES**

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➤ **Giving teeth to U.S. State Department's tobacco directive**

When the Clinton administration instructed embassy outposts to cease lending support to the tobacco industry, it also stated in its directive: Embassy "posts are encouraged to assist and promote tobacco-control efforts in host countries." Partners could strategize about how to work together to encourage embassies to support overseas tobacco control efforts. In Senegal, the U.S. ambassador has issued a statement on tobacco control on World No-Tobacco Day, and donated old computers to local tobacco control groups. <Further Information Provided in Packet>

## **INTERNATIONAL CAMPAIGNS**

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➤ **WHO "Clear the Air" Competition**

The World Health Organization has designated second-hand smoke as its theme for World No-Tobacco Day 2001. It is inaugurating a "Clear the Air" competition among cities in an effort to inspire mayors and city governments to address second-hand smoke problems with smoke-free spaces. Partners could work to ensure their cities participate in the Clear the Air competition, and share ideas and strategies for expanding smoke-free public spaces --

workplaces, restaurants, schools, hospitals, government offices, etc. <Further Information Provided in Packet>

➤ **International Days of Action**

Organizations in over 40 countries organized events for an international week of action in October 2000 which highlighted the role of the multinational tobacco companies in spreading death and disease <see [www.IWR2000.org](http://www.IWR2000.org)>. Other days of action are certain to follow. Partners could plug into these plans, holding demonstrations, news conferences or other creative actions. To capitalize on the partnerships, partners might want to coordinate their activities, perhaps highlighting double standards in the industry's activities in Western countries and in developing countries and Eastern Europe and the former Soviet Union.

➤ **Framework Convention on Tobacco Control**

The member states of the World Health Organization are now undertaking negotiations on a Framework Convention on Tobacco Control. The Framework Convention is expected to establish a set of global tobacco control guidelines and policy objectives. Specific protocols will contain binding agreements in particular areas, such as smuggling and advertising. Partners can work together to learn about the Framework Convention; coordinate efforts to pass local resolutions in support of a convention; share information with government officials to ensure they understand the importance of the Framework Convention; and join an international alliance in support of the Framework Convention.

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**MISCELLANEOUS**

➤ **Congregation pledges**

Religious group partners could undertake a joint effort to collect pledges from congregation members to stop smoking. The collective nature of the pledge may assist smokers to quit. The congregations might also pledge to venture into the community and undertake parallel campaigns to gather pledges to quit smoking, or to support smokefree ordinances for public places in the community.

➤ **Web Development**

Partners could work together, and with the wonderful assistance of Globalink, to ensure that both partners have a satisfactory presence on the web. Depending on their computer capacity, they could post pictures of local conditions, organization members, and organizational activities; or, if the developing country partner did not have access to a scanner, the U.S. group could perhaps post photos on behalf of the developing country partner.

## **Tobacco Advertising Materials**

- Tobacco Advertising Survey Tool
- Tobacco Advertising Survey Protocol
- Permission Slip



# What to Count

## A GENERAL RULE OF THUMB ON WHAT TO COUNT:

We are counting the number of tobacco names and logo impressions on advertising and promotional items provided to the store by a tobacco company.

### COUNT ALL:

- SIGNS
- CHECKOUT SIGNS
- COUNTER MATS
- DIVIDERS
- CLOCKS
- ASHTRAYS
- LIGHTED SIGNS
- HAND BASKETS
- DECALS
- DOOR MATS
- CHANGE TRAYS
- BANNERS AND LITTLE FLAGS
- SIGNS ATTACHED TO DISPLAY RACKS
- SIGNS HANGING FROM CEILINGS
- COUNTER/REGISTER OPEN&CLOSED SIGNS
- SPECIAL SALES: 2 PACKS FOR THE PRICE OF 1
- CATALOGS OR SIGNS FOR PROMOTIONAL ITEMS
- ADS ON CIGAR OR CIGARILLO BOXES
- ALL STICKERS WITH BRAND LOGO ON THEM
- ANY OTHER ITEM WITH BRAND NAME OR LOGO

### HOW TO COUNT SOME TRICKY ONES:

#### INTERIOR ADVERTISING:

- If poster has multiple types of the same brand (e.g.: Merit Light, Merit Menthol, etc.) , count it once
- If poster has multiple brands (e.g.: Marlboro, Winston, Parliament), count once for each individual brand.
- Ashtrays - count all the visible logos you see.
- Hand Baskets - count all the visible logos you see - don't lift up baskets to count ads.
- Dividers - count all the dividers you see - don't go into each aisle to count.
- Catalogs - count the catalogs that you see - if there is a stack only count the top one
- Special sales: count all the images that you see on each special sale package (so if you see 3 images on the package, count all 3; if you only see 1 package and others are stacked behind it and not visible, only count the images on the package you see.

#### PROMOTIONAL ITEMS:

- Count all images on each gift-with-purchase package that you see - if there is a stack of packages only count those images that you see.

#### ANTI-TOBACCO SIGNS

STAKE Act signs must have 1-800-5ASK-4-ID on them. They may be state issued yellow-and-black-on-white signs or signs made by the retailer.

Other signs may include: WE CARD, ITS THE LAW, hand made signs that convey that the store does not sell tobacco to minors, thank you for not smoking signs.

### DO NOT COUNT:

- INDIVIDUAL PACKS OF CIGARETTES, CIGARILLOS, OR SMOKELESS CONTAINERS
- CIGARETTE CARTONS OR SMOKELESS MULTI-PACKS
- SALE STICKERS ON INDIVIDUAL PACKS OR CARTONS

# Tobacco Advertising Survey - February, 2000

Store name, etc label

Project

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Interior Tobacco Advertising (e.g.: posters, special sales, clocks, decals, etc):

Number of ads in English: \_\_\_\_\_

Number of ads in Spanish: \_\_\_\_\_

Number of ads in other language: \_\_\_\_\_

Specify language: \_\_\_\_\_

## Interior Tobacco Promotions (gifts with purchase such as hats, lighters, t-shirts, etc):

Number of ads in English: \_\_\_\_\_

Number of ads in Spanish: \_\_\_\_\_

Number of ads in other language: \_\_\_\_\_

Specify language: \_\_\_\_\_

## Advertising location:

Any tobacco ads located next to candy? (circle yes or no)      1 Yes      2 No

Any tobacco ads located 3 feet or below? (circle yes or no)      1 Yes      2 No

## Interior Anti-Tobacco Messages:

Number

\_\_\_\_\_ STAKE Act (1-800-5ASK-4-ID) signs

\_\_\_\_\_ Other Signs (about not selling to minors or not smoking)

Are bidis available in the store? (circle yes or no)      1 Yes      2 No

Any exterior tobacco advertising? (circle yes or no)      1 Yes      2 No

## **U.S. State Department Directive**

- U.S. State Department Directive
- How to make the U.S. State Department's Directive work for you: Senegal's case



## How to make the US State Department's tobacco directive work for you: Senegal's case

It is laudable that the State Department issued a directive on American international policy on tobacco in February 1998. At the same time it represents no real change in policy.

Old fair trade rhetoric and a new pro-health agenda aren't easily squared, as the directive clearly indicates. Wrought with the old misguided logic of the "legal" product, its policy objective of ensuring American companies "equal access to a shrinking global market for tobacco" echoes the old USTR (United States trade representative) mentality: "We know cigarettes are bad, but hey, we've got to help 'poor' American companies get their 'fair' share of the pie!" This ignores the fact that these companies' marketing techniques are often more aggressive. The result? American companies end up, not only hogging the pie, but also increasing its size.

Furthermore the policy suffers from a lack of "teeth". Although the first guideline of the directive explicitly states: "Posts [embassy officials] are encouraged to assist and promote tobacco-control efforts in host countries," there is no mention of how exactly posts might do so. American embassies are not in the business of providing financial assistance to local non-governmental organisations. That's the job of the United States Agency for International

Development (USAID), but USAID's five-year plan focuses on family planning, child and maternal health, and AIDS prevention—and not tobacco control.

There is little evidence so far that local anti-tobacco movements have benefited from the measure—except in Senegal. Perhaps the Senegalese example can give tobacco control groups elsewhere ideas on how best to approach their local American embassy and make the directive work for them.

The key for tobacco control groups is to think of ways American embassies can lend support without using American funds or compromising their integrity as a front for official United States policy. Perhaps the folks in Senegal have a good deal: Ambassador Dane F Smith is a member of Action on Smoking and Health (USA) and confesses to "biting his tongue" when forced to deal with American tobacco companies. In a brief meeting with the ambassador, he acknowledged having read a *New York Times* article on Smoking and Health (USA) and confesses to "biting his tongue" when forced to deal with American tobacco companies. In a brief meeting with the ambassador, he acknowledged having read a *New York Times* article on Smoking and Health (USA) and confesses to "biting his tongue" when forced to deal with American tobacco companies. In a brief meeting with the ambassador, he acknowledged having read a *New York Times* article on Smoking and Health (USA) and confesses to "biting his tongue" when forced to deal with American tobacco companies. In a brief meeting with the ambassador, he acknowledged having read a *New York Times* article on Smoking and Health (USA) and confesses to "biting his tongue" when forced to deal with American tobacco companies.

Although the ambassador could not endorse any specific organisation, he agreed to issue a public statement on the occasion of World No-Tobacco Day: "Growing up Tobacco Free" (31 May 1998). This statement ran in at least one local paper and served as important foreign political support for the local anti-tobacco activists' cause.

After World No-Tobacco Day, the new anti-tobacco federation wrote a letter of introduction to Ambassador Smith, also thanking him for issuing the public statement, and inquiring as to whether the embassy had any old computers available for donation. The response was favourable and two months later a shiny new-looking computer found a new home at the federation. This generous donation will allow the federation to establish itself much more rapidly, by making everything from letter writing to electronic communication much more efficient.

ANNA WHITE

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## EU/UK: ad ban busting plan

Tobacco control advocates in the United Kingdom and other western European countries which have not yet banned tobacco promotion are busy trying to ensure the effectiveness of legislation being drafted under the European Union's ad ban directive. Of greatest concern is some governments' apparent weakness of resolve. The cause of this is unclear, but may be presumed to be exacerbated by budgetary restrictions and the near certainty of the industry's now routine twin procedures of (a) legal challenges and (b) deliberate "breach-and-see" tactics to test out the government's commitment to its new law.

The big loophole in the EU ad ban is on branding of non-tobacco products. However, the wording does not give an unqualified exemption as a right. The relevant article in the directive (98/43/EC, 3, para 2) says that the ad ban "shall not prevent the member states from allowing a brand name already used in good faith for both tobacco products and for other goods and services traded or offered . . . prior to July 1998 to be used for the advertising of those other goods and services." This wording does not require member states to exempt brand stretching, but merely allows them the



L&M hats, Lucky Strike shirts, Marlboro baby clothes: ways in which American companies increase the size of the market pie in Senegal.



**U.S. DEPARTMENT OF STATE  
DIRECTIVE ON TOBACCO POLICY ABROAD**

**GENERAL POLICY**

The opening of international markets to U.S. products, non-discriminatory treatment for U.S. exporters, and removal of barriers to international trade are high priorities of the U.S. Government and the Clinton Administration. At the same time, the U.S. respects the rights of foreign governments to establish and maintain sound public health practices, encourages them to do so, and, where appropriate, may support such with multilateral and bilateral assistance. Given that tobacco use will be the leading global cause of premature death and preventable illness early in the 21<sup>st</sup> century, there is a need to distinguish between protectionist policies and legitimate health-based actions, so as not to undermine other countries' efforts to reduce the consumption of tobacco and tobacco products and to improve the health of their citizens.

In light of the serious health consequences of tobacco use, the U.S. Government will not promote the sale or export of tobacco or tobacco products or seek the reduction or removal of any foreign country of non-discriminatory restrictions on the marketing of tobacco or tobacco products. At the same time, the U.S. government will continue to seek elimination of discriminatory trade practices and will strive to ensure that U.S. firms are accorded the same treatment in a foreign country as that country's own firms and firms from other countries. The overall objective of this policy is to ensure equal access to a shrinking global market for tobacco. This policy also conforms to the provisions of Section 618 of the Act making appropriations for the Departments of Commerce, Justice, and State, the Judiciary, and related agencies for FY 1998.

**GUIDELINES**

The following guidelines are consistent with the administration's overall approach to reducing the negative health impact of tobacco while protecting the rights of Americans overseas:

- (1) Posts are encouraged to assist and promote tobacco-control efforts in host countries.
- (2) Posts should not challenge host country laws and regulations based on sound public health principles applied in a non-discriminatory manner to both imported and domestic tobacco and tobacco products, and for which sufficient notice has been given. If a post has reason to believe that such regulations may, in fact,

discriminate against U.S. firms or individuals, the issue should be referred to Washington for consideration by trade, health and other appropriate agencies.

- (3) Posts should not promote the sale or export of tobacco or tobacco products, and should not assist the efforts of U.S. firms or individuals to do so. Ambassadors or embassy staff should not attend or otherwise support receptions, trade promotions, or any events sponsored by individuals or entities involved in the export, manufacture, promotion, distribution or sale of tobacco or tobacco products where their attendance could be construed as United States Government support for the sale or export of tobacco or tobacco products.
- (4) Posts should continue to provide routine business facilitation services to all U.S. citizens or firms such as the provision of publicly available information on foreign country conditions and policies, information or assistance that may help U.S. firms or individuals to comply with foreign government laws or regulations, and assistance in resolving business problems – such as customs or port clearance, trademark violations, or phytosanitary restrictions that are potentially discriminatory.

## **END GUIDANCE**

### Text of Section 618

#### **Begin Test:**

*None of the funds provided by this act shall be available to promote the sale or export of tobacco or tobacco products, or to seek the reduction of removal by any foreign country of restrictions on the marketing or tobacco or tobacco products, except for restrictions which are not applied equally to all tobacco or tobacco products of the same type.*



 GLOBAL PARTNERSHIPS FOR TOBACCO CONTROL 

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## GETTING TO KNOW YOUR "BUDDY" ORGANIZATION

Developing close, trusting relationships are fundamental to the Global Partnerships program and key to its long-term success. Since participants represent such a wide range of organizations, activity interests, countries, cultures, and ages, there can be no single method of getting to know each other. Instead, we recommend the following list of questions, grouped by category, to guide you through the process. How you decide to share the information is up to you. You might communicate back and forth by email over the course of several weeks. Or you might put together a scrapbook about your organization to send to your partner—an activity that youth organizations and schools might find especially fun.

The questions are designed to help you get to know each other personally, as well as to give you insight into your partner organization's social, cultural, economic, and political reality. They should also help you obtain basic practical information, e.g. the time zone difference between you and your partner, and be conscious of some of the inevitable cross cultural differences that may arise. Not all questions will be relevant to all partnerships. For example, due to U.S. domination of global media, international groups are likely to know more about the U.S. than American groups know about their partner organizations' countries. On the other hand, American groups may find that their partners have a very narrow idea of what the U.S. is like and may want to offer insight into the diversity of cultures within the country that rarely make the international news or scenes in Hollywood movies. As with all cross-cultural encounters, you made find that you learn more about your own culture and experience through exploring another's. The partnership may give you a new perspective on your tobacco control activities and add exciting new dimensions to your work.

We realize that this is very long, but certainly not exhaustive, list of questions. Feel free to add your own questions. And don't worry – *we do not expect you to ask or answer all of the questions (with the exception of those in the "Important Practical Issues" section)!* Pick and choose as you wish. Instead of spending an inordinate amount of time tracking down answers to some of the questions, you or your partner may want to consult references, such as *Tobacco Control Country Profiles* distributed at the 11<sup>th</sup> World Conference on Tobacco or Health in Chicago (August 2000) or the older *WHO Tobacco or Health – a Global Status Report*. If you are able to meet in person or talk on the phone, be mindful of some of cross-cultural differences related to communication styles that may exist. Try not to dominate the conversation. Be an active listener. Let your partner know if you don't fully understand something he or she has said. Ask follow up questions. And don't worry, we're not going to quiz you on the answers—so go ahead, feel relaxed, and have fun getting to know each other!

The questions are organized into the following categories:

1. Your Partner's Country and Culture
2. Tobacco-Related
3. Your Partner's Organization
4. Personal
5. Cross-Cultural
6. Important Practical Issues
7. General Discussion
8. Partnership-Related

Occasionally a question will be followed by a "Q" symbol, indicating a related joint activity. At the end, we suggest a few ways you might follow up on the knowledge you gain.

### Your Partner's Country and Culture

---

- Where is your country located?
- What other countries border it?
- How long has your country been in existence?
- What does its flag look like?
- Has your country ever been colonized? If so, by whom? What impact do you think it has had on your culture? What other historical influences have shaped its culture, commerce, and national identity?
- How many ethnic groups live within your country or community? How many languages do they speak?

*Q Ask your "buddy" how to share some basic phrases in his/her native tongue e.g. "Hello," "Goodbye," "My name is..." etc. Practice using them when you communicate with each other.*

- What are the most popular religions?
- What are the most important holidays in your country? What do they celebrate or commemorate?

*Q Write down the dates of important holidays, e.g. Christmas, Ramadan, Independence Day, or personal/family holidays, e.g. birthdays. Send a note to your partner organization on these days to let them know you are thinking of them.*

- What sorts of food dishes do people in your country like to eat?

*Q Exchange recipes (or search the web) for popular dishes from each other's countries and prepare them for others in your organization.*

- What type of music is popular in your country?

*Q Send each other mixed cassettes of some of your favorite music.*

- How do people dress in your country? Are there any materials or fashions that are specific to your area of the world?
- What are the most popular forms of entertainment? What were the some of the most popular movies last year?
- What form of government do you have? Is it stable?
- What have been some of the major current events in your country this past year?
- What is the climate like? Hot or cold? How many seasons do you have?

*🔗 Check the world weather report periodically to see how hot or cold it is in your partner's region.*

- What rough percentage of the population lives in cities? In rural areas? Is there much rural-urban migration?
- What are the most popular forms of transportation?
- How do people make a living? What are the most common occupations?
- What is the approximate per capita GDP? What is the breakdown of wealth between rich and poor?
- What is your country's national currency? What is the exchange rate between you and your partner's currencies?
- What is the cost of living? For example, how much does a kilogram of rice or a three room place to live cost?

*🔗 Pick 10 commodities available in both of your countries and compare and contrast their cost in US\$ in each of your communities.*

- How healthy are your country's citizens? What is the average life expectancy? Infant mortality rate? What are the most common health risks? Does your government provide universal health coverage? If not, how do people pay for medical costs?

### **Tobacco-Related**


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- Does your country grow tobacco? If so, how much? How does it affect farm workers?
- Is your country a net exporter or importer of tobacco?
- Which multinational tobacco corporations do business in your country? Do they import their products or make them in country?
- Do multinational tobacco corporations have licensing agreements with local manufacturing companies? If so, what share of the national cigarette market do they have?
- Is smuggling a problem?


*🔗 Search online industry documents for mentions of your partner organization's country. See activity menu for more information.*

- What forms of tobacco are used most often in your country, e.g. cigarettes, chewing, bidis?
- What cigarette brands are most popular? What themes are associated with them, e.g. youth, adventure, sports, freedom, "America"? What images are used in advertising to invoke these themes? Which brands are most popular with youth? With adults? With women? With the wealthy? With the poor?



 Exchange photos of advertisements and marketing promotions for various cigarette brands. Compare and contrast the themes with those in your own country. In particular, note the images, colors, words, languages, race used. See activity menu for more information.

- How much does each brand cost? An average pack of cigarettes is equivalent to what percentage of the average person's daily salary? How much rice, eggs, or vegetables could it buy?
- Are cigarettes sold singly or by the pack?
- How extensively do tobacco corporations invest into sports and cultural events?
- Have tobacco corporations operating in your country tried to change their image or marketing strategy recently due to the lawsuits they are facing internationally? If so, how?
- Have tobacco companies tried to establish "anti-tobacco" youth education programs in your country? If so, how?
- Do tobacco companies have a favorable relationship with your government? If so, how is this relationship manifested?
- For how long have people smoked in your culture/country? Was tobacco ever used in religious ceremonies? How have smoking patterns changed over time? Is there a taboo against women smoking? What percentage of men and women smoke?
- When and where are the most popular times and places to smoke?
- How familiar are people in your country with the short and long term health effects of smoking? Of exposure to second hand smoke?
- What anti-tobacco laws has your country passed? Are they enforced? How?
- Is smoking allowed in public places, e.g. schools, hospitals, government buildings, public transportation?
- Are there warning labels on cigarette packets sold in your country? If so, what do they say?

 Compare and contrast the warning labels in each of your countries. Which are stronger? How could they be improved?

- Are there any tobacco advertising restrictions? Bans on sales to minors?
- What is the tax rate, if any, on cigarettes, both domestic and imported?
- Have any religious leaders in your country spoken publicly against smoking and/or the tobacco industry? How do they connect the issue to the basic tenets of their faith?
- How many cigarettes are sold each year per person? Assuming an average cost, how much money does this equal? In comparison, how much money is spent, per capita, on health?
- What are the most common smoking-related diseases in your country? How has their occurrence changed over time, e.g. the age and gender of those affected? Are these problems increasing, decreasing or staying the same?
- What sort of support exists for people who develop a smoking-related disease, such as cancer of the lung or larynx or chronic emphysema? What are their short and long term chances of survival?

### **Your Partner Organization**

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- How long has your organization been in existence?

- How many staff, leaders, and/or volunteers do you have?
- Where are you located?
- What subpopulations do you work with?
- What have been your primary activities?
- What accomplishment are you most proud of?
- What do you think you could do better?
- What are your ambitions in the future?
- What specific political, social, cultural, financial etc. barriers do you face?
- What aspects do you feel you have at your advantage?

### **Personal**

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- From which part of your country are you from?
- For how long have you worked in tobacco control? What other kinds of work, if any, have you done? What led you to get involved with tobacco control work?
- Do you have a family? If so, what are the names and ages of your children?
- What language do you use to communicate with friends and family?
- What other countries have you lived in or visited?
- What's your typical daily routine like?
- Do you have any interesting stories related to your work in tobacco control?

### **Cross-Cultural**

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- How do people address each other in your culture? By first or last name? Does this depend on the age, gender, and/or social position of those involved? How would you prefer to be called? What title do you use? Are you comfortable with someone you don't know well using your first name?
- What are relationships like between men and women? Is it appropriate for men and women to be friends? What are gender relationships like in your culture?
- Is there anything inappropriate for a man or woman to wear?
- How much personal space do people like to have in your culture? How close or far away do they usually stand from each other when talking? Is it acceptable to make eye contact?
- How do people view time? Are people generally prompt to meetings? What priorities do people place on their job, friends, and family?
- How do people in your culture view someone who smiles a lot? Or who makes a lot of facial expressions?
- How do people deal with conflict in your culture?
- What is the highest form of praise? Of insult? in your culture?
- How are decisions made among members of a group? By consensus? Voting? One person taking initiative and others following?
- What qualities do you admire in a leader?
- Are there any parables or folktales that are popular in your culture? Any adages that give insight into social norms or values?

## Important Practical Questions

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- What is the time zone difference between us?
- What is the best way to contact you?
- Do you have access to a fax machine? To the internet? To email? A CDrom?
- How often do you check your email? Is it expensive or time consuming to download?
- Can you open large attachments?
- What is your phone number and country code?
- How much does it cost to send or receive a fax, make a phone call, or send a letter? This amount represents what percentage of your daily salary?
- How reliable is the mail system? How long does it take to receive mail from overseas? Do you have to pay any fees to pick up a package at the post office?
- How comfortable are you speaking/writing English? Other languages?

## General Discussion

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- It's not always easy being a tobacco control advocate—what keeps you going?
- If you could say one thing to the CEO of Phillip Morris to his face—what would it be?
- What stereotypes do people in your country have of people in my country or area of the world (be honest!)? Where do you think these stereotypes come from?


## Partnership-Related

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- What attracted you to the Global Partnership program?
- What do you think you can offer your partner?
- What do you think your partner can offer you?
- What activities and projects would you like to work on? Which are highest priority?
- What guidelines should we set together? What are our expectations of each other, in terms of how often we communicate, the amount of time we commit to a joint project etc?
- What short and long-term goals can we set for our partnership?
- Is there anything that we haven't shared already that it is important that the other know?

## SUGGESTED "GETTING TO KNOW YOU" FOLLOW UP ACTIVITIES

 Make a scrapbook or poster about your partner organization using information gleaned from your communication in addition to photos, newspaper articles, and other research to display at your organization and share with visitors –or- make a scrapbook about your own organization to send to your partner organization. Include photos of staff, your office, activities you work on etc.

 Your partnership is newsworthy. The international dimension adds a new twist to discussions of domestic lawsuits and policy, and the human interest side makes a compelling story. Contact your local newspaper to tell them about your new partnership and see if they will do a story on it. Essential Action can offer advice and assistance as needed.

🗨️ After getting to know each other, you might write a joint opinion piece or letter-to-the-editor of your local newspaper about a tobacco control issue near and dear to your hearts, emphasizing the cross cultural nature of the problem—whether it be advertising targeting youth people, rising cancer rates in women, or the need for smoke free public places.

🗨️ Write a letter to your country's delegation to the World Health Organization's Framework Convention on Tobacco Control. Emphasize what you have learned from your partner organization about the global nature of the tobacco epidemic.

🗨️ Host a party with the purpose of introducing others to your partner's country and culture. Decorate the room with photos from magazines. Serve food and place music from their country. Invite local people from the country to come teach some words in their language, sing songs, tell stories and/or show photos from their country. Take pictures to share with your partner organization.

*Do you have any suggestions for how we might improve this document? Any questions we left out that you think are important? Any fun, creative activities we omitted? Anything that you feel is not culturally appropriate to ask? Let us know! We welcome any and all recommendations you have to offer. Contact Anna White at [awhite@essential.org](mailto:awhite@essential.org), 202-234-5176 (fax), 202-387-8030 (phone).*



**GLOBAL PARTNERSHIPS FOR TOBACCO CONTROL**

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**A Guide to Building International Tobacco Control Partnerships**

If we were to ask each group that has signed up for the Global Partnerships for Tobacco Control program what their idea of a “partnership” is, we would probably get many different answers. That’s a good thing, because the partnerships will – and should – evolve in diverse ways. But it is important too that we all begin with some common understandings and expectations.

Partnerships should be mutually supportive and beneficial relationships between two groups working together on a common project. While regular communication will play an important and valuable role, to succeed the partnerships will go beyond the “pen pal” relationships. Successful partnerships will identify common interests, devise and carry out a joint project, and ultimately achieve positive results.

It is crucial groups consciously work to insure that their relationships are balanced. The partnership program is *not* an international mentoring program. While one organization may have more experience in a certain tobacco control area and should impart their knowledge as appropriate, to succeed the relationship between organizations must be two-way. Each organization has a different set of knowledge, experience, and skills, which may be particularly unique given the specific geographical, economic, cultural, and political context in which they work. We can learn a lot from each other.

It is important to emphasize that the partnerships should be rooted in a sense of international solidarity, not charity which tends to lead to imbalanced relationships. Groups should enter the partnerships to help each other, and to push forward the common agenda of promoting tobacco control. Finally, the partnerships are not intended to be a funding mechanism. Essential Action is not a funding agency and it is not our objective, nor in our capacity to fund individual groups associated with the partnership program. Likewise, American and Canada groups – many of which themselves function on tight budgets – are neither expected or encouraged to directly fund their partner organizations.

**Some Basic Guidelines for Building and Sustaining International Partnerships**

Because each partnership will involve different sets of countries, issue areas, and project objectives, each will be unique and inevitably experience specific concerns that will have to be dealt with on a case-by-case basis. There are some general guidelines, however, that should be helpful. Since we know of no other program quite like this one, we assume that all participants have little, and probably no, prior experience with an international partnership of this nature.

**Leadership.** Partnerships between two organizations require at least two people, one from each organization, who are willing to take on the responsibility of making the partnership work. Part of the leaders' challenge is to find ways to involve other members in the organization in the partnership, so that it is not simply a relationship between two people, but a relationship between two organizations.

**Vision.** A positive vision of the future can be a powerful motivating force. What do you dream of that drives you to work so hard on tobacco control, day in and day out? A tobacco-free future for all children, in your home country and abroad? A day when lung cancer cases in you and your partner's hospitals will be rare once again? A world where international trade organizations don't treat tobacco just like any other commodity—where people's health is put over the rights of corporations that market products that kill when used as intended? Partner organizations might want to share their visions and then come up with a common vision that defines their interest in working together.

**Mutually agreed upon goals.** While we have tried hard to match organizations with common backgrounds and project interests, each organization will bring to the partnership their own agenda and goals. This is to be expected. The challenge will be to come up with goals and an agenda that benefit both organizations. If each organization does not feel that it is getting something out of the partnership, it will be harder to keep it going. Each group must have an invested interest in seeing that the partnerships works.

**Agenda setting and project planning.** An agenda helps give focus and direction to a partnership. What joint activities do you think would suit your partnership? What specific tasks are involved and how will they be divided up? What is a reasonable timeline for getting them done? Sometimes when one organization has a specific local need, they may take the lead on a project and offer their partner a supporting role. Remember, when working on behalf of a partner, let them set the agenda. Agendas evolve over time, and long-term agendas don't have to be established right away. But it is important to have one!

**Enthusiasm.** Enthusiasm is contagious. If you have it, you'll spread it to others in your and your partner's organizations. People who are excited about the partnerships are more likely to put energy and effort into them and inspire others to do the same.

**Commitment.** Commitment requires a certain level of energy and persistence. Dedicated anti-tobacco advocates often have a lot of projects on their platters. As a result, an international project may not take priority when an urgent local issue comes up that needs immediate attention. Still, your ability to remain committed to the partnerships, despite changing personal demands on your time and energy or unforeseen difficulties associated with a partnership project, are crucial to the long term success of the partnership.

**Humility and Balance.** Be careful not to dominate your partnership, either by monopolizing conversations or controlling the agenda. The ability to listen is important. Given the different backgrounds partners come from, one shouldn't automatically assume that what works well in one country will work well in another. Be conscious of this when offering advice and acknowledge the limitations of your expertise. Each partner should feel that they have something important to contribute. American groups, in particular, should be aware of paternalism.

**Reliability.** Can you count on your partner to come through when you need them to dash off a quick letter of support? Can they count on you to respond to an urgent request for information? Responding promptly to requests and diligently following through on agreed upon tasks are important to building trust between partner organizations. A promise to do something without following up, on the other hand, will lead to distrust and frustration. Ultimately, it is your actions, not your words, that will prove your sincerity.

**Regular contact.** Staying in touch with each other on a regular basis is crucial to building a strong partnership relationship. Regular contact represents a commitment to the partnership. Groups should decide how often, at a minimum, they should communicate and then make a point of doing so.

**Pay attention to personal details.** While the Partnership Program is focused on strengthening international tobacco control, this does not mean that the only topic of communications between partners must be tobacco! Taking the time to pay attention to personal details is an important part of developing strong interpersonal bonds. A note of congratulations on the birth of a child, a thank you card for being especially helpful gathering data promptly, an email inquiring whether recent severe weather has affected your partner's community, or a letter of goodwill on the occasion of an important national holiday are some of the ways that partners can show that they care about each other. Notes needn't be long. It's the thought that counts!

**Flexibility and Patience.** Partnerships will inevitably be faced with certain challenges at some point or another. Perhaps it will be a language translation problem. Or a technical difficulty with the phone or fax lines. Or a difference of opinion on how to carry out a project. Maybe a project will take longer than planned or you'll have to put up with the slow pace of international mail, but if you are able to take these difficulties in stride and make do with the resources available, the partnership will go much more smoothly. Whether big or small, most challenges are surmountable with a little flexibility and patience. Part of being flexible is being receptive to new ideas and ways of doing things that differ from your own. It's all in the attitude!

**Sense of humor.** It's been said that humor is one of the things that translates worst across cultures. What seems funny in one country may be incomprehensible in another. A good sense of humor, however, doesn't necessarily mean understanding and appreciating your partner's jokes. Rather, it is the ability to chuckle instead of getting frustrated when things don't go as planned, to laugh at a cross-cultural misunderstanding instead of getting angry, to smile and work through difficulties that arise. Tobacco is serious problem, but it doesn't mean we have to take life too seriously!

**Cultural sensitivity.** No existing culture is global. Take an effort to learn more about the social, cultural, and economic contexts in which your partner organization works. While it is impossible to understand where your partner comes from without staying an extended length of time in their country and community and learning to speak in their native language, it is helpful to be consciously aware that their way of doing things may be different than yours. For example, is it important to be on time? Do people prefer friendly or formal communication with someone they have just met? How important is space and privacy? When working cross-culturally, it is easy to misinterpret behaviors. Be conscious of your

reactions to issues that come up, as well as how your partner might perceive your own behavior and ideas. Respect your partner and their ideas, and try to avoid imposing your own ideas on them. Related to cultural sensitivity is an appreciation that your partner may operate under very different economic situations. In some developing countries, the cost of sending a letter to the US may equal an entire day's wages. Try not to be too quick to assume anything!

**Fun!** It's much more enjoyable to work on a project if there is some element of fun in it. So be creative and think of ways to make your activities fun for those involved. Reward yourself with a small upon achievements, whether large or small.

#### EXPECTATIONS OF GLOBAL PARTNERSHIP PARTICIPANTS

Our expectations are rather simple, but they require a certain degree of commitment. If you feel that, for whatever reason, you are unable to meet this level of commitment at this moment please let us know. It would be disservice to your partner to begin a partnership and then drop out after a few months. In addition to the guidelines outlined above that we hope you will try to follow, we expect all partners to:

- Get to know each other, using our suggested questions and activities as a guideline
- Communicate regularly
- Treat each other as equals
- Find ways to incorporate your partner into your activities and work in solidarity
- Work on a mutually beneficial joint project





# BELA Newsletter

PH-13.7

## Environmental Constitutionalism : A Need of the Time

I am happy to note that this Workshop of 26 Judicial Officers have been organised by the joint collaboration of the Ministry of Environment and Forest, Government of Bangladesh, UNDP and BELA. I am confident that the judicial officers who attended this work-shop by now has a clear understanding of the existing environmental laws of Bangladesh and have realised the importance of the implementation of those laws in our country.

Most of us live in the city of Dhaka which has a population of 10 Million people who lived in an area of 1,353 Square Kilo Meter. The problem of pollution in Metropolitan City of Dhaka is enormous and it needs immediate and meaningful solution.

The effects of human development of the environment are wide spread, such as air and water pollution, climate change, deforestation, loss of biological diversity, degradation and soil erosion. Thus, necessary and effective laws keeping pace with time must be made in these

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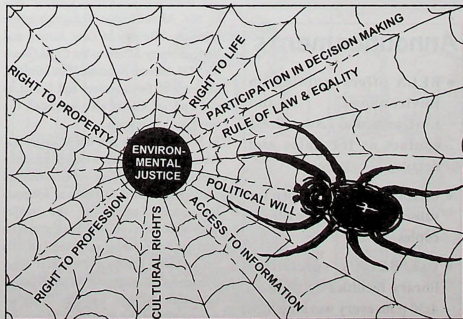
## EDITORIAL

# Needling Network of Environmental Lawyers

The need felt for the protection of environment is universal. The concerns that led to such necessity emerged from a wide spectrum of realities. The actors pursuing environmental causes also belonged to different professional community having a common goal. A noticeable mode that is becoming a trend in common for environmental activism in many part of the world is due emphasis on the regulatory regime. What is more enthusiastic is the role being played by the legal community in advocating and upholding environmental justice. Some

prestigious award for extra-ordinary contribution in the field of environmental protection has already been given to lawyers, an achievement that the prevailing trend of environmental advocacy has to duly respect. All these achievements have indeed justified the need for further action. Particularly in a scenario where scarce resource availability, increased poverty and disempowerment of the deprived is in the increase, no every achievement will have to be treated as a beginning itself.

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## Announcements

- BELA offers training on Environment and Environmental Law. Please contact us for dates and details.
- BELA Newsletter is open for subscription. Please write for copies.
- Use BELA's specialised library facilities : 9:00 a.m. 4:30 p.m. every working day.

# Judges for Environment



Mr. Justice Latifur Rahman, hon'ble Chief Justice of Bangladesh amongst the participants of the Workshop on "Environment, Environmental Law and Justice"

A two-day long Workshop on "Environment, Environmental Law and Justice" was organised by BELA between 10-11 March 2000. The programme participated by 26 judicial officers was organised with support from the Ministry of Environment and Forest (MoEF) and the UNDP under the Sustainable Environment Management Programme (SEMP).

The Workshop was formally inaugurated by Mr. Abdul Matin Khasru, hon'ble Minister, Ministry of Law, Justice and Parliamentary Affairs as the Chief Guest. Mr. H N Ashequr Rahman, State Minister, Ministry of Environment and Forest as the Special Guest also attended the inauguration session.

In his Speech the hon'ble Minister Mr. Abdul Matin Khasru touched upon the prevailing legal regime on environment and opined that the same was adequate to address many of the major environmental problems. He stressed on the need for sensitising the judicial officials on the environmental legal domain for ensuring environmental justice so often sought by the deprived community of the society. The concept

of environmental justice having gained a momentum in various part of the world and the same being realised by the Government in Bangladesh, measures have been taken to establish environment court, said the hon'ble Minister.

Mr. H N Ashequr Rahman, hon'ble State Minister, Ministry of Environment and forest said that the natural resources of a country being are the common property of all people, every sovereign government as trustee of those should conserve and maintain them for the benefit of all. This ethical bias should form the basis of all our state policies and judicial thinking and enactment. Environmental justice at its core, meaning fairness to all should override narrow interests, narrow groups, narrow time frame, cutting across the borders of the nations to protect the health of human beings and the ultimate productivity of ecological systems.

The programme was concluded on 11 March, 2000 with a certificate giving ceremony that was graced by the presence of Mr. Justice Latifur Rahman, Hon'ble Chief Justice of Bangladesh. The enlightening speech of the Hon'ble Chief Justice is being printed for our readers.

# Environment in the Court

The Parliament in its 17th Session has approved the Environment Court Bill, 2000 on 10 April 2000. Revolutionary and over-optimistic as viewed by many, this Act has proposed the establishment of six environment court initially at six divisional headquarters. The Environment Court shall consist of one judge to be appointed by the in consultation with the Supreme Court. The judge so appointed shall be either from the existing Sub-Judges and Assistant Session Judges.

The environment courts, once established, would try the offences concerning environmental pollution leaving untouched the definition of environmental offences. This may deal to a great deal of confusion as soon as the Court would start functioning. The Environment Court may take cognizance of offence on the basis of complaint preferred under the environmental law. The Court proposed to be established for trial of environmental offences is yet to be clear on which laws would be treated a environmental law for the very purpose of its jurisdictional administration and limits. The confusion has its very basis in Section 2 (b) of the Act that defines "Environmental Law" to include the Environment Conservation Act, 1995 (Act I of 1995) and as well as other laws wherein matters may be prescribed for trial by such Environment Court. This particular section that gives the court the very basis for functioning leaves ample scope for interpretation that should be cleared prior to offing of the new judicial system.

The Act in section 5 elaborates the jurisdiction of the Environment Court. The said Section requires all cases for trial and/or compensation for environmental offences under the Environmental Law to be directly instituted in the Environment Court which shall be the only judicial forum to take cognizance of such offence and initiate necessary measure for trial and disposal. The Environment Courts shall have the power to impose penalty and in appropriate cases pass decree for proper compensation.

At the very outlook, the Court seems to have proposed to deal with matters that would be forwarded by the Department of Environment. Thus in Section 5 (3) it has been stated that only persons authorised by the DG, DoE can inquire

into matters for the purpose of trial by the Environment Court. For individuals to prefer a suit before such Court would require a written report from the persons so authorised by the DG. Speedy trial, being the main objective behind the proposed establishment of the Court, may suffer a setback with such requirement for which no time limit has been set.

However, this is not to suggest that this Act is without any progressive thought. Rather it has corrected a few of the anomalies that existed in the Environment Conservation Act, 1995. For example the provisions of this new law allow citizens to file suit subject to certain conditions but the earlier law barred such activism on their part. It also gives the Courts a discretion to entertain cases from citizens if it is satisfied that the complainant has failed to procure the Report from the DoE as required and that there are reasons for such complaints to be entertained.

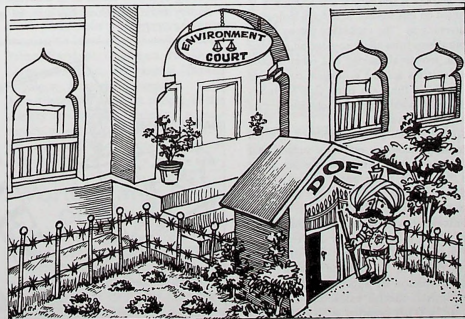
While trying an offence, the Environment Courts shall follow the Code of Criminal Procedure, 1898. However, in dealing with compensation cases, the Code of Civil Procedure, 1908 shall be followed. No hearing shall be held back for more than three times and the Courts are under a statutory obligation to dispose of cases within 180 days.

The Environment Courts may, in appropriate cases, direct that the fine imposed be treated as compensation for

those affected by the offence and such fine or compensation shall be recoverable from the person so punished. If the claim for compensation is so associated with an offence that both need to be tried in one suit, the Courts may, in such cases, try the offence first, and if compensation turns out to be not proper against the offence, then deal with the application for compensation separately.

An appeal against any judgment of the environment court, decree for compensation or fine as may be imposed by such courts shall be preferred before the Environment Appellate Court. Such appellate court shall be constituted with a District and Session Judge to be appointed by the Government in consultation with the Supreme Court.

It is important for an institution to sustain the spirit for its establishment. The village court system never could become a popular judicial system in our country and all efforts taken in different regime to popularise the same also went aborted. The environment court system once introduced would need to support wide activism to gain credibility for its agenda. The new law may be seemed to discourage such activism as it has not exempted the requirement of court fee that can rub it the wrong way so far people are concerned. The victims of environmental degradation in most cases being the deprived and the poor, the requirement of court fee would very normally be an impractical idea for them in pursuing a cause.





# GOVERNMENTS SEEK ACTION ON GLOBAL BIODIVERSITY CRISIS

The 177 member governments of the Convention on Biological Diversity met at the Nairobi headquarters of the United Nations Environment Programme from 15 - 26 May to promote a more sustainable relationship between humanity and the Earth's dwindling biological diversity.

The Fifth Meeting of the Conference of the Parties to the Convention on Biological Diversity brought together some 1,500 government officials and observers. The meeting examined the progress made to date in addressing the threats to biological diversity with the aim to identify practical solutions, which would be implemented at the international, national and grass root levels. It also reviewed the effectiveness of the institutional framework of the Convention. A highlight of the meeting was the opening for signature of the recently adopted Biosafety Protocol. The Protocol aims to minimize the potential risks posed by international trade and cross-border movements of living or genetically modified organisms (LMOs). 67 state parties including Bangladesh have reportedly signed the Protocol.

## The destruction of global bio-diversity

In recent years, biologists, ecologists, and other experts have gained a growing appreciation of the interconnectedness and complexity of the world's biological resources and the importance of this richness for human society. The Convention on Biological Diversity is based on this science. It defines biological diversity as "the variability among living organisms from all sources including, inter alia, terrestrial, marine and other aquatic ecosystems and the ecological complexes of which they are part; this includes diversity within species, between species and of ecosystems."

Although the total number of species remains unknown, estimates suggest that there are at least 14 million, of which about 1.7 million have been scientifically described. The rate of species extinction today is unprecedented and is largely influenced by human activities. According to the United Nations Environment Programme's Global Bio-diversity Assessment, produced with the participation of approximately 1,500 scientists, species extinction since the year 1600 has occurred at 50 - 100 times the average estimated natural rate, and it

is expected to rise to between 1,000 and 10,000 times the natural rate. At present, more than 31,000 plant and animal species are threatened with extinction.

The Global Bio-diversity Assessment cites the five major causes of bio-diversity loss as the fragmentation, degradation or outright loss of habitats; over-exploitation of biological resources; pollution; the introduction of non-native (alien, or exotic) species; and climate change. Forests, marine and coastal areas, and agricultural and inland water ecosystems are among those facing the most severe bio-diversity losses.

The World Resources Institute estimates that from 1960 to 1990, one fifth of all natural tropical rain forest cover was lost. As much as 10% of the world's coral reefs - the aquatic equivalents of tropical rain forests - have been degraded beyond recovery, and an additional 30% are predicted to collapse over the next 10 - 20 years. The world's coastal mangroves, a vital nursery ground for countless species, are also at risk; 50% of them have already been cleared.

According to the United Nations Food and Agriculture Organization, countless crop varieties are disappearing from cultivation each year. Over 30% of animal breeds are threatened. At the same time,

clearing land for agriculture is a major source of biodiversity loss. From 1700 to 1980 the amount of cultivated land grew from 5% to 35% of total land area. It is estimated that a growing world population and a shift in preferences from staples to luxury foods will require a 40% increase in grain production by 2020.

While the current wave of extinction and destroyed ecosystems is an irreversible environmental tragedy, humanity's dependence on food crops and other biological resources also makes it dangerous to our species. By the 1970s, scientists were sounding alarm bells that started to be heard by both policymakers and the general public.

Source: Dr David Dudgeon (Programme Co-ordinator)  
UNEP/IGEF Biodiversity Planning Support Programme

## Bio-safety Protocol : Bangladesh Perspective

A biosafety act is being drafted to remove the last obstacle to genetic research in the country. Once passed by Parliament, the act will give legal cover to the already prepared biosafety guidelines for safe genetic research and engineering and scope for legal protection against their probable fallout on environment and ecology. Funds have already been allocated for setting up of a National Institute of Biotechnology at Savar and a task force have been formed comprising the Ministries of Science and Technology, Law, Commerce, Environment & Academia and Experts.

## Protected Tibet Deer

Following a petition filed by the Wildlife Protection Society, the High Court of Jammu and Kashmir has prohibited the hunting of the endangered Tibet Deer. The total of such surviving deer now stands at 75 thousand only whereas the population was 10 lack half a century back. The Court has directed the State Government to fulfill its obligation under the CITES.





## Smoking not Addictive?

Smoking in front of others (passive smoking) particularly at public places and emission of smoke from the vehicles of two-stroke engines are also responsible for the lung cancer. About 6 lakh new cases of lung cancer were detected across the world last year that was the second-leading cause of all cancer-related deaths.

This figure was revealed in a symposium on "Advances in the Management of Lung Cancer" held on 18 May, 2000 at the City.

The world-wide anti-smoking movement, however, suffered a setback when the US Supreme Court opined in a 5-4 majority decision that smoking is not an addictive and that the Government cannot regulate its consumption as such substance. The tobacco producers consider this as a victory against the innumerable suits preferred against them for compensation by suffering smokers.



## Arsenic : The Deadly Threat Continues

The Arsenic contamination is highest in Bangladesh amongst the 20 affected countries, demanded a study conducted by the Community Hospital of Dhaka and the Jadabpur University of India. The Study surveyed 918 villages and revealed that almost 11,000 thousand villagers that constitutes 90% of the total population are suffering from such contamination while 3,688 villagers have skin disease. The study conducted upon 22 thousand tube well of 64 districts further revealed that underground water in 54 districts contained arsenic more than 0.01 milligram per litre. The limit is 0.05 milligram per litre in 47 district while in 918 villages the limit crossed 0.01 milligram per litre.

In another study supported by the UNDP under the title "Emergency Programme for Mitigation of Arsenic Contamination of Groundwater", more than 7000 people of 200 villages were claimed to have been

suffering from arsenic cancer. The Study covered 200 villages in 48 selected thanas in 11 districts.

The 11 districts with severely arsenic-affected tube-wells showing more than the permissible level of 0.05mg/L include Pabna, Faridpur, Chandpur, Noakhali, Laxmipur, Satkhira, Narayanganj, Khulna, Gopalganj, Jessore and Bagerhat.

An estimated 85 million people in the country are at risk of drinking arsenic contaminated water. Of the 64 districts, 54 are affected by the contamination problem.

## World Water Day Observed

Bangladesh observed the World Water Day on the 22 March, 2000 with the Theme of "Water for the 21st Century." The day is being observed on every 22nd day of March ever since 1992 after the United Nations General Assembly adopted a resolution in this regard in its 47th session.

## World Meteorological Day Observed

Following the Water Day, the Bangladesh Meteorological Department of the Ministry of Defence on the 23 March, 2000 observed the World Meteorological Day. The day has special significance for a country like Bangladesh which is so frequently visited like natural calamities like flood, drought, tornado, tidal cyclone costing live and property, said the Hon'ble President in his message. The message called upon the meteorologists to work with the scientists of the rest of the World to improve the system of forecast to lessen the possible damage caused by such calamities.

The WMO that started its journey in 1950 now has a total membership of 185. The November Cyclone of 1970 costed 300,000 lives in Bangladesh. This led to the Tropical Cyclone Project (TCP) of the WMO in the year 1971. Subsequently this project became a programme that has five regional divisions. Each such regional division is being assisted by Regional Special Meteorological Centre (RSMC). This programme is contributing in tracing the origin of tropical cyclone, arranging for improved forecast and easy communication, creating awareness amongst the people at danger zones and co-ordinating activities amongst the State Parties. Such co-ordination have successfully lessened the loss as would be evident from the fact that tropical cyclone with same might cost respectively 300,000 and 138,000 lives in 1970 and 1991 whereas the loss of life counted to 200 in 1994.

In 1979 the WMO started with the World Climate Programme (WCP) that observes and provides information on climate for sustainable development. Such activities as claimed are ten times cost effective. An improved system of forecast is contributing to socio-economic activities while pre-disaster forecast is checking the adverse impact of weather and climate changes.

Every year natural disaster cost 250,000 lives while the loss of property is worth \$ 50-100 thousand million. To meet the challenges of the 21st century, the 170 members of the WMO and the regional members approved the Geneva Declaration in the 13th session held last year. The Declaration emphasised on improving knowledge base on meteorological service for national and international need aiming at protecting the air of the earth.



### Air Pollution IN SEARCH OF THE TRUTH

An estimated 6-24 crore dollars are spent a year for treating the victims of air pollution in the Cities. The World Bank Resident Representative revealed this in a technical session on State of Air Pollution organised by the environmental journalists on 6 May 2000. He further said that the lowest level of suspended particulate in the air of Dhaka is 300 microgram per cubic while the highest is 2,400 microgram. The situation is aggravating with an annual increase of 10% in the number of vehicles. The sell of adulterated fuel by unlicensed dealers is a major threat to such horrifying state of air pollution although there is hardly any stringent measure to check such sell that counts to more than 10% of the total fuel consumption.

#### Statement of the Eastern Refinery

The Eastern Refinery does not import, export or sell any crude oil or petroleum products. This has been claimed by the Refinery in a press release that purported to clarify the confusion in public about supply of lead free petroleum in the country as has been directed by the Government. The confusion arose from the fact that the selling stations do not offer any special facility to provide lead-free petrol whereas even in developed countries such supply require some extra measures. The Refinery has no separate storage facility for lead free products and hence even after importation of such petroleum the supply of lead-free petrol could not be ensured, claimed a press release that has been termed as misleading by the Refinery.

In its submission, the Refinery has claimed that in accordance with the decision of the Government and in conformity with the standard of the BSTI, it has been supplying lead-free petrol regular with 80 Octane and lead-free petrol premium with 95 Octane since July, 1999. Accordingly

the Bangladesh Petroleum Corporation was importing Petrol with 95 Octane since July 1999. The Refinery blends gasoline and reformat with the Petroleum with 95 Octane and produces petrol with 80 Octane which is then supplied to the selling stations. At present all petrol tank, line meaning the supply system of the Refinery is totally lead-free. The refinery has the country's largest laboratory for standard regulation and products are only supplied to the marketing companies once the same gets approval from the laboratory.

The statement of the Refinery, however, passed the liability of storing and supplying lead free petroleum at the filling station on the shoulder of the oil selling companies. The control as required for ensuring marketing of environmentally sound petroleum products, therefore, could not be cleared by the statement of the Refinery.

#### The Air that Kills

Children under the age of fifteen years are growing children. 45% of the population of Dhaka constitute of such growing children. Moreover, 3.2 million people under the age of eighteen reside in Dhaka who also continue to grow. This suggests that 3.2 million people are affected by the severity of air pollution in the City that causes various diseases and hamper their growth.

The air pollution can result into headache, burning of eyes, running nose, nausea, fatigue feeling etc. The lung gets badly affected with the emission of hazardous fume. The normal functioning of lung gets hampered increasing alarming the number of asthma patient. Between February-April, 2000 the outdoor of the Dhaka Shishu Hospital recorded that out of 13025 patient, 52% (6807) had been suffering from lung problems. 33% (8303) had wheezy bronchitis. 63% children had wheezy bronchitis that suggested the prevalence of asthma.

A regular inhale of hazardous smoke from the vehicle can lead to:

Asthma, repeated infection of respiratory, wheezy bronchitis, bronchitis, repeated asthma. Experts fear that in the City of Dhaka atleast 400 people embrace untimely death and 1 crore 10 lakh cases of respiratory infection occur in a year.

#### Still Malnourished

The National Nutrition Council has revealed that some 600-700 children die in Bangladesh everyday due to malnutrition although overall infant mortality rate has dropped. The country's 57.4 per cent children were malnourished while only 10 per cent had been enjoying normal nutrition standard. The level of malnutrition was endemic in 17 to 25 per cent cases in this part of the world, resulting in high morbidity, less accessibility to economic benefit and less life expectancy.

#### BBS on Child Labour

6.3 million child labourers ageing under 14 are employed in various establishment in Bangladesh. These include, hotel and restaurants, shops, automobile factory, bidi manufacturing units, garments, shoe manufacturer, furniture shops, electric factory, tailoring shop, glass and ceramic industry, motor garage, ice cream factory, transportation sector, tea stall and many others. The Bangladesh Bureau of Statistics (BBS) has disclosed this information on the basis of a nation-wide survey report on child labour.

#### Night Blindness Reduced

The Institute of Public Health Nutrition under the Directorate of Health Services has claimed that the night blindness prevalence among the children in Bangladesh was sharply reduced from 3.53 per cent in 1982-83 to 0.67 per cent in 1997-'98 under the impact of intense programmes implemented over the years.

# World Women Day

In 1857 the women workers in the textile sector brought out a procession in demand of proper working condition, acceptable working hour and wage in the USA. In 1908, the workers of the textile sector again demonstrated for voting rights and against inhuman working condition and working hours. In the chronology, Clara Jetkin, the leading feminist of German called upon the world community to observe 8 of March as the Women's Day. Since then this particular day that was subsequently given formal acceptance by the UN in 1977, has special significance in the history of women's movement.

This year also the day was observed with much enthusiasm and elaborate programmes.

## Three-Fourth of them Require Aid:

On the eve of the World Women Day, the World Food Programme of the United Nations has revealed that three-fourth of the women and children population of the world are in need of food aid. In the year 1999 a total of 8 crore 80 lakh people were given aid in the form of food of which majority were women and children. The reasons for such devastation in their condition include war, natural disaster and extreme poverty.

## Women in Decision Making:

Proportion of women in the parliament averaged 15.3 per cent for the Americas, 14.3 for the Asia, 13.3 per cent for Europe (without the Nordic countries), 11.1 per cent for Africa and, as expected, a mere 3.6 per cent for the Arab States. With 30 out of 330 members, Bangladesh have just a little more than 10 per cent women members in the Parliament.

## Women & Poverty:

Worldwide poverty of women has increased in an alarming rate. Since 1970 there has been a 50 per cent increase in the rate of poverty of women. On the other hand the increase is 30 per cent for the men.

## Violence against Women:

In Bangladesh, the National Action Plan for the Advancement of Women, developed for the implementation of the Platform for Action (PFA), the term violence against women have been defined as "any act of gender violence that results in or likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life."

## Misc. Forms of Violence Against Women 1999

Age	0-6	7-12	13-18	19-24	25-30	30+	not mentioned	Total	%	cases filed
Nature of violence										
Suicide		10	22	63	51	31	21	198	30.42	97
Attempted Kidnap		2	2				10	14	2.15	8
Kidnapping		23	96	21	2	1	63	206	31.64	102
Torture by terrorist			4	3	1	8	7	23	3.53	11
Murder by terrorist		2	11	11	15	23	17	79	12.14	30
Forced prostitution							3	3	0.46	
Cause of death unknown			25	33	31	18	21	128	19.66	39
Total		37	160	131	100	81	142	651	100	287

Source: Ain O Salish Kendra (ASK)

The Police stations of the country receive a total of 800 cases related violence against women. A source of the Ministry of Home has stated that in 1997 the total of cases against such violence was 5,434 while in 1998 the number rose to 6,210. The year 1999 recorded even a higher entry with a total of 9,572 cases.

According to the Police in India, a total of 6000 women lost their life for failing to meet the demand of dowry while Pakistan rather has a tradition of killing women for protecting family allegiance.

UNICEF has stated a horrifying picture of violence against women in the SAARC countries. Their report suggests that acid burn or killing for dowry has become a regular phenomenon in this region. The rate of acid burn in is the higher rate in Bangladesh. While in 1996 there were 47 incident of acid burn it rouse upto 200 in 1998. Following is a picture of miscellaneous form of violence against women as appeared in the daily newspapers from January-December 1999.

## Sex Workers Profession

### "not illegal; their eviction unlawful"

The evicted brothel tenants won a long legal battle as the High Court declared the profession of sex workers "not illegal" and their eviction from Tanbazar and Nimtoli brothels unlawful. The judgment came following a writ petition filed by five human right organisation on behalf of the sex workers who were evicted in the early hours of 24 July 1999 by the police. The Government claimed that such eviction was aimed at rehabilitating the sex workers and bringing them back to normal life.

The Court in its judgment observed that the profession of sex workers is not illegal since they do it to earn a living and they could be rehabilitated if they so desired. "The right to livelihood of the sex workers is enforceable as a fundamental right" said the Court holding that the "right to life" as guaranteed by the constitution under Article 31 could be treated as inclusive of the right to livelihood that cannot be taken away except in accordance with due process of law.

In a judgement dated 14 March, 2000, the High Court also declared the confinement of a part of the evicted sex workers in the government vagrant homes as unlawful and ordered their immediate release. "Sex workers, being citizens of the country, are having freedom of movement and their rights of movement should not be curtailed by confining them to the vagrant home or any other forcible means" held the High Court.

A division bench of the High Court comprising Mr. Justice Md. Fazlul Karim and Mr. Justice Abdul Wahab Miah delivered the judgment.

The Court, however, observed that there is no scope of restoring the possession of the evicted sex workers of Tanbazar and Nimtoli in writ jurisdiction. Rather, the evicted women could approach the civil courts to get back the possession of their houses.



# FROM THE MAP OF SEMIP CANVAS

## Advancing the Cause of Environment The Indian Experience

Prior to the United Nations Conference convened in Stockholm in 1972, the protection of environment was considered as a constraint to development but today the scenario is totally changed. The Environment and Development Conference held at Rio in 1992 has made the policy makers realized that the degradation of the environment and depletion of valuable natural resources not only impede economic development but threaten human survival. International Environmental Laws today occupy the centre-stage among all efforts towards environmental protection and conservation. India, being a developing country has been concerned about environmental issues such as land degradation, water pollution, air pollution, noise pollution and desertification, which together cause deterioration of the environment. Indian Judiciary has played an effective role to protect the environment. If you compare the Pre-world war II scenario with the Post-world war II scenario, it would be evident that there was total lack of governmental concern for environmental issues during the Pre-world war II. There were scattered provisions in several statutes like the Factories Act, the Forest Act, the Fisheries Act, but the thrust of those provisions was peripheral and limited to prevention of air and water pollution and preservation of forest and wild life. The laws were piecemeal and fragmented and its implementation was tardy. On the conclusion of the Second World War, the people of the world woke up to an uncertain dawn of a new era, uncertain because humanity was shocked by the miseries which the war had heaped upon it, particularly by the parting blow on Hiroshima and a new era because of its faith that it would with the use of the new found technology be able to build a better world by removing the debris of the past. Amid the numerous problems of a world bleeding from death, destruction and human sufferings, environmental wounds inflicted by the use of technologically sophisticated weaponry strengthened the resolve of human race to offer a better and healthier world to the next generation. This resolve brought to the forefront a global concern for improving the living conditions of human beings by the use of the scientific and technological knowledge derived during the war.

The post-war era, therefore, has witnessed an

increasing environmental consciousness, a growing concern for preventing environmental abuse and depletion of the natural resources and an awareness for maintaining nature's balance. In the past, the danger of polluting air, water and land was not fully realised but in the last three decades, humanity has shown a greater concern for avoiding environmental pollution. The indifference in the past was possibly because of the fact that problems had not attained alarming proportions. The development of law on this front was rather slow and hence the level of consciousness was equally low. The rapid industrialisation and consequential material gain with the keen desire to lift the standard of living ultimately resulted in depletion of ozone layer and there has been a global warming on this score. Environmental impacts on mankind no longer remain a concern only of the developing countries but has become issue of global concern. Mankind today faces the worst ecological crises. Man has ruthlessly disturbed the balance of nature by cutting down forests and indiscriminately converting grasslands into areas of habitation, levelling and tunnelling mountains and changing landscapes. Man has destroyed many ecosystems, generated chemical and radioactive pollution and has produced non-biodegradable matter like plastics, endangered plant and animal species, dumped lakes, rivers and oceans and sewage and industrial wastes. The possibility of greenhouse effect warming the globe and of damaged ozone layer affecting life on earth haunts us like a ghost. The increase of deserts, the shrinking of forests, the alarming pollution of water, air and land, extermination of endangered species and indiscriminate use of exhaustion of natural resources are the main problems which every nation will have to face and solve in the coming years.

**Necessarily, the battle against environmental assault will have to be fought on many fronts. It will have to be fought from the forums of international and regional organisations from within national boundaries, from state boundaries within a federal system from densely populated regions, from state capitals, growing cities and towns, industrial belts, villages, beaches and mountains.**

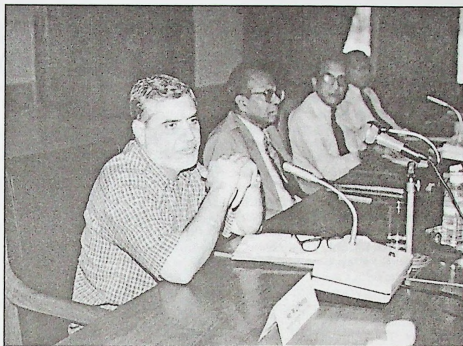
Every nation will have to evolve devices and strategies on these lines for the maintenance of environmental safety and achievement of sustainable development. India as a developing nation, is trying its best to evolve legal policy, norms and standards for better environmental regime and management. The awareness on the need for protecting the environment is steadily growing and several measures are being taken in our country to meet the challenges of pollution and sustainable development. We are gradually heading towards gross environmental damage due to widespread land degradation, water pollution, air pollution, mushroom growth of slums and population explosion. The existing administrative and institutional framework is in fact ineffective to handle the challenge of environmental protection, which threatens our survival.

Thus, there is a need to have a new environmental ethos to meet the challenge and this is precisely the scenario where the superior judiciary in India has been playing a very effective role notwithstanding the adverse criticism of judicial activism. There has been a threat of depletion of ozone layer and there has been a global warning that the entire planet is getting warmer and if on account of ozone depletion the planet gets warmer and consequently is substantially damaged, then nobody knows how much time it would take to again assume normalcy. The new environmental threats, therefore, warrant new norms and strategies for shaping a healthier global order. There has been a general feeling that emphasis on environmental issues would limit the growth of a nation. The feelings may be justified in the light of economic growth. Economic inability of the developing countries has become stumbling force in enforcing the fundamental norms relating to environment laid down at the international level. It is, therefore, imperative that international environmental norms should comprehend within themselves the solutions in answering the various difficulties faced by different developing nations. The environmental resurgence will remain a distant dream unless and until the feasibility of the adoption of the international norms by all is taken into account. Human activity operates within an ecological framework in which any action in a particular setting may set in motion forces that work through a complex chain of causation to injure human interests in the environment. The world ecology needs a protective cover. The legal framework intended to protect the world from environmental hazards should, therefore,



increase its area of operation. With the Court, taking the lead, the focus has now shifted from traditional individual locus standi to the community oriented public interest litigation. After the humanity woke up from its slumber to protect the environment, the legislature on their turn have come forward with a large number of legislation which have a direct or indirect bearing on environmental protection. Articles 48 and 51 A (g) of the Constitution make it imperative for the State as well as every citizens of India to do all, that is possible to protect and improve the environment including forests, lakes, rivers and wild life of the country. In the recent years, several legislation have been enacted, covering areas like water pollution, air pollution, wild life, forests and environmental protection.

When the Indian Parliament enacted Wild Life (Protection) Act, 1972 and Water (Prevention and Control of Pollution) Act, 1974, certain doubts had been raised regarding Parliament's power to enact such laws and, therefore to have the Constitutional support, 42nd Amendment to the Constitution was brought in and subjects like "Forests", "Protection of Wild Animals and Birds" and "Population Control and Family Planning" were transferred from the State List to the Concurrent List in the VII Schedule to the Constitution, thereby empowering Parliament to make laws dealing with the said subjects. Armed with these Constitutional provisions, the Parliament enacted the Air (Prevention and Control of Pollution) Act, 1981 and later on, a more comprehensive legislation called the Environment (Protection) Act, 1986 with a view to implement the decisions taken at the Stockholm Conference. The landmark publication "Our Common Future" introduced the concept of sustainable development, which was reiterated at the Rio Conference in June 1992. Under the Environment Protection Act, 1986, though sufficient provision has been engrafted for enforcement by closing down offending units but the enforcing authorities have not been geared up so far to discharge their obligations under the statutes. Though the Environment Act, 1986, allows citizens to file suits but such a citizen must notify the State Board of the problem and give it 60 days to file its own suit or notify the citizen, not to file a suit. There are obvious impediments even for citizens to file suits directly in the Courts to control pollution under Air and Water Acts though under Section 133 of the Code of Criminal Procedure an action for prohibiting nuisance can be brought for. The higher judiciary in India particularly, the High Courts and the Supreme Court have been struggling over the last decade to bring the law into the service of the poor and the oppressed and under the banner of Public Interest Litigation and the enforcement of fundamental rights under the Constitution, the Courts have been trying



Mr. M.C. Mehta, renowned Indian environmental lawyer addressing the gathering in the Seminar on Advancing the Cause of Environment: the Indian Experience organised by BELA.

to rebalance the distribution of legal resources and increase access to justice for the disadvantaged.

**For filing such Public Interest Litigation, rules have been liberalised, procedural flexibility has been brought in, creative and active interpretation has been given, remedial flexibility has been observed and ongoing judicial participation and supervision is being effective.**

The judiciary has also shown its willingness to alter the rules of the procedure where necessary. Actions may be commenced not only by way of formal petition, but also by way of letters addressed to the Court of a Judge, who may choose to treat it as a petition. There have been instances where a letter written to a Judge has been treated as a Writ Petition and the Supreme Court has taken action on the same. The environmental Policy making is a never ending process and the Courts will always be intimately involved in this process. The increase in environmental awareness since 1980 has triggered a spurt in the environmental cases, reaching the Courts. The environmental petitions are generally based on the plea of violation of fundamental rights. India is one of the very few countries, which in its Constitution has engrafted a commitment to environmental protection and improvement. The attitude demonstrated by the Supreme Court of India in attempting to evolve the right to a healthy environment in India is noteworthy. In *Municipal Council of Ratlam vs. Vardhichand*, 1980 (4) SCC 162, The Supreme Court held that by Article 47 of the

Constitution, the improvement of public health has been stated to be a paramount principle for governance and, therefore, has to be treated as a human right. In *Mussoorie Hill's case*, 1985(2) SC 142, where the instances of limestone mining was disturbing the ecological balance in the area and was also causing damage to the perennial water streams in the hills, the Supreme Court had observed: "It brings into sharp focus the conflict between development and conservation and serves to emphasize the need for reconciling the two in the larger interest of the country."

The Court had directed the closing down of the quarries and further directed that there should be reclamation for afforestation and soil conservation programmes. While giving reasons for the earlier directions issued, the Court observed in 1986 (Suppl.)

SCC 517:

"We are not oblivious of the fact that natural resources have got to be tapped for the purposes of social development but one cannot forget at the same time that tapping of resources has to be done with requisite attention and care so that ecology and environment may not be affected in any serious way, there may not be depletion of water resources and long term planning must be undertaken to keep up national wealth. It has always to be remembered that these are permanent assets of mankind and are not intended to be exhausted in one generation." When the complaint was made by Shri M.C. Mehta, who is present today amongst this august gathering that the tanneries located at Jajmou area of Kanpur have been polluting

river Ganga by releasing effluents, the Court had observed that the effluents discharged from a tannery is ten times more noxious when compared with domestic sewage water and prohibited discharge of such effluents without proper treatment plant. Later on, the Court issued appropriate directions for construction of effluent treatment plants. When it was brought to the notice of the Court in the recent past that the motor vehicle has become a cheap source of pollution in the capital city, the Court issued appropriate directions that the pollution control device brought out by the National Environment Engineering Research Institute, should be introduced as an in-built mechanism in every vehicle manufactured after 1st of July, 1991. Under the Court's orders, lead-free petrol was made available in the metropolises of Delhi, Calcutta, Bombay and Madras and by subsequent directions, the manufactures of the vehicles are being required to manufacture vehicles with EURO - II standards. Thus, through the Court's intervention, it is hoped that the pollution caused by vehicles will be considerably reduced. The concern of the Indian Judiciary in maintaining and improving the ecology is depicted in the urgency and intensity by which the Courts have handled the issues relating to environment. The right to pollution free environment has been treated as a fundamental right and an integral part of right to life guaranteed under Article 21 of the Constitution in Subhas Kumar's case. Interpreting Articles 21, 48 and 51 (g) of the Constitution of India, the Court has said that it is the duty of the State to take effective steps to protect the guaranteed Constitutional rights. In Surajkund and Badkhal lake's case, the Supreme Court directed the Haryana Government to plant trees and maintain a two kilometre green belt around each of the lakes and further directed that there should be no new construction of any type within five kilometre radius to the two lakes and all open areas will be converted into green belt. When it was brought to the notice of the Court that Taj Mahal at Agra is being damaged and deteriorated, the Court intervened and ordered for closure of all the industrial units located near the Taj as those industries by use of coal as fuel are responsible for the deterioration and damage to Taj. When the forest resources were getting denuded by indiscriminate felling of trees throughout the country, the Supreme Court intervened and prevented felling of trees in the forest throughout the country. But by mere Court's intervention and passing of judicial orders, it may not be possible to prevent the country from environmental hazards. What is necessary, therefore, is to develop awareness among the general public and until and unless such awareness is developed, it will not be

possible to eradicate the evil, either by framing laws or by passing prohibitory orders through the intervention of Courts. Man is a part of environmental system and man has been interfering with the environment in order to achieve the so-called developments of economists. The need of the hour is to evolve an environmental strategy.

**Development is undoubtedly needed for a better standard of life but it has to be sustainable for integrated development and protection of environment. The main tasks would be an integrated land, soil, water and forest management, control of pollution, development of non-polluting and renewable energy resources, water-utilisation through recycling, conservation of biological diversity, slum removal and development of healthy human habitat, environmental awareness and education, population control and healthcare, and above all a combined will of the Government and the people to bring about a harmonious development through rehabilitation and optimisation of environment.**

The Supreme Court of India suggested the setting up of a high power Committee by the Government of India in consultation with Central Pollution Control Board, for overseeing the functioning of hazardous industries with a view to ensuring that there were no defects or deficiencies in the design, structure or quality of their plant and machinery. The court impressed upon the Government the need to evolve a national policy for location of chemical and other hazardous industries. The Court urged Government of India to set up an Ecological Sciences Research Group consisting of independent, professionally competent experts in different branches of science and technology who would act as information-banks for the Court and Government Departments, and generate new information according to the particular requirements of the Court or Government. There is a proposal for setting up of an Environment Court. The Supreme Court has been monitoring the cases relating to pollution of Ganga, Yamuna and Gomti. Environmental Policy making like other controversial areas of public policy is a never ending process and the Courts will always be intimately involved in this process. Most of the actions in environmental cases are brought under Article 32 and 226 of the Constitution, since the litigants and the lawyers prefer direct access to the nation's highest Courts. While directing closure of the tanneries, polluting the river Ganga, Justice Kuldeep Singh had observed: "We are conscious that closure of tanneries may bring unemployment, loss of revenue, but life, health and ecology have greater importance to the people." It is the

legitimate duty of a Court as the enforcing organs of Constitutional objectives to forbid all actions of the State and the citizens from upsetting the environmental balance. Several High Courts in India have taken the view that the environmental degradation violates the fundamental right to life. Today, the challenge before the Indian Courts is to achieve development without damaging the quality of environment. The right to environment and right to development are both recognised by the Court. Conversion of natural resources into material goods which improve human health, welfare and comfort without depleting and damaging them over a foreseeable period of time, the question for consideration is, would one calculate in the appraisal of the project or policy, the drain and cost of natural resources and yet adopt a technology that is resource-effective and time-effective. A strategy for conserving or resource-effective use of non-renewable natural resources is the imperative demand of modern times. It is the Indian Judiciary, which introduced the concept of Environmental Jurisprudence and made continuous serious efforts to make the people aware about the dire consequences of environmental pollution. Keeping in view the dangerous consequences of environmental pollution, some theories have been propounded to keep strict vigilance and control on the polluters and offenders. The Judiciary in India has made tremendous efforts to protect the flora and fauna and the beauty of the nature by jumping from one principle to another. As a test measure, the Court has issued certain directions for garbage clearance within the Municipal Corporation of Delhi. The Courts in India have been successful in implementing the directions pertaining to environmental hazardous because of the fact that the people of the country have reposed full faith and trust with the Courts. While the citizens are being disillusioned with the other State organs namely Legislature and the Executive, because of inefficiency and corruption, the judicial wing has still maintained its status and confidence in the judicial system.

In Upanishad, one stanza has been devoted, the meaning of which is that the entire universe together with its creatures belongs to the Lord i.e. the nature. It is implicit in the aforesaid thought that no creature is superior to any other and human being should not have absolute power over nature. Let no one species encroach over the rights and privileges of other species. One can enjoy bounties of nature by giving up greed. If the human race follows the aforesaid advice given in the Upanishad, then I have no doubt in my mind that the threat of environmental hazards will no longer be there. *This speech of hon'ble Mr. Justice G. B. Patnaik, Judge, Supreme Court of India was read over in the Seminar organised by BELA on 22 April, 2000 on Advancing the Cause of Environment: the Indian Experience.*

## Needling Network of Environmental Lawyers

*Contd. from page 1*

The role of the legal community that has so long been supporting the movement for human rights can take a dynamic turn in protecting the precious resources of environment that in turn would protect many important human rights. This fight for environment and not only for human will protect everyone, every single entity and all inanimate objects to whom human existence is surely indebted.

The move for human rights has emerged from the very urge of performance of human duty. It is this human duty that is now evolving serious questions with regard to complete justice. These questions are about access and participation. The main thrust of environmental justice is also about the two. Environmental justice would comprehend equitable access to resource and demand participation in policy making and management of such resources. A society's power structure and values must necessarily coincide with such notion of justice. If environmental justice is ensured, can there remain any branch of right that would stand abused? Let us search for the answer.

The very right to survival is conditional upon access to certain resources. In other words, livelihood is dependant upon exercise of rights over the resources. Any arbitrariness in managing them will destroy their resource value affecting necessarily the livelihood of many. The legal domain has, therefore, purported to protect these resources for the welfare of mankind. Ignorance to the same has led to a devastating consequence, both about the existence and utility of the resources. Many complicated issues about right to property, profession and life are closely connected with the management of these resources that are essential components of environment. All these rights are purported to be legally protected to which the lawyers must be able to attach a definite meaning through their express ability and also insight.

The politics of a country regulate the enjoyment of certain rights. The quest for

all political rights has close relation with the enjoyment of other social, economic and cultural rights. If politics is about people, it is also about participation by the people in the decision-making, a process that gives a strong sense of ownership in management of wealth and resources. When people are given a sense of ownership, it results in better management. When people claim right to information, they mean transparency and accountability. And all of that is for security of survival and sustainability. Today, the economic planning is also criticised for not being environmentally sound. This is because many process and systems that were introduced over the times have just resulted in temporary benefit and not yielded sustainability. It is sustainability that has turned out to be the core question of today's planning for any system. The legal system must prove worth in reflecting all these concerns and that is where lawyers owe a responsibility of social engineering.

The debate now is that whether poverty or environment will be the concern for the new century although many see a vicious circle between the two. Whatever conclusion is reached at, the need for a holistic approach in countering prevailing miseries about humanity and civilization cannot be denied. When the present civilization cannot fight back against discrimination and dismay, such a holistic approach would seek a system with justice as the underlying factor. A search for justice will require careful analysis of the existing right and power system. And such a system will aim at empowering the distressed, preach a notion of equality and universality and promulgate and/or activate safeguards to protect the rights of those unheard. Many judicial systems are already showing willingness to protect inanimate objects.

The legal community has always led the movement against violation of rights and abuse of power. This has been a global experience. Regarding environmental justice also, the lawyers are not lagging

behind. Rather they have demonstrated considerable enthusiasm in establishing the fact that law, lawyers and the judiciary can all be instrumental in a fight for ultimate security. Abuse of power, being a common phenomenon almost in every corner of the globe, the lawyer activists have always shared amongst themselves the common concerns, worries, failures, victories and successes. Counting from the state to the civil society, legal experts have led numerous agencies to advocate coherent concerns and have never been a mere watcher.

BELA as an organization has duly emphasized in raising awareness amongst the lawyers and getting them involved in supporting environmental activism. In the process a good number of lawyers have recorded their names in the list of BELA supporters and this they are doing with the spirit of public service and for upholding the rule of law in defending at all times, without fear or favour, the rights of the citizens. Our thinking necessarily coincides and we are for a greater cause to serve better humanity and civilization. Being a part of the global network of environmental lawyers, it strongly feels the necessity to have such a network at the national level. It is important to get at least a few of the pro-active legal minds together to work for a system that would accord justice to million. These minds will look into the social environment to accord social justice and equity, strike a balance in the power system to allow everyone a stake in the political decision making, emphasize on the cultural rights to protect cultural values, evaluate the economic decisions to benefit the deprived and above all protect the national resources to safeguard the interest of both the present and the future generation. The hardest job perhaps is not to get people involved but to keep up the momentum and the enthusiasm. An effort for such a networking is necessarily to institutionalize the present course of action of environmentalism. An aim that would protect the society and its members from all forms of exploitation, give them a stand to speak and embed them into a sense of responsibility - a duty towards all creatures, be it animate or inanimate, whether of the present or the future generations.

From here begins the journey!



## A Note on Precautionary Principal The Review of US Laws

By  
Professor John E. Bonine

E-Law US Board

The "precautionary principle" has come back into international legal discussion recently as a result of the use of the term "precautionary approach" in the Cartagena Protocol on Biosafety, adopted in Montreal in January 2000. I started to ask myself about the origins of the precautionary principle in international law and then started thinking about its origins in national law. As a result, I put together the following materials.

It is possible to trace the Precautionary Principle as far back as Principles 21 and 7 of the Stockholm Declaration in 1972, but in a very nascent form. Many have noted this fact. One easily accessible source on the Web is "The Precautionary Principle," by Wybe Th. Douma

Of course, the precautionary approach became articulated in international law in Principle 15 of the Rio Declaration in 1992 as its most famous locus. That Rio Principle states:

### Principle 15

"In order to protect the environment, the precautionary approach shall be widely applied by States according to their capabilities. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation."

The article cited above asserts that the precautionary principle can be found to have originated as a domestic legal norm in Germany in the mid-1970s. Mr. Douma says:

"The origins of the precautionary principle are to be found in Germany, where the principle formed one of the basic principles of environmental policy already since the mid 1970s, together with the co-operation principle and the polluter pays principle. It has to be stressed that the German equivalent of the precautionary principle, the Vorsorgeprinzip, is used in a specific setting, whereby a difference is made between human behaviour, which

causes dangers on the one hand, or risks on the other hand. When dangers are at stake, the government is to prevent these by all means (Gefahrenvorsorge). If there is only a risk of effects occurring, the possibilities of risk prevention have to be investigated and if the risk is high enough, preventive measures can be ordered (Risikovorsorge). "He goes on to write (as others have also noted) that the precautionary principle came into international law during various conferences concerning the North Sea: "The protection of the North Sea was discussed at a number of international conferences held in Bremen (1984), London (1987), The Hague (1990) and Esbjerg (1995). (5) It was at these conferences, that Germany introduced the concept of precaution at the international level."

Other articles agree on 1987 in the second North Sea declaration as the first use of the term, but point out that the concept was used in the 1982 Law of the Sea treaty as well, though the exact words were different.

As for a domestic origin, I would trace the precautionary principle further back than German law.

The precautionary principle can be found in the legislation of the USA starting as early as 1969 and 1970 and in judicial interpretations of that legislation in the early and mid-1970s. Legislatively, we can see the principle in the terms of the Clean Air Act of 1970 and in other U.S. legislation adopted in that era. Judicially, two cases in particular show the emergence of articulations of the principle.

Judge Carl McGowan talked of questions "on the frontiers of scientific knowledge" in the case Industrial Union Dept. AFL-CIO v. Hodgson in 1974. In resolving such questions for regulatory purposes, he said that a government agency could logically rely to some extent on its views of sound policy.

Judge J. Skelly Wright in 1976 took this concept a step further. He observed in

the seminal case, *Ethyl Corporation v. EPA*, that in the laws of the US, government agencies, "unequipped with crystal balls and unable to read the future, are nonetheless charged with evaluating the effects of unprecedented environmental modifications, often made on a massive scale." Then he went further, and interpreted part of the Clean Air Act of 1970 to be a "precautionary statute" and made it clear that the EPA may err on the side of safety and caution in deciding upon regulations.

There are other origins as well. This analysis will give some of the background.

### Precautionary Principle as the Basis for EIA

Perhaps the earliest modern example of the precautionary principle in environmental law was the enactment of the National Environmental Policy Act (NEPA) in the USA in 1969. NEPA was the first law in the world to require "environmental impact statements" (now called environmental impact assessments, or EIAs, elsewhere in the world). Since that time, nations all over the world have enacted laws requiring EIAs before major government or private actions that might affect the environment. This has also been elevated into international legal documents as well.

Environmental impact statements (EISs), or assessments (EIAs), are by their very nature "precautionary" because they seek to predict environmental effects BEFORE government or private actions are taken. One important way to ensure that they are precautionary is the use of a "may affect" test instead of a "will affect" test, as the threshold for deciding on environmental effects. Early in the history of the legal interpretation by court decisions in the USA, regarding when an EIS was required, the U.S. courts started saying that an EIS must be prepared when an action "may effect" (rather than "will effect") the environment. These decisions, in the early 1970s, made precaution a matter of national policy as an analytical (assessment) matter.

### Precautionary Principle as a Legal Norm

At the same time, precaution became a matter of national policy as a controlling legal norm (not merely an analysis or assessment) in the mid-1970s in four other areas of US law, again partly as a matter of



judicial interpretation: worker protection, air pollution, water pollution, and pesticides.

### *US Occupational Safety and Health Law*

Perhaps the earliest statement of the precautionary principle in U.S. regulatory law came in 1974. A case was filed by labour unions against the Secretary of Labour, regarding regulations for protection against asbestos dust, enacted under the new Occupational Safety and Health Act of 1970 (OSHA). The labour unions had filed an administrative petition to the OSHA agency and Secretary of Labour asking for emergency action. When the final regulations were promulgated they contended that the Secretary of Labour had enacted a timetable for control that was too slow, in light of the dangers. Industrial Union Department. AFL-CIO v. Hodgson, 162 U.S. App. D.C. 331, 499 F.2d 467 (1974).

In the Industrial Union case, Judge Carl McGowan of the U.S. Court of Appeals for the D.C. Circuit, wrote that "OSHA sets forth general policy objectives and establishes the basic procedural framework for the promulgation of standards, but the formulation of specific substantive provisions is left largely to the Secretary. The Secretary's task thus contains 'elements of both a legislative policy determination and an adjudicative resolution of disputed facts.'" Judge McGowan wrote further:

"From extensive and often conflicting evidence, the Secretary in this case made numerous factual determinations. With respect to some of those questions, the evidence was such that the task consisted primarily of evaluating the data and drawing conclusions from it. The court can review that data in the record and determine whether it reflects substantial support for the Secretary's findings. But some of the questions involved in the promulgation of these standards are on the frontiers of scientific knowledge, and consequently as to them insufficient data is presently available to make a fully informed factual determination. Decision-making must in that circumstance depend to a greater extent upon policy judgments and less upon purely factual analysis. Thus, in addition to currently unresolved factual issues, the formulation of standards involves choices that by their nature require basic policy determinations rather than resolution of factual controversies. Judicial review of inherently legislative decisions of this sort is obviously an undertaking of different dimensions."

Judge McGowan traced the concept of using policy discretion, in the face of inadequate factual evidence, back even

further, to an U.S. Supreme Court case on setting prices (rates) for oil transportation: "Where existing methodology or research in a new area of regulation is deficient, the agency necessarily enjoys broad discretion to attempt to formulate a solution to the best of its ability on the basis of available information. Permian Basin Area Rate Cases, 390 U.S. 747, 811, 88 S. Ct. 1344, 20 L. Ed. 2d 312 (1968)."

Two years later, the D.C. Circuit interpreted the U.S. Clean Air Act of 1970 as requiring EPA to lean in the direction of caution. This case, Ethyl Corporation v. EPA, is the single most important judicial interpretation in the history of the early development of the precautionary principle.

### *US Air Pollution Law - A "Precautionary Statute"*

The U.S. Clean Air Act started as the Air Quality Act of 1955. In those early years, the emphasis was on research and there was an apparent belief in government that regulatory action could not occur until science provided answers. During the 1960s the law (called the Clean Air Act starting in 1963) slowly evolved toward national regulation, but still had two major touchstones: knowledge about pollution needed to be found before goals could be set, and knowledge about technology needed to be created before rules could be established.

In 1969 and 1970, for the first time, new voices started asking why action had to be delayed until there was perfect knowledge. In particular, the law's restriction of control measures to those that could be shown to be "technologically feasible" was challenged by critics. In April 1970 an outburst of environmental activism swept the nation, as "teach-ins" about the environment and demonstrations were organised on the first "Earth Day." Soon thereafter, the U.S. Senate Committee, which had been considering the amendments to the Clean Air Act, closed its doors to outsiders (industry lobbyists as well as environmentalists) and went into secret session to redraft the amendments. When the doors opened again in August 1970 the result was shocking. The committee had thrown out most mentions of the restrictive terms "technological and economic feasibility" and it set strict deadlines for action.

The new scheme for nationally mandated and uniform air quality standards contained words whose precautionary nature bursts forward from the statutory page.

### *The Problem of Lead Contamination*

In the field of air pollution, the U.S.

Environmental Protection Agency (EPA) decided in the early 1970s that it must reduce the amount of lead (Pb) in gasoline, using its authority under section 211 of the Clean Air Act of 1970. That section allowed EPA to control additives to gasoline if it found that the additives "will endanger" human health. There was plenty of information that lead harmed human health, but the contribution of lead to the problem from gasoline additives was more speculative.

### *Government Use of a Precautionary Approach*

EPA decided to require a progressive reduction in lead levels in gasoline, using the legal authority in the Clean Air Act, since reduction of the lead in other sources such as paint, water, and food was already the subject of other regulations. It was also requiring one grade of gasoline to be offered "lead-free" in order to protect the newly required catalytic converters that were being installed on new automobiles to control photochemical oxidant (smog) and carbon monoxide pollution in cities, but this separate regulation required lead levels to be reduced in all other grades of gasoline as well, for direct health purposes.

In a statement ("regulatory preamble") accompanying its enactment of the new regulations, it said, EPA discussed the seriousness of the problem, and the potential contribution of leaded gasoline to the health problems.

EPA also explained the point of view of industry, as well as EPA's own point of view:

"Many of those disagreeing with the proposed regulations based their comments on EPA's failure to show sufficient evidence of adverse health effects specifically caused by the use of lead additives in gasoline. While most agree that the combustion of leaded gasoline causes an increase in the amount of lead in the environment, they do not believe that lead in gasoline represents a sufficient endangerment to health or a sufficient risk to the environment to warrant promulgation of controls. "The industry's demand for "evidence" contrasts with EPA's belief that it is sufficient to regulate on the basis of a reasonable "hypothesis," even though it cannot necessarily proceed or be disproved, using the EPA's thoughtful "judgment."

Among other things, EPA explained its view that "while co-relations between blood lead levels and air leads at lower exposure levels are not always good, the evidence indicates that air lead does contribute to general population lead

exposure. Failure to find consistent correlations does not in the Administrator's judgment invalidate the above conclusions." Regarding lead from gasoline, EPA said, "the contention that lead contamination of dust and dirt by automotive emissions is a significant source of lead exposure is a hypothesis consistent with information provided by a variety of studies. However, at this time, not all links in the argument have been established beyond dispute and no single study has collectively inter-related all steps in the exposure process to conclusively prove or disprove the hypothesis. Despite the existing uncertainties, comments received from the majority of scientists not affiliated with industrial or environmental groups support the contention that dust is an important source of exposure."

#### **Judicial Interpretation of the Law as a "Precautionary Statute"**

The Ethyl Corporation challenged EPA's new regulations in court. Since lead had been used as an additive in gasoline for 50 years (for its quality in reducing "engine knock"), Ethyl fought long and hard. Since children's intelligence was being adversely affected by lead in their bloodstream, EPA fought equally hard. In *Ethyl Corporation v. EPA* in 1975, a 3-judge panel of the U.S. Court of Appeals for the D.C. Circuit split 2-1 in overturning EPA's regulations. But this was too important for EPA to give up. EPA knew that the proportion of "conservative" and "liberal" judges on this particular U.S. Court of Appeals was approximately even. EPA petitioned the full Court of 9 judges to re-hear the case.

Upon reconsideration, the full Court came out the opposite way: 5-4 in favour of upholding the regulations. The "dissenting opinion" by Judge J. Skelly Wright in the first decision became the 5-vote majority decision in the second "en banc" decision.

#### **Judge Wright's Precautionary Opinion**

Judge Wright's decision in *Ethyl Corp. v. EPA*, 541 F.2d 1 (D.C. Cir. 1976), is one of the most eloquent as well as earliest statements of the importance of precaution as a legal policy in matters relating to the environment. Judge Wright wrote: "Man's ability to alter his environment has developed far more rapidly than his ability to foresee with certainty the effects of his alterations. It is only recently that we have begun to appreciate the danger posed by unregulated modification of the world around us, and have created watchdog agencies whose task it is to warn us, and protect us, when technological 'advances' present dangers

unappreciated by their supporters. Such agencies, unequipped with crystal balls and unable to read the future, are nonetheless charged with evaluating the effects of unprecedented environmental modifications, often made on a massive scale. Necessarily, they must deal with predictions and uncertainty, with developing evidence, with conflicting evidence, and, sometimes, with little or no evidence at all. Today we address the scope of the power delegated one such watchdog, the Environmental Protection Agency (EPA). We must determine the certainty required by the Clean Air Act before EPA may act to protect the health of our populace from the lead particulate emissions of automobiles."

The differing points of view of industry and EPA are captured in the following excerpt from Judge Wright's decision: "In making his threshold determination that lead particulate emissions from motor vehicles 'will endanger the public health or welfare,' the Administrator provided his interpretation of the statutory language by couching his conclusion in these words: such emissions 'present a significant risk of harm to the health of urban populations, particularly to the health of city children.'"

By way of further interpretation, he added that it was his view "That the statutory language does not require a determination those automobile emissions alone create the endangerment on which controls may be based. Rather, the Administrator believes that in providing this authority, the Congress was aware that the public's exposure to harmful substances results from a number of sources which may have varying degrees of susceptibility to control." "Ibid. It is petitioners' first claim of error that the Administrator has erroneously interpreted Section 211(c)(1)(A) by not sufficiently appreciating the rigor demanded by Congress in establishing the "will endanger" standard."

#### **Judge Wright further wrote:**

"Petitioners argue that the 'will endanger' standard requires a high quantum of factual proof, proof of actual harm rather than of a 'significant risk of harm.' . . . Since, according to petitioners, regulation under Section 211(c)(1)(A) must be premised upon factual proof of actual harm, the Administrator has, in their view, no power to assess risks or make policy judgments in deciding to regulate lead additives. We have considered these arguments with care and find them to be without merit. It is our view that the Administrator's interpretation of the standard is the correct one." But here is the key move that Judge

Wright made in his written decision: "1. The Precautionary Nature of 'Will Endanger.' Simply as a matter of plain meaning, we have difficulty crediting petitioners' reading of the "will endanger" standard. The meaning of "endanger" is not disputed. Case law and dictionary definition agrees that endanger means something less than actual harm. When one is endangered, harm is threatened; no actual injury need ever occur. Thus, for example, a town may be "endangered" by a threatening plague or hurricane and yet emerge from the danger completely unscathed. A statute allowing for regulation in the face of danger is, necessarily, a precautionary statute. Regulatory action may be taken before the threatened harm occurs; indeed, the very existence of such precautionary legislation would seem to demand that regulatory action precede, and, optimally, prevent, the perceived threat. As should be apparent, the "will endanger" language of Section 211(c)(1)(A) makes it such a precautionary statute."

Judge Wright's opinion became an icon for the precautionary principle. Furthermore, the U.S. Congress started the process to change the Clean Air Act to make it crystal clear that a precautionary approach for EPA decisions was desirable. In the Clean Air Act Amendments of 1977 (a year later), Congress replaced the "will endanger" standard with terminology that clearly endorsed the EPA Administrator's right to make a policy-based (not only an evidence-based) judgment in enacting regulations.

#### **U.S. Pesticide Law**

In the mid-1970s the U.S. EPA decided to cancel the registration of several pesticides on the basis of their POTENTIAL to cause cancer in humans. The only evidence was that the pesticides caused tumours (some of them benign tumours) in test animals. But the D.C. Circuit upheld EPA's right to use policy judgments to extrapolate from those facts the possibility that the chemicals could cause cancer in humans and to regulate in a precautionary manner by banning the chemicals.

#### **U.S. Clean Water Act**

The Federal Water Pollution Control Act of 1972 (later renamed the "Clean Water Act") was interpreted in the mid-1970s to allow EPA to regulate less-chlorinated PCBs (polychlorinated biphenyl's) without any evidence whatsoever of harmful effects from these particular PCBs! EPA did have evidence on more-chlorinated PCBs, and the Court allowed EPA to use a precautionary approach by assuming that similarities in chemical structure would lead to similarly harmful effects.

# Environmental Constitutionalism

## A Need of the Time

*Contd. from page 1*

fields. It is undeniable that with the advent of technological development and advancement of human knowledge, the environment is bound to be affected. But we must make an effort to make a balance between the two, so that the human health hazards due to technological civilisation may not corrode adversely on our existence.

As a Judge, I must say a word about the Environmental Constitutionalism. I will refer to the constitution provisions regarding "environment protection" in SAARC countries such as, India, Sri Lanka and Nepal. In India, Articles 48A and 51A(g) of the Indian Constitution make it imperative for the State as well as for every citizen to do everything to protect and improve the environment including forests, lakes, rivers, wild life and to have compassion for living creature. In recent years, in India more than 200 central or state laws have been passed on water pollution, air pollution, wild life, forests and environmental protection. Sri Lanka's present Constitution provides that the state shall protect, preserve and improve the environment for the benefit of the community. In the new Constitution of Nepal in 1990, some new Articles have been incorporated as Directive Principles of State policy to preserve the environment and reduce adverse impact on environment due to physical development activities. A new era of environmental constitutionalism has ushered in through the constitutional dictates and policy decisions in many countries of the World.

**Strictly speaking, in our Constitution, there is no such Article with regard to the protection and preservation of environment. A time has come to ponder over it and to incorporate some provisions in our Constitution to protect environment and ecology for all.**

In our country, environmental cases are very few. India being a vast and industrially developing country, the increase in environmental awareness since 1980, has triggered a large number of cases in various courts. In India, every provincial High Court has a Bench dealing with environmental cases. Luckily, I sat in

one such Bench along with the Chief Justice of Madras in 1995. In India before 1984, the Indian Judiciary made very little contribution in the area on environmental protection. The "Bhopal disaster case" is an example of that. But during late 1987, Indian Supreme Court has started a vigorous role in preventing environmental degradation. I must put on record my deep appreciation for BELA in improving environment in Bangladesh. I recall with respect the contributions of late Dr. Mohiuddin Farooque who was a public spirited lawyer in this regard. Hope the members of BELA will keep up the spirit of late Farooque. I hope that public spirited lawyers in our country through various discussions and seminars will motivate the people and will put pressure on the law givers to make effective laws for the protection of environment in Bangladesh. The Government must declare policy decision and enforcement mechanism to help prevent further damage to our environment. I am sure, the Judges and lawyers of a country can be an effective tool to maintain a balance between the environment and development. I must mention that right to healthy environment should be considered as a fundamental right as because the very existence of human life depends on the environmental conditions around us. If we cannot lead a healthy life all our endeavours will end in futility. So I urge the Government and the people to be conscious of the environmental degradation and find out possible solutions of the same. For that end the Judges must be imbued with a sense of judicial activism.

Gentlemen, the Supreme Court of India held that the right to life is a fundamental right under Article 21 of the Indian Constitution and it includes the right to enjoyment of pollution free water and air for full enjoyment of life. The importance of law in environment protection may be summed up by quoting Justice P. N. Bhagwati, the former Chief Justice of India who said as follows:

"Environmental protection includes maintenance and preservation of ecological balance and conservation of non-renewable as well as careful exploitation of renewable resources. It is necessary to have a comprehensive

law which will take all these aspects and prevent ecological deficits."

In conclusion, I urge the Government to look into the matter of environmental problems with great care for the well being of the city dwellers. The trainee Judges should be conscious to implement the environmental laws in Bangladesh.

*Note: This speech was presented by the hon'ble Chief Justice of Bangladesh at the concluding session of the judicial workshop.*

## Keep Our Air Free of TB

Alarming, but true! According to the UNICEF source, one in every ten minutes die of Tuberculosis (TB) in Bangladesh, while one in every 2 minutes gets infected. There are 600,000 existing cases of TB with 300,000 new cases reported every year in Bangladesh. In 1993, the country accounted for 3.6 per cent of the TB cases. An estimate has revealed that one million women die from TB each year. Around a third of the world's population is infected with Mycobacterium tuberculosis, which can lie dormant in some cases for many years. But it is estimated that some eight million people a year suffer from the active form of the disease in which granular tumours develop in infected tissues, most often the lungs.

TB and its causes are closely linked with malnutrition, crowding, poor air circulation and poor sanitation - a vicious cycle established by poverty that riddles the poor as the worst victim.

Under such frightening picture the World Tuberculosis Day was observed on 24 March with a pledge to keep the air free from the danger of TB. It was claimed to be a priority for the country adding that the fight against such disease must be an integral part of the country's poverty eradication strategies.

## The Ministerial Environmental Forum Meet in Sweden

The 6th special session of the Governing Council of the Ministerial Environment Forum was held at Sweden on 29 May 2000 at the auspices of the United Nations Environmental Programme (UNEP). Cabinet members of about 100 countries attended the Conference where Bangladesh was represented by the Minister for Environment and Forest (MoEF) Syeda Sajeda Chowdhury. The session was organised as part of drafting a global environment policy based on the recommendation of the report of the UN Secretary General on Environment and Human Society.



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## Environmental Governance in Khulna

With support from the MoEF and UNDP, BELA has launched a three-year programme for the Khulna Divisional Headquarter under the name of Good Governance at the Divisional Headquarter. The object of the programme is to form a core group of civil society who would pursue the cause of environment with a legal knowledge on respective rights and duties.

The programme has started with good support from a considerable number of civil society representative who all attended a discussion on Environment and Governance. The discussion held on 20 May 2000 provided the inhabitants of Khulna with a chance to identify their own major environmental problems that they like to be addressed in the next few years. The interactive programme grouped the participants and the feed back of the group discussion identified inadequate supply of potable water, crisis over waste management, sewerage disposal and unplanned urbanization as the four major problems.

The Discussion inaugurated by Professor KAA Qamruddin of BELA arranged for a lecture on the Major Concepts of Good Governance. The daylong programme was formally concluded by the Mayor of Khulna Sheikh Tayebur Rahman who assisted BELA of all possible co-operation is pursuing the cause. He congratulated BELA for the timely effort and emphasised the need of the involvement of local people in setting their priority of demand. The initiative to train the local people on environmental law was also highly praised by the participants who decided to have another discussion on July 1 2000 to set an action plan for advancing the causes identified.

## Litigation : Follow-up RAJUK to submit Report on Compliance

A Division Bench of the Supreme Court comprising Mr. Justice KM Hasan and Mr. Justice Khademul Islam Chowdhury has further issued an injunction on 24 May 2000 upon the Chairman of Rajdhani Unnayan Kartripakkha (RAJUK) to suspend all construction and filling-up of the water body and lake side areas in Gulshan, Banani and Baridhara Model Towns in particular at

plot number 26 of Road number 71, Plot number 28, 10 of Road number 76, Plot number 9 of Road number 78 of Gulshan Model Town; Plot number 76C of Road number 11 of Banani Model Town and western side of Plot Number 56 of Road number 11 and Plot number 45 of Road number 12 of Baridhara Model Town. The Court ordered to suspend all activities connected with construction and/or filling-up of the Lake and/or lake-side areas in the Gulshan, Banani and Baridhara Model Towns, in particular at Plot number 8 of Road number 78 of the Gulshan Model Town; by the eastern side of Road number 118, 121 and 123 of the Gulshan Model Town till the disposal of the Writ Petition; It also ordered to submit a report on compliance with this order within two weeks.

The court issued this injunction upon hearing an application filed by Bangladesh Environmental Lawyers Association (BELA) and Gulshan Banani, Baridhara and Welfare Society (GULBAB) challenging the unlawful activity of RAJUK by allowing construction work and filling up of the lake in Gulshan Banani and Baridhara. It is worth mentioning that original petition was filed and heard on 2 May 1999 against the Lake fill-up.

## Environmental Reporters in Investigation

Bangladesh Environmental Lawyers Association (BELA) with support from the Ministry of Environment and Forest and UNDP organised the second Workshop on "Investigative Reporting into Environmental Issues" between 2-... May 2000). Journalists from national daily, weekly and electronic media attended the Workshop. Renowned environmental journalists, academics of the Department of Journalism and Mass Communication from the University of Dhaka and environmental lawyers delivered lectures at the Workshop.

The Workshop was concluded with an evaluation of the field reports prepared by the participants on the topics assigned. The evaluation resulted in nomination of 5 participants to engage in detailed reporting. The issues selected for such reporting included, Emission at Jamuna Fertiliser Factory, Mitigation of Compensation Claims by the Ghorashal Fertilizer Factory, Status of Vehicular Pollution and Implementation of the Relevant Decisions, Ship Breaking Operation: A Threat to Coastal Ecology and Open Spaces of Dhaka. These reports are expected to form the information basis and/or support for BELAs legal advocacy.





## International Tobacco Sales

By Robert Weissman and Ross Hammond

The human costs of tobacco use are staggering and rising dramatically. Every eight seconds, someone in the world dies from tobacco use—4 million deaths a year. If current trends continue, that number will soar to 10 million by 2030, according to the World Health Organization (WHO), with 70% of those deaths occurring in the third world. Given these figures, over 150 million people will die from tobacco-related diseases over the next 30 years—exceeding the toll from AIDS, automobile accidents, maternal mortality, homicide, and suicide combined.

As the world's biggest cigarette exporter and as home to the world's largest multinational cigarette company, Philip Morris, the United States has a special responsibility to address this catastrophe. Facing declining markets in

developed countries, the U.S. tobacco industry has aggressively expanded overseas, particularly in recently opened markets in Asia, the former Soviet Union, and Eastern Europe, where the bulk of the world's smokers live. Philip Morris now sells more cigarettes abroad than it does in the United States. Philip Morris currently earns half of its cigarette profits overseas, garners almost two-thirds of its tobacco revenues in foreign markets, and sells more than three-quarters of its cigarettes outside the United States. The company's international gains come after two decades of heavy overseas spending to advertise its products, buy

them promote smoking overseas. Official U.S. promotion of tobacco exports to developing countries started in earnest after World War II. Under the guise of providing assistance to needy countries, the federal government's Food for Peace program shipped hundreds of millions of dollars worth of tobacco to developing countries until the end of the 1970s. In the 1980s, the Office of the U.S. Trade Representative (USTR), working hand-in-glove with U.S. cigarette companies, used the threat of trade sanctions to pry open key markets in Japan, Taiwan, South Korea, and Thailand. The Thai case went to the General Agreement on Tariffs and Trade (GATT), where a trade panel stated that Thailand must open its tobacco market but—in a rare move for the trade body—it also said that Thailand could maintain stringent health regulations. How that decision will impact potential future trade and tobacco decisions at the GATT's successor, the World Trade Organization (WTO), is unclear.

The Clinton administration ended the Reagan/Bush practice of using trade threats to force open markets to the U.S. tobacco industry. But the U.S.-China treaty that preceded the granting of Permanent Normal Trade Relations (PNTR) to China included a provision requiring China to slash its tariffs on imported cigarettes.

Wherever U.S. cigarettes go, teen smoking rates rise, especially among girls. The opening of Asian markets to U.S. cigarettes escalated Asian smoking rates 10% above what they would have been, according to one econometric study. Price competition and advertising were largely responsible for this rise. With the long lag time between increases in smoking prevalence and smoking-related mortality and morbidity, these countries will experience severe and growing economic and human losses for some time to come.

In 1999, member states of the World Health Organization unanimously agreed to launch negotiations on a global tobacco treaty. The Framework Convention on Tobacco Control (FCTC), as this treaty will be called, represents a historic effort by the international community to promote a coordinated international response to one of the most deadly epidemics of our time. The negotiation and implementation of the FCTC could make an enormous contribution to stemming the growth of the global tobacco epidemic by fostering multilateral cooperation on aspects of tobacco control that transcend national boundaries, such as tobacco smuggling and the global marketing of tobacco products. The FCTC process could also raise awareness, as well as mobilize technical and financial resources, for effective national tobacco control measures that would help rein in Big Tobacco. Unwilling to cooperate in this global health effort, the tobacco industry is trying to undermine the negotiations by lobbying developing country governments and spreading misinformation.

### Key Points

- Tobacco use is a growing global epidemic, hitting the third world, Eastern Europe, and the former Soviet Union the hardest. Ten million people will die each year from tobacco-related diseases by 2030.
- The U.S. government has long assisted the international expansion of U.S. tobacco multinationals through promotional trade policies and tolerance of double standards in industry behavior.
- Negotiations on a global tobacco treaty could help rein in Big Tobacco's global expansion.

newly privatized cigarette companies, set up joint ventures, and build distribution and sales networks.

Philip Morris is now a truly global company, exporting not only cigarettes but the slick advertising and marketing strategies that successfully addicted generations of people in the United States. The tobacco multinationals hook kids and unsuspecting adults—especially women—around the world on tobacco by using exactly the sorts of promotional and marketing techniques that have largely been abandoned or outlawed in the United States—free cigarette giveaways, television advertising, promotional t-shirts and hats, sporting events and rock music concert sponsorships, etc. Other than laws of general proscription, such as those prohibiting bribery, there are no U.S. laws or regulations specifically governing the overseas activities of Big Tobacco.

In fact, multinational cigarette companies like Philip Morris have long relied on the U.S. government to help

## Problems with Current U.S. Policy

In a variety of ways, current U.S. policy fails to restrain the operations of U.S. tobacco multinationals or to promote international tobacco control. In 1997, Congress passed the Doggett Amendment, which banned the use of government monies from the Commerce, Justice, and State Departments to promote the sale or export of tobacco overseas or to seek the removal of any nondiscriminatory foreign-country restrictions on tobacco marketing. Early in 1998, after considerable delay, the Clinton administration issued a directive to U.S. embassies to implement the law. Although a positive step forward, this weak amendment is subject to annual renewal, does not cover all federal agencies, and leaves compliance responsibility in the hands of agencies (such as the USTR) that have historically been oblivious or antagonistic to public health concerns.

Meanwhile, the Clinton administration insisted that China open its market to foreign tobacco imports as one condition in its 1999 bilateral trade negotiations with China, despite the concerns of public health groups that such an opening could lead to hundreds of thousands of additional tobacco-related deaths in China. Smoking rates among Chinese men are already astronomical; opening the market to U.S. and other multinational tobacco companies will likely induce a surge in smoking rates among Chinese women, very few of whom currently smoke.

Domestically, U.S. tobacco companies have historically operated in a deregulated environment. One of the few regulations, the Cigarette Labeling Act, has actually protected the industry by providing it with a defense in lawsuits (the warning labels, which are of little value, prevent plaintiffs from claiming they did not know about the dangers of smoking). The tobacco companies accepted some national controls on their operations in 1998, when they agreed to settle lawsuits brought against them by the U.S. states. This compromise, known as the Master Settlement Agreement (MSA), imposes certain limitations on Big Tobacco's marketing techniques. The restrictions—on the companies that signed the settlement—include: a ban on cigarette advertising on billboards; an end to the use of cartoons to promote tobacco; a ban on t-shirts, hats, and apparel bearing a tobacco product name; limits on athletic and music sponsorships; a prohibition on free samples to underage consumers; and a ban on packs fewer than 20 cigarettes (which are more affordable for kids).

The terms of the MSA do not apply overseas, however, where U.S. tobacco companies have been much more brazen about luring youth into tobacco addiction and where the companies are often free to engage in the

most shameless marketing tactics, such as cigarette giveaways featuring scantily clad women who seductively light cigarettes in the mouths of teenage boys. The industry's slick promotional strategies work especially well with unwary consumers who are less overruled with commercialism. The tobacco multinationals' promotions explicitly link cigarettes with perceived American values of sophistication, freedom, and "hipness."

The impact of the entry of U.S. tobacco pushers into a new market can be shocking. After South Korea opened its market to U.S. companies in 1988, for example, the smoking rate among male Korean teens rose from 18.4% to 29.8% in a single year. The rate among female teens more than quintupled from 1.6% to 8.7%.

Overseas, concerned governments and nongovernmental organizations (NGOs) often lack the resources to fight the predations of the tobacco industry, which uses its significant economic and political clout to fight advertising restrictions, fund political parties, sponsor bogus research, and obscure the truth about the health effects of smoking. The U.S. government has been of little help in this area, providing scant funding to WHO's international tobacco control efforts and absolutely no funding to NGOs who monitor Big Tobacco overseas. Although Washington has engaged in some technical assistance programs with countries such as China, these programs are dwarfed by the USTR's market opening efforts.

Even before formal negotiations on the Framework Convention have begun, there are troubling signs that the U.S. government may push for a weak convention, consisting of little more than platitudes on the harms caused by tobacco along with a few technical assistance provisions. Although the Department of Health and Human Services is supposed to be the lead U.S. agency in the negotiations, it has so far deferred to the State and Commerce Departments, which are much more sympathetic to business interests. The administration has also been lukewarm about opening up the negotiations to NGO participation, as has been common practice in other UN negotiations.

## Key Problems

- The Clinton administration continues to promote tobacco interests abroad, both directly and indirectly, through actions such as its opening of China's market to tobacco multinationals.
- The U.S. government does not apply the same marketing standards and other regulations to the overseas operations of U.S. tobacco companies as it does to their domestic operations.
- Washington has provided meager funding for global tobacco control efforts and has failed to show leadership in current global tobacco negotiations.

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# Toward a New Foreign Policy

The Doggett Amendment is important for barring heinous assaults on countries' tobacco control regulations. It should be made permanent law, so that it no longer requires annual renewal. Even if made law, however, the Doggett Amendment needs strengthening. It currently allows the U.S. government to challenge other countries' tobacco control measures if they appear to discriminate against U.S. companies. Yet other countries often must impose such controls to significantly reduce smoking rates. The World Bank has recently reiterated the finding that opening developing markets to multinational tobacco companies is associated with a 10% increase in smoking rates. U.S. policy should prohibit the inclusion of tobacco in new bilateral trade agreements, so that countries can have the options of either blocking the entrance of U.S. and foreign brands or taxing them heavily.

More affirmative measures are required, as well. U.S. tobacco companies, primarily Philip Morris, should be required to meet the same minimal marketing, labeling, promotional, and performance standards in their overseas operations as they must in the U.S. market. The U.S. government also should increase its funding of international tobacco control activities to a level commensurate

with the harm being caused by tobacco. This funding should go to the WHO—which has been reinvigorated since former Norwegian Prime Minister Dr. Gro Harlem Brundtland became director-general in 1998 and made tobacco a top priority—to foreign NGOs, and to the U.S. Department of Health and Human Services. Imposing a special licensing fee on tobacco companies or earmarking a portion of new tobacco taxes for international tobacco control would secure funds for this effort without requiring annual debates over funding levels.

Finally, the United States needs to display strong leadership in the negotiations regarding the Framework Convention on Tobacco Control or at least not function as an impediment to an agreement on a strong convention. The convention should set a global floor for national tobacco control efforts while in no way preventing countries from adopting measures that go beyond what is in the FCTC. A strong and enforceable convention is needed to hold tobacco companies accountable for their actions, and the FCTC and its protocols should include binding measures in areas such as advertising/promotion and smuggling. The tobacco companies must be barred from any role in the negotiation or implementation of the treaty, and NGOs should be fully included in these processes.

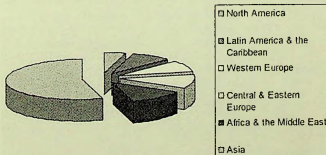
## Key Recommendations

- Prohibit the U.S. government from promoting tobacco interests abroad, challenging other countries' tobacco control regulations or demanding "free trade" in tobacco.
- Apply a single regulatory standard—both in the United States and abroad—to U.S. tobacco companies' marketing, labels, and products.
- Provide more funding to the WHO and foreign NGOs for tobacco control activities and play a more constructive role in negotiations on the Framework Convention on Tobacco Control.

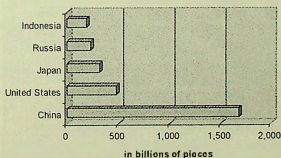
meet the same minimal marketing, labeling, promotional, and performance standards in their overseas operations as they must in the U.S. market. The U.S. government also should increase its funding of international tobacco control activities to a level commensurate

*Robert Weissman is a codirector of Washington-based Essential Action and the editor of Multinational Monitor; Ross Hammond is a San Francisco-based economist.*

World Percentage of Smokers by Region, 1997



Top Cigarette Consuming Countries, 1997



Source: 11th World Conference on Tobacco OR Health, at <http://tobaccofreedom.org/campaign/global/docs/facts.pdf>

### In Profile:

#### Phillip Morris

- Phillip Morris is one of the three largest multinational cigarette companies in the world (along with Japan Tobacco and British American Tobacco); now each owns or leases plants in at least 40 countries.
- Between 1988 and 1989, Phillip Morris' international Tobacco revenues increased 226% to \$27.4 billion, while profits from those sales rose 400% to \$5.05 billion. During the same period in the United States, the company's tobacco revenues increased 107% to \$19.6 billion, while profits increased by 40% to \$5 billion.
- In 1999, Phillip Morris Chairman Geoffrey Bible collected \$20.6 million in salary, bonuses and stock options.



# Sources for More Information

## Organizations

### Advocacy Institute

1629 K Street NW, Suite 200  
Washington, DC 20006-1629  
Voice: (202) 777-7575  
Fax: (202) 777-7577  
Website: <http://www.advocacy.org/tobacco.htm>

### Campaign for Tobacco-Free Kids

1707 L Street NW, Suite 800  
Washington, DC 20036  
Voice: (202) 296-5469  
Fax: (202) 296-5427  
Website: <http://tobaccofreekids.org/campaign/global/>

### Essential Action

Box 19405  
Washington, DC 20036  
Voice: (202) 387-8030  
Fax: (202) 234-5176  
Website: <http://www.essential.org/action/>

### INFACT

256 Hanover Street  
Boston, MA 02113  
Voice: (617) 742-4583  
Fax: (617) 367-0191  
Website: <http://www.infact.org/>

San Francisco Tobacco Free Coalition  
c/o SF Department of Public Health  
1540 Market Street, Suite 250  
San Francisco, CA 94102  
Voice: (415) 554-9154  
Fax: (415) 241-0484  
Website: <http://sfiffc.globalink.org/>

## Publications

John Bloom, "International Interests in U.S. Tobacco Legislation," *Health Science Analysis Project* (Washington: Advocacy Institute, 1998): <http://scarinet.org/hsap/international.htm>.

Ross Hammond, "Addicted to Profit: Big Tobacco's Expanding Global Reach" (Washington: Essential Action/SF Tobacco-Free Coalition, 1998): <http://www.essentialaction.org/addicted/addicted.html>.

Richard Kluge, *Ashe to Ashe: America's Hundred Year Cigarette War, the Public Health and the Unabashed Triumph of Philip Morris* (New York: Vintage Books, 1997).

*Multinational Monitor*, July/August 1997  
Available at: <http://www.essential.org/monitor/>.

## Websites

Campaign for Tobacco-Free Kids' Global Initiatives Website  
<http://tobaccofreekids.org/campaign/global/>

International Tobacco Listserv  
<http://lists.essential.org/mailman/listinfo/int-tobacco/>

Tobacco News and Analysis  
<http://www.tobacco.org/>

World Health Organization's Tobacco-Free Initiative  
<http://www.who.int/toh/>

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## SUPPORTING REGIONAL (DISTRICT) AND LOCAL (VILLAGE) HEALTH PROMOTION STRUCTURES

### **Health Promotion Foundations**

Health Promotion Foundations with intersectoral governing boards can support the development of regional and local health promotion bodies. Regional and local health bodies can develop programs based on expressed community need and involvement. This has been evaluated as the most effective approach to health promotion<sup>1</sup>.

Health Promotion Foundations with a wide representation of community interests from different sectors are necessary to provide the status and influence to support a high profile for health promotion as demonstrated by government support. It is also necessary, to link national, state and provincial perspectives to the needs of the communities where people live, work and play.

Health Promotion Foundations:

- *build governmental health promotion planning capacity*
- *increase salience of health promotion issues among policy-makers (including environmental health, diet, and tobacco use)*
- *increase governmental appreciation of health promotion approaches to health policy*
- *ensure an ongoing resource stream is sustained for health promotion*

### **Health Promotion Councils**

Health Promotion Foundations support the establishment of organisational structures for health promotion at district/regional and village level. District/Regional Health Promotion Councils will provide for the involvement of relevant organisations and communities in setting agenda and making decisions. Representatives of these bodies sit on the Council or its specialist committees.

Health Promotion Foundations work in partnership with District/Regional Health Promotion Councils to:

- *support the development of health promotion activities based on the perceived needs of local communities*
- *build capacity in local organisations*
- *ensure that health promotion action is integrated at a community and village level while remaining responsive to national, provincial, and district/regional priorities and needs.*

### **District/Regional Health Promotion Councils**

- *offer management support for the establishment of organisational health programs in hospitals and primary health care facilities*
- *build capacity in district/regional government and local/village services to offer:*
  - *health promotion services and health promotion education*
  - *health promotion policy guidance at district, regional, and local levels - especially relevant in the areas of environmental health and immunisation, as well as smoking, HIV, etc.*
  - *fund demonstration community projects from small grants funding programs*

### **Village/Local Health Promotion Committees**

At the village/local level, committees can be formed by local communities. These committees can involve such key community stakeholders as community leaders (religious leaders, workplace executives, government representatives), primary health care agencies and workers, and women from non-government organisations.

The task for the Village/Local Health Promotion Committee is to develop, implement and evaluate health promotion projects such as 'Healthy Villages', 'Health Promoting Schools', and 'Health Promoting Workplaces'. The projects reflect the possibility at the local level for Village/Local Health Promotion Committees to develop activities which encourage healthy and supportive environments.

Village/Local Health Promotion Committees enable people to come together at the community level to identify their needs, make financial and organisational decisions, create structures to manage village development initiatives, and ensure cooperation with other donors, departments and agencies.

Village/Local Health Promotion Committees can ensure that the different single-issue health risk factor campaigns cooperatively address fundamental issues of social and environmental health.

Village/Local Health Promotion Committees:

- *develop capacity within traditional authority structures to meet the challenges of new lifestyle options*
- *strengthen health knowledge at the local community level relating to the key identified issues*
- *support the integration of health promotion programs with primary health delivery systems to improve the health of mothers and children in the identified priority areas*
- *foster knowledge of health issues among families*
- *support integrated risk factor campaigns incorporating communicable diseases and non-communicable diseases (each affecting the other)*

#### **Village/Local Health Promotion Committees and Primary Health Infrastructure**

Village/Local Health Promotion Committees work with primary health care facilities to anchor health promotion programs within the village/local context and to build long-term health goals into the functioning of medical care services. The Village/Local Health Promotion Committee supports training programs for primary health care workers and examines structural and procedural issues to ensure that the maximum use is made of existing resources at this level.

The Health Promotion Foundation facilitates training exchanges between District /Regional Health Councils to enable cross-fertilisation of health promotion issues and approaches. This will ensure that sustainable skills are built into the districts, regions, communities.

#### **District/Regional Health Promotion Councils: Funding**

Funds for District or Regional Health Promotion Councils can be obtained from the Health Promotion Foundation, using the dedicated tobacco tax. In addition:

- *because this structure is relevant to the local and regional levels and builds on expressed community needs, funds can be obtained from local partners - businesses, religious organisations, village/local service clubs such as Rotary, etc.*
- *a wide range of government departments may fund specific projects relating to particular settings, and may provide core funding*
- *District/Regional Health Promotion Councils can establish themselves as Community Foundations and raise funds from local councils to support their work.*



## **HOW HEALTH PROMOTION FOUNDATIONS CAN ADDRESS HEALTH PROMOTION ISSUES FOR THE FUTURE**

The world is changing rapidly, and new challenges are presenting themselves. Health Promotion Foundations are intersectoral, flexible, and able to take risks they can offer leadership at the cutting edge of the field to address these changes.

### **New issues in health promotion**

#### ***Health and globalisation***

The economies, cultures and diseases of the world are now more than ever interconnected and interdependent. Health Promotion Foundations take the risk involved in creating, supporting, and trialing the local models and can adapt international models to local cultures and circumstances.

#### ***Global risks from global marketing***

There are now global marketing strategies in place for the multinational tobacco and alcohol companies, allowing them to deploy vast resources on selling cigarettes to developing countries, particularly targeting young women. Health Promotion Foundations generate resources for tobacco control programs so that countries are in a good position to fight back.

#### ***Increases in social and economic inequality***

The best predictor of a country's life expectancy figures is the degree of inequality in its population. The more equal the economic distribution of wealth, the longer people live. Health Promotion Foundations are well placed to generate and support the development of innovative programs and strategies for promoting health within disadvantaged communities. Health Promotion Foundations then support meaningful evaluations of these programs so that knowledge about strategies is transferred from community to community, across nations, and with international exchanges.

#### ***The future of work***

Developed countries are now facing the conditions of work that many developing countries have faced for decades - constantly changing labour markets, short-term contract work, job insecurity, part-time work and unemployment (where many young people will never be guaranteed full time permanent employment). The very nature of work, and the skills necessary to enable people to gain employment, are changing. What effect will this change, transition and insecurity have on health?

Health Promotion Foundations can tackle these issues by

- *establishing partnerships with the education system to support a health promoting schools approach that emphasises the building of skills in areas such as problem solving, developing a sense of self esteem, and developing creative responses and resilience in the face of constant change*
- *establishing partnerships with workplaces to promote healthy, supportive, and safe environments which treat workers with humanity and justice*
- *developing and supporting health promotion programs for unemployed people which emphasise lifeskills and the development of self-esteem.*

#### ***Changes in the nature of the family***

Single-parent families, blended families, extended families - the range of what constitutes a family structure has been inevitably altered by the new pressures of work and society. How will this affect the development of children's health? Health Promotion Foundations can support the embedding of health promotion in areas of child and family development. They can support the organisation of interdisciplinary programs across many settings to strengthen families in their present and future structures and systems.

### ***New technologies of communication***

The Internet has made enormous quantities of information on health available to everybody with access to a computer, and has thus created enormous possibilities for health promotion for some people. On the other hand, it has increased inequality for those without access to computers, who become the information-poor. Health Promotion Foundations can create a regional hub for world-wide information exchange and discussion about issues of information-poverty as a central threat to health and well-being and can explore methods to alleviate it.

### ***Changing women's roles***

The position of women is changing across the world as women enter the workforce, defer child bearing, take on new political responsibilities, and explore new possibilities. Because Health Promotion Foundations harness the more responsive and humanistic modes of organisation that women bring to their roles, they are able to support the building of women's literacy via health promotion programs as the strongest single means of raising the health status of populations.

### ***Changing concepts of masculinity***

While work roles are changing and there is no longer so great a demand for physical strength, men are still often locked into historically determined roles that prevent them taking care of their health, or their emotions, or their lives. Health Promotion Foundations enable cultural constructs of masculinity and femininity to be addressed in a range of settings as the primary underlying issue in many male risk behaviours.

### ***Building social capital***

Society has been held together by the bonds of traditional social roles and relations, but these are now under threat from the new economic and cultural pressures. Health Promotion Foundations support the building of alternative systems of social support by integrating the goals of social capital development into their capacity-building programs at the national, provincial, city, town and village levels.

### ***Demographic change - the ageing of many populations***

Many countries in the world have a flood of young people, while others have increasing proportions of elderly people. How can societies and cultures change to take account of what these changes have to offer? Health Promotion Foundations establish strategic planning models that systematically take account, from the outset, of the health needs of population groups through the lifespan - mothers and infants, young people, adults and older people - in the places they live, work and play. Health Promotion Foundations support systems that can be built to address factors which affect people from birth to death with families, organisations, and communities.

### ***Economic development and its impact on the environment***

Much of the world has been wounded, stripped, chipped and processed unsustainably. Economic growth has been taken as the only measurement. In many places tourism has taken precedence over the interests of the local communities. Health Promotion Foundations support advocacy to ensure that health and quality of life issues are high on the agenda at national, provincial and local levels with programs that link health with economic and environmental issues and with local communities.

### ***Pioneering Health***

A Health Promotion Foundation with funding from a dedicated tobacco tax can

- *invest in innovative research and development*
- *invest in experimental and innovative pilot programs*
- *bring together the best people across a wide area to focus on a particular issue*
- *focus on inequity and unpopular issues*
- *take a long term approach*

## FACING NEW CHALLENGES

### **Health Promotion Foundations and Poverty**

In the developing nations of the world, millions of people have poor health because they are malnourished, infected with parasites, poorly housed, or subject to epidemic or endemic diseases. All governments need to address issues of poverty and should put in place effective public health systems and accessible primary health systems to combat it.

Communities that work together have the best hope of dealing with their public health and primary health problems. They can ensure that the government considers their needs, that proper preventative measures are developed, and that individuals and families will cooperate to implement them.

Health Promotion Foundations can support the strengthening of the community organisations and institutions that provide a base for this work. Health Promotion Foundations can, for example, support programs to prevent dengue fever, or HIV, or smoking by:

- *providing support so that dengue/HIV/smoking issues are firmly placed on the agenda of local, district, provincial, state and national governments*
- *providing support to strengthen organisations and communities that work towards organisational and environmental change to prevent dengue fever/HIV/smoking*
- *providing support for family and community involvement in such projects as mosquito eradication campaigns, condom drives, or anti-smoking activities at the village level*

### **Health Promotion Foundations and Measurement of Risk**

Even in countries that have good and readily accessible medical systems and sound public health, ill-health persists. In all countries the lower levels of society, the poor, are always the most unhealthy. Even among British public servants, all of whom have comparatively adequate incomes, good medical care, and little occupational risk, every level below the top has higher rates of mortality and morbidity than the level above.<sup>2</sup> Less than half of this difference can be explained by higher levels of risk behaviour such as smoking, poor nutrition, or lack of exercise.<sup>3</sup> More than half is due to more complex biopsychosocial issues.

Health Promotion Foundations can support the building of capacity for social epidemiology and social health research.

### **Health Promotion Foundations and Programs to Promote Control over Individual's Lives**

Research conducted over the past twenty years leads us to conclude that once basic needs have been provided for, the most important factor in people's health is how much control they have over their lives. People who have a sense of coherence in their lives, who are able to set their own directions, who are valued, and who have a source of help, can resist health threats that destroy people without these protections.<sup>4</sup>

Health Promotion Foundations support population based approaches, including individual health risk factor campaigns intended to affect such behaviours as smoking rates and eating habits. As well, Health Promotion Foundations are able to support the development of programs focusing on the underlying determinants of people's health. While other factors such as control may be difficult to deal with, they are nonetheless proving to be one of the most important influences on health and cannot be ignored.<sup>5</sup> Health Promotion Foundations can support trial programs to tackle difficult issues such as hopelessness and lack of control.

### **Health Promotion Foundations and Control in Practice**

Evaluation now shows that health promotion initiatives that attempt to impose their wishes on a passive audience cannot build people's skills to deal with other life challenges and may even reduce their self-esteem.<sup>6</sup> Some nutrition campaigns may even stigmatise overweight people and encourage tendencies to eating disorders.<sup>7</sup> Health Promotion Foundations can support alternative approaches, funding programs that, for example, emphasise the value that can be added to life with delicious and nutritious food consumed within generative and supportive families, neighbourhoods, schools and workplaces.



### **Health Promotion Foundations and capacity building**

Health promotion that works and is sustained begins by asking people what their own priorities for living are.<sup>8</sup> People are then supported to meet those goals with community and workplace organisation. Health Promotion Foundations can support the process by building skills that will give people the collective capacity in communities, workplaces and families to deal effectively with issues that affect their lives, as they themselves perceive them. This will improve their health.<sup>9</sup>

### **Health Promotion Foundations tackle risk situations**

Risk behaviours cluster in risk situations. People who smoke are more likely to be poor than their fellows.<sup>10</sup> People who are poor and unemployed are more likely to be depressed and even suicidal.<sup>11</sup> People who consider suicide tend to have low self-esteem. People with low self-esteem are more likely to smoke.<sup>12</sup> Because risk behaviours are not a matter of taking particular decisions but instead arise from the person's total situation, single-issue health campaigns that do not address underlying tendencies can be effective for general populations but may not affect disadvantaged groups (who have the lowest health status). Because health is dependent on matters lying outside the health sector, Health Promotion Foundations can support programs that draw in media, education, industry, agriculture, transport, government, and community, and, most important, engage with people about their own concerns wherever and however they live, work, play and love.

### **Health Promotion Foundations- moving on from risk factors to the underlying issues**

Health promotion deals with solid, measurable factors like cigarettes, pills, and bacteria, where a simple cause has a straightforward effect. We also know that the health of individuals can depend crucially and centrally on something as hard to measure and as difficult to foster as a sense of hope or as a sense of control over our lives.<sup>13</sup> Health Promotion Foundations face these new challenges and support the development of new evidence of a different kind, based on the perceptions of the communities and individuals involved.

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## WORKING IN SETTINGS - A PARTNERSHIP APPROACH

"Health is created and lived by people within the settings of their everyday life: where they learn, work, play, and love. Health is created by caring for oneself and for others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society that one lives in creates conditions that allow the attainment of health by all its members." <sup>14</sup>

Research shows that the major differences in health status within populations are based upon economic and social status.<sup>15</sup> The primary determinants of health are:

- *income*
- *employment*
- *education*
- *personal health skills*
- *the physical environment*
- *gender*
- *social support networks*
- *workplace factors*
- *access to appropriate health care*

The majority of these health determinants fall outside the health sector, and health promotion programs thus need to be intersectoral. Health Promotion Foundations can build partnerships with all community settings.

### **The Settings Approach - Promoting Communities**

Five key settings cover the bulk of the general population. These in turn fit within the wider settings of the city, district and village.

The Healthcare Setting	}	Healthy Cities
The Educational Setting		Healthy Locality
The Workplace Setting		Healthy Villages
The Recreation Setting		
The Family Setting		

Health Promotion Foundations, because they are themselves intersectoral and work with broadly-based Boards and community networks, are in a good position to support collaborative work in settings.

### **An Organisational and Community-Based Approach**

Health Promotion Foundations can support a settings-based approach which emphasises the development of healthy organisational structures and systems that will build supportive environments, provide healthier choices and incentives to the populations served, and eventually ensure that health becomes a part of everyday life.

Environments supportive of good health are crucial in achieving greater equity in health. Health Promotion Foundations use an 'organisational change' approach that emphasises the identification and change of organisational systems and structures for the creation of healthy environments and healthy people and creates strategic interdependencies among the key stakeholders in communities and settings.

### **The Health Care Setting**

Health Promotion Foundations can support health promotion programs which address those specific systems and structures of health care organisations which impact on the quality of service and the working life of staff and patients with health education and behavioural change strategies.

### **The Educational Setting**

Health Promotion Foundations can support the integration of curriculum, school policies and programs, and local community resources to provide students and employees with a contextual view of health and the skills and support systems for sustaining better health. Organisational change within the education system at both macro and micro levels assists in the development of cultural change as well as creating policies and practices conducive to the health of teachers, students, and the wider community (such as parents).

### **The Workplace Setting**

The workplace setting provides Health Promotion Foundations with the ability to address organisational structures and systems which impact on the overall health of the organisation as well as on individual health and safety needs.

### **The Recreation Setting (Sports and the Arts)**

Sports and leisure settings offer excellent opportunities for health promotion, and Health Promotion Foundations have focused on them with great success via their sponsorship initiatives. Sport and leisure's natural affiliation with health make it accessible to the promotion of health in a broader sense.

### **The Family Setting**

Health Promotion Foundations can support families (including extended families and households), the most immediate support network for individuals, and can make a major contribution to health promotion via the alteration of attitudes, behaviours, support and readiness to access health services. Families require the support of their communities - interdependencies with schools, the community and civic groups, and the workplace- in achieving and maintaining standards for health.

### **Healthy Cities/Healthy Localities/Healthy Villages - Building bridges across the settings**

Health Promotion Foundations can support the development of healthy localities, healthy cities, and healthy local government programs to encompass all of the five settings at the local level, collaborating with all agencies and mobilising all segments of the community to achieve change. Regional and district Health Promotion Councils can coordinate the activities of different health agencies and non-governmental organisations.

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## **FUNDING SUSTAINABLE HEALTH PROMOTION WITH A TOBACCO LEVY**

### **Why a Dedicated Levy on Tobacco Products?**

The development of a Health Promotion Foundation using funds from a tobacco levy is a way of taxing the most harmful disease-creating product to promote good health.

Taxing tobacco and using the funds for tobacco control and health promotion provides many positive health promotion benefits at once. A harmful substance is taxed, which increases the price of cigarettes. This is in itself a disincentive for many people to continue to smoke, and particularly for young people to take up smoking.

Often the initial small tax increase will lead to governments increasing the tax when they see the popularity of the dedicated levy.

A percentage of the tobacco tax can be dedicated to fund the promotion of health throughout the country. This levy can fund a range of public health initiatives including tobacco control, injury prevention, food and nutrition, drug prevention, reproductive and sexual health, promoting mental health and well-being, and environmental health promotion. The popularity of these activities creates a political/economic climate in which even higher taxes on tobacco are possible.

### **Tobacco Tax: No Claim on the Health Budget**

A dedicated levy from a tobacco tax means that the funding for the Health Promotion Foundation does not come from the general health budget, and therefore does not have to compete directly in the same budget bidding processes with all the other claims on the health budget especially with hospital and treatment services and high technology.

### **A Long-Term Investment in Health Promotion**

Health promotion is a long-term enterprise, having its effects over years and decades, and needs secure long-term support. The funding for health promotion from a dedicated levy means that longer-term investment in health promotion initiatives are possible. Because the funding for health promotion does not come from the main health budget, it is more likely to survive, even in a recession.

### **Other Countries with Dedicated Tobacco Taxes**

The first Health Promotion Foundation funded from tobacco taxes was set up in Victoria, Australia, in 1987, with the establishment of the Victorian Health Promotion Foundation (VicHealth). Dedicated tobacco taxes for health promotion or Health Promotion Foundations have now been established in, for example,

- *Australia (Australian Capital Territory, Queensland, South Australia, Tasmania, Victoria, Western Australia)*
- *Canada*      ● *Ecuador*
- *Finland*      ● *French Polynesia*
- *Guam*      ● *Iceland*
- *Korea*      ● *Mauritius*
- *Nepal*      ● *New Zealand*
- *Peru*      ● *Portugal*
- *USA (Arizona, California, Massachusetts)*
- *Western Samoa*

There is no doubt that the model of using a dedicated levy on a harmful product such as tobacco for health promotion (including tobacco control) is proving to be very attractive to many countries because of financial and organisational constraints. In many of these countries health promotion would not otherwise exist.

Public health research, health promotion in key settings, and the mobilisation of the population for health promotion are much more likely to take place in those countries and states where a Health Promotion Foundation funded from the tobacco tax exist.

### **Who gains from a dedicated percentage of the tobacco tax for a Health Promotion Foundation?**

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The gains for tobacco control, health promotion, public and social health research, sports and arts, health promoting schools, healthy workplaces, healthy cities, local communities, and villages are considerable. But the biggest winners of all are the millions of people - infants, young people, adults and older people - whose health and well-being are enriched and enlivened by staying healthy through exposure to health promotion programs.

## OTHER MECHANISMS FOR FUNDING A HEALTH PROMOTION FOUNDATION

### A Viable Health Promotion Foundation

A Health Promotion Foundation must have a sound long-term funding base that enables it to support major projects that deal with the underlying determinants of health over extended periods of time. A dedicated tobacco tax is in many respects the best means to fund a Health Promotion Foundation. Levying other harm-producing substances such as alcohol may also be considered. If the government has not yet been convinced of the need for such a foundation, then it may be necessary to launch a public campaign to convince it.

Such a campaign may be funded from many sources, which may also be used to fund a Health Promotion Foundation in the period while it is still seeking full government funding.

#### Government Aid Organisations

Intergovernment aid programs provide program funds for health in developing nations, and the governments of these nations are increasingly beginning to recognise the value of health promotion.

- Development Assistance Committee (DAC), OECD
- Australian Agency for International Development (AusAID)
- Canadian International Development Agency (CIDA/ACDI)
- Deutsche Stiftung für Internationale Entwicklung (DSE)
- Institute for International Cooperation / Japan International Cooperation Agency (JICA)
- Ministry of Foreign Affairs and Trade - Development Cooperation Division, New Zealand
- Department for International Development (DFID) (formerly Overseas Development Administration), UK
- USA Agency for International Development (USAID)

#### Private Trusts and Foundations

Private trusts and foundations may be interested in your project proposal:

- Rockefeller Foundation
- W. K. Kellogg Foundation
- Thrasher Research Foundation
- The Pew Charitable Trusts
- The Ford Foundation
- Carnegie Corporation of New York

#### World Health Organization

WHO funds regional and national meetings, projects, and research.

#### World Bank

The World Bank spends a large amount of money on health promotion projects, many of which include funds for noncommunicable disease prevention, including tobacco control.

#### UICC (International Union Against Cancer/ Union Internationale Contre Cancer)

UICC sometimes provides money for national campaigns.

#### IOCU (International Organization of Consumers Unions)

IOCU has little direct funding, but has a considerable databank on smoking problems in individual nations and may be helpful in analysing the issues and preparing a campaign.

#### IDRC (International Development Research Centre)

The IDRC is a Canadian government body that encourages, supports, and researches the problems of the developing world, including health problems.



### **National and International Health NGOs**

Anti-cancer and anti-heart disease societies and organisations, and associations centering around particular medical professions or particular conditions, are aware of the toll taken by tobacco and are willing to cooperate in anti-smoking campaigns. Some may be willing to give small grants for particular projects.

### **Service Clubs**

Organisations such as Rotary and Lions International can provide funding and access to management expertise and networks of influence.

### **Sponsorship**

It may be possible to seek a sponsorship from an organisation that will benefit from an association with health. Sponsorships have become an important component of the marketing mix of commercial and, in some instances, "not-for-profit" organisations. Sponsorships are the basis of a relationship between a corporation and a sponsored organisation in which there is an exchange of benefits.

In return for financial investment in the activities of an organisation, the sponsor receives benefits, including enhanced profile within the market, access to target groups, product awareness, image building, and commercial credibility.

### **Alternatives to the Tobacco Tax**

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Even after a campaign, a tobacco (or alcohol) tax may not be politically feasible and it may be necessary to find alternatives. The first line of investigation should be the organisations or sponsors that funded the campaign, who see the value in a Health Promotion Foundation and will be prepared to provide bridging funding until such time as the Health Promotion Foundation establishes its value. Even without a tobacco or alcohol tax, the Government may be prepared to make a grant from general revenue (although this is not as secure as dedicated funding).

The Health Promotion Foundation can also

- tender for government-funded projects
- tender for NGO-funded projects
- provide health promotion services to businesses

## HOW TO DEVELOP A HEALTH PROMOTION FOUNDATION IN YOUR PROVINCE, STATE OR COUNTRY

If the government backs the proposal from the outset, this will reduce the work required in setting up a Health Promotion Foundation. If there is resistance or lack of interest it will be necessary to persuade the government and this may take the form of a public campaign.

### **Step 1: Develop a vision**

The first step towards establishing a Health Promotion Foundation is to develop a vision that can inspire the hard work and commitment that will be necessary to mount the public campaign.

#### *Tobacco Control and Tobacco Replacement Funding*

The vision should include support for a vigorous and high-profile tobacco-control movement, including opposition to tobacco sponsorship of sports and art events and organisations, and should include a vision for an effective and vigorous smoking cessation campaign.

### **Step 2: Build a coalition to run the campaign**

A coalition needs to be created to run and support the campaign. The coalition needs an inner circle which includes key health agencies from the non-government sector - the national cancer, heart, alcohol and substance abuse, diabetes, arthritis, and asthma organisations - and doctors, nurses, and key health bureaucrats. Some sports groups will support a dedicated levy for the replacement of tobacco sponsorship, and medical associations and the public health research community from the universities are usually very supportive. Sympathetic politicians, key members of the business and corporate community, key church leaders, and key members of the media should also be included. The inner circle should form a committee to manage the campaign and its members should network outward to build links into all key areas of influence.

### **Step 3: Build leadership for the coalition**

A lead agency - perhaps the cancer or heart disease organisations, the medical association, or a university - should be identified and agreed to by all the interests involved. A coordinator should be found to run the campaign with a desk inside the lead organisation. The coordinator should have excellent organisational and negotiating skills, the ability to establish bases and networks, credibility in the public eye, and the ability to inspire enthusiasm in others. The coordinator should work to a campaign committee with representatives of all relevant agencies. A prestigious and credible chairperson for the Committee should be appointed to be the public spokesperson for the campaign.

### **Step 4: Develop a campaign strategy**

The campaign coordinator should take responsibility for developing the campaign strategy in close conjunction with the campaign committee. Support from other organisations such as the World Health Organisation, the World Bank, other Health Promotion Foundations, government and nongovernment agencies, and private foundations should be developed. Significant letter writing programs, meetings with key parliamentarians should be organised by members of the inner circle. A mutually supportive relationship with the media (and reassuring them that any drop in revenue from a ban in tobacco advertising will be quickly made up from revenue from health promotion campaigns about tobacco control, food and nutrition, etc.) should be established. Use high-profile role models from sports and arts to carry the message on the need for a tobacco tax for a Health Promotion Foundation, and use them as widely as possible in public relations events directed at the print and electronic media.

Be prepared to deal with a vicious counter-campaign from the tobacco industry (including direct influence on politicians). If at all possible, undertake market research to show the increase of support for tobacco control and health promotion over the course of your campaign.

The campaign strategy may need to be maintained for a long time - up to five years - and the coordinator and the campaign committee must be able to maintain the momentum and the commitment necessary for long-term campaigning.

**Step 5: Prepare draft legislation, including details of the tobacco levy**

The final legislation will be drafted by the government of the day, but it is useful to have model legislation ready to guide the government in its task. The legislation should ensure that a dedicated levy is created as a direct percentage of total tobacco taxation. The levy should ideally be separate from the normal annual budgetary processes of the government. The exact mechanism for the levy - an excise duty, a tobacco franchise fee, etc - will depend on the actual administrative and legislative arrangements in place for tobacco taxation. The amount of the levy can be expressed as a percentage of tobacco taxation, or alternatively as a percentage of tobacco sales. If the levy is expressed as a percentage of sales it should be as a percentage of value rather than weight of tobacco so that it will benefit from any price increases. The levy should be in addition to any existing tobacco taxation and should be not less than 1% of the total annual health budget.

Liaise with legislative drafting capacity inside the Department of Health.

**Step 6: Work with the Government and the Health Department**

Most Ministers for Health will appreciate the benefits of tobacco control and health promotion and be ready to carry the legislation through the government. Where this is not the case, an active and committed back-bench Member of Parliament can be used, but this is much more difficult. Where possible, ensure that the health promotion coalition has all-party support. Ensure that the relationship between the Campaign Committee and the Health Department is cooperative, consensual, and coordinated. Many campaigns will set up a joint operation with the Health Department. Establish links where possible with sympathetic officers of the Ministries of Finance and Treasury.



## WHAT ARE THE TASKS OF A HEALTH PROMOTION FOUNDATION?

A Health Promotion Foundation funded from the tobacco levy can lead a nation away from domination by the tobacco industry towards a smokefree society, but it can also do much more. Health promotion is a rapidly developing field, and new data and new concepts are providing the basis for rapid and extensive change. A Health Promotion Foundation, being at the centre of operations across all areas of research and practice, is in an excellent position to develop new directions and new initiatives to extend and amplify the influence of health promotion on the nation's health.

The first Health Promotion Foundation funded from tobacco taxes was set up in Victoria, Australia, in 1987, with the establishment of the Victorian Health Promotion Foundation (VicHealth) as a statutory body funded from a guaranteed share of the levy on tobacco to improve the health of all Victorians.

A Health Promotion Foundation has the following roles and responsibilities.

### **Strategic Planning**

- to develop statewide, provincial health priority action areas
- to provide leadership in the development of policy in these areas
- to develop appropriate health promotion methods to achieve policy goals and targets
- to coordinate single-issue programs to work together within a strategic framework on integrated programs

### **Assessment and Development**

- to assist community organisations and self-help groups to develop project proposals
- to advise grant-seeking organisations about design, evaluation, and dissemination strategies
- to advise grant-seeking organisations about strategies for partnerships with disadvantaged groups and communities
- to assess project / program proposals against worldwide good practice
- to be proactive in developing proposals where no group is yet working in the relevant areas
- to fund projects and programs when they have been sufficiently developed
- to monitor funded projects through their implementation management, monitoring and evaluation
- to ensure that continuous evaluation is included in the conduct of funded activities
- to ensure that meta-evaluations are conducted across whole areas of its operations, seeking common factors in different gains or losses

### **Diffusion and Dissemination**

- to ensure that knowledge about strategies and results are transferred across all the organisations working in these fields locally, nationally and internationally through:
  - organisational and community networks
  - publications, seminars, and training
  - the resources of the new electronic media.

## **A Health Promotion Foundation -**

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### **Replaces tobacco company funding in sports and the arts**

A Health Promotion Foundation can work with thousands of sports clubs and sports organisations, and arts organisations to eliminate tobacco sponsorship of sports and arts. The use of sporting heroes as high-profile role models for the tobacco industry, tempting young people to smoke, can end. A Health Promotion Foundation introduces health into sports and arts organisations by replacing tobacco sponsorship with health messages, and uses sporting and cultural role models to promote health.

### **Enlists sports and arts organisations to promote health**

By the use of strategic sponsorships, a Health Promotion Foundation encourages sports and arts organisations to introduce smoke-free venues, low or no alcohol policies, sun shade against skin

cancer, and healthy food options. Sports clubs are contracted to recruit and support groups with lower participation levels, including women, people with disabilities and chronic illness, and older people.

#### ***Develops programs to reduce tobacco consumption***

A Health Promotion Foundation works with a wide range of specialist campaign groups such as Quit or the Smoking or Health campaigns to devise and implement community development and organisational health approaches and to develop social marketing programs that successfully reduce smoking rates, especially among disadvantaged groups (who have the highest smoking rates).

#### ***Develops a culture of health***

A Health Promotion Foundation creates a culture where health promotion is widely popular among the population, where governments recognise the strength of support for health promotion, and where communities and organisations have embraced health promotion as one of their prime responsibilities.

#### ***Develops environments to promote healthy behaviours***

A Health Promotion Foundation also works with a wide range of other single-issue health campaign organisations such as the Anti-Cancer Council, the Arthritis Foundation, the Asthma Foundation, the Diabetes Institute, the Schizophrenia Foundation, or the Heart Foundation to reduce the country's smoking rates, injury rates, and alcohol related disorders and to promote healthy eating, physical activity, mental health, and environmental health.

#### ***Develops health status baselines***

A Health Promotion Foundation conducts research to establish the health status of all groups in society - men and women across the lifespan, people living in poverty, ethnic groups and minorities, people with disabilities - and can establish benchmarks to demonstrate improvements in these areas.

#### ***Develops sustainable research capacity in public and social health areas***

A Health Promotion Foundation develops new approaches to health promotion research by establishing Centres of Research and Action in areas where there is little other research activity that leads to action. Examples exist in lifespan areas - a Centre for Mothers' and Babies' Health, a Centre for Child Development and Health, a Centre for Adolescent Health, a Centre for Older Persons' Health and a Centre for Women's Health.

#### ***Develops pilot preventative health programs***

A Health Promotion Foundation supports trials of screening programs in such areas as cervical smear programs and breast cancer programs. Successful programs can then be developed by the government.

#### ***Promotes environmental health***

A Health Promotion Foundation promotes environmental health by supporting organisations and communities to develop the skills and confidence necessary to tackle such environmental health issues as mosquito control for malaria and dengue prevention using a range of methods - social mobilisation, community and organisational development, and where necessary, advocacy.

#### ***Develops health promotion with disadvantaged communities***

A Health Promotion Foundation directs its priorities towards covering those underserved groups in the community who have the lowest health status and the highest mortality - people living in poverty, ethnic minorities, people with disabilities, the unemployed.

#### ***Reduces injury and trauma***

A Health Promotion Foundation develops health promotion research and action programs in the field of injury prevention - communities, homes, workplaces and roads - that are taken up at a state and national level to lower accident risks in all areas.

#### ***Develops mental health promotion capacity***

Mental health factors underlie risky health behaviours, and a Health Promotion Foundation establishes programs to deal with these health risks by supporting programs which focus on early detection and warning signs for early psychosis intervention and suicide prevention. Programs which promote mental health and emphasise school-based child development and family health programs are designed to improve community, organisational, family and personal health and wellbeing.

## **HEALTH PROMOTION WITH SPORTS AND ARTS SPONSORSHIP**

### ***The tobacco industry and sports and arts***

As the cigarette companies have shown, sports and arts organisations provide powerful role models and convincing advocates, cultural ambassadors capable of carrying ideas across the community. In 1987 it was estimated that tobacco companies in Australia were spending in excess of \$21 million on sports, arts and culture sponsorships. The Victorian Health Promotion Foundation - VicHealth - broke this nexus by pioneering health promotion partnerships with sports and arts.

The 1987 Tobacco Act provided the opportunity for a Health Promotion Foundation to offer replacement health promotion funds to evict tobacco sponsorship from sports and arts. The Health Promotion Foundation then adopted and adapted the successful methods previously practised by the tobacco companies by inserting tobacco control and other health promotion messages into events and programs that people value and enjoy.

### ***From tobacco sponsorship to health sponsorship***

Health Promotion Foundations quickly learn how to maximise the value of replacing tobacco sponsorships and integrate them into general health promotion planning. As well as utilising signage rights, corporate entertainment, product endorsement and promoting health messages, health promotion sponsorships can evolve over time to focus on the achievement of long-term health improvements in sport and arts environments, while maintaining a commitment to promote health messages to relevant population groups.

### ***From unhealthy sports and arts environments to those that are healthy and safe***

As a result of an ongoing relationship with Health Promotion Foundations, sport and arts organisations become committed to introducing policies and practices that will provide for sustained healthy structural changes in their environments. A recent survey into 25 sporting organisations in Victoria indicated that 98% of them supported the introduction of smoke free facilities, safe alcohol management, healthy food choices, sun protection measures and safe sporting practices.

Over 90% of Victorian squash centres are now totally smoke-free, and guidelines introduced in 1990 established Victorian lifesaving clubs as role models for sun protection with over 80% of clubs providing sunscreen on beaches, wearing of protective clothing by lifeguards and providing sun shelters on beaches. The various football codes have provided leadership into sports injury prevention and basketball has undertaken to introduce improved alcohol serving practices throughout its network of clubs and facilities.

The Victorian Arts Centre, too, is now a best practice health promoting facility. In all these ways sport and arts organisations can become health promoters and significant contributors to an expanding health promotion culture.

### ***Developing strategic alliances between health agencies and sports and arts organisations***

In order to maximise the value of working in the sport and arts settings, Health Promotion Foundations develop strategic alliances with the major health organisations such as the Anti-Cancer Council, the National Heart Foundation, the Drug Foundation, the Arthritis Foundation, the Asthma Foundation, the Schizophrenia Foundation, and the Diabetes Foundation. These alliances enable Health Promotion Foundations to strategically integrate health promotion practice into these settings while engaging with the health organisations to create organisational change with their relevant target groups.

Those sports and arts areas traditionally supported by tobacco companies can become fertile ground for the Quit Smokefree message. Sports such as football, netball, surfing and motor racing are enormously valuable for tobacco control not only because of the number of participants and spectators but also because of the access they provide to a much larger audience through electronic and print media.

Prevention messages such as the diabetes prevention message of 'Healthy Diet-Try it' can be integrated into racecourses, receiving in Australia a recall of 79% recognition (comparing favourably to major corporate sponsors, where recognition of sponsor brand messages is around 35%).

### ***Expanding participation in sports and the arts***

Health Promotion Foundation sponsorships can ensure that disadvantaged groups such as people with disabilities and older people participate in sports and arts groups. This breaks down social isolation (a major health risk) and promotes the social and physical health and well-being of these groups.

Health Promotion Foundations can support activity in rural areas, ensuring that sustained results can be achieved for health promotion. By working within sports and arts infrastructures, health messages are integrated into local clubs, organisations, community cultural festivals, and local community primary health facilities.

### ***The future***

Health Promotion Foundations have pioneered partnerships with sports and arts settings for health promotion as an innovative and cost-effective tool for improving people's health. The long-term structural outcomes of tobacco replacement sponsorships offer lasting benefits to communities. The knowledge and achievements over the years provide the basis for the transfer of these strategies to the organisations and networks which will sustain these benefits.



Tobacco is used in India in many ways. Tobacco use in smokeless form is very common. It is chewed with or without lime or as an ingredient of pan/pan masala; applied in the form of mishri, snuff, tobacco toothpaste, etc. Tobacco is smoked in the form of cigarette, bidi, chutta, dhumti, clay pipes and hookah. Main smoking material in India is "bidi". Although a bidi stick has about 1/4 to 1/5 g of tobacco (as compared to about 1 g in a cigarette), the amount of tar and nicotine liberated by a bidi is equal to or more than a cigarette. Cigarette smoking (the commonest mode of tobacco smoking in the World) constitutes about 13% of the total smoking consumption in India.

**Magnitude of Tobacco Use :** During 1980s, the prevalence of tobacco use among men above 15 years of age varied between 46% and 63% in urban areas and between 32% and 74% in rural areas. Among women it varied between 2% and 16% in urban areas and between 20% and 50% in rural areas. Based on these studies, it has been estimated that in India about 194 million men and 45 million women above 15 years of age use tobacco. While smoking is more common among men, smokeless tobacco use is more popular among women.

**Mortality and Morbidity due to Tobacco:** Annual deaths due to tobacco use amount to an estimated 800,000 persons in India, which equals to 2,200 deaths a day or one death every 40 seconds. The burden of illness due to tobacco use (prevalence figures) include 400,000 cancers, 1.3 million coronary artery disease and at least 7 million chronic obstructive lung diseases.

### Tobacco Control Scenario in India

Till 1980s, the major tobacco control initiatives were the necessity of a warning on cigarettes (under Cigarette Act of 1975), prohibition of direct tobacco advertisements on government controlled mass media, and anti-tobacco education. In 1990, a warning on chewing tobacco was also made necessary under Prevention of Food Adulteration Act. Cabinet secretariat by an order in 1990, banned smoking and sale of tobacco products in health related and educational institutions, domestic air flights, air conditioned trains and buses, and conference rooms. The health hazards of tobacco were included as topics in the text books brought out by National Council for Educational and Research Training, for the age group of 11 to 18 years. Teachers training programmes also addressed hazards of smoking. A National workshop in 1991, identified various tobacco control activities for the country.

Operational research projects related to control of tobacco were carried out by Indian Council of Medical Research, using radio, health infrastructure, schools, and community volunteers. These studies indicated that if motivated, all these facilities could be effective in bringing down the prevalence of tobacco use. The nationwide programme through radio showed tobacco quitting by 4% to 6% users after broadcast of 11 episodes on tobacco. Project on estimation of cost of tobacco related diseases suggests that loss due to tobacco related diseases may be much more than its contribution to Indian economy.

The Ministry of Health & Family Welfare is in contact with other concerned Ministries/ departments, to facilitate a holistic approach for tobacco control. A draft comprehensive legislation for control of tobacco was prepared by the Ministry. An enhanced political will on tobacco control has been the biggest achievement during the recent past. The twenty second report of the Committee on Sub-ordinate Legislation (Tenth Lok Sabha) considered the rules/regulations framed under the Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975. The committee consisting of Members of Parliament, made wide-ranging suggestions for tobacco control in India, including substitution of tobacco with alternate crops. Administrative actions have been initiated on many recommendations. The revised comprehensive legislation in view of the recommendations of the Parliament Committee, is being examined by other

concerned ministries/ departments, before placement in the Parliament. A legislation banning tobacco advertising and smoking in public places has been implemented in Delhi. A similar legislation for Goa has been referred to the central Government for consideration.

The Ministry of Health & Family Welfare constituted an Expert Committee on Economics of Tobacco in India, which is likely to help in decision making. The Committee is examining the tax revenue and foreign exchange earnings, employment and consumer expenditure due to tobacco on the one hand and the cost of tertiary level medical care facilities for treatment of tobacco related diseases, losses due to fire hazards, ecological damage due to deforestation and disposal of tobacco related wastes on the other hand.

The Directorate General of Health Services examined the health hazards of pan masala with tobacco, through an expert committee. The Committee recognized pan masala with tobacco to be an important cause of oral sub-mucous fibrosis and oral cancer. Based on the report of this Committee, the Central Committee on Food Standards, recommended a ban on chewing tobacco in India. An inter-ministerial meeting considered the implications of such a ban, and the modalities proposed by the Ministry of Health & Family Welfare for its implementation. Various concerned ministries and departments are being consulted for initiating actions to deal with the implications of notification of a ban on chewing tobacco in India.

#### Future Challenges for Tobacco Control in India

While political and administrative will is greater than in the past, it is important that the education of community, politicians and administrators is undertaken at a war-footing. Such a campaign would help in accordng a better priority to tobacco control actions, and in generation of a social atmosphere wherein non-usage of tobacco would be considered as the societal norm. With a conducive social atmosphere, any legislative initiative for tobacco control is also likely to be considered positives by the Parliament.

The need for providing support to tobacco quitters has been recognized all over the World. Thus, if India is to implement initiatives for ban on tobacco products or tobacco crop substitution, the current users would require support in their quitting efforts. It is proposed to initiate a network of Tobacco Cessation Clinics all over the country. These clinics would utilize proven modalities in smoking cessation for community and carry out research in understanding the role of newer cessation support mechanisms and the role of existing modalities in quitting of smokeless tobacco.

It is important that liaison and support is provided by the Ministry of Health & family Welfare, to other Ministries/ Department in initiating/ enhancing their activities related to tobacco control. Ministry of agriculture has started research work towards identification of alternate crops. Ministry of education aims at better coverage to the subject in schools. Mass media is conducive to initiation of major educational programmes. Other ministries/ departments are considering programmes which could help in tobacco control. Currently, India is poised for major steps for control of tobacco in near future.

# ICMR's Research Projects on Tobacco

## Radio DATE (Drug, Alcohol & Tobacco Education)

A Joint Project of All India Radio and Indian Council of Medical Research on Integrated Broadcasting (1990-1992)

The project Radio DATE was a collaborative effort of Indian Council of Medical Research and All India Radio. The acronyms DATE stand for Drugs, Alcohol, and Tobacco Education. The radio programme was in the form of 30 weekly episodes of 20 minutes each. Ten episodes focussed on tobacco, eight each on alcohol and drugs, and two episodes on legal aspects. The introductory and concluding episodes touched all the three themes. The episodes were broadcast from 84 stations of All India Radio (out of 104 existing at that time) at prime time, simultaneously in sixteen languages.

The development of the radio programme was the main thrust of the project. The programme was prepared after a thorough review and discussion. The first three episodes were pre-tested in the field. The Hindi prototype was sent to selected radio stations of All India Radio for translation in regional language, as per the specified guidelines. The broadcast was during a specified time (between 8.00 A.M. and 9.00 A.M. on Sundays, with a repeat broadcast during the week, generally in the evening). While the name Radio DATE was used all over the country, different radio stations also coined and used names in local languages.

Education on tobacco, alcohol and drugs received equal importance in terms of number of episodes, the evaluation of the contents and preparation of the episodes.

It was proposed to evaluate the effect of the programme on knowledge, attitude and practice regarding all the three components of the programme (tobacco, alcohol and drugs), on a group of registered audiences. However, several recording errors as well as matching difficulties were observed on pre-and post-broadcast proforma. In view of this, the data on registered audiences was not analysed. A limited evaluation of the reach and effect of the tobacco component of the programme was possible through two community based surveys, carried out after the broadcast of tobacco episodes (which was the first topic to be covered). Two community surveys in rural areas of Goa and Karnataka, were carried out to assess the reach of the programme among persons above 15 years of age. No organized anti-tobacco programmes were being conducted in these areas at that time. The surveys showed that the potential listeners of radio comprised 80.4% of the population in Goa and 59.1% of the population in Karnataka. In Karnataka 31.6% of the potential listeners and in Goa 26.7% of the potential listeners, heard at least one of the first eleven episodes (on tobacco). On univariate analysis, reach of the programme differed according to education, village and age in Goa; and according to education, occupation, village, sex and type of tobacco used, in Karnataka. However, a bivariate analysis indicated education to be a determinant in Goa; while education and occupation influenced the reach in Karnataka. The sample size was not enough to assess the role of occupation in Goa. Other factors studied, like presence of tobacco habit, type of tobacco habit, sex, age, village, radio ownership, and caste (studied only in Karnataka), did not significantly influence the reach of the programme among potential listeners. The mean number of episodes heard by the listeners was  $2.6 \pm 1.46$  in Goa and  $2.57 \pm 1.13$  in Karnataka. The factors associated with listening higher number of episodes included higher education, male sex, non-usage of tobacco and radio ownership in Goa; and, higher education, radio ownership and caste in Karnataka.

Most of the listeners considered the programme to be very good or good, and felt that it would have effect on the tobacco users to quit their habit as well as on children to prevent the initiation of habit. About 4% tobacco users in Goa and about 6% users in Karnataka quit their habit after hearing the programme. About 98% to 99% of the listeners expressed that such programmes should continue.

The programme, the first of its kind in India, has brought forth a very important aspect of dissemination of information on harmful effects of drug abuse and need for adoption of healthy lifestyles through the involvement of the audio media. The information available from the community based evaluation strengthens this statement.

## Cost of Tobacco Related Diseases

The revenue generated by tobacco has been a major reason for non-initiation of anti-tobacco activities in most of the countries. However, it is probable that the expenditure incurred by the Governments and/or patients due to tobacco related diseases is much more than the revenue generated by tobacco. This study was carried out to test this hypothesis. A list of information that would be required to compute the costs and benefit of elimination of tobacco usage in India, was prepared. After discussion, an expert group on the subject, felt the need for initiation of studies on measurement of costs due to tobacco related diseases.

The study assessed the costs due to tobacco related cancers, coronary heart disease, and chronic obstructive lung diseases. The study on tobacco related cancers was carried out at Institute Rotary Cancer Hospital (AIIMS), New Delhi, whereas the other two aspects were studied at the Post Graduate Institute of Medical Education and Research, Chandigarh, between 1990 and 1995. The studies determined the direct (medical and non-medical: by the patients as well as by the treating institution), as well as indirect costs (due to absenteeism and premature death), due to the diseases under study. The final report of the study on tobacco related cancers is under review. The final report of the study on coronary heart disease and chronic obstructive lung diseases is expected shortly.

The study on tobacco related cancers followed up a cohort of 195 patients of cancers of tobacco related sites, for a period of three years with no evidence of disease or till death, to determine their expenditure (medical as well as non-medical) on treatment of their disease; expenditure by the institution on their management; and loss of income due to their absenteeism or premature death. The item wise expenditure made by the patients, their relatives/ friends, was recorded, under various headings, namely, consultation, investigations, treatment with different modalities, transport for the purpose, and any additional cost incurred for lodging and boarding. The information was also collected on actual loss of wages for treatment of the disease. Discounting at the rate of 10% per annum was used to convert all the expenditure by patients to 1990 level. The loss due to premature death was estimated based on the last income level and expected remaining age of the patient estimated from the standard life tables available for different areas of the country. The institutional cost was assessed from the records of the institution and the information on services used by the patient.

The patients in the cohort, spent an average of Rs. 17,965 (including loss of income due to absenteeism), with another Rs. 4,009 being contributed by the institution in the form of various services. The loss of income due to premature deaths amounted to Rs. 112,475. Thus, the total loss due to management of a patient of tobacco related disease diagnosed in 1990, was Rs. 134,449 (discounted at 1990 level).

Direct cost of a case of tobacco related cancer (by the patient, and treating institution) amounted to Rs. 17,774 (Rs. 13,765 by the patient or their relatives, and Rs. 4009 by the treating institution). This category included expenditure on consultations, investigations, treatment, travel & lodging for treatment, and extra money spent for food during treatment time. Average indirect cost due to tobacco related cancers amounted to Rs. 116,675 (Rs. 4,120 due to absenteeism for treatment, and Rs. 112, 475 due to loss of income due to premature death).

There was very little difference in expenditure by the patients on items related to direct medical treatment, according to different demographic attributes of the patients. The few exceptions where such differences were noted included a lower expenditure on chemotherapy among old patients; a higher expenditure by residents of Delhi on consultation and surgery; and higher expenses on radiotherapy on patients where the intent of treatment was curative. The direct non-medical expenditure (on travel, lodging, etc.) on treatment was influenced by personal characteristics of the patients, suggesting a variation in expenditure due to their paying capacities. Better occupation, higher distance of the hospital from their place of residence, younger age of the patient, and curative intent of treatment (probably influenced by longevity and higher degree of follow up), resulted in higher expenditure.



## Efficacy of an Anti-tobacco Community Education Programme

Cancer of the oral cavity is the most common cancer in India. Tobacco usage, especially chewing is known to be the causative agent. Primary prevention is considered to be the most cost-effective strategy for control of oral cancers. The Council initiated demonstration-cum-research projects, to study the feasibility of involving health infrastructure in anti-tobacco community education. The study was carried out between 1986 and 1992 at Goa, Bangalore, Agra and Trivandrum. The Goa centre studied the role of school children and teachers also. The Agra centre utilized community volunteers for anti-tobacco community education.

The specific objectives of the study was to prevent the uptake of tobacco habit by non-habitues in the community; and to stop the tobacco habit in habitues. The study aimed at training primary health centre personnel to provide health education for prevention of oral cancer through anti-tobacco programmes; and to inspect the oral cavity, identify and classify lesions into referable and non-referable categories. The Goa centre included school children and teachers among the categories to be trained. The Trivandrum centre aimed at covering a district and at studying the changes in trends/staging at which people present themselves for treatment of oral cancers.

The paramedical workers, Anganwadi Workers (AWWs) and school teachers were trained in anti-tobacco educational activities. For intervention through schools, Goa centre used two booklets on tobacco, posters, stickers, enactment of drama and plays, a lung model, story and poem writing, radio interviews, science exhibitions, and a comic book. The prevalence rates of tobacco habit was determined through baseline survey, mid-term survey and a final house-hold survey. Effective participation of health infrastructure could not be achieved in Goa. The overall reduction in the prevalence of tobacco usage among men was 11.8% & 13.4% in two experimental areas and 2.0% in control area. Decrease in prevalence of tobacco use among women was 9.1% and 13.3% in two experimental areas and 10.2% in control area. Based on the experience of this project, Ministry of Education, Goa, agreed to include an 8 hour course on tobacco as a part of co-curricular activities for standard five and above.

Bangalore centre intervening through health infrastructure, showed a tobacco use reduction of 5.7% among men in experimental area, as compared to 3.8% increase in control area 1, and 2.9% increase in control area 2. The prevalence of tobacco use among women showed a decrease of 6.9% in experimental area, 7.8% increase in control area 1, and 4.6% decrease in control area 2.

As motivation of health infrastructure was found to be difficult at Agra centre, the anti-tobacco education was carried out through community volunteers trained by the project staff. The one year intervention resulted in 26.3% men and 10.5% women quitting the habit (user having left tobacco for more than 6 months), and another 10.1% males and 4.3% females as likely quitters (quit for less than 6 months). The children and younger age groups were more influenced, in comparison with the older age groups. Performance of younger volunteers was better, as measured by the quitting rate. Educated volunteers and those attached with government agencies or panchayat showed better results.

The emphasis of the project in 6 blocks of Trivandrum district was on detection and prevention of oral cancer by para-medical health workers, during their monthly domiciliary visits, resulting in clinical downstaging of oral cancer. The project received a setback due to a very high transfer rate, with some getting transferred even to control area. Due to limited overall involvement of the workers, there was no difference in the proportion of oral cancer cases detected at early stages in experimental and control areas. Since the methodology of referring the suspected cases to Regional Cancer centre by health workers through the PHC Doctor did not work, the cancer detection clinics at sub-centre level were initiated. The nine workers who worked on the project, referred 408 patients out of which 258 reported, giving a compliance of 63.2%. About 59% of these were found to have cancers (10) or pre-cancers. Of the 10 cancer cases five were in stage I & II. 29 old cases were also examined, out of which four recurrences were detected.

# tobacco

## REPORTER

### MAXWELL REPORT

PH-13-17

EXCLUSIVE

## INTERNATIONAL PART 1

### ARGENTINA

	% of Market	
	1998	1999
Philip Morris	63.5	63.8
Marlboro	38.4	39.0
LeMans	6.2	6.0
Parliament	3.8	3.6
Philip Morris L & M	4.2	4.9
	3.0	2.9
British American Tobacco	36.5	36.2
Jockey Club	12.3	12.2
Derby	12.1	11.8
Camel	4.0	4.3
Parisiennes	2.9	2.8
43/70	2.8	2.6
Consumption (Billions)	36.1	36.0

### AUSTRALIA

	% of Market	
	1998	1999
Philip Morris	38.4	39.0
Longbeach	16.5	17.1
Peter Jackson Super Mild	6.0	6.1
Peter Jackson Extra Mild	4.1	4.4
Marlboro 25's	2.2	1.8
Peter Jackson	1.8	1.5
British American Tobacco	59.7	54.5
Horizon	13.3	8.9
Benson & Hedges	8.5	8.6
Winfield Extra Mild 25's	7.0	6.6
Holiday 50's	6.2	6.3
Winfield Virginia 25's	4.3	4.1
Rothmans	1.9	1.3
Peter Stuyvesant	1.2	0.9
Brandon	0.7	0.4

Imperial	-	5.2
Horizon	-	4.0
Escort	-	0.6
Peter Stuyvesant	-	0.4
Brandon	-	0.1
Consumption (Billions)	28.1	27.4

### AUSTRIA

	% of Market	
	1998	1999
A.T.W.	57.0	55.6
Philip Morris	28.9	29.3
British American Tobacco	4.0	4.6
Reemtsma	3.6	3.5
R.J. Reynolds	2.2	2.3
Others	4.3	4.7
Consumption (Billions)	15.1	15.6

### BARBADOS

	% of Market	
	1998	1999
British American Tobacco	96.9	96.5
Embassy	63.7	63.1
Benson & Hedges	23.5	24.6
State Express	8.7	7.7
Silk Cut	0.4	0.4
Du Maurier	0.3	0.4
Philip Morris	1.6	3.3
Marlboro	1.6	3.3
Rothmans	0.7	0.1
Dunhill	0.4	0.0
Rothmans	0.3	0.1
Japan Tobacco/RJ Reynolds	0.6	0.1
Winston	0.2	0.0
Salem	0.2	0.0
Others	0.2	-
Consumption (Millions)	109.0	102.0

### BELGIUM

	% of Market	
	1998	1999
PM Belgium (Philip Morris)	41.6	44.0
Marlboro	24.8	26.7
L&M	14.2	14.8
PM Super Lights	1.6	2.0
Others	1.0	0.5
Tobaccolina (C)	25.2	9.5
Belga (filter)	15.9	-
Stuyvesant (filter)	2.4	2.2
Richmond Dolce (filter)	2.2	2.1
Johnson (plain)	1.8	1.7
Winfield	1.0	1.4
Others	1.9	2.1
British American Tobacco	11.0	25.0
Belga	6.3	14.7
Barclay	6.3	6.4
Boule d'Or (plain)	2.8	2.6
Others	1.9	1.3
Cinta (Reemtsma)	10.3	9.8

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# INTERNATIONAL PART 1

Bastos Rouge (plain)	9.2	9.0
Others	1.1	0.8
<b>Setla</b>	5.1	5.2
Gauloises	4.7	4.8
Gitanes	0.4	0.4
<b>R. J. Reynolds</b>	4.8	4.5
Camel (filter)	3.1	3.0
St. Michel (plain)	1.5	1.3
Zemir White Tip (filter)	0.2	0.1
Others	-	0.1
Others	2.0	2.0
Consumption (Billions)	11.8	12.2

## BRAZIL

	% of Market	
	1998	1999
Souza Cruz (BAT)	84.6	85.1
Derby Suave LS FTB	40.2	39.7
Free KS FTB	17.8	18.3
Hollywood KS	10.6	10.6
Carlton KS FTB	7.8	7.7
Plaza KS	3.9	3.9
Belmont KS	1.3	1.2
Charm 100's (slim)	1.2	1.0
Ritz KS	1.0	1.2
Continental KS	0.5	0.4
Minister KS	0.2	0.2
Minister KS FTB	0.1	0.1
<b>Philip Morris</b>	14.5	14.0
Marlboro	4.7	5.4
Dallas Suave KS	2.6	2.6
L&M Lights KS	1.4	1.5

Dallas Filter KS	1.2	0.8
L&M Lights FT	0.7	0.3
Luxor	0.6	0.5
Sudan Fabrica De Cigarros-Brazil	0.9	0.9
US Mild KS	0.6	0.5
Campeao KS	0.2	0.1
Consumption (Billions)	92.0	97.6

## CZECH REPUBLIC

	% of Market	
	1998	1999
<b>Philip Morris</b>	79.4	81.4
Petra	31.7	30.7
Start	21.5	24.4
Marlboro	12.0	12.7
Sparta	8.3	8.0
L&M	5.2	5.0
Bakara	0.3	0.2
Other	0.4	0.4
<b>Reemtsma</b>	10.9	10.3
Mars	4.0	3.3
Vest	2.3	2.4
Delta	1.5	1.4
Astor	1.2	0.9
Inka	0.6	0.5
Other	0.9	1.6
Setla	0.6	-
Gauloises	0.6	-
Other Imports	9.1	8.3
Consumption (Billions)	20.0	20.7

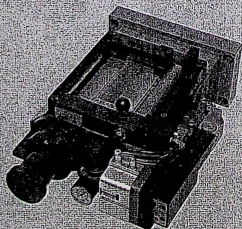
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	% of Market	
	1998	1999
<b>Brazilian American Tobacco</b>	48.5	73.7
Stella	-	29.9
Tumbaco	39.8	37.4
Ambassade	8.7	6.4
<b>Rethmans</b>	46.6	21.2
Stella	37.6	10.3
Olapi	8.8	10.9
Setla	0.5	0.7
Fine	0.5	0.7
Others	4.4	4.4
Consumption (Billions)	4.1	2.7

## DOMINICAN REPUBLIC

	% of Market	
	1998	1999
<b>E. Leon Jimenes (Philip Morris)</b>	88.0	88.1
Marlboro	26.0	25.8
Nacional	46.5	46.0
Marlboro Lights	7.4	8.1
Nacional Menthol	6.4	6.6
Marlboro Lights Menthol	0.5	0.5
Others	1.2	1.1
<b>Compania Anonima Tabacalera</b>	12.0	11.9
Monte Carlo	6.0	5.8
Constanza	3.6	4.0
Palace	0.7	0.8
Cremas	0.9	0.7
Hilton	0.5	0.5
Others	0.3	0.1
Consumption (Billions)	4.0	3.9

# Boegli-Gravures S.A.



Universal pneumatic embossing heads with self-aligning parallel rollers

U.S. patent 5 598 774  
European patent 10 686 782



Steel on steel (free-driven) embossing rollers

U.S. patent 5 500 271  
European patent 01 39 086



Printing dies



# INTERNATIONAL PART 1

## ECUADOR

	% of Market	
	1998	1999
Procesa (PMI)	99.0	98.6
Belmont	36.1	31.7
Lider Suave	23.4	25.6
Lark	22.8	24.3
Marlboro	11.7	13.3
Full Speed	4.3	3.6
King	0.5	0.1
El Progreso (BAT & local brands)	1.0	1.4
Consumption (Billions)	3.2	3.2

## EGYPT

	% of Market	
	1998	1999
Egyptian Tobacco Monopoly	88.4	85.4
Cleopatra KS	70.5	50.1
Cleopatra 100s	9.4	20.2
Cleopatra KS Box	4.7	9.3
Belmont 100s	1.6	2.9
Lite LS Box	0.9	0.4
Philip Morris	11.4	14.4
Marlboro Red Box	6.3	7.4
Marlboro Lights KS Box	1.9	3.2
L&M Lights KS Box	1.8	2.2
Ment KS Box	0.6	0.7
Ment Ultra Lights KS	0.4	0.5
British American Tobacco	0.2	0.2
Kent 100s	0.2	0.2
Consumption (Billions)	55.5	59.1

## EL SALVADOR

	% of Market	
	1998	1999
Cigarreria Morazan (BAT)	58.9	57.8
Delta	44.2	45.6
Free	9.9	8.7
Rex	1.5	1.5
Casino	0.9	0.8
Windsor	0.9	0.8
Tocasa/Tasasa (PMI)	41.1	42.2
Diplomat	30.4	32.8
Marlboro	10.2	9.4
Baronet	0.5	-
Consumption (Billions)	1.0	0.9

## FIJI

	% of Market	
	1998	1999
British American Tobacco	71.8	73.2
Benson-Hedges (KS)	71.3	72.9
Other	0.5	0.3
Rothmans	28.2	26.8
Rothmans	14.6	14.3
R/P Mail	9.9	9.3
Other	3.7	3.2
Consumption (Millions)	408.5	317.1

## FINLAND

	% of Market	
	1998	1999
American Tobacco (Philip Morris)	74.4	76.1
Marlboro Red	14.2	13.8
L&M KS Box 18's	13.0	14.0
L&M Lights KS Box 18's	7.8	8.0
Belmont Extra Mild	5.4	5.4
Belmont 2002	5.1	5.1
L&M Lights KS Box Ment 18's	5.1	5.3
Marlboro Lights	4.4	4.8
Marlboro Box	4.1	4.3
Marlboro Lights Box	2.8	3.0
Marlboro Menthol	2.3	2.2
Marlboro Lights Menthol	2.2	2.2
L&M Ultra Lights KS Box 18's	1.1	1.1
Belmont 2002 Menthol	1.0	1.0
Belmont Filter	0.9	0.8
Suomen Tupakka (BAT)	16.2	15.1
North State Filter	6.4	5.9
Barclay KS Box Ment 18's	1.8	1.8
Pall Mall Lights KS Box Ment 18's	1.4	1.3
Barclay KS Box 18's	1.4	1.3
Pall Mall KS Box 18's	1.0	1.0
Pall Mall Lights KS Box 18's	1.0	1.0
R.J. Reynolds	8.7	7.6
Colt Long Size	2.2	2.0
Camel KS	0.9	0.9
Downtown Lights KS Box 18's	0.8	0.8
Ultra Keyt 1	0.6	0.6
Keytsavuke 5	0.4	0.4
Downtown Ultra Lights KS Box 18's	0.4	0.4
Amer Tupakka	0.2	0.2
Form Special KS Box	0.1	0.1
Swedish Tobacco Monopoly	0.2	0.1
Blend Extra LS Box	0.1	0.1
Blend LS Box	0.1	-
Others	0.3	0.9
Consumption (Billions)	4.8	4.8

## FRANCE

	% of Market	
	1998	1999
Sella	35.1	32.7
Philip Morris	32.9	35.9
Marlboro	23.3	26.7
Chesterfield	4.6	4.0
Philip Morris	3.9	4.1
Others	1.1	1.1
Rothmans International	15.5	14.6
Winfield	6.3	5.8
Peter Stuyvesant Group	4.3	4.1
Golden American	1.3	1.1
Rothmans Group	2.1	2.0
Dunhill Group	0.9	0.9
Others	0.6	0.7
RJR	9.1	8.8
Camel Filter	4.5	4.8
Winston	4.4	3.8
Gold Coast	0.2	-
Other	-	0.2
Imperial	2.7	2.9
Gallaher	-	2.4
British American Tobacco	1.0	0.6
Tabacalera	-	1.1
Consumption (Billions)	83.8	83.7

## GHANA

	% of Market	
	1998	1999
British American Tobacco	81.6	91.8
Diplomat	49.1	47.2
Embassy	11.4	13.6
Tusker	10.8	15.4
London	-	9.5
State Express	8.6	6.1
Rothmans	18.4	8.2
London	7.9	1.6
Rothmans	5.8	4.7
Dukes	3.2	1.3
Super Star	1.3	0.6
Consumption (Billions)	1.7	1.7

## GUATEMALA

	% of Market	
	1998	1999
Tabacalera Centro-Americana (PMI)	75.8	76.5
Rubios KS 10's	28.4	30.1
Rubios King Size	19.2	16.8
Rubios KS Ment. 10's	8.0	8.1

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# INTERNATIONAL PART 1

Rubios King Size M	4.6	4.6
Marlboro Long	4.5	4.6
Rubios Regular	3.2	2.9
Marlboro Lights	2.4	2.8
<b>Tabacalera Nacional</b>	<b>24.2</b>	<b>23.5</b>
Casino KS 10's	9.1	9.2
Casino King Size	4.7	4.2
Casino M	2.3	2.2
Belmont KS 10's	2.0	2.0
Belmont King Size	1.7	1.7
Payasos	1.1	1.0
Consumption (Billions)	1.8	1.8

## HONDURAS

	% of Market	
	1998	1999
British American Tobacco	99.8	99.7
Royal	50.4	41.2
Belmont	43.5	53.2
Imperial	3.0	2.5
Pinars	1.7	1.8
Record	0.8	0.6
Philip Morris	0.2	0.3
Marlboro	0.2	0.3
Consumption (Billions)	2.5	2.1

## HUNGARY

	% of Market	
	1998	1999
British American Tobacco	35.7	36.5
Sopiane	35.7	33.4

Pall Mall	2.5	2.9
Others	0.5	0.3
Philip Morris	39.5	32.3
Multifilter	13.8	14.0
Helikon	9.2	9.8
Marlboro	6.4	7.4
Eve	0.3	0.5
L&M	0.5	0.4
Others	0.2	0.2
Reemtsma	22.6	23.6
Symphonia	14.4	12.7
Fonix	6.1	5.7
Mustang	1.4	3.1
Others	0.7	1.1
V-Tabak	6.6	7.0
Pannonia	3.6	3.3
P20	2.0	2.9
Kossuth	0.5	0.4
Munkas	0.4	0.3
Hungaria	0.0	0.1
Japan Tobacco/R.J. Reynolds	1.3	0.2
Camel	0.2	0.2
Others	0.3	0.3
Consumption (Billions)	22.4	22.7

## ICELAND

	% of Market	
	1998	1999
Japan Tobacco/RJ Reynolds	75.4	73.5
British American Tobacco	18.2	17.6
Scandinavia Tobacco Co.	2.2	1.9
Philip Morris	4.2	7.0
Consumption (Millions)	350.2	361.0

## INDIA

	% of Market	
	1998	1999
India Tobacco Company (BAT)	66.0	78.2
Wills Gold Flake (plain)	19.1	20.4
Scissors	16.9	16.2
Bristol	8.7	7.3
Charminar (filter)	-	6.9
Capstan (filter)	5.1	5.1
Others	10.4	11.1
Vazir Sultan Tobacco Co.	12.8	-
Charminar (titar)	7.7	-
Charms Mini Kings	4.3	-
Others	0.3	-
Godfrey Phillips (India) Ltd. (MO)	12.5	12.3
Four Square Filter Kings	5.5	5.4
Cavenders Magnum (plain)	3.6	3.4
Red & White Filter	3.0	3.2
Others	0.4	0.3
Golden Tobacco Company	8.3	9.3
Panama (plain)	6.1	6.4
Chancellor	1.3	2.1
Golden Filter Flake (plain)	0.8	0.8
National Tobacco Company	0.3	0.2
Regent	0.2	0.2
Consumption (Billions)	103.2	98.5

## ITALY

	% of Market	
	1998	1999
Philip Morris	58.3	59.9
Marlboro KS Box	12.0	11.8



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# INTERNATIONAL PART 1

Marlboro Lights KS Box	7.9	8.8
Diana KS Box	6.3	5.5
Merit KS Box	6.0	6.0
Diana Specially Mild KS Box	5.2	4.6
Philip Morris Super Lights KS	2.3	2.3
Diana KS	2.2	1.6
Murati Ambassador KS Box	1.3	1.2
<b>Monital</b>	<b>35.2</b>	<b>31.7</b>
M.S. KS	12.2	10.8
M.S. KS Box	4.6	4.3
M.S. Mild KS	3.5	3.0
M.S. Mild KS Box	2.6	2.6
M.S. Lights KS Box	1.2	1.1
M.S. Extra Lights KS Box	1.1	1.0
British American Tobacco	4.1	4.4
Japan Tobacco/R.J. Reynolds	1.5	3.1
Camel KS Box	0.4	1.0
Camel Lights KS Box	0.3	0.9
Seita	0.4	0.4
Reemtsma	0.3	0.3
Austria Tabak	0.2	0.2
Consumption (Billions)	91.0	94.6

## JAMAICA

	% of Market	
	1998	1999
Cigarette Co. of J'Ca. Ltd.	99.0	99.0
Craven "A"	62.9	63.0
Matterhorn Menthol K.S.	33.0	32.6
Rothmans K.S.F.	2.2	2.7
Benson & Hedges S.F.	1.9	1.5
Consumption (Billions)	1.1	1.0

## JAPAN

	% of Market	
	1998	1999
American Brands	0.03	0.04
British American Tobacco	6.60	7.24
Others	0.05	0.07
Philip Morris	18.26	20.34
RJ Reynolds	2.56	2.57
Reemtsma	0.00	0.01
Rothmans	0.44	0.19
Seita	0.03	0.03
Austria Tabak	0.02	0.01
Gudang (Indonesia)	0.01	0.01
JTI	71.99	69.49
Consumption (Billions)	339.9	329.2

## KENYA

	% of Market	
	1998	1999
British American Tobacco	86.6	87.0
Sportsman	31.4	37.2
Rooster	15.5	14.8
Champion	16.6	11.7
Sweet Menthol	7.9	7.6
Embassy	7.1	7.5
Crown Bird	3.4	3.7
Score	3.7	3.7
Rocket	4.1	2.4
Others	13.4	13.0
Consumption (Billions)	6.7	6.2

## KOREA

	% of Market	
	1998	1999
Office of Monopoly	95.1	93.6
This	47.3	50.7
88	10.8	9.1
Simple	6.6	7.8
Esse	2.4	4.8
Omar Sharif	7.0	4.0
Hanaro	5.5	3.0
Pine Tree/Sol	3.0	2.7
Lilac	2.8	3.2
Overseas tobacco manufacturers	4.9	6.4
Consumption (Billions)	106.6	95.5

## MALAYSIA

	% of Market	
	1998	1999
Rothmans	56.9	-
Dunhill KS Box	23.7	-
Dunhill KS Box 14's	8.9	-
Dunhill KS Box 7's	6.4	-
P. Stuyvesant KS	4.9	-
Perily KS Box	4.0	-
Perily KS Box 25's	2.2	-
Perily 100's Box	1.4	-
Virginia Gold KS Box	1.2	-
Japan Tobacco/R.J. Reynolds	18.8	18.8
Salem KS Menthol	6.5	8.0
Winston KS Box	3.8	4.3
Salem KS Menthol 14's	1.1	1.2
Salem Lights KS Menthol	1.1	1.0
Salem KS Menthol 7's	0.7	0.5
British American Tobacco (MTC)	13.9	67.4
Dunhill KS Box	-	21.8
Dunhill KS Box 14's	-	10.5
Dunhill KS Box 7's	-	6.3
P. Stuyvesant KS	-	4.6

Perily KS Box	-	3.4
Philip Morris	10.4	13.8
Marlboro KS	6.1	5.6
L&M	-	2.3
Consumption (Billions)	18.3	17.0

## MEXICO

	% of Market	
	1998	1999
Cigarrera La Moderna (BAT)	49.6	45.8
Raleigh	12.2	12.1
Boots	11.3	11.1
Alas Extra	7.6	6.1
Montana	6.9	5.8
Bohemia	3.5	2.9
Fiesta	2.7	2.4
Tabacalera Mexicana (Philip Morris)	32.4	39.7
Marlboro (LFCHL)	29.4	35.4
L&M	0.8	0.4
Benson & Hedges	2.2	2.5
Cigatam	18.0	14.5
Delicados Ovalados	8.3	6.9
Faros Ovals	5.2	4.1
Broadway	3.4	2.8
Consumption (Billions)	47.8	48.4

## MOROCCO

	% of Market	
	1998	1999
Moroccan Monopoly	87.8	77.1
Casa Sports	27.7	31.8
Marques	36.7	24.9
Others	23.4	20.4
PMI	8.4	17.6
Marlboro	8.4	17.6
RJR	3.4	5.0
Winston	3.3	4.9
Camel	0.1	0.1
Others	0.4	0.3
Consumption (Millions)	14.5	15.2

## NETHERLANDS

	% of Market	
	1998	1999
Philip Morris	36.1	38.9
Marlboro	33.9	36.5
Chesterfield	1.3	1.5
Philip Morris	0.7	0.7
Runner	0.1	-
Others	0.1	0.2
Rothmans	26.1	27.3
Caballero	10.2	9.9
Peter Stuyvesant	6.8	6.5



# INTERNATIONAL PART 1

Pall Mall	3.9	3.7
Dunhill	1.4	1.4
Tivoli	1.2	1.1
British American Tobacco	18.2	17.9
Barclay	8.3	8.2
Gladstone	3.3	3.2
Belinda	3.1	2.9
Mantano	1.3	1.1
Lucky Strike	0.9	0.9
RJR	14.4	14.1
Camel	14.2	13.9
Others	0.2	0.2
Reemtsma	2.1	2.5
West	0.7	0.5
Davidoff	0.5	0.6
Others	0.9	1.4
Consumption (Billions)	15.2	15.5

## NICARAGUA

	% of Market	
	1998	1999
British American Tobacco	98.1	98.6
Belmont	43.1	42.0
Delta	33.2	26.0
Casino	18.1	27.1
Windsor	3.5	3.2
Philip Morris	1.9	1.4
Diplomat	1.2	0.5
Marlboro	0.7	0.9
Consumption (Billions)	1.8	1.6

## NIGERIA

	% of Market	
	1998	1999
Nigeria Tobacco Company (BAT)	90.7	91.7
Three Rings	32.2	31.5
Sweet Menthol	17.3	13.7
Gold Leaf	16.3	14.1
High Society	10.4	9.0
L&B	1.3	8.5
Excel	8.1	11.5
Philip Morris International	9.3	8.3
Link	6.3	5.7
Green Spot	2.5	2.1
Target	0.5	0.5
Consumption (Billions)	2.7	2.4

## PANAMA

	% of Market	
	1998	1999
Tabacalera Istmena S.A. (BAT)	63.3	70.0
Lucky	21.1	14.9
Viceroy	20.3	27.1
Kool	15.7	23.3
Record	2.5	1.7
Imperial	2.5	1.8
Tabacalera Nacional S.A. (PMI)	36.7	30.0
Marlboro	24.3	21.0
L&M	8.0	6.1
Mentolados	4.2	2.8
Others	0.2	0.1
Consumption (Millions)	607.6	833.0

## PORTUGAL

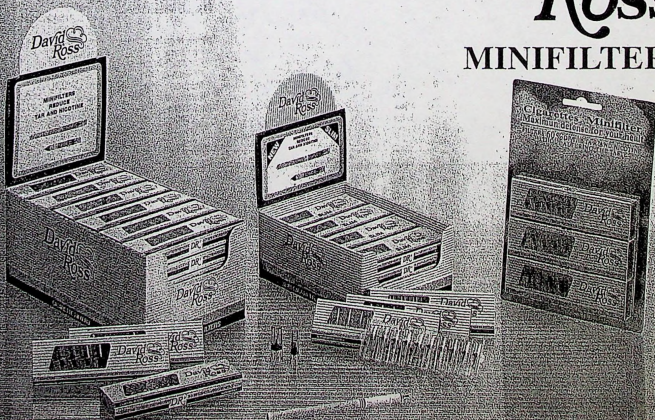
	% of Market	
	1998	1999
Philip Morris	88.9	90.2
SG	58.0	54.2
Marlboro	19.7	21.4
L&M	4.8	6.5
Portugues	2.6	5.9
Chesterfield	2.9	1.6
Rothmans	2.6	1.1
Golden American	1.6	1.1
Others	1.0	-
RJ Reynolds	2.0	1.7
Camel	1.6	1.5
Winston	0.3	0.2
British American Tobacco	3.7	4.3
Pall Mall	3.0	2.1
Others	0.7	2.2
Others	2.8	2.7
Consumption (Billions)	16.2	16.4

## PUERTO RICO

	% of Market	
	1998	1999
Japan Tobacco/RJ Reynolds	44.7	43.3
Philip Morris	32.2	31.8
Lorillard	17.6	29.6
Brown & Williamson	5.5	4.3
Consumption (Billions)	2.9	2.9

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AND FLAVOUR OF THE CIGARETTE

**David  
Ross**  
MINIFILTERS





# INTERNATIONAL PART 1

## SPAIN

	% of Market	
	1998	1999
Tabacalera S.A.	49.2	49.7
Ducados FF Soft	18.3	16.6
Fortuna Red Soft	18.0	19.1
Nobel Box	2.4	3.1
Celtas F 85's	1.6	1.4
Ducados FF Box	1.4	1.6
BN Box	1.3	1.6
Ducados LTN	1.1	0.9
Habanos Soft	0.9	1.0
Fortuna KS Box	0.9	1.0
Philip Morris	28.7	28.7
Marlboro Red Box	10.4	11.0
Chesterfield Box	5.9	6.8
L&M	5.1	5.0
L&M Lights	4.5	2.8
Marlboro Lt Box	1.5	1.6
Marlboro Red KS	0.3	0.3
Japan Tobacco/R.J. Reynolds	8.9	8.2
Winston Red Box	3.4	3.3
Camel Box	2.3	2.4
Gold Coast	1.7	1.3
Gold Coast Lights	0.4	0.3
British American Tobacco	5.1	6.2
Lucky Strike FF FTB	3.4	3.3
Golden America	1.0	1.0
Pall Mall KS	0.5	0.4
Royal Crown FF	0.4	0.4
CITA	3.9	3.7
Coronas KS Box	0.5	0.7
Reales KS	0.5	0.4
Rothmans	1.3	-
Golden American Classic KS Box	0.7	-
Golden American Classic Lights KS Box	0.3	-
Imperial	1.3	1.7
JPS Am. Blend KS Box	0.7	0.8
Reemtsma	0.6	0.9
West KS Box	0.3	0.6
GTS/DeLaher	0.5	0.8
Silk Cut	0.1	0.1
Seita	0.4	-
Brooklyn KS Box	0.1	-
CINTA	0.1	0.1
Consumption (Billions)	86.9	86.7

## SRILANKA

	% of Market	
	1998	1999
British American Tobacco	99.8	99.8
Bristol	65.5	61.5
Gold Leaf	32.9	37.1
Capstan	1.5	1.3
Others	0.1	0.1
Others	0.2	0.2
Consumption (Billions)	5.2	5.0

## SWITZERLAND

	% of Market	
	1998	1999
F.T.R. (Philip Morris)	45.4	47.1
Marlboro Range	24.6	26.3
Philip Morris Range	7.8	7.6
Muratti Range	7.0	6.7
Brunette Range	4.4	4.2
F.J. Bunn SA	21.8	-
Parisienne Range	10.5	-
Select Range	7.0	-
Gauloises Range	2.7	-
Gitanes Range	0.3	-
British American Tobacco (Suisse) SA	18.8	39.9
Parisienne Range	-	10.6
Barclay Range	7.3	7.8
Select Range	-	6.8
Mary Long Range	6.3	6.0
Japan Tobacco/RJR	-	-
SA Dagmersellen	9.3	9.3
Camel Range	6.8	6.9
Others	2.5	2.4
Sullana	3.7	3.7
Dunhill Range	1.1	1.1
Stuyvesant Range	0.4	0.3
Consumption (Billions)	15.2	14.6

## TAIWAN

	% of Market	
	1998	1999
British American Tobacco	3.1	4.3
Philip Morris	4.8	4.8
R.J. Reynolds	0.6	0.6
Reemtsma	8.7	10.6
Rothmans	1.5	0.8
JTI	18.7	21.5
TTWMB (Taiwan)	62.5	57.3
Others	0.1	0.1
Consumption (Billions)	40.0	40.9

## THAILAND

	% of Market	
	1998	1999
British American Tobacco	0.7	1.2
Philip Morris	3.1	7.5
R.J. Reynolds	1.4	2.9
Rothmans	0.2	0.1
JTI	0.2	0.3
TTM (Taiwan)	94.4	87.0
Consumption (Billions)	48.0	38.5

## TURKEY

	% of Market	
	1998	1999
Turkish State Monopoly	68.9	70.4
Tekel	25.5	31.2
Mahepa	19.8	17.7
Samsun	18.3	17.5
Ballica	1.1	1.4
Birinci	1.8	1.2
PMI	23.6	22.6
Marlboro	15.4	15.1
Parliament	5.1	5.3
L&M	3.0	1.5
Japan Tobacco/R.J. Reynolds	7.5	7.0
Monte Carlo	3.0	3.0
Winston	2.0	2.9
Camel	1.5	0.9
Consumption (Billions)	108.9	114.4

## VENEZUELA

	% of Market	
	1998	1999
Sucs. (British American Tobacco)	84.5	81.2
Belmont	50.8	49.4
Consul	32.9	31.0
Tabacalera National (Catana) (PM)	15.5	18.8
Astor	10.0	14.5
Marlboro	5.1	4.1
Fortuna Filter	0.3	0.2
Consumption (Billions)	9.0	10.6

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# World No-Tobacco Day 2001

## Second-Hand Smoke: Let's Clear the Air

Second-hand smoke is a real and significant threat to public health. Supported by two decades of evidence, the scientific community now agrees that there is no safe level of exposure to second-hand smoke.

Second-hand smoking has been causally associated with a range of life-threatening health effects, including lung cancer and heart disease. For children, the situation is particularly disturbing, as involuntary exposure to tobacco smoke has been identified as a cause of respiratory disease, middle ear disease, asthma attacks, and sudden infant death syndrome (SIDS). Tobacco smoke is also an important source of indoor air pollution, contributing to a noxious environment, and causing eye irritation, sore throat, cough, and headache.

The evidence is in. let us act on it.

### *Clear the air around tobacco industry deception*

The tobacco industry has two faces: what it admits in private, and what it denies in public. Despite decades of scientific evidence that second-hand smoke is toxic, and despite confirmation by the industry's own scientists, the industry has been publicly denying that second-hand smoke causes death and disease. In private though, the industry has identified second-hand smoke as a crucial battleground, one that could threaten the viability of the industry itself. A secret study commissioned by the industry in 1978 concluded that:

"What the smoker does to himself may be his business, but what the smoker does to the non-smoker is a different matter...This we see as the most dangerous development yet to the viability of the tobacco industry that has yet occurred," *Roper Organization, 1978.*

As part of its corporate strategy, the industry has consistently fought regulations and legislation that could protect people from second-hand smoke. It has spent millions of dollars hiring lobbyists, attacking legitimate scientific research, buying scientists, producing bogus studies, and creating controversy about second-hand smoke.

A 1988 memo from a joint meeting of several tobacco companies confirmed that:

"[Philip Morris' world wide strategy is to] co-ordinate and pay so many scientists on an international basis to keep the environmental tobacco smoke controversy alive."

We know their strategy. let us counter it.

## *Publicize, mobilize and organize now for World No-Tobacco Day*

The World Health Organization and its partners have a responsibility to ensure that the truth about second-hand smoke emerges loud and clear. We have a responsibility to promote public health and protect people from second-hand smoke.

We need to create a climate where second-hand smoke is recognized as an issue of major importance, particularly among policy-makers, media, and local government officials. Mass media campaigns, educational programmes, and partnerships with key organizations, including nongovernmental organizations, the private sector and UN agencies, should be initiated. We need to stimulate policies and programmes to tackle the problem with the seriousness it deserves. Smoke-free environments in public places, workplaces, and homes through a combination of legislation and education should be promoted.

### *World No-Tobacco Day is also your process, your project*

WNTD is organized by WHO and actions will be taken on a global level, but the key to a successful and sustainable campaign will be local mobilization around the issue. Work with your local women's organizations, children's advocacy groups, business associations, trade unions, consumer groups or local governments to initiate action on second-hand smoke. Pick an approach that is most appropriate to your region and start planning your projects now.

### *Participate in the "Clear The Air" Competition*

Because local policies play a major role in determining public health, WHO is urging mayors of cities all over the world to launch "Clear the Air" campaigns on tobacco and the persistent problem of second-hand smoke.

Mayors of the cities that launch the most successful campaigns to "Clear the Air" will receive international recognition, and will be the guests of honour at a special World No-Tobacco Day celebration to be held on 31 May 2001 in Montreal, Canada. At this celebration, WHO's Director-General, Dr Gro Harlem Brundtland, will present honoured mayors with special prizes for their achievements.

Even though passive smoking has been chosen as the theme for the 2001 World No-Tobacco Day campaign, tobacco control is an ongoing process, and mayors are urged to begin their campaigns immediately to ensure sustained results. Help your city and mayor shape the focus of the campaign on second-hand smoke. Make your voice heard on what is appropriate for your city, whether it is an implementation of bans on smoking in workplaces, restaurants, schools, hospitals, airports, government buildings, or even a smoke-free city hall or legislature.

### *Make public health happen*

WHO's 191-Member States will begin negotiations in October 2000 on the Framework Convention for Tobacco Control, (FCTC), the world's first legally binding health treaty. The convention will provide global protection for countries and people against the enormous health and social costs of tobacco-related death and disease.

Local actions taken by you and your organization to protect people from second-hand smoke are an essential complement to the international negotiations on the FCTC.

Throughout the year, WHO will be offering regular updates on the "Clear the Air" campaign as well important information on second-hand smoke and clean air regulations through its website: <http://tobacco.who.int>. For further information and registration for the "Clear the Air" competition, please contact the Tobacco Free Initiative, WHO, [tfi@who.int](mailto:tfi@who.int), tel: 4122 791 2108, fax: 4122 791 4832.

PH-13-17

# **The Framework Convention on Tobacco Control**

## **A Primer**



***The FCTC is no ordinary convention.  
It is potentially a Public Health  
Movement***



World Health Organization



Tobacco Free Initiative

*The spectacular rise and spread of tobacco consumption around the world is a challenge and an opportunity for the World Health Organization. The challenge comes in seeking global solutions for a problem that cuts across national boundaries, cultures, societies and socio-economic strata. The unique and massive public health impact of tobacco provides WHO an opportunity to propose to the world a first comprehensive response to deal with the silent epidemic as the tobacco menace has often been called.*

*On 24 May 1999, the World Health Assembly (WHA), the governing body of the World Health Organization (WHO), paved the way for multilateral negotiations to begin on a set of rules and regulations that will govern the global rise and spread of tobacco and tobacco products in the next century. The 191-member WHA unanimously backed a resolution calling for work to begin on the Framework Convention on Tobacco Control (FCTC) – a new legal instrument that could address issues as diverse as tobacco advertising and promotion, agricultural diversification, smuggling, taxes and subsidies. A record 50 nations took the floor to pledge financial and political support for the Convention. The list included the five permanent members of the United Nations Security Council, major tobacco growers and exporters as well as several countries in the developing and developed world which face the brunt of the tobacco industry's marketing and promotion pitch. The European Union and 5 NGOs also made statements in support of the Convention and the Director-General's leadership in global tobacco control.*

*The Working Group on the WHO Framework Convention on Tobacco Control held its second and final meeting in Geneva, Switzerland from 27 to 29 March 2000. The two meetings of the working group were attended by participants from a wide range of sectors and included representatives from 153 Member States (representing 95% of the world's population) and the European Community, as well as observers from the Holy See, Palestine, organizations of the United Nations system, other intergovernmental organizations and nongovernmental organizations.*

*In May 2000, the World Health Assembly unanimously adopted a resolution which formally launched the political negotiations which will commence on 16 October 2000 in Geneva, Switzerland. Resolution WHA 53.16 calls on the Negotiating Body to commence its negotiations with an initial focus on the draft Framework Convention without prejudice to future discussions on possible related protocols.*

*In March 2000, WHO Director-General Gro Harlem Brundtland called for public hearings on issues surrounding the Framework Convention. The two-day hearings in Geneva – the first such hearings in WHO history – will take place 12-13 October 2000. The hearings will give the public health community, and also the tobacco industry and farmers, their opportunity to make their case before the public. All submissions will be made part of the public record as well as being made available to countries negotiating the FCTC.*

**T**he FCTC's benefits to countries are many. The most significant one is that with the Convention as a pathfinder and coordination vehicle, national public health policies, tailored around national needs, can be advanced without the risk of being undone by transnational phenomena (e.g. smuggling). While framework conventions obligate States

to cooperate in key areas, the process also serves to forge important links between countries and other potential partners. Countries can participate in the central framework while still deferring a decision on whether to participate in protocols.



## Framework Convention on Tobacco Control (FCTC) - A Primer

### 1. What is the FCTC?

The Framework Convention on Tobacco Control (FCTC) will be an international legal instrument that will circumscribe the global spread of tobacco and tobacco products. This is the first time that the WHO has activated Article 19 of its constitution, which allows the Organization to develop and adopt such a Convention. **In fact, the FCTC negotiations and the adoption of the Convention should be seen as a process and a product in service of public health.**

This instrument will be developed by WHO's 191 Member States so that their concerns are adequately reflected throughout the process. The framework convention/protocol approach will allow Member States to proceed with the process of crafting this piece of international legislation in incremental stages:

- ◆ The Framework Convention will establish the legal parameters and structures of the public health tool. It's a little like laying the foundation of a building.
- ◆ The Protocols will be separate agreements that will make up the substantive part of the agreement - building on the foundation.

### 2. When will it be completed?

World Health Assembly Resolution WHA 52.18 maps out a process for developing the WHO FCTC and possible related protocols. This Resolution, which was adopted

<sup>1</sup> Reference is made to the "Convention on the prohibition and restrictions on the use of certain conventional Weapons which may be deemed to be excessively injurious or have indiscriminate effects" (1980).

unanimously by the World Health Assembly in May 1999, foresees the adoption of the Framework Convention and possible related protocols by the World Health Assembly no later than May 2003. It is likely that the Framework Convention itself could be adopted much earlier than this. Each negotiating process is unique and has its own momentum. The FCTC can be completed earlier if WHO's Member States so decide. Much depends on political will and a sustained commitment to the cause of public health. One option would be to negotiate one or more protocols simultaneously with the Framework Convention.

In one case, for example, three Protocols were negotiated along with the main body of the Framework Convention.<sup>1</sup>

### 3. How will the FCTC help international tobacco control?

1. The FCTC and related protocols will improve transnational tobacco control and cooperation through the following avenues:
  - ◆ The guiding principles of the Convention could encompass both national and transnational measures making it clear that: tobacco is an important contributor to inequity in health in all societies; as a result of the addictive nature and health damage associated with tobacco use it must be considered as a harmful commodity; the public has a right to be fully informed about the health consequences of using tobacco products; and the health sector has a leading responsibility to combat the tobacco epidemic, but success cannot be achieved without the full contribution of all sectors of society.
  - ◆ Under the Convention, State Parties would take appropriate measures to fulfil, through coordinated actions, the general objectives that they had jointly agreed to. In this respect, the FCTC could include the following general objectives: protecting

children and adolescents from exposure to and use of tobacco products and their promotion; preventing and treating tobacco dependence; promoting smoke-free environments; promoting healthy tobacco-free economies, especially stopping smuggling; strengthening women's leadership role in tobacco control; enhancing the capacity of all Member States in tobacco control and improving knowledge and exchange of information at national and international levels; and protecting vulnerable communities, including indigenous peoples.

- ♦ The protocols could include specific obligations to address *inter alia*: prices, smuggling, tax-free tobacco products, advertising/sponsorships, Internet advertising/trade, testing methods, package design/labelling, environmental tobacco smoke, protection of children and adolescents, product regulation, cessation, and agricultural diversification.

Unless national and transnational dimensions of tobacco control are addressed in tandem, even the best comprehensive national control programs can be undone. The national and global thrusts of the Convention are interdependent.

- II. The process of developing and adopting the FCTC and related protocols will also help to: mobilize national and global technical and financial support for tobacco control; raise awareness among several ministries likely to come into the loop of global tobacco control, as well as various sectors of society directly concerned with the public health aspects of tobacco; strengthen national legislation and action; and mobilize NGOs and other members of civil society in support of tobacco control.

In the run-up to the adoption of the FCTC, WHO and its Regional Offices will work with NGOs, media and civil society in countries to focus on tobacco in all its dimensions.

#### **4. What is the difference between a treaty, a convention, a protocol and a resolution?**

- ♦ A **treaty** is an international legal agreement concluded between States in written form, and governed by international law;
- ♦ A **convention** (and also a framework convention) is a different name for a treaty;
- ♦ A **protocol** is also a form of treaty. It typically supplements, clarifies, amends or qualifies an existing international agreement, for example, a framework convention;
- ♦ A **resolution** is an expression of common interest of numerous states in specific areas of international cooperation.

#### **5. Which of the above is legally binding?**

Treaties are legally binding. The framework convention usually entails more general or limited obligations, while the protocols involve more specific legal obligations.

A resolution is non-binding and does not normally entail any substantive commitments of a legal nature.

#### **6. In this case wouldn't a resolution suffice?**

A resolution is not sufficient to deal effectively with the public health threats associated with the tobacco trade, its marketing, and use. Over the past 25 years, the World Health Assembly has adopted 16 resolutions on several aspects of tobacco control with varying degrees of success. Some Member States have sharpened these

resolutions domestically giving them more focus and bite. This piece-meal approach, however, is too informal to be of any major consequence, especially for tobacco control where the international dimension of the problem has a direct bearing on how the issue is addressed domestically. However, resolutions adopted in other international fora will undoubtedly support and act as a catalyst for the FCTC process.

The Framework Convention is about tobacco control in the long run. The FCTC's principal advantage is that it will allow the WHO and its extended family - which includes individual countries and individuals in countries - to reap the public health benefits resulting from the control of tobacco and its spread through society. **This is a legal instrument in service of health.**

### **7. What are the roles of the FCTC Working Group and the Intergovernmental Negotiating Body?**

World Health Assembly Resolution WHA 52.18 maps out an integrated process for developing the FCTC and possible related protocols with the full participation of Member States. During the May 1999 World Health Assembly, Member States established both a FCTC Working Group and an Intergovernmental Negotiating Body. The mission of the FCTC Working Group, which was open to participation by all WHO Member States, regional economic integration organizations and observers, was to prepare proposed draft elements of the FCTC and to submit a report to the Fifty-third World Health Assembly. The first meeting of the FCTC Working Group took place in Geneva from 25 to 29 October 1999 during which delegates made recommendations for proposed draft elements of WHO's Framework Convention on Tobacco Control. The Working Group proposed draft elements covering the Convention's preamble,

objectives, principles and definitions, obligations, institutions, implementation mechanisms and law-making procedures. The second and final Working Group meeting took place in Geneva from 27 to 29 March 2000. The meeting allowed delegates to further contribute to the draft text of proposed elements of the Convention. A final report on the output from the Working Group was delivered to the 53<sup>rd</sup> World Health Assembly in May 2000, where a resolution was passed launching the formal political negotiations. The first session of the Intergovernmental Negotiating Body will be held 16-21 October 2000 in Geneva, Switzerland. The Intergovernmental Negotiating Body which will be open to participation by all WHO Member States, regional economic integration organizations, and observers (as specified in Resolution WHA 52.18) will be charged with the responsibility of negotiating the text of the Convention and possible related protocols.

### **8. Who is going to pay for the FCTC?**

The budget for the FCTC is being funded through a combination of extra-budgetary and WHO regular budget funds. These costs include WHO technical support, support for intergovernmental technical and negotiation meetings, and support for the establishment of FCTC national commissions to provide support for the process within countries. In the medium to long-term regular budget funds will be required to ensure sustained implementation.

In particular, developing countries will require financial and technical assistance to participate in the process of formulating the FCTC. Resolution WHA 53.16 passed at the 53<sup>rd</sup> World Health Assembly in May 2000 specifically encouraged the Director-General to facilitate developing country participation throughout the negotiations process.

Resources will also be required during the implementation phase. Funds will be necessary to help countries build capacity and participate in global and national tobacco control activities.

### **9. Will resources from on-going tobacco control be diverted to the FCTC process?**

New extra-budgetary and regular budget funds will need to be committed to the FCTC process, but no previously allocated funds for tobacco control will be diverted to support the FCTC process. Support to the FCTC should be seen as an integral part of supporting national and global tobacco control. In reality, the successful adoption of the FCTC will likely result in a marked increase in financial resources for tobacco control both within countries and at the international level. The FCTC, when adopted, will ensure that tobacco control is given a higher political profile. The adoption of the FCTC represents a barometer of success or failure in placing tobacco control front and centre on the global stage. The environmental movement has been successful in having numerous multilateral binding agreements adopted at the international level, and as part of some of these agreements, for example the 1987 Montreal Protocol on Substances that Deplete the Ozone Layer, significant financial resources have been made available to assist developing countries. Similarly, the FCTC could facilitate global cooperative actions, including the flow of additional financial resources.

### **10. What will happen to economies that depend on tobacco?**

The widely held perception that tobacco control will lead to loss of revenues is really a perception. In reality, the numbers are heavily in favor of moving away from tobacco cultivation. Recent economic analyses, for

example World Bank data in *"Curbing the Epidemic – Government and the Economics of Tobacco Control"*, as well as the publication, *"The Economics of Tobacco Control: Towards an optimal policy mix"*, show that the social and health costs of tobacco far outweigh the direct economic benefits that may be possible because of tobacco cultivation.

The tobacco industry relies on the argument that there are no real crop or other substitution options. It is reasonable to assume that consumers who stop smoking will reallocate their tobacco expenditure to other goods and services in the economy. Therefore, falling employment in the tobacco industry will be offset by increases in employment in other industries. However, in the medium-term, for countries which rely heavily on tobacco exports (i.e. the economy is a net exporter of tobacco), economic/ agricultural diversification will likely entail employment losses.

The FCTC takes a long-term view of agricultural diversification. The framework-protocol approach provides for an evolutionary approach to developing an international legal regime for tobacco control, and thus all issues will not need to be addressed at the same time. Further, the need for a multilateral fund to assist those countries which will bear the highest adjustment cost needs to be established. The FCTC will probably be the first instrument seeking global support for tobacco farmers.

Also, it is worth noting that if the prevalence of tobacco use remains the same, the current 1.1 billion smokers in the world are predicted to rise to 1.64 billion by 2025, mainly due to population increases in developing countries. Therefore, tobacco growing countries are extremely unlikely (over the next several decades) to suffer economically from any tobacco control measures such as the FCTC. Even if global tobacco control efforts are highly successful the world will likely have 1 to 1.2 billion tobacco users by 2030.



### **11. Which ministries are expected to be involved in the negotiations?**

In addition to the leading role of the Ministries of Health, Ministries of Foreign Affairs typically take a lead role in the negotiation of conventions/treaties. Ministries of Finance, Environment, Labour, Justice, Foreign Trade, Education and Agriculture will also be expected to come into the ambit of the negotiations at some point.

### **12. Do internationally binding conventions/treaties lead to action and tangible results?**

Adopting an international agreement can make a significant difference. For example:

- ◆ Production and consumption of substances that deplete the stratospheric ozone layer have declined dramatically over the last decade, as a result of the Montreal Ozone Protocol.
- ◆ The General Agreement on Tariffs and Trade has brought down trade barriers and promoted the expansion of international trade.
- ◆ Arms control agreements have limited nuclear weapons proliferation and have led to a substantial reduction in the arsenals of the nuclear powers.

### **13. Can international agreements affect the behaviour of States?**

In some cases, international agreements establish meaningful enforcement mechanisms, such as the World Trade Organization's dispute settlement system. But even in the absence of such mechanisms, an international agreement can:

- ◆ establish review mechanisms that focus pressure on States by holding them up to public scrutiny;
- ◆ articulate legal rules that may be enforceable in domestic courts;
- ◆ provide supporters within national governments with additional leverage to pursue the treaty's goals.

Thus, while treaties rarely cause a state to immediately reverse its behaviour, they can produce significant shifts in behaviour, both because they change a State's calculation of costs and benefits, and because most states feel that they ought to comply with their promises.

### **14. Why should the FCTC be developed and negotiated under the auspices of the World Health Organization, rather than, for example, under the umbrella of the United Nations?**

The World Health Organization is the only international multilateral organization that brings together the technical and public health expertise necessary to serve as a platform for the negotiation and effective implementation of the Framework Convention on Tobacco Control. Although the United Nations also has the legal authority to sponsor the creation of international instruments on tobacco control, the UN has neither the specialized technical expertise nor the time to engage in negotiating complex standards on tobacco control, particularly if extensive negotiation of the Convention is required.

Complex technical standards on tobacco control should be established and monitored by WHO, the primary specialized agency in public health. In WHA 49.17 Member States recognized the unique capacity of WHO to serve

as a platform for the adoption of the FCTC by calling upon the Organization to initiate the development of the Convention.

However, in so far as the ultimate goal of global tobacco control may require the regulation of areas falling within the mandate of other United Nations Bodies, the establishment of a joint negotiating mechanism, especially with regard to possible specialized protocols, could be considered as an option.

**15. What linkages will the work on the FCTC have with other regional /international agreements, which could have added value for the FCTC?**

A review of the Convention on the Rights of the Child with respect to tobacco control has

been conducted under the WHO/UNICEF project, "*Building alliances and taking action to create a generation of tobacco-free children and youth*", supported by the United Nations Foundation. In respect to TFI's work on strengthening the role of women in global tobacco control, possible links between the FCTC and the United Nation's Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), are being considered. Links between the FCTC and other international treaties addressing issues such as smuggling are also being examined. Furthermore, all efforts will be made to build on proposed and existing regional tobacco control agreements.

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***The Framework Convention on Tobacco Control (FCTC) will be an international legal instrument that will circumscribe the global spread of tobacco and tobacco products. In fact, the FCTC negotiations and the adoption of the Convention should be seen as a process and a product in service of public health.***

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PATH CANADA



# HUNGRY FOR TOBACCO

AN ANALYSIS OF THE ECONOMIC  
IMPACT OF TOBACCO  
ON THE POOR IN BANGLADESH

WORK  
FOR A  
BETTER  
BANGLADESH

DEBRA EFROYMSON  
SAIFUDDIN AHMED

# **Hungry for Tobacco**

**An analysis of the economic impact of tobacco  
on the poor in Bangladesh**

**Debra Efroymsen, MS, Regional Advisor, PATH Canada  
Saifuddin Ahmed, President, Work for a Better Bangladesh, and  
Coordinator, Bangladesh Anti-Tobacco Alliance**

**PATH Canada  
Work for a Better Bangladesh**

**Dhaka, July 2000**



## Summary

Poverty in Bangladesh is widespread, affecting half the population and causing daily suffering to tens of millions of people. National development is slowed by the poor health of the population: UNICEF estimates that Bangladesh loses the equivalent of more than 5% of its GNP in lost lives, disability, and productivity caused by malnutrition. Tobacco consumption further aggravates poverty both on the individual and national level, and tobacco control policies are imperative to improve the life of the poor and the economic development of the nation.

A reduction in tobacco consumption in Bangladesh would lead to several significant gains as people switched from purchasing tobacco to other goods. If tobacco were no longer consumed in Bangladesh, the following economic gains would be anticipated:

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

While tobacco will not disappear overnight, its use could decline sharply if strong policies were implemented. Significant declines in tobacco use would translate to significant gains for the country: more jobs, more individual investment in basic needs, and fewer children needlessly going hungry and dying of malnutrition.

## Contributors

The research with rickshaw pullers and poor families discussed in this paper was carried out by a team of Work for a Better Bangladesh (WBB) researchers: Syed Mahbulul Alam, Amit Ranjan Dey, Ronjit Saha, Biplob Dhar, Aminul Islam Sujon, Kayum Uddin Ahmed, and Aliur Rahman, with further assistance from Apaur Ahamed.

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## Section 1

# Bangladesh, land of poverty and tobacco

Sophisticated cigarette advertising and dire poverty: are cigarettes ads meant to offer people a false hope of freedom from the daily struggles of life?

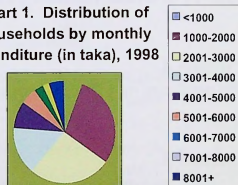
Bangladesh, with a population of about 130 million people, is one of the poorest countries in the world. While life expectancy has increased over the past decade, it is still only 60.5 for women and 60.7 for men. As shown in Table 1, nearly half the population of Bangladesh in 1995-96 was below the poverty line, and about half of the poor were below the "hard core" poverty line. While the situation has improved somewhat in rural areas, it has actually worsened in urban areas.

Most households spend less than 4,000<sup>3</sup> taka each month.<sup>3</sup> Thirty percent of families are classified as very poor, 22% as poor, and less than 1% as rich.<sup>4</sup> While the government and many NGOs are looking for solutions to the problems of hungry and poverty, the problem remains: day after day, millions of Bangladeshis do not get sufficient food for their daily needs. Their troubles are compounded by their lack of resources for adequate housing, education, and health care. For the half of the population that is poor, little hope exists for a better future, a future in which children will be adequately fed, clothed, housed, and educated.

Co-existing with this devastating poverty is a thriving tobacco industry. The use of chewing tobacco, bidis, and cigarettes is widespread. About 15 local companies compete for the lower end of the cigarette market, utilizing billboards, banners, and newspaper and satellite television

ads. British American Tobacco (BAT), which owns the controlling share of Bangladesh's former tobacco monopoly, is a ubiquitous presence through its glossy media advertising, cigarette display cases, storefront signs, and of course cigarettes. In 1998, BAT reported pre-tax profits of 771.4 million taka (approximately US\$15.4 million), while it spent 167 million taka (US\$3.34 million) on brand promotions and development.<sup>5</sup>

**Chart 1. Distribution of households by monthly expenditure (in taka), 1998**



BAT heavily markets its expensive brands through campaigns utilizing images of wealth and sophistication. These have included a contest to win gold coins, and the sailing of a luxury yacht under the name "Voyage of Discovery", to promote its John Player Gold Leaf brand. Gold Leaf, at about US\$0.76 a pack for regular and \$0.94 for light, suggests wealth from its very name. Cheap but colorful signs promoting Gold Leaf cigarettes are displayed all over Bangladesh, even on village stores built only of tin and thatch.

<sup>1</sup> Bangladesh Bureau of Statistics.

<sup>2</sup> *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, p. 157. Figures are for 1998, the latest year given.

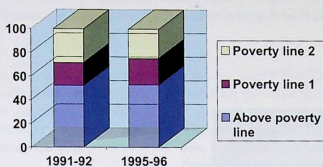
<sup>3</sup> The current exchange rate is about US1.00=50 taka.

<sup>4</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume III*. Dhaka: 1998, p. 92.

<sup>5</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume I*. Dhaka: 1995, p. ix.

<sup>5</sup> British American Tobacco Bangladesh, *Reports & Accounts 1998*.

**Chart 2. Percentage of rural population living in poverty**



**Chart 3. Percentage of rural population living in poverty**

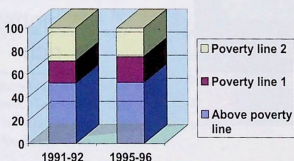


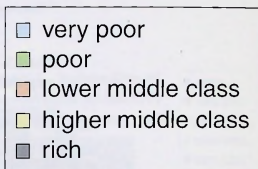
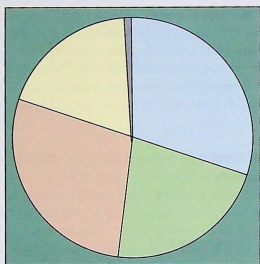
Table 1. Number and proportion of population below recommended calorie intake and "hard core" poverty lines by residence, 1995-96.<sup>6</sup>

Year	Poverty line I: recommended intake (2122 calories/day/person)				Poverty line II: "Hard core" poverty (1805 calories/day/person)			
	Urban		Rural		Urban		Rural	
	Absolute number (millions)	%	Absolute number (millions)	%	Absolute number (millions)	%	Absolute number (millions)	%
1991-92	6.8	46.7	44.8	47.8	3.8	26.2	26.5	28.3
1995-96	9.6	49.7	45.7	47.1	5.2	27.3	23.9	24.6

<sup>6</sup> Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka : 1999, p. 391



**Chart 4. Distribution of families by poverty classification, 1995**



BAT's other high-priced brand, Benson & Hedges, at about US\$1.50 per pack, is even more expensive than Gold Leaf, and also capitalizes on the image of wealth, from the gold color of the pack to the slogan "Be gold" on billboards in major cities. The use of the image of wealth in promoting cigarettes is particularly ironic given that in most countries around the world, the poor smoke far more than the rich.

But irony is appropriate here, since the false hope of wealth, and the unnecessary expenditure on tobacco that results, may remove any hope the poor had of a better life.

## Section 2

### Tobacco and the national economy

Millions of dollars lost in a negative balance of trade, huge potential increases in employment if other goods replaced tobacco: is tobacco control a case where health and economic objectives converge?

Tobacco companies argue that tobacco benefits national economies and individuals employed in the industry. Others argue that tobacco, far from benefiting economies, represents a net drain, and constitutes a further burden on the poor.<sup>7</sup>

The tobacco industry is currently seen by the Bangladeshi government, as well as those who believe the advertising, as a source of wealth. The mayor of Chittagong, Mohiuddin Chowdhury, attended a celebration when the Voyage of Discovery reached his city; according to one newspaper account, he said that "although cigarette smoking is injurious to health, he welcomed the yacht as foreign investment was welcome to Bangladesh."<sup>8</sup>

Following are the major arguments that tobacco companies put forth to support their claim that tobacco is economically beneficial, and an analysis of those arguments for Bangladesh.

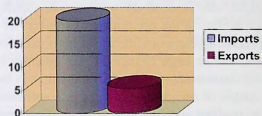
#### **Generation of foreign exchange through export**

Bangladesh produces and exports tobacco, thereby generating much-needed foreign exchange. The earnings for the fiscal year July 1997 to June 1998 were over 270 million taka (US\$4 million). But as the smoking rates in Bangladesh are high and locally-produced tobacco is insufficient to meet the demands of the population, Bangladesh also imports

tobacco: over 996 million taka (US\$19.93 million) worth for the same fiscal year.<sup>9</sup>

**Thus in one year, Bangladesh incurred a net loss of 726 million taka (over US\$14.4 million), from a negative balance of trade in tobacco.** Rather than making money exporting tobacco, Bangladesh continues to lose huge sums of hard capital through its import.

Chart 5. Import vs export of tobacco, in millions of US dollars



#### **Generation of revenue through taxation**

BAT is a major taxpayer in Bangladesh. But an increase in taxes would actually mean an increase in government revenue, as not enough people would quit to offset the gains from a higher tax level. A tax increase would have a huge beneficial effect, as youth and the poor are also the most sensitive to price increases. A portion of the tax could be used for smuggling control measures, such as tax-paid markings that can't be counterfeited, and stronger police control of smuggling. Other measures, such as

<sup>7</sup>Mary Assunta, "Tobacco and Poverty" in *Together Against Tobacco*, Proceedings of the INGCAT International NGO Mobilisation Meeting, Geneva, 15-16 May 1999, pp. 25-29.

<sup>8</sup>Enamul Haq, "Arrival of Discovery celebrated," *The Independent*, 23 November 1999.

<sup>9</sup>Bangladesh Bureau of Statistics, *Foreign Trade Statistics of Bangladesh 1997-1998*. Dhaka: 1998, p. 28 (exports) and pp. 276-7 (imports).

stronger penalties for smugglers, and better international control of the flow of cigarettes, would reduce smuggling while maintaining government profits and health objectives.<sup>10</sup>

#### **Creation of jobs for farmers, factory workers, shopkeepers, and others**

Tobacco company executives argue that if people stop consuming tobacco, huge numbers of people will lose their jobs. They fail to mention that cigarette manufacturing grows ever more mechanized, and thus hires ever few people, over the years. In their list of those likely to be affected, they neglect to mention firefighters, doctors specializing in cancer, heart disease, and respiratory ailments; and other health care workers. They also imply that the money currently spent on tobacco, and the jobs that are thereby generated, will entirely disappear from the economy if tobacco use ceases.<sup>11</sup>

In fact, tobacco consumption will not disappear overnight, nor is it likely to diminish rapidly. Even a decline in the percentage of smokers of a few percent a year would be offset by population growth, so that large changes in the quantity of tobacco consumed are unlikely for any time in the next couple of decades—giving people sufficient time to readjust and find new sources of income. Individuals currently employed in the tobacco industry are thus unlikely to be harmed by any decrease in consumption.

A recent report by the World Bank examines a range of economic issues in arriving at its conclusion that tobacco *control* benefits national economies. According to the report, tobacco only benefits the economies of the handful of countries currently highly dependent on tobacco export. Bangladesh, as the numbers show, is not one of those countries.

Even if tobacco use were to decline sharply, the economy would not suffer. When people stop consuming tobacco, their savings do not disappear from the economy. Rather, they spend the money on other items, items that involve labor in their production, transportation, and sale. When their money is spent on locally-produced items, it can actually have a greater beneficial effect on the economy than if it were spent on tobacco.<sup>12</sup>

Tobacco is not a major agricultural crop in Bangladesh, and thus decreasing production would not be likely to affect many people, particularly given the economic viability of alternate crops.<sup>13</sup> Not only could farmers grow other crops, but factory workers could also produce other goods, and shopkeepers and informal vendors sell those crops and goods. Those goods include food, the purchase of which would have beneficial effects well beyond employment. Planting of more trees to supply an increasing demand for fruit would benefit the environment. The production, distribution, and sale of food and other other items, create jobs. Food production remains far less mechanized than does cigarette production, and thus has the potential to employ more people. More consumption of food and less of tobacco would mean a huge shift from illness to health.

**The World Bank has estimated that the extent of this benefit for Bangladesh would be enormous: an 18.7% increase in employment if all domestic<sup>14</sup> tobacco consumption in Bangladesh ceased, as people switched to buying other goods that in turn generate jobs.<sup>15</sup> What is unique about tobacco is not its ability to generate employment, but rather its ability to kill its users.**

<sup>12</sup> *Ibid.*

<sup>13</sup> Muzaffar Ahmad, "Tobacco and the Economy of Bangladesh," Bangladesh Cancer Society: Key note speech delivered on the occasion of World No Tobacco Day, 31 May 1995.

<sup>14</sup> While tobacco is imported for local production, virtually all cigarettes consumed are "domestic"—made in Bangladesh, albeit often by BAT.

<sup>15</sup> Prabhat Jha and Frank J. Chaloupka, *Curbing the epidemic: governments and the economics of tobacco control*. World Bank: 1999. p. 70.

<sup>10</sup> Luk Joosens and Martin Raw, "Cigarette smuggling in Europe: who really benefits?" *Tobacco Control* 1998; 7:66-71.

<sup>11</sup> Kenneth E. Warner and George A. Fulton, "Importance of tobacco to a country's economy: an appraisal of the tobacco industry's economic argument." *Tobacco Control* 1995; Vol. 4, pp. 180-183.

### What is the value of health?

Even if one believed that tobacco was beneficial to the Bangladesh economy, would the economics override the tremendous health concerns of tobacco use? Even several tobacco company executives—under the pressure of lawsuits and release of formerly private documents—now admit *some* of the dangers of tobacco consumption.

A Canadian tobacco executive acknowledged, "You increase the risks for a list of diseases as long as both your arms if you are a smoker."<sup>16</sup> A manager for British American Tobacco in New Zealand was equally direct: "You would really have to be sticking your head in the sand to deny [the health risks from smoking]. The evidence is very convincing. If you are going to smoke you are really going to increase your risk of lung cancer, emphysema or heart disease."<sup>17</sup>

The list of tobacco-related diseases is long indeed, and includes not just lung, but many other kinds of cancer as well as other ailments, for a total of twenty-five different diseases. Passive smoking—the inhalation of the tobacco smoke of others—causes lung and breast cancer and heart disease, as well as exacerbating asthma, in non-smokers. Fetuses exposed to smoke in the womb run higher risks of being born underweight, having mental, physical, and psychological development problems, and being miscarried or stillborn. Tobacco smoke is a major cause of Sudden Infant Death Syndrome (SIDS). Would these diseases become tolerable if tobacco were perceived as economically beneficial?

The third leading cause of death in Bangladesh, after diarrhea and all types of heart and cardiovascular disease, is asthma<sup>18</sup>. Since 72% of households in Bangladesh have only one or two rooms<sup>19</sup>, in most households many people must share each room. If one person smokes, several people, including infants, young children and women, are likely to inhale that smoke. Given the high mortality from asthma, we see just one more way in which tobacco kills. Tobacco is also a major cause of heart and cardiovascular disease, thereby contributing to the second leading cause of death as well.

Tobacco is clearly harmful, to smokers and non-smokers, to individuals and to the nation, in both the short- and long-term. This report focuses on the economic aspect of tobacco at the household level, as each taka spent on tobacco represents one taka that could have been spent on food and other household necessities. What sounds benign at the level of one taka is no longer so when one considers actual tobacco expenses, and multiplies those expenses across the huge number of impoverished tobacco users.

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<sup>16</sup> Robert Parker, president of the Canadian Tobacco Manufacturers' Council, quoted in the *Edmonton Sun*, 23 April 2000.

<sup>17</sup> Vickie Curtis, corporate and regulatory affairs manager for British American Tobacco in New Zealand, quoted in "Listen up smokers: life is about to get a whole lot harder", *The (NZ) evening Post/B&W Industry Watch*, 15 April 2000.

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<sup>18</sup> Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, p. 367.

<sup>19</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume III*. Dhaka: 1998, p. 55.



## Section 3

### Survey of Dhaka rickshaw pullers

A grueling job for men, a tough existence for their families, and yet another money-making opportunity for the tobacco companies.

In order to understand the personal side of tobacco economics, we conducted a small survey among tobacco-using rickshaw pullers in Dhaka, and interviewed poor families in Dhaka and in a village near Comilla (a small city about 90km from Dhaka). For the rickshaw pullers, a survey form was developed and pre-tested. The researchers received a brief training in the use of the forms, then gathered the information over a short period in April 2000. The families were interviewed using an open-ended guide. The results were then analyzed by the research team. The stories in boxes are taken from this research.

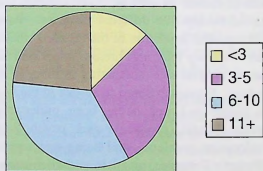
The rickshaw puller survey involved interviews with 123 men aged 15-70, of whom 17 were single and 106 married. Researchers asked the men about their daily income, and their consumption of and daily expenditures on tobacco.

Half of the rickshaw pullers said they were illiterate. More than half smoked cigarettes alone, while some smoked bidis and a smaller number smoked both. The most popular cigarette brands were Navy and Star. Expenditure on tobacco ranged from one to 35 taka per day, with an average of eight. Fifteen of the men reported spending less than three taka daily on tobacco; 37 3-5 taka, 42 6-10 taka, and the remaining 29 reported spending 11 taka or more each day. For many, tobacco represented a significant portion of their income. The range was from 1% to 40%, with an average of 12%<sup>20</sup>.

The staple diet of the men was rice, vegetables, and to a lesser extent fish and lentils. Men reported eating meat, eggs, and milk rarely if ever—weekly, twice a month, or less. The men

also tended to eat better than their families, so that the high-protein foods they sometimes consumed were less frequently consumed by their wives and children. It was clear that, for this group of low-income men, tobacco expenditure represented a sizeable portion of their income, and a significant diversion of that money from food for themselves and their wives and children.

**Chart 6.**  
**Distribution of daily tobacco expenditure in taka**



#### *Slim hopes of marriage*

At age 24, Korim\* is already thinking about marriage. He earns 100-120 taka per day as a rickshaw puller, but he must also support his family. His father is retired, and his brothers live elsewhere. Three of his sisters are married, but the family still must find money to marry the other two. Korim explained that he needs about 5,000 taka to marry, a seemingly impossible sum. Meanwhile, he smokes both bidis and Scissors cigarettes, which cost him 8-10 taka a day. He was astonished when we pointed out that if he saved his tobacco money, in about a year and a half he would be able to marry

\* All names have been changed.

<sup>20</sup> The four highest percentages were deleted from the analysis.

## Section 4

### Expenditure on tobacco versus basic needs

Per capita spending on health and education is dwarfed by the sums spent by users of tobacco. When an addiction becomes a “basic need”, what hope remains for our future?

The poor in Bangladesh spend nearly all their money on basic needs, and are still unable to purchase the essentials for themselves and their families. In a situation of dire need, every taka wasted represents a further decline in standard of living. But despite the tremendous poverty in Bangladesh, smoking rates are quite high. Across the age groups, smoking rates are much higher in men than in women<sup>21</sup>. Rates increase with age, though they decline dramatically after age 50 in both men and women. Men aged 35-49 have the highest rate, at 70.3%.

In terms of income groups, smoking rates are highest among the poorest, as shown in Table 2. The highest rate, 58.2%, is among those with a household income of less than 1,000 taka/month. The rates decline proportionally as income increases, with the lowest rate, 32.3%, being for those with a monthly household income of 5,000 taka or more. **Those who can least afford to purchase tobacco are the most likely to consume it.**

Expenditures for tobacco vary greatly depending on the type of tobacco, with men spending far more on tobacco than women. In 1997, tobacco expenditure ranged from a low of almost 58 taka a month for women smoking hukkas, to a high of 325 taka a month for men smoking cigarettes. For both sexes, cigarettes are the most expensive form of tobacco consumed, followed by bidis, with hukka, pipes, and other forms the cheapest<sup>22</sup>. Cigarettes are also by far the most widely advertised tobacco product.

Chart 7. Smoking rates by age and sex, 1997

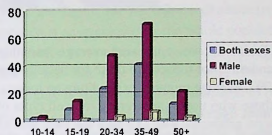


Table 2. Male smoking rates by income group<sup>23</sup>

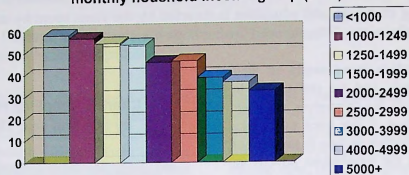
Monthly household income (taka)	% smokers
<1000	58.2
1000-1249	56.7
1250-1499	54.4
1500-1999	53.7
2000-2499	45.6
2500-2999	46.1
3000-3999	38.4
4000-4999	36.3
5000+	32.3

<sup>21</sup> Statistics on smoking prevalence do not unfortunately clarify whether they refer to smoking only, or to smokeless tobacco use as well. If they do not include smokeless tobacco, then the rates shown for women are far lower than actual rates would be.

<sup>22</sup> Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, p. 366. This represents the daily figure multiplied by 30.4.

<sup>23</sup> Bangladesh Bureau of Statistics, *Prevalence of Smoking in Bangladesh*, Dhaka: 1996, p. 10.

Chart 8. Male smoking rates by monthly household income group (taka)



In Table 3, we compare average monthly expenditures for tobacco to those for basic needs. In 1997, average monthly expenditure on tobacco for those who use it (an average over all types of tobacco products) was 155 taka for men and 85 taka for women.

Per capita expenditure on clothing, housing, health, and education totals a mere 131 taka per month, which is only 40% of the average male monthly expenditure on cigarettes.

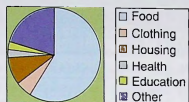
Table 3. Per capita monthly expenditure on basic needs, 1997<sup>24</sup>

<i>Tobacco spending as percentage of expenditure on basic needs</i>						
	Average monthly expenditure (taka)	Bidis-men: 88	Cigarettes-men: 325	Hukkas/pipes-women: 58	Cigarettes-women: 207	Monthly per capita expenditure on tobacco: 8.7
<i>Food</i>	376	23.4	86.5	15.4	55.0	2.3
<i>Clothing</i>	36	244.9	903.6	160.4	574.2	24.2
<i>Housing</i>	61	144.5	533.2	94.7	338.9	14.3
<i>Health</i>	18	498.8	1,807.1	320.9	1,148.4	48.4
<i>Education</i>	16	551.0	2,033.0	361.0	1,292.0	54.5
<i>Other</i>	133	66.3	244.6	43.4	155.4	6.6
<i>Total</i>	640	13.8	50.8	9.0	32.3	1.4

Note: The second column shows the average monthly expenditure in taka for the items listed in the first column. The next five columns show average monthly spending on various forms of tobacco for men and women as a percentage of the average monthly expenditures for basic needs. "Total" refers to the percentage of total monthly expenditure that each form of tobacco represents. The percentages are not additive—that is, for men smokers of cigarettes, the full sum of 325 taka is compared to each item in column one.

<sup>24</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume II*. Dhaka: 1997, p. 108 (basic needs) and p. 130 (tobacco). Columns show rounded figures for tobacco, whereas unrounded figures were used in calculations.

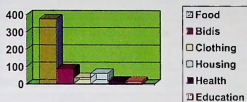
Chart 9. Distribution of monthly expenditure for basic needs, 1997



The typical male cigarette smoker spends over 5 times as much on cigarettes as the per capita expenditure on housing, 18 times as much as for health, and 20 times as much as for education. For women, the figures are only slightly less striking; women who smoke hukkas spend almost as much on tobacco as the per capita expenditure for housing, and over three times as much as the per capita expenditures for health and education. Men spend almost 2½ times as much per month to smoke bidis as the per capita expenditure for clothing.

Monthly per capita expenditure on food was 376 taka, less than twice what women spend on average for cigarettes. **Men spend more than 86% as much on their cigarettes as the average per capita expenditure on food.**

Chart 10. Men's monthly bidi costs vs. per capita monthly expenditure for basic needs (taka)



Since the figure for *per capita* expenditure on tobacco is an average over the whole population, not just for those who use tobacco, it seems quite low, at less than nine taka per month. But even that figure is significant when compared to other *per capita* expenditures. **The average monthly per capita expenditure on tobacco is almost half the per capita expenditure for health, and more than half for education.**

Table 4 re-allocates average monthly tobacco expenditure to basic needs, following the expenditure patterns shown (e.g. 61% for food, 5.7% for clothing). This represents the way a typical person might be expected to spend the money otherwise going to tobacco.

Chart 11. Men's monthly cigarette costs vs per capita monthly expenditure for basic needs (taka)

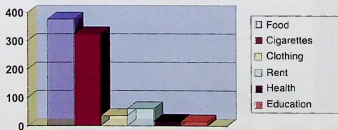




Table 4. Distribution of per capita monthly expenditure in 1997 on basic needs, and additional taka available for each item if tobacco not purchased<sup>25</sup>

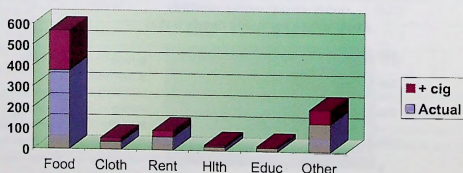
<i>Per capita monthly expenditure on basic needs, in taka and as percentage of total expenditure (% given in parentheses)</i>							
<i>Place of residence</i>	<i>Total</i>	<i>Food*</i>	<i>Clothing</i>	<i>Housing</i>	<i>Health</i>	<i>Education</i>	<i>Other</i>
Rural	597	364 (61.0)	34 (5.7)	47 (7.9)	17 (2.8)	13 (2.2)	122 (20.4)
Urban	958	464 (48.4)	50 (5.2)	165 (17.2)	25 (2.6)	41 (4.3)	213 (22.2)
National	640	376 (58.8)	36 (5.6)	61 (9.5)	18 (2.8)	16 (2.5)	133 (20.8)
<i>Type of tobacco expenditure**</i>	<i>Average expenditure for men***</i>	<i>Additional taka available (tobacco/cigarette expenditure re-allocated across items)</i>					
Tobacco-rural	155	94.5	8.8	12.2	4.4	3.4	31.7
Tobacco-urban	155	75.1	8.1	26.7	4.0	6.6	34.5
Tobacco-nat'l	155	91.1	8.7	14.8	4.4	3.9	32.2
Cigarettes-rural	325	198.2	18.5	25.6	9.3	7.1	66.4
Cigarettes-urban	325	157.4	17.0	56.0	8.5	13.9	72.3
Cigarettes-nat'l	325	190.9	18.3	31.0	9.1	8.1	67.5

\* The allocation to food is lower than the 69% figure given above, since we are not here distinguishing by income group.

\*\* "Tobacco" refers to the average across types of tobacco, while "cigarettes" refers exclusively to cigarettes.

\*\*\* Monthly total calculated as daily expense for users of tobacco from Table 13 multiplied by 30.4.

Chart 12. Per capita monthly expenditure: actual and with men's monthly cigarette expenditures allocated across categories (national average)



<sup>25</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume II*. Dhaka: 1997, pp. 108-109. We calculated the percentages based on the totals given.

The greatest difference is in the area of greatest expenditure: food. As an average across income groups, people would be likely to spend from 75 to 198 additional taka per month for food, with similar but smaller increases across other categories. For cigarette smokers, this would mean an average increase of over 50% in their monthly food expenditure. Rural cigarette smokers would have an additional 9.3 taka, or over 50% additional money available for health care, and an urban cigarette smoker an additional 13.9 taka, or 34% more for education (percent increases not shown in table).

Utilizing the expected allocations of tobacco money across different expenses given in Table 4, we now calculate what food a man living in a rural or urban area could purchase, given the typical spending patterns shown.<sup>26</sup> For rural and urban men who use tobacco, food expenditure would be expected to increase by 94.5 and 75 taka per month, respectively. These figures are sufficient to purchase an additional 400 calories/day of fruit, vegetables, fish, and so on. For rural (198.2 taka/month) and urban (157.4 taka/month) men who smoke cigarettes, food values could easily double, to 800 calories/day of high-nutrient foods.

**Each man giving up smoking and spending his money according to established patterns could add 400-800 calories to his children's diet, while also contributing significantly more to their health, education, clothing, housing, and other costs.**

**urban tobacco exp. allocated to food: 75 taka/month (additional 400 calories/day)**  
 8,000 calories of rice = 35.2 taka  
 1,100 calories of greens = 6.9 taka  
 1,000 calories of lentils = 11.1 taka  
 1,000 calories of oil = 7 taka  
 800 calories of potatoes = 7.8 taka  
 200 calories of fish = 5.5 taka  
 100 calories of bananas = 1.2 taka  
**Total: 12,200 calories for 74.7 taka**

**rural cig. exp. allocated to food: 198.2 taka/month (additional 800 calories/day)**  
 14,500 calories of rice = 63.8 taka  
 5,000 calories of lentils = 55.5 taka  
 1,500 calories of oil = 8.7 taka  
 1,000 calories of greens = 6.3 taka  
 650 calories of fish = 17.8 taka  
 600 calories of eggs = 19.6 taka  
 600 calories of milk = 19.9 taka  
 500 calories of banana = 6.1 taka  
**Total: 24,350 calories for 197.5 taka**

**urban cig. exp. allocated to food: 157.4 taka/month (additional 800 calories/day)**  
 17,000 calories of rice = 74.8 taka  
 3,450 calories of lentils = 38.3 taka  
 1,800 calories of oil = 10.4 taka  
 1,100 calories of greens = 6.9 taka  
 350 calories of eggs = 11.4 taka  
 350 calories of milk = 11.6 taka  
 300 calories of banana = 3.6 taka  
**Total: 24,350 calories for 157.1 taka**

**rural tob. exp. allocated to food: 94.5 taka/month (additional 400 calories/day)**  
 6,500 calories of rice = 28.6 taka  
 3,000 calories of lentils = 33.3 taka  
 1,000 calories of oil = 5.8 taka  
 900 calories of greens = 5.7 taka  
 200 calories of eggs = 6.5 taka  
 200 calories of milk = 6.6 taka  
 200 calories of fish = 5.5 taka  
 200 calories of banana = 2.4 taka  
**Total: 12,200 calories for 94.4 taka**

<sup>26</sup>Distribution of money, but not food prices, are differentiated for rural and urban areas. Also, food costs are for 1995-1996; but since lower-cost foods than those used are available, and food prices do not rise consistently, or vary consistently between rural and urban areas, substitute food items would compensate for inflation and rural/urban price differentials.

Although we would not label various electric appliances as basic needs, it is interesting to compare the price of luxury items to that of cigarettes. Table 5 shows the percentage of households possessing various consumer goods, and the price of those goods in packs of BAT cigarettes.

Only a fourth of Bangladeshi households own a radio, an item which could be purchased with 12 packs of Gold Leaf or 6 packs of Benson & Hedges. Only one-tenth of households have an electric fan, which costs the same as 29 packs of Gold Leaf or 15 packs of B&H. For those who aspire to various consumer goods, quitting smoking would be one way of achieving those goals.

#### *Who can afford an education?*

Kanaial lives with his wife and two girls in a slum in Dhaka. His income is 2,500 to 3,500 taka a month, of which he spends 750 to rent a house of tin and bamboo. He spends 70-80 taka a day on food for his family: mostly rice and vegetables. Kanaial explained that his two daughters can't go to school, because they live in a slum and there is nowhere to send them. Neither can he afford their other basic needs. Kanaial smokes bidis and chews tobacco, spending 10-15 taka per day to maintain his habit. How much better would his family live if he spent the 300-450 taka a month for tobacco on a better home, food, or education for his daughters?

**Table 5. Price of consumer goods relative to cigarettes.**

<i>consumer item</i>	<i>% of households owning<sup>27</sup></i>	<i>price (taka)</i>	<i>price in packs of Gold Leaf regular*</i>	<i>price in packs of B&amp;H*</i>
<i>radio</i>	24%	450	11.8	6.0
<i>black and white TV</i>	9% (includes color)	6,500	171.1	86.7
<i>color TV</i>		17,500	460.5	233.3
<i>cassette player</i>	8%	2,500	65.8	33.3
<i>electric fan</i>	10%	1,100	28.9	14.7
<i>electric iron</i>	6%	350	9.2	4.7
<i>refrigerator</i>	2%	18,500	486.8	246.7

\* price in packs of Gold Leaf; one pack = 38 taka

\*\* price in packs of Benson & Hedges; one pack = 75 taka

<sup>27</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume III*. Dhaka: 1998, p. 64.

## Section 5

### Expenditure on tobacco versus food

Per person, more money is spent each day on tobacco than on milk. One pack of Gold Leaf regular cigarettes costs more than a dozen eggs.

The poorest households spend the highest proportion of their income on food: 66-73% (see Table 6). They are also the most likely to have malnourished children in their household. As spending on food increases, malnutrition decreases.<sup>29</sup> Thus, they would benefit the most by shifting their tobacco expenditures to food.

The minimum daily calorie requirement varies by age and sex, from 1,094 for children aged three and under, and 1,405 to children aged 4-6, to over 2,000 for adults (see Table 7). A significant portion of those calories could come from a reallocation of tobacco expenditures.

Table 6. Per capita monthly expenditure on food by monthly household expenditure group<sup>29</sup>

Monthly household expenditure group	Percent of income spent on food
0000-1999	73%
2000-4999	66%
5000-9999	52%
10,000-14,999	39%
15,000+	26%
Rural	61%
Urban	48%
All groups	58%

<sup>28</sup> Bangladesh Bureau of Statistics, *Child Nutrition Survey of Bangladesh 1995-96*. Dhaka: 1997, pp. 50-51.

<sup>29</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume II*. Dhaka: 1997, p. 107. Figures not available for monthly household income group. However, for the poor, monthly expenditure is nearly as much as monthly income.

Chart 13. Percent of total expenditures going to food by monthly household expenditure group, 1997

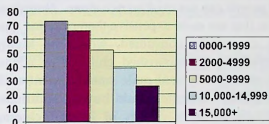


Table 7. Per capita daily calorie requirement by age and sex<sup>30</sup>

Age group	Calorie requirement	
	Male	Female
0-3	1,094	1,094
4-6	1,405	1,405
7-9	1,784	1,784
10-12	2,413	2,172
13-17	2,671	2,327
18-29	2,782	2,544
30-59	2,707	2,297
60+	2,349	2,054

<sup>30</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume III*. Dhaka: 1998, p. 104.



In Bangladesh, most of the calories consumed come from rice.<sup>31</sup> Table 8 shows average daily expenditures for tobacco in 1995 for men and women who use it, by type of tobacco product, and the number of calories from rice that each sum could purchase.

**The average expenditure on tobacco for men would purchase 721 calories of rice per day, and for women, 419.** For bidis, the figures for men and women respectively are 372 and 302, for hukkas, 698 and 233, and for cigarettes, 1,837 and 2,837.

But people can not exist on rice alone. Nutritious foods that are more expensive than rice, and thus less commonly consumed, would be highly beneficial to malnourished children or adults. **The money a typical male smoker spent each day to buy cigarettes could buy an additional 800 calories of a variety of foods including lentils, eggs and milk for his children.**

An additional 400 calories/day would provide 37% of the daily calorie requirement of a child aged 3 or under. An additional 800 calories could supplement the diets of two children. If the money were spent on rice alone, about 87% of one adult's daily caloric need could be met.

The average daily expenditure on tobacco for men in 1995 was just 3.1 taka, or 21.7 taka per week. But even such a small amount was sufficient to pay for an additional 400 calories/day from a range of nutritious foods. **Even the smaller amount that the typical woman spent per day on tobacco (1.8 taka) in 1995 was sufficient to add 200 calories/day of a variety of foods to her children's diet.**

Table 8. Average daily expenditure on tobacco, 1995<sup>32</sup>

Type of tobacco	Average expenditure on tobacco (taka)		Equivalent in calories of rice <sup>33</sup>	
	Male	Female	Male	Female
Average for all types of tobacco	3.1	1.8	721	419
Bidi	1.6	1.3	372	302
Cigarettes	7.9	12.2	1,837	2,837
Hukka	3.0	1.0	698	233

**men's cigarette expenditure: 7.9 taka/day (55.3/week):**

**800 additional calories/day**  
 2,000 calories of lentils = 17.4 taka  
 1,000 calories of oil = 5.8 taka  
 900 calories of rice = 3.9 taka  
 700 calories of greens = 4.3 taka  
 350 calories of eggs = 11 taka  
 350 calories of banana = 3.8 taka  
 300 calories of milk = 9 taka  
**Total: 5,600 calories for 55.2 taka**

**men's tobacco expenditure: 3.1 taka/day (21.7/week):**

**400 additional calories/day**  
 800 calories of rice = 3.4 taka  
 800 calories of lentils = 7 taka  
 400 calories of oil = 2.3 taka  
 400 calories of greens = 2.5 taka  
 300 calories of banana = 3.2 taka  
 100 calories of eggs = 3.1 taka  
**Total: 2,800 calories for 21.6 taka**

**women's tobacco: 1.8 taka/day (12.6/week):**

**200 additional calories/day**  
 550 calories of lentils = 4.8 taka  
 350 calories of oil = 2 taka  
 200 calories of greens = 1.2 taka  
 100 calories of rice = 0.4 taka  
 100 calories of milk = 3 taka  
 100 calories of banana = 1.1 taka  
**Total: 1,400 calories for 12.6 taka**

<sup>31</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume III*. Dhaka: 1998, p. 10.

<sup>32</sup> Bangladesh Bureau of Statistics, *Prevalence of Smoking in Bangladesh*, Dhaka, 1996, p. 12.

<sup>33</sup> The figure for rice is calculated using the price in 1995 of 4.3 taka for 1,000 calories of rice, Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, p. 376.

The most heavily-advertised cigarettes on billboards and in large-circulation newspapers are Gold Leaf and Benson & Hedges. Some of the cheaper brands, such as Navy, are also heavily advertised. The men shown in cigarette ads are always strong, healthy, and well-fed. The ads suggest that rather than harming one's health, cigarettes will make you stronger.

Table 9 gives the year 2000 prices of various foods, and Table 10 of popular brands of cigarettes. Cigarette prices vary considerably, from four taka for a pack of Sun Moon to 75 taka for a pack of Benson & Hedges. By comparison, a pack of bidis costs three taka.

Even the cheap cigarettes are expensive when compared to foods. In Table 11, we compare the price of food to that of cigarettes. A pack of Gold Star costs more than an egg. A pack of Navy costs almost as much as a liter of milk. Less than two packs of Scissors would pay for a kilogram of lentils. One and a half packs of Senior Gold would purchase a dozen bananas, and 1.6 packs would buy one kilogram of rice. Less than two packs of Navy would pay for a liter of soybean oil.

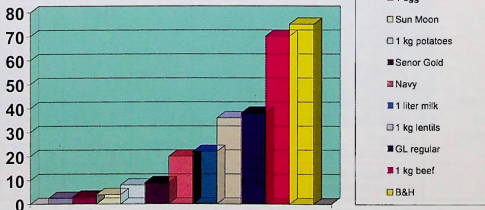
Table 9. Prices of various food items, Dhaka, April 2000

Food items	Unit	Cost (taka)
Eggs	1 egg	3
Potatoes	1 kg	8
Milk	1 liter	22
Lentils	1 kg	36
Beef	1 kg	70
Small bananas	1 dozen	14
Dark leafy greens	1 kg	7
Soybean oil	1 liter	36
Rice	1 kg	14

Table 10. Prices of various cigarette brands, Dhaka, April 2000

Cigarettes	# of sticks	price (taka)
Gold Leaf regular	1	2
Gold Leaf light	1	2.5
Sun Moon, Gold Star, Good Leaf	10	4
Senor Gold	10	9
Scissors, Star, Navy	20	20
Gold Leaf regular	20	38
Gold Leaf light	20	47
555	20	68
B&H	20	75

Chart 14. Year 2000 prices of food vs cigarettes



As for Gold Leaf, the figures are even more dramatic. One and a half regular cigarettes or 1.2 sticks of light would purchase an egg. Three and a half sticks of regular would buy 1 kg of dark leafy greens. Four sticks of regular would purchase a kilogram of potatoes, 7 sticks would pay for a dozen bananas or a kilogram of rice, and 11 sticks would buy a liter of milk. A pack of Gold Leaf light could pay for 3.4 dozen small bananas, 6.7 kg of leafy greens, 1.3 liters of soybean oil, or 3.4 kg of rice. *With 38 taka—a few hours' wage for a rickshaw puller—one could buy half a kilogram of beef, five and a half kilograms of dark leafy greens, over a kilogram of lentils, a dozen eggs, or one pack of John Player Gold Leaf regular cigarettes.*

For those buying cheaper tobacco, one taka for a cigarette may sound insignificant. But when people become addicted and begin to need several cigarettes a day, the price quickly escalates. A smoker of a pack a day of Star or Scissors spends 20 taka each day, or over 600 taka each month. If he spent 70% of that money on food instead, he could easily add 800 calories *each day* to his family's diet, in the form of lentils, potatoes, fish, beef, and dark leafy greens.

Table 12 compares per capita monthly expenditure for tobacco to that for lentils, meat, leafy vegetables, oil/fats, and milk. Per capita expenditure for tobacco—averaged over the whole population, not just those who use tobacco—is 7.9 taka/month in rural areas and 14.7 taka/month in urban areas, with a national average of 8.7 taka/month.

**70% of the cost of a packet of Star a day: 20 taka x 30.5 days\*0.7 = 427 taka/month (year 2000 prices)**  
 10,600 calories of lentils = 111.4 taka  
 6,300 calories of potatoes = 56.7 taka  
 5,600 calories of fish = 159.9 taka  
 1,400 calories of beef = 86 taka  
 500 calories of greens = 12.9 taka  
**Total: 24,400 calories for 426.9 taka**

*Where will the money come from?*

Hasan, a rickshaw puller, estimates that he spends about 10 taka/day on cigarettes and bidis. When asked if his three children ever eat eggs, he exclaimed, "Eggs? Where will the money come from to buy them?" If Hasan didn't buy tobacco, each of his children could eat an egg a day, or other high-quality foods, and the whole family would be healthier as a result. The unattainable could become a reality for this poor rickshaw puller's children

Table 11. Food for cigarettes, in year 2000 prices<sup>34</sup>

Food items	Number of packs of various cigarette brands needed to purchase each food item	# of sticks of Gold Leaf needed to buy food *		Food that could be bought for one pack of Gold Leaf	
		Regular	Light	Regular	Light
1 egg	0.75 pack Gold Star	1.5	1.2	12.7 eggs	15.7 eggs
1 kg potatoes	2 packs Sun Moon	4	3.2	4.8 kg	5.9 kg
1 liter milk	2.4 packs Senor Gold or 1.1 packs Navy	11	8.8	1.7 liters	2.1 liters
1 kg lentils	1.8 packs Scissors	18	14.4	1.1 kg	1.3 kg
1 kg beef	3.5 packs Star or 1.03 packs B&H	35	28	0.5 kg	0.7 kg
1 dozen small bananas	1.5 packs Senor Gold or 0.7 packs Scissors	7	5.6	2.7 dozen	3.4 dozen
1 kg puishak (dark leafy green vegetable)	0.7 packs Senor Gold or 1.75 packs Good Leaf	3.5	2.8	5.4 kg	6.7 kg
1 liter soybean oil	4 packs Senor Gold or 1.8 packs Star	18	14.4	1.1 liters	1.3 liters
1 kg rice	3.5 packs Sun Moon or 1.6 packs Senor Gold or 0.7 packs Scissors	7	5.6	2.7 kg	3.4 kg

\*Calculated as price/stick as sold in stores, rather than as a fraction of the pack, as many people buy cigarettes one stick at a time.

<sup>34</sup>Prices collected at New Market, Dhaka. Food prices in rural areas would be lower.

Per capita monthly expenditure for tobacco is higher in both rural and urban areas than that for milk, and higher in urban areas than for leafy green vegetables. People spend nearly as much in

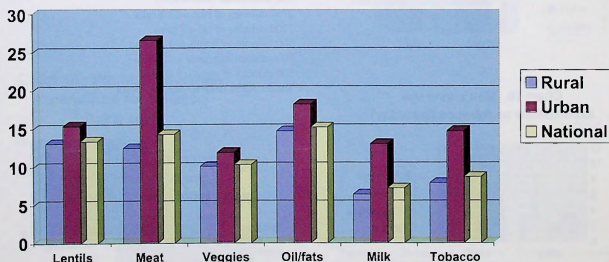
cities for tobacco as for lentils. **Nationally, for each of the high-nutrient foods shown, tobacco expenditures represent more than half the expenditures for food.**

Table 12. 1997 per capita monthly expenditure<sup>35</sup>

	tobacco		lentils		meat		leafy vege		oil/fats		milk	
	taka	%	taka	%	taka	%	taka	%	taka	%	taka	%
rural	7.9	13.1	60.3%	12.5	62.9%	10.1	78.0%	14.7	53.6%	6.4	122.7%	
urban	14.7	15.4	95.6%	26.6	55.3%	11.9	123.4%	18.2	80.6%	13.0	113.3%	
national	8.7	13.4	65.3%	14.3	61.2%	10.3	84.4%	15.2	57.5%	7.2	120.6%	

Note: Under each food item, the first column represents per capita monthly expenditure for that item. The second column represents per capita tobacco expenditure as a percentage of that food item.

Chart 15. Monthly per capita expenditure on tobacco vs food items (taka), 1997



<sup>35</sup> Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume II*. Dhaka: 1997, p. 130. As elsewhere, unrounded figures used in calculations.



## Section 6

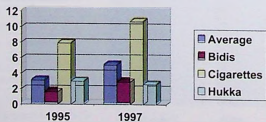
### Trends in consumption of tobacco versus food and other basic needs

During the year 1992, people consumed on average 17 eggs and 100 cigarettes. Three years later, egg consumption had dropped to 12 per person per year, while cigarettes had increased to 133.

As shown in Table 1, poverty worsened in urban areas from 1991-1996<sup>36</sup>, though it improved slightly in rural areas. Since most of the population lives in rural areas, this indicates a small improvement over time in the general population. Presumably that improvement could have been greater, and the decline in urban areas reduced, if people had consumed less tobacco and more food. **We believe that development gains over the past several years have been significantly offset by diversion of income to tobacco.**

Figures for average tobacco expenditures in 1997 are shown in Table 13. Comparing the 1997 figures for those for 1995 in Table 6 above demonstrates that the general trend is towards increasing expenditures for tobacco.

Chart 16. Men's average expenditure on tobacco (taka/day)

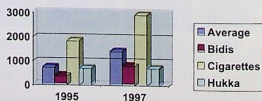


While the average expenditures for bidis were 1.6 and 1.3 taka/day respectively for men and women in 1995, they had risen to 2.9 and 3.3 in 1997. Women's expenditure on cigarettes fell from 12.2 to 6.8, while men's rose from 7.9 to 10.7. Expenditures for tobacco in general rose from 3.1 to 5.1 for men, and from 1.8 to 2.8 for women.

Meanwhile, the price of rice fell. While the average male smoker could have purchased an additional 1,837 calories of rice with his cigarette money in 1995, the figure rose to 2,942 calories in 1997. The average male tobacco user in 1997 could easily have purchased 750 additional calories each day from his tobacco money.

possible purchase for men's 1997 tobacco expenditure:  
 5.1 taka/day (35.7/week):  
 750 additional calories/day  
 2750 calories of rice = 11.8 taka  
 1200 calories of oil = 7 taka  
 500 calories of lentils = 4.4 taka  
 500 calories of greens = 3.1 taka  
 300 calories of eggs = 9.4 taka  
 Total: 5,250 calories for 35.7 taka

Chart 17. Equivalent in rice calories of men's tobacco expenditures



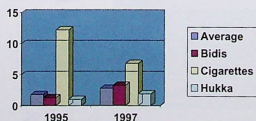
<sup>36</sup> Figures are not available for more recent years.

For women smoking bidis (women are about 6 times more likely to smoke bidis than cigarettes<sup>37</sup>), the figure tripled, from 302 calories in 1995 to 907 in 1997. The potential in calories of rice for the average tobacco user nearly doubled for both men and women, from 721 and 419 respectively in 1995, to 1,402 and 770 calories in 1997.

While spending on tobacco—and the food value of the money thus spent—increased, consumption of many major food items decreased over several years, as shown in Table 14.

One of the biggest increases in the period was in cigarettes—a 33% increase over the 3-year period. A similar increase occurred in the consumption of cabbage (though only from 0.6 kg/person/year to 0.8) and to a lesser degree of milk and fish, while per capita consumption of many other items increased only slightly, or even declined. Rice, the staple of the Bangladeshi diet, increased by only 1% over the period, while banana consumption dropped by six percent and eggs by 29%.

**Chart 18. Women's average expenditure for tobacco (taka/day)**

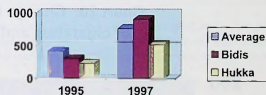


<sup>37</sup> Bangladesh Bureau of Statistics, *Prevalence of Smoking in Bangladesh*, Dhaka: 1996, p. 12.

**Table 13. Average daily expenditure for tobacco and equivalent in calories of rice, by sex and type of tobacco, 1997<sup>38</sup>**

Type of tobacco	Average expenditure on tobacco (taka)		Equivalent in calories of rice <sup>39</sup>	
	Male	Female	Male	Female
Average for all types of tobacco	5.1	2.8	1,402	770
Bidi	2.9	3.3	797	907
Cigarettes	10.7	6.8	2,942	1,869
Hukka/pipe etc.	2.6	1.9	715	522

**Chart 19. Equivalents in rice calories of women's tobacco expenditures (cigarettes excluded)**



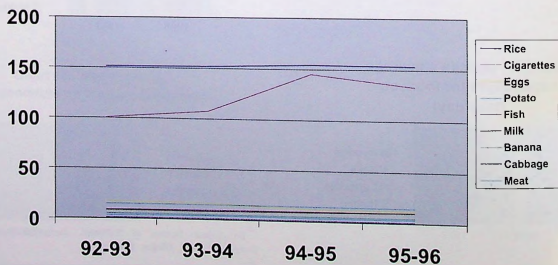
<sup>38</sup> Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, p. 366.

<sup>39</sup> The figure for rice is calculated using the 1997 price for coarse rice, in Dhaka (the price is lower in the other cities). While it cost 4.3 taka for 1,000 calories of rice when the price per kilogram was 14.73 taka (1995/96), it would cost only 3.6 taka for the same 1,000 calories in 1996/97, as the price fell to 12.46 taka per kg. Unrounded figure for price of rice used in calculation. Price of rice over time from Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, p. 313.

Table 14. Per capita consumption of selected food items and tobacco<sup>40</sup>

Item	Unit	1992-93	1993-94	1994-95	1995-96	% change 1992-96
Rice	kg	151.3	151.8	154.1	153.4	+1%
Potato, sweet potato	kg	14.9	15.0	15.0	14.9	0%
Meat	kg	3.4	4.2	3.6	3.7	+9%
Fish	kg	8.4	9.0	9.5	10.0	+19%
Milk	liter	8.1	8.0	9.0	10.1	+25%
Eggs	no.	17.0	16.0	12.0	12.0	-29%
Banana	kg	5.2	5.0	5.0	4.9	-6%
Cabbage	kg	0.6	0.7	0.7	0.8	+33%
Cigarettes	sticks	100	107	145	133	+33%

Chart 20. Change in per capita consumption of cigarettes and selected foods, 1992-96



<sup>40</sup>Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, pp. 385-6, 388.

What if over the same period, cigarette consumption had remained at 100 sticks/capita? What if cigarettes had not been purchased at all? Table 15 gives the equivalent in food (kg of rice or meat, liters of milk, or number of eggs) and the percentage of actual purchases (in parentheses) that could have occurred in the yearly totals, if the cigarette money had gone to that food item.

**If cigarette consumption per capita in 1994-1995 had remained the same as in 1992-1993, and the money that was spent on cigarettes in**

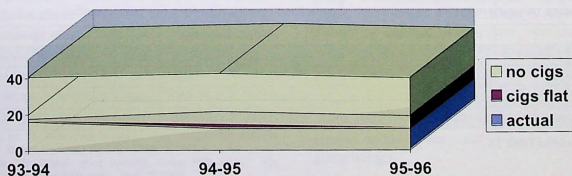
**that year had gone to food, Dhaka residents could have consumed almost 15% more meat, 14% more milk, or 79% more eggs.** Reallocating all expenditures just from the increase in cigarette consumption to eggs would have increased egg consumption in 1994-95 from 12 eggs per person per year to 21.5, whereas reallocating all cigarette expenditures to eggs would have raised the total to 42.6 eggs/person/year.

Table 15. Per capita consumption of various food items in Dhaka by year, and increase in quantity and change in percentage of yearly total (in parentheses) of each food item if cigarettes not purchased<sup>41</sup>

Item	Unit	cigarette equivalent			cigarette equivalent			cigarette equivalent		
		93-94	7 sticks	107 sticks	94-95	45 sticks	145 sticks	95-96	33 sticks	133 sticks
Meat	kg	4.2	0.1 (102%)	1.2 (129%)	3.6	0.5 (115%)	1.7 (147%)	3.7	0.4 (110%)	1.6 (142%)
Milk	litre	8.0	0.2 (103%)	3.0 (138%)	9.0	1.3 (114%)	4.0 (145%)	10.1	1.0 (109%)	3.8 (138%)
Eggs	no.	16.0	1.6 (110%)	24.7 (255%)	12.0	9.5 (179%)	30.6 (355%)	12.0	7.0 (158%)	28.1 (334%)

Note: Calculations use national per capita consumption of food and cigarette items, and Dhaka prices of all items. For price of cigarettes over the period, Star was used, as the cheapest cigarette given. The price of one stick of Star was 0.7 taka throughout the period in Dhaka, and 0.8 taka in Rajshahi. Prices are for superior quality beef and medium quality rice, as price for coarse on (used elsewhere) is not given for Rajshahi.

**Chart 21. Potential change in annual per capita egg consumption, Dhaka**



<sup>41</sup> Per capita consumption (nationally) and prices of foods and cigarettes in Dhaka and Rajshahi from Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, pp. 313-316, p. 385.



Even more marked changes are seen in Rajshahi, where over the same period cigarette prices were higher and food prices lower than in Dhaka. In Rajshahi, if per capita cigarette consumption levels had remained as in 1992-93, then in 1994-95 people could have consumed 20% more meat, 27% more milk, or 97% more eggs. Eliminating cigarette consumption and spending that money on eggs could have led to more than a quadrupling of egg consumption per capita in 1995-96, from 12 to 49.6 eggs per person per year.

As the economy of Bangladesh improves, people cannot afford to spend their additional money on tobacco rather than food. If the country is to show strong gains in nutrition and health status, then people must be encouraged to spend their money in positive ways, and tobacco companies must not be allowed to advertise their products freely to an uneducated public.

**Chart 22. Potential change in annual egg consumption, Rajshahi**

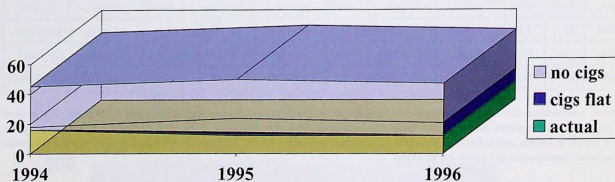


Table 16. Per capita consumption of various food items in Rajshahi by year, and increase in quantity and percentage of yearly total (in parentheses) of each food item if cigarettes not purchased<sup>42</sup>

Item	Unit	cigarette equivalent			cigarette equivalent			cigarette equivalent		
		93-94	7 sticks	107 sticks	94-95	45 sticks	145 sticks	95-96	33 sticks	133 sticks
Meat	kg	4.2	0.1 (102%)	1.6 (137%)	3.6	0.7 (120%)	2.3 (164%)	3.7	0.5 (14%)	2.1 (157%)
Milk	litre	8.0	0.4 (105%)	5.6 (170%)	9.0	2.5 (127%)	8.0 (189%)	10.1	1.7 (117%)	6.8 (167%)
Eggs	no.	16.0	1.9 (112%)	29.1 (282%)	12.0	11.7 (197%)	37.6 (413%)	12.0	8.7 (172%)	34.9 (391%)

See note to Table 15.

<sup>42</sup> Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, pp. 313-316, p. 385.

## Section 7

### Tobacco and malnutrition

How many millions of people would have enough to eat if the poor spent their money on food rather than tobacco? How many thousands fewer children would die each year?

The consequences of malnutrition are manifold. Malnutrition contributes to more than half of all deaths of children under age five in developing countries. For those who survive, lifelong impairment can result, including poor physical and mental ability, more illness, and little ability to be economically productive. UNICEF estimates that Bangladesh loses the equivalent of more than 5% of its gross national product in lost lives, disability, and productivity caused by malnutrition.<sup>43</sup> Malnutrition is blamed for the deaths of over 700 children under age 5 each day in Bangladesh.<sup>44</sup> In 1995-96, more than half (59.7%) of Bangladeshi children aged 6-71 months were malnourished.<sup>45</sup>

Nearly twenty years ago, a researcher suggested that if the condition of malnourished children deteriorated "as a result of income being used for smoking rather than for food, then each year the prospects of survival of some 18,000 children would be halved. Should these estimations be anywhere near correct, the nutrition-mediated effects of smoking, in terms of chronic undernutrition as well as survival, are likely to be far more important than the direct consequences of smoking on health."<sup>46</sup> The situation has only worsened since.

As shown above in Table 6, those with a monthly expenditure of less than 2,000 taka/month spend 73% of that money on food, whereas the figure

for those with a monthly expenditure of 2,000-4,999 is 66%. This averages out to over 69% of household monthly expenditure going to food. Nearly 78% of calories in the Bangladesh diet are supplied by cereals, while 6% come from vegetables, over 4% from oil, 7% from lentils, fish, meat, fruits, and milk combined, and 4.6% from other foods.<sup>47</sup> We can therefore assume that the poor would spend most of their increased food budget on rice, while smaller numbers of calories of less commonly consumed foods could have a huge impact on children's diet.

As shown above, the average male tobacco user in 1997 could purchase 750 calories/day of various foods with his daily tobacco expenditure, or 1,400 calories each day if he spent the money on rice alone. Even if he used only 69% of his tobacco money—that is, allocated the money previously spent on tobacco according to the typical pattern of the poor—he could still purchase 517 calories worth of various foods, or over 960 calories of rice. The average female tobacco user could purchase 770 calories of rice with the full sum, or 530 calories with 69% of it.

As we saw in Table 1, half of the poor consume between 1805 and 2122 calories per day. For this group, 400 additional calories or less per day would bring them into sufficiency. For those consuming less than 1805 calories, more than 400 additional calories are needed. In either case, the average tobacco user could provide sufficient calories to cross the poverty line as measured by caloric intake. This means that each tobacco user represents one or more people—whether the smoker or his or her child—who is needlessly going hungry.

<sup>43</sup>UNICEF, *The State of the World's Children 1998*. Oxford and New York: Oxford University Press for UNICEF, 1998, p.13.

<sup>44</sup>"Over 700 children dying everyday, claims NFB study." *The Bangladesh Observer* Saturday, April 29, 2000.

<sup>45</sup>Bangladesh Bureau of Statistics, *Child Nutrition Survey of Bangladesh 1995-96*. Dhaka: 1997, p. 26.

<sup>46</sup>Nicholas Cohen. "Smoking, Health, and Survival: Prospects in Bangladesh." *The Lancet* May 16, 1981, pp. 1090-93.

<sup>47</sup>Bangladesh Bureau of Statistics, *Analysis of Basic Needs Dimension of Poverty Volume III*. Dhaka: 1998, p. 10.

Calculations of the number of poor smokers in Bangladesh are shown in Tables 17 (men) and 18 (women). To calculate the number of poor males in each age group, the figure from Table 1 of 47% for rural poverty is used, since about 80% of the population is rural. The actual figure would be slightly higher, given the higher rate of poverty among the urban population.

The percentage of poor men by age group who smoke utilizes the rates for those with a monthly household income of less than 3,000 taka—the category into which 40% of Bangladeshi households, and presumably most poor families and malnourished children, fall. The calculation is slightly different for women, as breakdowns of

the percent of poor women who smoke by age group is not available, but as with men, the rates are likely to be even higher among poorer women.

The figures yield a total of 9.87 million poor male smokers and 612,000 poor female smokers aged 15 and over, for a total of over 10.48 million poor smokers, each of whom, if they redirected 69% of their tobacco expenditures to food, could add over 500 calories each day to their or their children's diet. Given increases in population, smoking, and expenditure on tobacco, the figure for the year 2000 would likely be significantly higher.

Table 17. Estimated number of poor male smokers, 1996

age	male population by age group <sup>48</sup>	number below poverty line (previous column*47)	% of poor who smoke, by age group <sup>49</sup>	number of poor smokers (applying % shown in previous column)
15-19	5,979,000	2,810,130	18.1	508,165
20-34	14,695,000	6,906,650	57.3	3,958,662
35-49	9,620,000	4,521,400	72.4	3,274,247
50+	8,028,000	3,773,160	56.5	2,131,207
total	38,322,000	18,011,340		9,872,281

Table 18. Estimated female population by age and smoking rates, 1996<sup>50</sup>

age	population	smoking rates (%)	number of smokers	number of poor smokers (previous column*.47)
15-19	5,826,000	0.9	52,434	
20-34	14,161,000	3.3	467,313	
35-49	8,853,000	6.6	584,298	
50+	7,079,000	2.8	198,212	
total 15+	35,919,000		1,302,257	612,060

<sup>48</sup>Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, p. 151.

<sup>49</sup>Bangladesh Bureau of Statistics, *Prevalence of Smoking in Bangladesh*, Dhaka: 1996, p. 10. Statistics are broken down into income categories, with the highest income given as 5,000+. We averaged the figures for the six income categories representing less than 3,000 taka/household/month.

<sup>50</sup>Bangladesh Bureau of Statistics, *Statistical Pocketbook Bangladesh 1998*. Dhaka: 1999, p. 151.

Given that about half of those who are under the poverty line are under the hard-core line of less than 1805 calories/day, about half of those saved from malnutrition would be saved from severe food shortage.

**If the poor stopped using tobacco and re-allocated their tobacco expenditures to other items, following the typical pattern for the poor, then in the year 2000, almost 10.5 million fewer people would be malnourished, about half of whom had been below the "hard-core" poverty line.**

What about deaths averted? As mentioned above, 700 children under age five are estimated to die each day in Bangladesh from malnutrition. The rates of smoking among the poorest are over 50%. An additional 500 calories per day could easily be enough to save a malnourished child from death.

**We estimate that over 350 young children per day could be saved from death by malnutrition, if their parents redirected some of their tobacco money to food. This translates to 127,750 fewer deaths of children under age 5 per year.**

*I can't afford good food  
for my children*

Mahmud Ali is a 40-year-old rickshaw puller living in Dhaka. His wife, three sons, and daughter reside in the countryside. He sends them money home out of his daily income of 120-150 taka. Since he has little money, his family eats only rice and vegetables. Meanwhile, he smokes 6-7 Star cigarettes a day, at one taka per cigarette, and spends an additional 4-5 taka per day on chewing tobacco, or a total of 10-12 taka/day—almost 10% of his income. Mahmud said that he would like to quit, and spend the 300-360 taka/month savings on his children.



## Section 8

### Conclusions and BATA Recommendations

The Bangladesh Anti-Tobacco Alliance (BATA) recommends banning advertising, raising taxes, and providing protection to non-smokers, so as to reduce the economic toll of tobacco consumption.

More research on this issue could help define the scale of the problem, and update the figures for the current year. However, the evidence presented here is already sufficient to take action. Future research could focus on understanding the effects of various tobacco control policies, after they are enacted, in achieving their desired aim of reducing tobacco use. Research could also focus on understanding what is needed to help the poorest to quit smoking, and in understanding how best to reach groups in which consumption is not declining.

Why focus on tobacco? Certainly it is not the only way in which people waste money. Lottery tickets, other forms of gambling, alcohol and other drugs, and prostitution also eat into the scarce resources of the poor, and, particularly in the case of alcohol and prostitution, can have other, serious effects on the health and wellbeing of the individual and his family.

What is different about tobacco? Unlike the other items mentioned,<sup>51</sup> tobacco is heavily advertised in Bangladesh. The tobacco companies are given free rein to target the poor, with no more by way of warning than the tiny message on the side of the pack and similarly small warnings on billboards, newspapers, and satellite television ads.

<sup>51</sup>Alcohol is only legally sold to foreigners, and is not advertised. In other countries, certain tobacco control policies—such as high taxation and a comprehensive ban on promotion/sponsorship—could be applied to alcohol as well, and thus further reduce the diversion of income for the poor away from food to addictive drugs.

The warnings merely state that tobacco harms the health. Even if the more than half the population that is illiterate have absorbed the message, as research indicates they have, what do they understand by it? While over 90% of men and about 85% of women say that “smoking is bad for health” (the same message as on the pack), less than half of smokers know that smoking causes cancer, and less than 17% of smokers know that it causes heart disease. For other diseases, the figure was 4.6% for male smokers and 3.2% for female smokers.<sup>52</sup> So much for informed choice.

The study did not ask about addiction, but we can only assume that the addictive nature of tobacco is not well understood either, particularly by young smokers. The difficulty with addiction is that what began as a choice—though by no means an informed one, given the lack of basic knowledge of the harms caused by tobacco—becomes a behavior that is difficult, often extremely so, to stop.

Tobacco is sold and consumed almost everywhere. It is a drug of easy availability and social acceptability. By not passing strong legislation to control it—to make it more expensive, to greatly reduce the number of places in which it can be consumed, and to stop the promotion of it—the government is seen to condone it.

Since tobacco consumption constitutes such a large economic burden for poor families, shouldn't tobacco prices be kept low, so that people will waste less money on their habit? If the price of anything is to be kept low, it should

<sup>52</sup>Bangladesh Bureau of Statistics, *Prevalence of Smoking in Bangladesh*, Dhaka: 1996, p. 12.

be of food, education, or other essential goods. Low prices encourage more people to consume tobacco. The poor rarely eat meat, because it is expensive. Tobacco is perceived as cheap, and users may become addicted before they discover its actual cost. High prices discourage people from starting and encourage others to quit. One of the best ways to keep the young from becoming addicted, and to help the poor to quit, is thus to raise the price of tobacco products.

The tobacco companies argue that high taxes are regressive; that is, that they disproportionately target the poor. It is true that rates of tobacco use are higher in the poor. It is also true that they can least afford to pay more for their products. However, a tax rise that causes the highest-priced cigarettes to rise significantly more than the lower-cost ones would decrease the "unfairness" of the tax. Meanwhile, the goal of the tax is for tobacco to become less affordable to the poor. The young and the poor are most responsive to price changes, and thus most likely to avoid tobacco if the price increases. It is no service to the poor to continue to encourage them to become addicted on tobacco products, by allowing advertising and maintaining a low price. When the poor—those most likely to smoke—smoke less, industry profits decline. That is why the tobacco companies balk at any move that will discourage the poor from purchasing cigarettes.

Concern about harming the poor is due to the addictive nature of tobacco, and to the fact that it is often the non-consumers of tobacco—the wives and children of smokers—who suffer most when income is diverted from their basic needs. But since wives and children also suffer when they are exposed to tobacco smoke, and are already suffering due to income diversion, the solution is not to make the product cheaper and thus encourage people to smoke more. We have already seen the tremendous increase in per capita consumption of cigarettes from 1992-1996. As living standards increase, if tobacco products remain the same price, then they actually become more affordable, and thus more popular, over the years. Despite—or in fact due to—tobacco prices remaining fairly stable in Bangladesh, per capita expenditure on tobacco has actually increased significantly. A tax increase would have the

effect of reducing expenditures as more people quit, while maintaining government revenues.

A few simple measures can address any concerns about harming the poor through raising tobacco taxes. These include using a portion of the tax for:

- 1) Public education campaigns which target the poorest (most of whom are illiterate), using radio and television to communicate about the economic as well as health effects of tobacco consumption;
- 2) Offering free services to the poor to help them quit; and
- 3) Subsidizing other services for the poor, such as health or education. This could include providing nutritional supplements to young children and pregnant women, or subsidizing a food that is consumed only by the poorest.

While the tobacco companies argue for the right to smoke, we wonder who will argue for the rights of people—children and adults—to eat. We have shown that, among poor smokers, about 70% of what they spend on tobacco is money they would otherwise have spent on food. Men are far more likely to smoke than women. Men who use tobacco spend far more money on it than do women. Men also purchase most of the food for the household, and usually eat before the children and women. It is likely that men suffer the least from the diversion of their income to tobacco. This is a gender issue. This is a children's rights issue. This is an issue of poverty, of malnutrition, of human rights. This is an issue we cannot afford to ignore.

We do not wish to suggest that other, underlying causes of poverty do not need to be addressed. Issues such as land ownership, employment, and access to education and credit are critical in improving the status of the poor in Bangladesh. However, while addressing those areas, it is important not to forget an issue that could have an immediate and large impact on the lives of the poor: access to significantly larger amounts of money if tobacco consumption declined.

We strongly urge all organizations working on child survival, health, nutrition, food security, and poverty, to support efforts for tobacco control in Bangladesh. We encourage them to promote both public education and sound policies that can result in lower consumption of tobacco, and hence more money spent on food and other basic needs. Bangladesh needs a healthy, educated population in order to develop soundly. Better nutrition and more money invested in health and education will contribute greatly to the development of individuals, and hence of the

nation. While the government bears responsibility for investment in these sectors, it can also have a huge influence on individual investments. Strong policies in tobacco control would encourage individuals to shift their expenditures from tobacco to essential goods. **What neither the government nor the population of Bangladesh can afford is to continue to choose tobacco over basic needs.**

The health and survival of our children, and the economic development of the nation, demand strong action.

Policy options	Benefits
<i>Higher taxes on all tobacco products.</i>	Higher prices keep the poor and youth from becoming addicted to tobacco, and help motivate them to quit.
<i>A portion of the tax going to support programs on the electronic media to inform people about the harms to economy, health, and appearance from active and passive tobacco use.</i>	Those who consume tobacco, and those who are affected through exposure to tobacco smoke, have the right to understand what tobacco does to their and their family's health and economy.
<i>A comprehensive ban on all forms of promotion (including advertising and sponsorship) of tobacco products.</i>	This helps keep youth from starting to smoke, and makes it easier for adults to quit.
<i>Protection of non-smokers by banning smoking in public places (transportation, workplaces including restaurants, universities, etc.).</i>	Not only does this protect the health and rights of non-smokers, but it leads to large reductions in tobacco use

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#### Bangladesh Anti-Tobacco Alliance (BATA)

BATA consists of fifteen member organizations active in tobacco control. BATA's purpose is to contribute to the health and wellbeing of all Bangladeshis by educating the public and policymakers about the dangers of tobacco, and by helping to strengthen the nation's tobacco control legislation. BATA members are committed to work to reduce the damage to health, the environment, and both personal and national economy that result from tobacco consumption.



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# Tobacco and Developing Countries

2012

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Millions Dying  
Where is the  
Outrage?



According to the World Health Organisation, tobacco use is set to cause an epidemic of heart disease and cancer in developing countries. Currently, 4 million people die each year from tobacco use, but that number is set to rise to 10 million a year by 2030. In addition to premature death, smokers suffer from an ongoing degradation of their health due to smoking. Yet few countries are taking concrete actions to stem this epidemic. This is in part because of the political and economic power of multinational tobacco companies which have tried to define tobacco control as solely an issue for rich countries in order to protect their enormous profits from the developing world.

### **Tobacco Transnationals Target Developing Countries**

The aggressive marketing tactics of the multinational tobacco companies have greatly contributed to the tremendous increases in smoking in developing countries, particularly amongst women. These companies use their enormous political and financial power to influence governments and promote their products in every corner of the globe. The expansion of these companies into the developing world has meant that in the near future it is developing countries which will carry the majority of the burden of disease due to tobacco use.

### **The Rich get Richer and the Poor get Poorer**

Currently, approximately 80% of the world's smokers live in developing countries where smoking rates have risen dramatically in the past few decades. Yet it is the poor who can least afford to waste money on the purchase of tobacco products. Much of the tobacco industry is dominated by multinationals, so profits flow from poor to rich countries. Since most poor countries are net importers of tobacco, precious foreign exchange is being wasted. In addition poor countries are less able to afford the medical and other costs attributable to tobacco use.

### **A Pariah Industry**

The tobacco industry has become a pariah industry. For decades it has denied the truth about the harmful effects of tobacco addiction in order to protect its profits. However whilst it has come under attack in the courts and the parliaments of some countries, the majority of countries have felt powerless to restrain the industry with effective legislation and litigation. In fact, many continue to offer the industry tax breaks and other incentives.

### **Jobs--But at What Price?**

Whilst some jobs are created by the tobacco industry those which are offered to people in developing countries are usually dangerous and badly paid. Tobacco farm workers are often exposed to dangerous pesticides and other chemicals and small farmers are often chained to a cycle of debt by a tobacco industry system whereby loan schemes are run to help farmers start farming

tobacco, but then low prices are offered for the tobacco. In a number of countries the tobacco industry exploits the poor and powerless, employing children and paying starvation wages.

### **Framework Convention for Tobacco Control**

#### *What is the FCTC?*

The Framework Convention on Tobacco Control (FCTC) is a global treaty currently being negotiated by governments which will address transnational and trans-border issues, such as global advertising, smuggling and trade. Yet the FCTC will also serve as an important catalyst in strengthening international tobacco legislation and control programmes. The process of negotiating and implementing the FCTC will also help to mobilise technical and financial support for tobacco control and raise awareness among many government ministries about tobacco issues.

#### *What could the FCTC achieve?*

If properly negotiated, the FCTC could help turn the tide against the tobacco industry by weakening its political power and helping to end its reckless behavior through regulation and legislation. But this will only occur if the voices of the people are heard.

#### *What will happen next?*

The next FCTC negotiation is scheduled for April 30 to May 5 2001 in Geneva, Switzerland. At this meeting, WHO member states will debate the draft treaty. It is paramount that NGOs from around the world lobby their governments and mobilise public support for a strong FCTC.

### How can NGOs get involved?

To ensure the success of the WHO FCTC in combating the global tobacco epidemic, non-governmental organizations must play a key role in the development and negotiation of the treaty.

- Join the Framework Convention Alliance;
- Educate yourself and your constituencies about global tobacco issues and the FCTC the Alliance Website ([www.fctc.org](http://www.fctc.org)) has links to many good resources;
- Inform and get the support of the media in your country;
- Get resolutions passed in support of the FCTC;
- Find out what your country's delegates to the FCTC have said so far and meet with them in order to influence their future positions.

### What is the Framework Convention Alliance?

The Framework Convention Alliance (FCA), a coalition of over 90 organizations and networks from over 36 countries, serves as an umbrella for networks and individual organizations working on the FCTC. The Alliance facilitates communication between NGOs already engaged in the FCTC process and reaches out to NGOs not yet engaged in the process (especially those in developing countries) who could both benefit from and contribute to the creation of a strong FCTC.



<p><b>Framework Convention</b></p> <p><i>Alliance</i></p> <p>Building Support for Global Tobacco Control</p>
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### Framework Convention Alliance

Website: <http://www.FCTC.org>  
 E-mail: [FCTCAlliance@inet.co.th](mailto:FCTCAlliance@inet.co.th)  
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## Fact Sheet

## Tobacco and Employment

Produced by :  
**PATH Canada**  
 Work for a Better Bangladesh

Will tobacco control cause all those currently employed in tobacco suddenly to lose their jobs? Are those currently employed in the tobacco sector better off than those employed in other areas? While fear of job loss is causing great concern in many countries, the facts indicate that such concern is misplaced.

**Massive job losses?**

The number of people around the world using tobacco is currently *increasing*, not decreasing. The WHO estimates that, if current trends continue, the number of smokers around the world will increase from the current 1.1 billion to 1.6 billion in 2025.<sup>1</sup> In countries where tobacco control is quite strong, as in Thailand, tobacco use is declining by about 1% a year. But in most developing countries, the population is increasing by more than 1% a year. If population growth is greater than the decline in tobacco use, than the number of tobacco users will increase.

That effect is further enhanced by the fact that, in many developing countries, most of the population is under age 15. Those who are quitting tobacco use or dying the middle aged and older represent a much smaller portion of the population. So the pool of potential tobacco users is growing even faster than the population.

The question, then, is not how quickly will tobacco workers lose their jobs, but how many years it will take before the tobacco industry stops growing.

It is thus highly unlikely that anyone currently alive will lose their job due to tobacco control — and the eventual slow decline in consumption will allow ample time for farmers and others to seek alternatives to tobacco.

Meanwhile, mechanization of cigarette production has meant that jobs are shrinking within the industry not due to reduced consumption, but due to greater efficiency in production.

**Is tobacco work always good for the employees?**

Employment in the tobacco sector in developing countries often means low wages and health risks. Workers in the tobacco industry would benefit if spending patterns switched from tobacco to other products, as this would potentially create better paid and safer jobs in new sectors.

**Low wages**

Workers generally receive extremely low wages—as low as 35 cents a day to roll bidis in India,<sup>2</sup> and 6 cents for 5 hours work in one site in Bangladesh.<sup>3</sup> Since adult men refuse to do such low-paid work, women and

children are often recruited. Due to the long work hours, children are forced to drop out of school. In some bidi-rolling areas, men take multiple wives and force them to roll bidis, keeping the profits and refusing to care for the women when they become unable to continue the work.<sup>3</sup>

Far from being well off from tobacco farming, 52% of children in one tobacco-growing district in Kenya are malnourished.<sup>2</sup>

In Malawi, tobacco farmers remain poor despite their many years growing the crop. Due to the high cost of inputs, they may even go into debt if crops fail or the auction price is low.<sup>4</sup>

**Difficult working conditions**

In addition to the low wages — common not only to many of those growing and producing tobacco, but to many of those selling it as well—are the health threats faced by tobacco workers. Tobacco workers become ill from exposure to green tobacco while picking the leaves, from tobacco dust while manufacturing tobacco products, and from the inhuman postures in which bidi workers are expected to remain for hours. All of these exposures can result in poor health that reduces the productivity of workers. Combined with illiteracy from lack of school attendance, tobacco



work can contribute to lifelong poverty for present and future generations.

#### Are there alternatives to tobacco?

If tobacco consumption declined, people would buy other goods instead. Those other goods could include food items that would both benefit their and their families' health, and provide the former tobacco laborers with potentially higher paid and less dangerous, grueling work.

The World Bank has calculated that in many countries, this switch in expenditures would result in a net increase of jobs.<sup>5</sup> Even if the pay of other work were comparable to that of tobacco, if

the hours were such that children could attend school, then the cycle of poverty might be broken.

In different countries, people have shown that those working in tobacco can actually benefit from switching to other work. Many crops prove more profitable than tobacco, such as roses in Zimbabwe<sup>6</sup> and sunflowers in Bangladesh<sup>7</sup>. Some bidi workers in southern India have discovered that food processing generates far more earnings than bidi work.<sup>8</sup> Given the concentration of wealth from tobacco in a very few transnational companies, it is hardly surprising that in many contexts, other products would be more economically beneficial to the workers.

#### Conclusion

While many people currently are employed directly or indirectly from tobacco, their jobs are not threatened by tobacco control. In many countries it will take decades before any significant decline in total tobacco consumption occurs, so there is no threat to those currently employed by tobacco. Moreover, many of those making their living through tobacco would actually benefit from a shift in spending to other products, so that they could find better-paying and less grueling jobs elsewhere. There is no question of choosing between what's best for the economy and what's best for health: tobacco control will greatly benefit both.

<sup>1</sup> 11<sup>th</sup> World Conference on Tobacco OR Health Tobacco Fact Sheet, "The Economics of Tobacco Control: Exploding the Myths."

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

<sup>3</sup> Therese Blanchet, *Child Work in the Bidi Industry.* UNICEF: Dhaka 2000.

<sup>4</sup> John Kapito, "Tobacco Farming And Public Health In Developing Countries The Case Of Malawi," 2001.

<sup>5</sup> World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control, 1999.*

<sup>6</sup> Edward Maravanyika, "Do financially viable alternatives to tobacco growing exist in Zimbabwe?" in *The Economics of Tobacco Control in South Africa, 1998.*

<sup>7</sup> Muzaffer Ahmad, *Tobacco and the Economy of Bangladesh.* Bangladesh Cancer Society, 1995.

<sup>8</sup> Personal communication, Babu Matthew and Prakash Gupta, April 21, 2001.

## Essential Action

P.O. Box 19405  
Washington, DC 20036

November 2000

Dear Global Partnerships Participant,

We would like to once again thank you for your interest in the Global Partnerships for Tobacco Control program. To date, over 270 groups from more than 80 countries and 30 U.S. states have signed up to participate – a phenomenal response to a few emails we sent out to various networks of tobacco control advocates!

Participating groups include anti-tobacco organizations, youth groups and schools, lung and cancer associations, hospitals, universities, faith-based networks, medical associations, local governmental agencies, and ministries of health. Collectively, we speak over 50 languages, from Hindi to Ibo to Thai and represent a wide range of interest areas and expertise, from smoke free hospitals to youth prevention.

As you know, the Global Partnerships program is designed to support and strengthen international tobacco control at the grassroots level. The basic building blocks of the program are the partnerships formed between groups in the US and Canada and groups in Asia, Africa, Latin America, Pacific Islands, Eastern Europe and the former Soviet Union. It is our goal that over time, partner organizations will develop strong, balanced, and mutually beneficial relationships that will lead to the regular exchange of advice and information and to effective joint campaigns.

We began this program as a response to multinational tobacco corporations' behavior around the world and the epidemic of death and disease they seem intent on continuing to spread. Halting this global epidemic of preventable tobacco-related disease, projected by the WHO to kill 10 million annually by the year 2030 (70% in the developing world), will require a genuinely global effort that combines the strength and wisdom of organizations around the world.

We have a lot to learn from each other and immense amounts of creativity, energy, and enthusiasm to share. In the next few years, the battle between the tobacco industry and international tobacco control advocates will intensify, and we believe all of us have an important role to play.

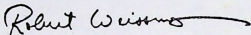
Some people have asked us what a partnership program provides that already existing programs do not. In our opinion, the value of partnerships is in their ability to foster deep relationships over time that should serve different purposes and facilitate different kinds of collaboration than centralized, loosely linked networks and international coalitions. While Essential Action will play a coordinating role, the real action will go on between partner organizations.

The Global Partnerships program is an endeavor that is both ambitious and, so far as we know, unprecedented. We have high expectations for the program but also anticipate that there will be some obstacles to overcome and learn from, particularly early on. We are counting on you to let us know what does and does not work well. Your open and honest feedback will help us improve the program for all.

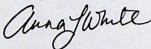
Basically, we are here to help you and do what we can to make the partnerships work. We will send periodic email updates to all participants to share news, suggest activity ideas, and offer encouragement. We will regularly check in with each of you individually to make sure everything is going okay. We will also be setting up a webpage for the program. If you have any questions, comments, or suggestions along the way, please don't hesitate to contact Anna, resident "cheerleader," at [awhite@essential.org](mailto:awhite@essential.org), +1 202/387-8030 (tel), +1 202/234-5176 (fax).

We hope you and your organization are as excited as we are about the opportunity to be part of such an international program. We look forward to getting to know each of you individually and to working together on meaningful projects in the near future. If we succeed, wherever tobacco corporations go, they won't be able to hide from the partnerships' eyes!

In solidarity for a tobacco-free future, \*



Robert Weissman  
Co-Director,  
Essential Action



Anna White  
Coordinator,  
Global Partnerships for Tobacco Control

**Please find enclosed:**

- Getting to Know Your "Buddy" Organization (yellow)
- A Guide to Building International Tobacco Control Partnerships (blue)
- Humorous Cross-Cultural Communication Gaffes (green)
- Menu of Suggested Activities (pink)
- More Information on Specific Activity Ideas:
  - Advertising Survey
  - How to Get the U.S. State Department Directive to Work for You
  - WHO Clear the Air Campaign
  - Two Concentration Games
- Essential Action's report *Addicted to Profit: Big Tobacco's Expanding Global Reach*
- Copy of Cigarette Brand Market Share by Country, Tobacco Reporter – June 2000
- "The Crazy World of Tobacco" poster
- Information on how to sign up to Essential Actions' International Tobacco listserv

## GLOBAL TOBACCO CONTROL TREATY: INDIAN WINNERS GEAR UP FOR THE THIRD ROUND

The progressive stand of the Indian Government delegation at the Second Round of Negotiations on the Framework Convention on Tobacco Control (FCTC), fetched them the Orchid Award on its final day at Geneva in April 2001. In contrast, the US delegation was awarded the Dirty Ash Tray Award for dragging its feet on this significant public health treaty.

The Orchid Award signifies positive contributions to tobacco control while the Dirty Ash Tray Award goes to those who promote tobacco interests. The Awards have been instituted by the Framework Convention Alliance, an international coalition of non-governmental organizations, advocating for a strong treaty.

The Framework Convention on Tobacco Control is an international public health treaty proposed by the World Health Organization (WHO) for curbing the rapidly increasing tobacco-related diseases globally. In 1998, for the first time in its history, WHO invoked its prerogative to frame international conventions on health matters in order to address the transnational tobacco control issues amongst its 191 Member States. The treaty is being negotiated through the Intergovernmental Negotiating Body (INB) which was established by the World Health Assembly through resolution WHA 52.18 in 1998. The key issues addressed in this treaty include Tobacco Advertising and Promotion; Smuggling; Packaging and Reporting, Research and Surveillance that are beyond the regulatory scope of individual countries.

As the tobacco industry explores fresh ways to recruit new and vulnerable customers and evade existing national laws, it is imperative that countries in the South East Asia Region take a firm stand on various clauses of the FCTC that protect the public health interest of Member countries.

As the Third Round of negotiations of the INB has been held in Geneva from the 22-28<sup>th</sup> of November this year, non-governmental organizations from the women's movement, youth groups, consumer activists and cancer care and prevention centres across the country have issued a joint declaration calling for deeper commitment from the opinion leaders of the nations favouring public health and well being over transient commercial gains. They have expressed hope that the Indian Government would continue to play a proactive role in leading the South-East Asian countries towards a strong FCTC.

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## INDIAN NGOs DECLARATION ON THE FRAMEWORK CONVENTION ON TOBACCO CONTROL

Reaffirming the commitment to tobacco control measures enshrined in the World Health Assembly resolutions on tobacco control,

Alarmed by the steady increase of tobacco-related diseases and deaths globally and specifically in India,

Concerned by the negative consequences of tobacco production and use on the economy and environment

Alarmed by the aggressive tobacco advertising, sponsorship, and promotion campaigns, Conscious of the importance of civil society's active participation in the negotiation and eventual adoption and implementation of the Framework Convention on Tobacco Control, Noting the cultural, linguistic, and religious diversity and the vastness of India, and the multitude of agencies involved in the framing and implementation of tobacco control policies, we, the undersigned NGOs,

- Reaffirm our support for both the Jakarta and Thimphu declarations on FCTC.
- Declare complete support for the tobacco control bill currently in the Indian Parliament.
- Reaffirm the need for NGO participation in the Framework Convention on Tobacco Control process both at national and international levels.
- Call on the Intergovernmental Negotiating Body on the Framework Convention on Tobacco Control to ensure that the final negotiated text of the Convention prioritizes public health over everything else.
- Urge the central and state governments in India to raise tobacco taxes and allocate a portion for the enactment and implementation of tobacco control policies that have been proven effective in reducing tobacco use;
- Urge the government to impose a total ban on all forms of tobacco advertising, promotion, and sponsorship;
- Encourage measures to protect the public from exposure to tobacco smoke and
- Support international actions to control smuggling of tobacco products.

### Endorsed by:

1. National Organization for Tobacco Eradication, Goa
2. Goa Cancer Society, Goa
3. Action Council Against Tobacco - India
4. Voluntary Organization in Interest of Consumer Education, New Delhi
5. No-Tobacco Organization, Nagpur
6. Cancer Institute, Chennai
7. National Association for Environment and Health, Madurai
8. Health Foundation, Mumbai
9. Tata Institute of Social Sciences, Mumbai

10. Association for Consumer Safety and Health, Mumbai
11. National Organization for Tobacco Eradication, Bhopal
12. Joint Action Committee for Anti-Tobacco Bill
13. Regional Cancer Centre, Thiruvananthapuram
14. National Organization for Tobacco Eradication, Patna
15. Sarv Jeev Mangal Pratishthan, Pune
16. Consumer Education & Research Society, Ahmedabad
17. Consumer Guidance Society of India, Mumbai
18. Action Council against Tobacco, Jaipur
19. National Organization for Tobacco Eradication, Kerala
20. Anti-Tobacco Cell of Karnataka, Bangalore
21. School Health Action Network, Delhi
22. HRIDAY, Delhi
23. Women's Action Research and Legal Action for Women, WARLAW, Delhi
24. School of Preventive Oncology (Action Council Against Tobacco, Patna, Bihar)

Released to the Media at Delhi on 17 December 2001

## **FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)**

### **Introduction – International Treaties and Conventions**

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

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

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

### **Why a Convention on Tobacco?**

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

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

### **FCTC – Current Status**

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

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

### **Issues under Consideration**

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

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

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

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

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

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

### **FCTC and Economies of Tobacco Growing Countries**

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

### **Other Benefits from FCTC**

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

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



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

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

### **FCTC and Non-Governmental Organizations (NGOs)**

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

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

**More resources and information on FCTC is available at [www.fctc.org](http://www.fctc.org)**

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

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

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

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

### What is Smokeless Tobacco?

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

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

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

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

### Contents of Smokeless Tobacco

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

## Smokeless Tobacco Causes Cancer

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

### Warning Signs:

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

## Preventive Measures

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

### 1. Control over Glamorous Advertisements and Marketing of Tobacco Products:

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

### 2. Protect Children from Becoming Addictive to Tobacco:

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

### 3. Increase in Taxes on Tobacco Products:

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

4. **Generating Awareness Regarding the Ill-effects of Tobacco Use:**  
Designing of strong and very clear messages is necessary. Many organizations have done similar work in other health awareness areas very successfully. Equally important is to generate awareness about the dangers and harmful effects of tobacco use specially focusing on adolescents and children. It has been proved that mass media programmes and educational programmes produce better results and a quick impact.
5. **Declaring Public Institutions, Specially Schools and Colleges as Tobacco Free:**  
It is necessary to develop school and college health programmes in order to completely stop the sale and consumption of tobacco within and outside educational institutions.
6. **Involvement of Health Personnel in Awareness Campaigns:**  
Health personnel like doctors, nurses, health volunteers and so on can be of great help in tobacco control activities. They should be appropriately trained as they directly interact with patients and the community.
7. **Eliminate Sponsorship by Tobacco Companies of any Public Events:**  
Tobacco companies sponsor major events like sports, awards, festivals and so on. These sponsorships should be discouraged in order to control the advertisement of tobacco products.
8. **Showing Prominent Warning on Tobacco Products:**  
The statutory warning mentioned on tobacco packets and even on cigarette packets is not prominent. It is necessary that the warnings are prominently depicted on the packets so that they leave some impact on the mind of the user. For example, a picture of a new born with disability, pregnant women, oral cancer pictures and so on.

#### **Conclusion:**

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

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## HEALTH HAZARDS OF TOBACCO USE

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

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

### Chronic Obstructive Lung Disease (COLD)

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

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

### Pneumonia

Pneumonia is not only more common amongst smokers, but is also much more likely to be fatal.<sup>6</sup>

### Lung Cancer

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

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5. The UK Smoking Epidemic - Deaths in 1995. Health Education Authority, 1998.

6. The UK Smoking Epidemic - Deaths in 1995. Health Education Authority, 1998.

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

### **Cancers of the Mouth and Throat**

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

### **Breast Cancer**

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

### **Cervical Cancer**

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

### **Coronary Heart Disease (CHD)**

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

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## Peripheral Vascular Disease (PVD)

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

## Stroke

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

## Reduced Fertility

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

## Male Sexual Impotence

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

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## **Foetal Growth and Birth Weight**

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

## **Spontaneous Abortion and Pregnancy Complications**

The rate of spontaneous abortion (miscarriage) is substantially higher in women who smoke. This is the case even when other factors have been taken into account.<sup>9</sup> On an average, smokers have more complications of pregnancy and labour which can include bleeding during pregnancy, premature detachment of the placenta and premature rupture of the membranes.<sup>27</sup> Some studies have also revealed a link between smoking and ectopic pregnancy<sup>10</sup> and congenital defects in the offspring of smokers.<sup>28</sup>

## **The Hazards of Passive Smoking**

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

## **Benefits of Quitting Smoking**

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

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## TOBACCO ADVERTISING AND PROMOTIONAL ACTIVITIES IN INDIA

### Tobacco Advertising—The Global Scenario

The power of advertising as a function of consumer choice and market expansion has long been recognized and exploited by the tobacco companies. The tobacco industry constitutes the largest advertisers in the world. In 1996, Philip Morris, the world's largest multinational cigarette company spent \$ 3.1 billion advertising its tobacco and food products while British American Tobacco its major competitor, spent \$459 million on advertising its cigarettes alone.<sup>1</sup>

### Tobacco Advertising in India

Tobacco advertising alone contributes Rs. 300-400 crore to the Rs. 8000 crore-strong Indian advertising industry. Manufacturers of gutkha and other oral tobacco products are catching up with their increasing advertising budget as is evident from the increasing print and television advertisement of chewing tobacco products. The following table indicates the astronomical figures the cigarette companies spent annually on advertising their various brands against the proven health and social problems that they raise:<sup>2</sup>

Cigarette Brand	Advertising Expenditure
Gold Flake	Rs. 50 crore
555	Rs. 10 crore
B & H	Rs. 10 crore
ITC brands	Rs. 40 crore

### Forms of Tobacco Advertising in India's Direct Advertising

**Newspapers and Magazines:** There is no estimated figure available on the advertising expenditures of cigarette and Gutkha companies though they are frequently seen in all the local dailies and television channels. A very recent phenomenon has been the cigarette companies sponsoring the sports page of newspapers in the wake of the proposed ban on tobacco sponsorship of sports events.<sup>3</sup> Except for health-related magazines, few have any policy prohibiting advertisement of tobacco products. Disturbing reports on Gutkha advertising spotting the cover pages of school notebooks are pouring in from Nagpur District in Maharashtra.<sup>4</sup>

**Outdoor Advertising:** International and domestic cigarette brands compete with each other in billboard advertising while oral tobacco brands resort to transport vehicles. Point of sale advertising flourishes adjacent to schools and colleges as also in restaurants and kiosks.<sup>5</sup>

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  4. Personal Communication with Venkatesh, V. Cancer Patients Aid Association.
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## Promotional Activities

**Sponsorship of Sports and Cultural Events:** The last decade of the past century witnessed the tobacco companies vying to conquer sponsorship rights of various sports and cultural events. Subsequently, the Indian cricket team came to be sponsored by Wills, the flagship brand of ITC until its recent withdrawal in March 2001. For every test match that India played, Wills (ITC) doled out Rs. 33 lakh, for every one-day match, it paid Rs. 32 lakh. The major Tennis tournaments in the country were sponsored by Gold Flake and boat racing by Four Square cigarettes.<sup>6</sup>

On the cultural front, Manickchand, who catapulted the tobacco market with their Gutkha brands, patronizes Filmfare Awards giving away the annual film awards in the country. Ironically, the national bravery award recognizing heroes for courage, adventure and spontaneous physical action is being sponsored by Red and White cigarette brand, capitalizing on the positive image and good will the event fetches. In several parts of India, major State festivals like Ganesh Chaturthi and Navratri have come to be celebrated with great fanfare at the behest of Gutkha companies.<sup>7</sup>

**Surrogate Advertising in Television:** Gutkha companies like Simla, Goa 1000 and Pan Parag skirt the ban on tobacco advertising in Television channels by resorting to surrogate advertising in the name of Pan Masala bearing the same brand name. Cigarette companies do it likewise through transmitting tobacco sponsored cultural events as in the case of Red & White Bravery Awards

**Contests:** The Wills "Made for Each Other" campaign of the Eighties with lucrative offers including a holiday abroad had courted much controversy over glamourizing and minimizing the dangers of smoking filter cigarettes.<sup>8</sup> In December 1999, Four Square brand from Godfrey Philips India, an affiliate of Philip Morris Inc, ran the "Gold in Gold" Contest offering Gold gift options, on the stipulation that the entrants in the contest, besides being tobacco users, were to collect 4 inserts from Four Square Gold Cigarette packs.<sup>9</sup>

**Product Placement in Movies:** Several leading filmmakers and popular film stars have fallen prey to this hidden trap and have indirectly promoted cigarette brands by consciously placing cigarette packs or brand names/ logos in movie scenes as was observed in movies like *God Mother*, *Tere Mere Sapne*, *Chasme Baddur* and *Katha*.<sup>5</sup>

**Free Sampling:** Earlier, this tactic of initiating the young with tobacco use was restricted to handing out free samples of cigarettes. Recent press reports from Nagpur indicate that even Gutkha sachets are being given out freely near schools and colleges.<sup>4</sup> Strategically, youth in outfits bearing tobacco brand names and logos are engaged in these promotional campaigns. In Mumbai, several discotheques and restaurants witness regular Benson & Hedges promotional activities including giving free samples..

**Brand Stretching and Diversification:** Perceiving an imminent ban on tobacco advertising, several tobacco companies are promoting other consumer products, which bear the same

6. Sawai A. in Times of India, 10<sup>th</sup> February 2001. "MG Confident of Finding Sponsors".

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9. Times of India, 13<sup>th</sup> December 1999. Four Square Gold Contest Announcement.

brand name or logo as their popular tobacco products. These logos or brand names can easily be spotted on clothing, sports apparel, hats, trays, posters and stickers affixed to sports vehicles and backpacks.

The Indian Tobacco Company, already holding investments in the hotel and tourism sector, is on a spree to set up 125 lifestyle stores selling apparels in the country in the immediate future. The plans include spreading out to greeting cards business and experimental kitchens.<sup>10</sup> Manickchand, the domestic Guktha major has diversified its products to tea powder, windmills and construction industry.

**Corporate Philanthropy and Public Relations:** The earthquake that ravaged parts of Gujarat have well been exploited by guktha manufacturers by distributing food packets along side guktha packets to build up their social image<sup>10</sup>. All the major guktha firms are actively engaged in supporting local youth clubs in organizing their annual sports events and religious festivities.<sup>5</sup>

The Indian Tobacco Company claims that they invest in education, immunization and family planning programmes in communities attached to their factories.

**State-patronised Tobacco Promotion:** Though lamentable, the State responsible for the health and well being of its citizens, also often acts as a vehicle of tobacco promotion. The obvious examples are the BEST buses plying in Maharashtra and the Railway station premises and bus stops across the country displaying huge tobacco hoardings. Doordarshan, the national television channel transmits advertisements of Cavenders Cigarette brand disguised as adventure gear as also sports and cultural events sponsored by tobacco companies.<sup>7</sup>

### **Trends in Tobacco Advertising**

Following the announcement of the recent Tobacco Products Bill proposing a ban on tobacco advertising, there has been an upsurge in surrogate advertising and sponsorship of entertainment events. Recent marketing figures indicate that while the market spending on tobacco products declined by 2 % over the year, the spending on tobacco brands grew by 28 %. This is illustrative of the increasing reliance of tobacco companies on sponsorships, restaurant and hotel programmes, public relations and direct marketing programmes these days.<sup>8</sup>

### **Impact of Tobacco Advertising and Promotional Activities**

In a study conducted in Goa among students immediately after watching tobacco-sponsored cricket matches, 15-20 per cent students surveyed felt that smoking and Ghutka improves memory. Some students even felt that if you smoke, you will become a better cricketer.<sup>11</sup> A 1992 review of 19 studies of cigarette advertising by the British Department of Health revealed that advertising does have a positive impact on consumption. A 1995 study indicates that advertising is more likely to influence teenagers to smoke than even peer pressure while a 1996 study published in the Journal of Marketing found that teenagers are three times as sensitive as adults to cigarette advertising.<sup>1</sup> The escalating annual advertising budgets of tobacco companies themselves are enough proof of the impact this component of marketing has on increasing consumption rates.



## Existing Advertising Regulations in India

**Cigarettes Act, 1975**-merely stipulates the statutory warning on cigarette packets.

**Cable Television Networks (Amendment) Act, 2000**-prohibits direct and indirect tobacco advertising on Cable Channels.

**Advertising Standards Council of India Voluntary Code, 1998**-envisages prohibition of advertising targeting underage consumers; suggests that using tobacco products is safe, healthy or popular; enhancing courage; or featuring the young. Being a voluntary code, it has little enforcement value.<sup>12</sup>

**Tobacco Products (Prohibition of Advertising and Regulation of Trade, Commerce and Supply) Bill, 2001**-announced by the Cabinet, pending enactment in Parliament provides for banning direct and indirect tobacco advertising in various media, prohibition of tobacco sponsorship of sports and cultural events, banning smoking in public places, banning sale of tobacco products to persons below 18 years of age and repeats the existing labeling provision. The States of Goa, Punjab, Uttar Pradesh and West Bengal have agreed to adopt this Bill which is currently before a Rajya Sabha Standing Committee.<sup>13</sup>

Goa has an Act prohibiting smoking in public places, but it is poorly enforced. The same fate has been suffered by the Maharashtra Government Resolution banning sale of gutkha within 100 meters of schools, hospitals and government offices. Goa, Kerala, Madhya Pradesh and Karnataka have a ban in place on smoking in public places.

## FCTC and Tobacco Advertising

Advertising being a transnational issue in the information age, beyond the regulatory scope of individual countries, the efficacy of stringent provisions thereof in the Framework Convention on Tobacco Control (FCTC) is undisputable. Efforts should therefore be geared at motivating geographical regions en masse to opt for tight provisions in the Convention. Individual nations could also be prevailed upon to tighten their national laws to match with International standards to be set out in FCTC.

### Interventions

- Effective lobbying strategies to enable the enactment of the Tobacco Products Bill, 2001.
- Activating State level advocacy to overcome the jurisdictional restrictions on policies regulating oral tobacco products and *Bidis*.
- Building a vigilant civil society to provide effective monitoring and prompt reporting of violations under the existing laws.
- Addressing transnational advertising through strong provisions in the Framework Convention on Tobacco Control.
- Mobilising Support from Entertainment-Celebrity endorsements of Anti-Tobacco policies.
- Involving youth icons in spreading anti-tobacco messages.

Prepared by: Shoba John, ACASH / PATH CANADA

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## G. WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

### Overview of the status of the WHO Framework Convention on Tobacco Control

59. Tobacco use is increasing worldwide. In response to the globalization of the epidemic of tobacco-related disease, WHO Member States initiated negotiations on the WHO framework convention on tobacco control in October 2000. The Framework Convention on Tobacco Control – WHO's first treaty – was unanimously adopted by Member States at the Fifty-sixth World Health Assembly in May 2003.<sup>1</sup> In adopting the treaty, WHO and its Member States recognized that the Framework Convention is a powerful global public health tool for combating tobacco use and the ravages it causes.

60. As of 26 March 2004, 100 Member States had signed the WHO Framework Convention on Tobacco Control (see Annex 1).<sup>2</sup> With the 29 June 2004 deadline for signature approaching, WHO takes this opportunity to remind ministers of health and other Health Assembly delegates of the crucial tobacco control work that remains to be completed; delegates are urged to encourage their respective governments to sign the Framework Convention. Signature indicates a State's intention to be bound by the Convention at a later date (see Annex 2 for a model instrument granting full powers to the signatory). Ratification, acceptance, approval or formal confirmation are international acts by which

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<sup>1</sup> Resolution WHA56.1.

<sup>2</sup> In addition, nine of these Member States had already ratified or approved the Convention.

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States or regional economic integration organizations that have already signed the Framework Convention formally agree to be bound by it.<sup>1</sup>

61. WHO encourages those Member States and regional economic integration organizations that have signed but not ratified, approved, accepted, or formally confirmed the Framework Convention, to do so as early as possible (see Annex 2 for a model ratification instrument).

62. After 29 June 2004, the WHO Framework Convention on Tobacco Control will be closed for signature. Beyond that date, Member States may still become a party to the Framework Convention by means of accession, a single-stage process equivalent to ratification. The WHO Framework Convention on Tobacco Control will enter into force on the ninetieth day following the date of deposit of the fortieth instrument of ratification, approval, acceptance, formal confirmation, or accession. Although 40 is the minimum number of ratifications for entry into force, the goal is to have the greatest possible number of Member States ratify, accept, approve, formally confirm, or accede to the Framework Convention in order to exploit the treaty's full potential as a global public health tool.

### WHO's activities as interim secretariat of the Framework Convention

63. Since the adoption of the Framework Convention, WHO has supported subregional Framework Convention awareness-raising workshops aimed at providing support to Member States in their efforts to sign and ratify the treaty, and prepare for its implementation. Three workshops were held in November and December 2003 in Nairobi (for Member States of the WHO African Region in East Africa);<sup>2</sup> in Cairo (for Member States of the WHO Eastern Mediterranean Region in the Gulf);<sup>3</sup> and in Bishkek (for Member States of the WHO European Region in Central Asia).<sup>4</sup> More awareness-raising meetings are planned between March and May 2004 in Kathmandu (for Member States of the WHO South-East Asia Region that are members of the South Asian Association for Regional Cooperation and for other Member States in the Region, in Nadi, Fiji (for Member States of the WHO Western Pacific Region from the Pacific island States), and in San José (for Member States of the WHO Region of the Americas from Central America and for other Member States in the Region). National consultations on the Framework Convention with parliamentarians took place in Argentina, Brazil, the Czech Republic and Kenya.

64. WHO's web site has detailed information on the status of the Framework Convention on Tobacco Control.<sup>5</sup> In addition, WHO has prepared and disseminated background material on the treaty and on national capacity-building processes to prepare countries for treaty implementation. Finally, WHO is available to respond to requests from diplomatic missions in Geneva and other government representatives regarding the Framework Convention and other technical questions related to tobacco.

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<sup>1</sup> "Acceptance" and "approval" have the same international legal effects as ratification. Formal confirmation is the equivalent of ratification for regional economic integration organizations such as the European Community.

<sup>2</sup> The 10 participating countries were: Burundi, Comoros, Ethiopia, Kenya, Madagascar, Malawi, Rwanda, Seychelles, United Republic of Tanzania and Uganda.

<sup>3</sup> The seven participating countries were: Bahrain, Egypt, Kuwait, Oman, Saudi Arabia, United Arab Emirates and Yemen.

<sup>4</sup> The five participating countries were: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

<sup>5</sup> Internet address: [http://www.who.int/tobacco/ftc/signing\\_ceremony/country/list/en](http://www.who.int/tobacco/ftc/signing_ceremony/country/list/en).

**The next step**

65. Pursuant to paragraph 7 of resolution WHA56.1, the first session of the Open-ended Intergovernmental Working Group on the Framework Convention will be convened from 21 to 25 June 2004. The Working Group is responsible for considering and preparing proposals on those issues identified in the Convention for consideration and adoption, as appropriate, by the first session of the Conference of the Parties.<sup>1</sup>

**ACTION BY THE HEALTH ASSEMBLY**

66. The Health Assembly is invited to note the above progress reports.

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<sup>1</sup> See document A/FCTC/IGWG/1/1.



## G. ANNEX 1

MEMBER STATES AND REGIONAL ECONOMIC INTEGRATION  
ORGANIZATIONS THAT HAVE SIGNED AND/OR RATIFIED THE  
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL  
(AS OF 26 MARCH 2004)<sup>1</sup>

WHO African Region (23)	WHO Region of the Americas (18)	WHO Eastern Mediterranean Region (8)	WHO European Region (28 + the European Community)	WHO South-East Asia Region (8)	WHO Western Pacific Region (15)
Algeria	Argentina	Egypt	Austria	Bangladesh	Australia
Botswana	Belize	Iran (Islamic Republic of)	Belgium	Bhutan	China
Burkina Faso	Bolivia	Kuwait	Bulgaria	Democratic People's Republic of	Fiji
Burundi	Brazil	Lebanon	Czech Republic	Denmark	Japan
Cape Verde	Canada	Qatar	European Community	Korea	Malaysia
Central African Republic	Chile	Syrian Arab Republic	Finland	India	Marshall Islands
Comoros	Costa Rica	Tunisia	France	Myanmar	Mongolia
Congo	Ecuador	Yemen	Georgia	Nepal	New Zealand
Côte d'Ivoire	El Salvador		Germany	Sri Lanka	Palau
Ethiopia	Guatemala		Greece	Thailand	Philippines
Gabon	Haiti		Hungary		Republic of Korea
Gambia	Jamaica		Iceland		Samoa
Ghana	Mexico		Ireland		Singapore
Madagascar	Panama		Israel		Tonga
Mali	Paraguay		Italy		Viet Nam
Mauritius	Trinidad and Tobago		Kyrgyzstan		
Mozambique	Uruguay		Lithuania		
Namibia	Venezuela		Luxembourg		
Senegal			Malta		
Seychelles			Netherlands		
South Africa			Norway		
Uganda			Portugal		
United Republic of Tanzania			San Marino		
			Slovakia		
			Slovenia		
			Spain		
			Sweden		
			United Kingdom of Great Britain and Northern Ireland		

<sup>1</sup> The nine Member States that have already ratified or approved the Convention are highlighted in bold-face type.

## G. ANNEX 2

(This instrument is to be signed by the Head of State, Head of Government or  
Minister of Foreign Affairs)

## LETTER OF AUTHORITY GRANTING FULL POWERS

I, [name and title of the Head of State, Head of Government or Minister of Foreign Affairs],

HEREBY AUTHORIZE [name and title] to sign subject to ratification, acceptance, or approval on behalf of the Government of [name of country], the WHO Framework Convention on Tobacco Control, which was unanimously adopted on 21 May 2003 and deposited with the Secretary-General of the United Nations on 13 June 2003.

Done at [place] on [date].

[Signature]

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(To be signed by the Head of State, Head of Government, or Minister of Foreign Affairs)

## INSTRUMENT OF RATIFICATION

WHEREAS the WHO Framework Convention on Tobacco Control was adopted on 21 May 2003 in Geneva, Switzerland,

AND WHEREAS the said Framework Convention on Tobacco Control has been signed on behalf of the Government of [name of country] on [date of country's signature of the Framework Convention on Tobacco Control],

NOW THEREFORE I, [name and title of the Head of State, Head of Government, or Minister of Foreign Affairs] declare that the Government of [name of country], having considered the above-mentioned Convention, ratifies the same and undertakes faithfully to perform and carry out the stipulations therein contained.

IN WITNESS THEREOF, I have signed this instrument of ratification at [place] on [date].

[Signature]

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# Tobacco Free Initiative

PH-13



WHO

## Why is tobacco a public health priority?

Tobacco is the second major cause of death in the world. It is currently responsible for the death of one in ten adults worldwide (about 5 million deaths each year). If current smoking patterns continue, it will cause some 10 million deaths each year by 2025. Half the people that smoke today – that is about 650 million people – will eventually be killed by tobacco.

Tobacco is the fourth most common risk factor for disease worldwide. The economic costs of tobacco use are equally devastating. In addition to the high public health costs of treating tobacco-caused diseases, tobacco kills people at the height of their productivity, depriving families of breadwinners and nations of a healthy workforce. Tobacco users are also less productive while they are alive due to increased sickness. A 1994 study estimated that the use of tobacco resulted in an annual global net loss of US\$ 200 thousand million, a third of this loss being in developing countries.

Tobacco and poverty are inextricably linked. Many studies have shown that in the poorest households in some low-income countries as much as 10% of total household expenditure is on tobacco. This means that these families have less money to spend on basic items such as food, education and health care. In addition to its direct health effects, tobacco leads to malnutrition, increased health care costs and premature death. It also contributes to a higher illiteracy rate, since money that could have been used for education is spent on tobacco instead. Tobacco's role in exacerbating poverty has been largely ignored by researchers in both fields.

Experience has shown that there are many cost-effective tobacco control measures that can be used in different settings and that can have a significant impact on tobacco consumption. The most cost-effective strategies are population-wide public policies, like bans on direct and indirect tobacco advertising, tobacco tax and price increases, smoke-free environments in all public and workplaces, and large clear graphic health messages on tobacco packaging. All these measures are included in the provisions of the WHO Framework Convention on Tobacco Control.



## The World Health Organization's response to the tobacco epidemic

The Tobacco Free Initiative (TFI) was established in July 1998 to focus international attention, resources and action on the global tobacco epidemic.

### TFI's objective

TFI's objective is to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. To accomplish its mission, TFI:

- provides global policy leadership,
- encourages mobilization at all levels of society, and
- promotes the WHO Framework Convention on Tobacco Control (WHO FCTC), encourages countries to adhere to its principles, and supports them in their efforts to implement tobacco control measures based on its provisions.

### TFI's global structure

TFI is part of the Noncommunicable Diseases and Mental Health (NMDH) cluster at WHO headquarters (HQ) in Geneva. Regional advisers for tobacco control are based in WHO's regional

offices for Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia and the Western Pacific. TFI-HQ works closely with its regional advisers to plan and implement all activities. Its regional advisers, in turn, collaborate with WHO's country representatives and liaison officers to facilitate tobacco control activities at regional and country levels. Most of TFI's major activities are coordinated by its regional offices and decentralized to country level.

### TFI's activities

#### WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC) INTERIM SECRETARIAT

Since the adoption of the WHO Framework Convention on Tobacco Control (see box), the interim secretariat of the WHO FCTC has been concentrating its efforts on ensuring that as many countries as possible sign and ratify the Treaty. Awareness-raising among politicians, policy-makers, health professionals and society at large is essential to this process. TFI is also providing technical support to countries to assist them in their efforts to strengthen their infrastructure and take the necessary steps towards the signature, ratification and implementation of the WHO FCTC.

#### RESEARCH AND POLICY DEVELOPMENT

TFI collaborates with an international network of scientists and health experts to

promote research on various aspects of tobacco production and consumption and their impact on health and economics. Policy recommendations are developed based on this research and in accordance with the provisions of the WHO FCTC. These recommendations cover different aspects of tobacco control, including regulation and legislation in relation to cessation, second-hand tobacco smoke, smoking and children, smoking and gender, economics and trade.

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#### **SURVEILLANCE AND MONITORING**

TFI monitors and evaluates international tobacco-related issues by reviewing structural elements (existence of task forces, commissions, nongovernmental organizations (NGOs)), process developments (laws and regulations, economics, behaviour, exposure, advocacy) and epidemiological data (prevalence, morbidity, mortality).

Current surveillance projects include the creation of a **Global Database**, based on a common standard, to maintain tobacco control data worldwide, and the joint WHO/CDC (US Centers for Disease Control and Prevention) **Global Youth Tobacco Survey** (GYTS), which aims to monitor tobacco consumption trends among 13 to 15-year-olds and evaluate youth tobacco control programmes.

Understanding the tobacco industry's practices is crucial for the success of tobacco control policies. In recognition of

this reality, WHO's Member States unanimously adopted a resolution (WHA 54.18) calling for transparency in tobacco control. TFI monitors tobacco industry activities so as to provide essential information to countries as they work to develop national tobacco control strategies.

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#### **TRAINING AND CAPACITY-BUILDING**

In order to encourage and help countries to sign, ratify and implement the WHO FCTC, TFI is working on projects that aim to strengthen national capacity in tobacco control by building on existing national public health systems. With that objective in mind, TFI is organizing a series of regional, sub-regional and national workshops using evidence-based training materials to help countries develop and implement tobacco control measures tailored to their local needs. A series of case studies from different countries on successful tobacco control interventions is in production.

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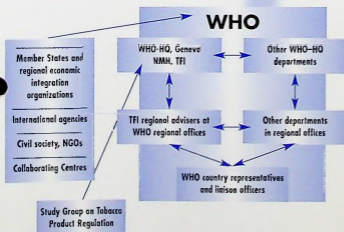
#### **COMMUNICATION AND MEDIA**

Public awareness of tobacco's harmful effects is essential to lay the foundations for acceptable tobacco control policies and regulations. TFI works to ensure that tobacco remains in the public consciousness by funding anti-tobacco media campaigns and workshops undertaken by local, national and international groups. **World No Tobacco Day**, celebrated around the world on 31 May each year, is the culmination of TFI's advocacy activities.

## TFI's global network

TFI collaborates closely with other WHO departments at all levels in cross-cluster initiatives to facilitate the integration of tobacco control into other health programmes (e.g. child and maternal health and tuberculosis). Outside WHO, TFI works with **Member States**, other **international organizations** and **civil society** through NGOs working on tobacco control.

The United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control was established by the Secretary-General of the United Nations in 1998 to coordinate the tobacco control work being carried out by different United Nations agencies. It is chaired by WHO and comprises 17 agencies of the United Nations system and two organizations outside the UN system.



TFI's work is only possible thanks to the collaboration with other institutions and the financial support from several donors.

TFI is expanding its network of **WHO Collaborating Centres**. WHO Collaborating Centres are a network of national institutions designated by WHO that carry out activities in support of its international health work. TFI's Collaborating Centres work on research, training and advocacy. Working with national institutions is an effective way of increasing national capacity and paving the way for self-sustainable programmes at country level.

Tobacco is one of the few openly available commercial products that are virtually unregulated. At the same time, it is the only legally available product that kills one half of its regular users when consumed as recommended by its manufacturer. To address this issue, the Director-General of WHO has established a **Study Group on Tobacco Product Regulation**. The group, which includes leading scientists in the field, carries out research and drafts recommendations for WHO's Member States on how to establish regulatory frameworks for the design and manufacture of tobacco products.

## WHO Framework Convention on Tobacco Control

The WHO FCTC was unanimously adopted by WHO's 192 Member States in May 2003. It is the first public health treaty negotiated under the auspices of WHO. It represents a turning point in addressing a major global killer and signals a new era in national and international tobacco control. The WHO FCTC reaffirms the right of all people to the highest standard of health. In contrast to previous drug control treaties, it asserts the importance of demand reduction strategies, as well as supply issues.

The Convention has provisions that set standards and guidelines for tobacco control in the following areas:

- tobacco advertising, promotion and sponsorship;
- packaging and labelling;
- regulation and disclosure of contents of tobacco products and smoke;
- illicit trade;
- price and tax measures;
- sales to and by minors;
- government support for tobacco manufacturing and agriculture;
- treatment of tobacco dependence;
- passive smoking and smoke-free environments;
- surveillance, research and exchange of information; and
- scientific, technical and legal cooperation.

The WHO FCTC is deposited in the United Nations Headquarters in New York and is open for signature from 16 June 2003 to 29 June 2004. Member States that sign the Convention indicate that they will strive in good faith to ratify it, and show a political commitment not to undermine the objectives set out in it. The ratification of the WHO FCTC binds a Member State to implement its provisions.

Countries wishing to become a party to the Convention after 29 June 2004 may do so by means of accession, which is a one-step process equivalent to ratification. The WHO FCTC will come into force of law 90 days after it has been ratified by 40 Member States.



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