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Opinion article

Economic implications of Tobacco

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"Health, and not economic arguments are the reason for controlling tobacco, but economic arguments are raised as an obstacle to tobacco control policies,"

-Former WHO Director-General Dr Gro Harlem Brundtland (WHO).

India is the world's third largest tobacco producing country after China and Brazil and produced more than 10% of the world's raw tobacco during 2003-04, but ranked only ninth globally as an exporter of tobacco and tobacco products (Sonaliya,2004). It has diversified cultural practices of tobacco, sheltering both smokeless and smoking forms. The tobacco consumption pattern reflects heavy use of non- cigarette tobacco, primarily in the form of bidis, chewing tobacco and paan preparations. Bidis account for as much as 85% of total smoked tobacco. With a rise in disposable incomes, per capita consumption of cigarettes is expected to increase (Galvão-Moreira & da Cruz 2017;Ekpu & Brown 2015). While the gritty tobacco industry trails to the bountiful revenue it offers to the country, the counter is worth the growl at the population level. The leading causes of death from smoking are cardiovascular diseases, chronic obstructive pulmonary disease, and lung cancer. About one-half of deaths due to tobacco consumption occur in people aged 35 to 69, the period of life when individuals are most economically productive (WHO). Health care costs from tobacco use impose burdens on annual health budgets, especially in poor countries like India. By one estimate, India spent approximately Rs 300 billion (US$ 6.2 billion) in 2002-03 on the treatment of tobacco-related illnesses. This would amount to roughly one-fourth of all health spending in the country. Tobacco-related health spending tends to amount to 6-15% of overall health spending in developing countries. Another study using nationally representative health care expenditure data found that the direct cost of treating four major tobacco-related diseases (respiratory, tuberculosis, cardiovascular, and neoplasms) in India

amounted to Rs 54 billion (US$ 1.2 billion) in 2004, or 4.7% of India's national health care expenditure that year (Lancet, 2017).

It is worth to examine of the evidence from an economic perspective, as it could lead to the stalking costs at a personal level as a result of 'rational addiction' or the social costs that curtails the human productivity and damage to the environment (Gupta et al 2004). The economic insights are embedded with the difficulties involved in working out the costs per se. This is usually sum total of private, direct costs from the National Accounts Statistics (NAS) of India plus social, external costs, such as the costs of fire hazard and littering, comprising various proportions of tangible and intangible costs (including the trickiest question of valuing human life and its longevity), avoidable and unavoidable costs, real, monetary and nonmonetary, physical and psychological costs (John & Moore,2011). This struggle is worth the mention here, as the profound scientific stories are spelt out with alarming metrics with a tinker.

To sum, the economic purview mandates an alternative source of income for the farmers who are dependent on the tobacco crop. While we the multisector stakeholders must become the whistleblowers in a collaborative mode, representing from several administrative departments involved at the governmental level, diverse civil society groups needed at the community level and varied technical expertise required from multiple professional groups, to a host of bilateral and international partners to engage, the design and delivery of core issues and concerns of tobacco in our country.

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