

Setting up The Context for Tobacco Control

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1 Introduction

It is a customary for many organisations including the ones in health care to observe World No Tobacco Day (WNTD) by organising an event such as a rally, seminar or medical camps. Some of the partners of Consortium for Tobacco Free Karnataka (CFTFK) were part of this custom. A review and reflection after 2001 WNTD programme by a network partners of (CFTFK) led to the birth of CFTFK in the same year. The reflection pointed out the need for sustained efforts considering the magnitude of the tobacco menace. Key focus during the informal phase of CFTFK (2001-2018) was on awareness on harmful effects to tobacco use across various sections of the society and advocacy for formulating legislative measures. Considering the prevailing challenges, the need for registration was felt couple of years ago, however registration of CFTFK took place on 13th March 2019 after analysing the pros and cons of the process. Considering the complexity of the issue it was decided to form CFTFK as an alliance of professional institutions, civil society organisation and individuals, it is a common platform for them to discuss and debate the issues related to tobacco control and evolve collective strategic actions. The need for a comprehensive approach was agreed upon and the objectives were framed accordingly to address, awareness, policy advocacy, research and action. It was decided invite membership of both institutions and individuals.

2 Magnitude of tobacco menace

Often when the harmful effects of tobacco were shared across various social groups, one common response is that the government simply cannot ban it. I wish the solution is as simple as that. If such a ban is proposed it must be agreed by all the over 125 countries that are cultivating tobacco currently and all 195 countries that are consuming tobacco. Thanks to Dr. Gro Harlem Brundtland former Director General of the World Health Organisation (WHO) who recognised that tobacco is global menace hence called for a global action for tobacco and initiated the process of the first ever public health treaty known as the 'Framework Convention on Tobacco Control (FCTC) in 1999. Till today 198 countries have

signed, 9 countries were neither signed nor parties, 7 countries have signed but are not parties yet.¹ The total global tobacco production in 2018 is 8.2 million tons.² India's contribution is over 800 million kgs.³ About the global tobacco consumption trend, over 1 billion smoke and 300 million use smokeless forms of tobacco. India's contribution to tobacco consumption is about 275 million.⁴ India is the second largest consumer of tobacco and 3rd largest producer of tobacco.⁵ Every 6 seconds one person dies due to tobacco related causes in India⁶. The current global death toll is crossing 7 million and India's contribution to it is about 1 million.⁷ Besides death, the burden of tobacco related disease is high. Non communicable diseases in India attribute for more than 60% of all deaths.⁸

“Tobacco is the only legally available consumer product which kills people when it is used entirely as intended.” The Oxford Medical Companion (1994)

3 The core issues in tobacco control

Tobacco industry's interference with tobacco control

Tobacco trade is among the top 5 global trades which is controlled by a well-established Tobacco Industry (TI) with huge money power to influence political decision making.⁹ The global tobacco market size was valued at USD 604.35 billion in 2015¹⁰. The size of the Indian tobacco industry is USD 11 billion¹¹. With such a huge money power it is not difficult for the TI to thwart the efforts that aims to destabilise its business agenda. Some of the ways it interferes are as follows; 1) Discrediting scientific evidence; 2) Funding social program to create a positive social image for itself; 3) Initiates legal battles against legal measures of the government to curb tobacco use and; 4) Uses groups such as farmers, retailers and bidi workers to highlight their livelihood issue to subvert the public health initiatives by the government¹². Hence TI watch must be an important part of public health action to expose the TI. WHO compared TI to a vector, “All epidemics have a means of contagion, a vector that spreads disease and death. For the tobacco epidemic, the vector is not a virus, bacterium or other microorganism – it is an industry and its business strategy”¹³.

4 Social Acceptance and Legal Sanctions sustains the tobacco trade

Social Acceptance coupled with Legal Sanction is what empowers the TI to capitalise furtherance of its business. Both paves way for creating and sustaining demand for the tobacco products.¹⁴ Tobacco use is so common across the globe, and it is considered normal for both the consumer and the people around them. Society underestimates the addictive

nature and the harmful effects of both active and passive smoking and other forms of tobacco consumption.¹⁵ Compared to alcohol, tobacco is more harmful, where the sale of alcohol is regulated by licence and only a licence holder can sell alcohol¹⁶. Whereas tobacco can be sold by any one anywhere with certain riders as specified in COTPA. Tobacco trade is legal. *“It is mind-boggling that a product as destructive to the human body as the cigarette remains almost completely unregulated to protect health and safety”* (Matthew L. Myers, President, Campaign for Tobacco-Free Kids). All concerned individuals and institutions and movements about the tobacco menace focus on destabilising tobacco use in society. Tobacco advocacy groups must advocate for tobacco sales must be brought under retailer license.¹⁷ There is need for collective voice of the masses for formulating laws towards this and to resist the efforts of tobacco industry to subvert it.

5 Alternate livelihood options for farmers and other tobacco workers

The lion’s share of the tobacco money is enjoyed by the TI. The tobacco trade is lucrative for the TI because the trades offers high returns for less investment. It gets the raw material cheap and markets it across all consumer products outlets without much expenditure for marketing. In fact, highest paid per kg of tobacco to a farmer is INR 150. The industry produces 1000 cigarettes in 1.2kg of tobacco and sells it to about INR 10,000.¹⁸ A similar equation goes with bidis and other forms of tobacco. The farmers, bidi workers, tendu leave collectors, and other subsidiary worker get a meagre portion and it is a matter of livelihood for them. The TI provides livelihood options for about 6 million farmers and 20 million labourers in 13 states in India.¹⁹ Exploring and sustaining alternative livelihood options for bidi worker, other tobacco industry workers and tendu leave collectors will be a challenge whereas shifting to alternate crops may not be as challenging as livelihood. Again, all professional bodies and civil society organisations must work with the government in identifying and promoting alternative livelihood options for the tobacco workers. Similar support given to tobacco crop must be given to other crops. The Central Tobacco Research Institute is exploring support to farmers in this direction. It has already identified a better economically viable crop, some of them are more ruminative and some less when compared to the tobacco crop.

6 Building a strong political will for tobacco control

Besides providing livelihood options the tobacco industry contributes about INR 34,000 cores annually to national exchequer through tax annually²⁰. The TI further funds all political parties to influence the political decision making to its favour.²¹ Using its sheer money power, the TI sustains well the balance between the demand and supply of tobacco. Some of the key challenges to implementing the existing tobacco control laws are lack of political will.²² Large social mobilization is the key to There is a need for mobilising a countervailing power through health care and education sector professionals and other civil society organisations towards pressurising the government to resist the TI influence and initiate appropriate action for curbing the tobacco menace., mostly importantly common man's outrage in defence of public health.

7 Conclusion

The WHO's global progress report on FCTC implementation in 2018 captures article 8, 11 and 12 as top three in implementation which are enforcement of protection of exposure to second-hand smoke, packaging and labelling and education, communication and training. Lowest three in implementation are articles 18,19 and 17 which are Protection of the environment and the health of persons and liability and Provision of support for economically viable alternative activities.²³ Ultimately all cultivated tobacco will find its way into the market. Demand and supply reduction measures go hand in hand. Legislative measures to curb the tobacco menace have been severely challenged by social apathy and lack of political support due to TI interface. There is a need for mobilizing a countervailing power, a collective voice of all stakeholders concerned about the tobacco menace precipitated by TI. CFTFK is a platform created for such mobilisation. You may be an individual, or an institution concerned about the tobacco menace, become of members of CFTFK to be part of the emerging countervailing power.

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