improve economic performance. Similarly, reliable, independent and transparent data on mortality is likely to be a powerful twenty-first century information tool to improve health in countries with a low income. Independence is the key, given that there may be incentives for users of data, such as officials of disease control programmes, to over- or under-report the disease of their own interest (for example, until recently, the World Health Organization had three substantially different estimates of global malaria mortality, with the malaria programme estimates being higher than that from other departments). Transparency and access to reliable data by civil society, non-governmental organizations, and researchers can often spur governments into public health action.

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Tobacco Products Bill 2001:
An aid to public health

Smoking causes diseases that could lead to death. The scientific evidence is so overwhelming that after disputing it for several decades, cigarette companies are now forced to acknowledge it. To quote from the website of British American Tobacco,1 of which the India Tobacco Company (ITC) is a subsidiary: ‘... with ... cigarette smoking come real risks of serious diseases such as lung cancer, respiratory disease and heart disease ... also, for many people, it is difficult to quit smoking.’ Similar statements can be found on the websites of other major cigarette companies.
Despite having considerable knowledge about various health risks from tobacco, most smokers continue to smoke. Most smokers also confess that they want to stop smoking, but are unable to do so. Many have tried and succeeded, but only for a short while. This is due to the nicotine in tobacco, which is one of the most addictive substances known to mankind. Nicotine is absorbed into the human body by smoking (mostly through the lungs) and smokeless use (through the oral mucosa). The only real reason for the use of tobacco by a habituated individual is the ingestion of nicotine.

The use of tobacco imposes major health consequences. Globally, an estimated 4 million deaths are caused by tobacco every year—3 million in the industrialized countries and 1 million in the developing world. There is a lag period of several decades between the initiation of tobacco use and the appearance of health effects. Therefore, the current mortality is the result of the use of tobacco several decades earlier. On the basis of the current use of tobacco, it is projected that by 2030, some 10 million deaths every year will be caused by tobacco, about 4 million in the industrialized and 6 million in developing countries. While most industrialized countries have made major strides in their tobacco control efforts, in many developing countries the use of tobacco is still increasing. These statistics emphasize the need to place tobacco control high on the public health agendas of developing countries.

Controlling, containing and reducing the use of tobacco in the population are extremely important, high-priority strategies for improving public health. The Tobacco Control Bill proposed by the Government of India, therefore, ought to be seen in this context. Will the measures proposed therein help in reducing the use of tobacco? The salient features of the Bill are:

1. Prohibit the advertisement of all tobacco products;
2. Prohibit smoking in public places;
3. Prohibit the selling of tobacco products to persons below 18 years of age;
4. Indicate nicotine and tar contents on the packets;
5. Have warnings of adverse health effects on tobacco product packages in English as well as in Indian languages; and
6. Place a total ban on sponsoring of any sports/cultural events by cigarette and other tobacco product companies.

Banning the advertisement of tobacco products has been identified as the most important prerequisite for tobacco control. Although there are numerous studies to show that this is effective in reducing tobacco consumption, a ban on tobacco advertisement is necessary even otherwise: a product that causes addiction, serious diseases and death ought not to be allowed to be associated with sexy, glamorous and macho images. Such associations are meant only to mislead the public.

In 1975, Norway was the first country to impose a total ban on tobacco advertisement and a long term evaluation showed that the ban was effective in reducing consumption. None of the dire consequences of the ban forecast by tobacco companies materialized.

Sponsorship of sports and cultural events is simply a form of advertising for a targeted market segment. A study from India demonstrated that cricket sponsorship by tobacco companies, by creating false associations between smoking and sports, increased the likelihood of children experimenting with tobacco. Therefore, a ban on sponsorship of such events is a necessary part of a ban on advertisement.

However, the proposed regulation allows surrogate advertising—advertising of a brand of tobacco products is permitted as long as it is associated with a non-tobacco product or service. Tobacco companies are already preparing to exploit this loophole through surrogate advertisements, for example, on adventure gear and bravery awards. With the passage of the proposed Bill, such advertisements would increase further.

The issue of warning labels should be seen in the context of consumer information. Tobacco products are highly dangerous and every existing or potential consumer ought to be adequately informed about the risks. The proposed labelling requirements
are an appropriate beginning, although several countries have moved far ahead. For example, Canada already requires coloured pictorial warnings depicting mouth cancer or diseased lungs.6 The disclosure of the correct tar and nicotine levels should also be seen in this context even though it does little for tobacco control and sometimes may actually be harmful by providing false assurances.

A ban on smoking in public places is based on the premise of protecting non-smokers from tobacco smoke and is not just an annoyance or nuisance. There are data to demonstrate that involuntary exposure to tobacco smoke may cause lung cancer and heart diseases.7 Children are most vulnerable as they are unable to voice any objection and suffer from many ill-effects—middle ear infection and exacerbation of asthma attacks.8 Tobacco companies have not yet accepted the fact that tobacco smoke is harmful to non-smokers just as they did not accept that smoking was harmful for smokers. Public health policies, however, need to rely on science rather than acceptance by tobacco companies.

A ban on the sale of tobacco to children is an emotive and politically correct policy which, as a public posture, is supported even by tobacco companies. In terms of tobacco control, it is one of the least effective policies and is rather difficult to enforce, especially in India. Even in countries where good enforcement has been possible, the effectiveness has been low—most often, children can get whatever they want.

Unlike most countries where tobacco control is synonymous with cigarette control, in India it implies controlling a wide range of smoking and smokeless tobacco products. Therefore, policies are needed to control the entire range of tobacco products. In the Indian system, State and Central Governments have jurisdiction over different areas. While the Central Government can make laws regarding the use of cigarettes, state governments will need to adapt these laws for bidi and smokeless tobacco products. Some states have been more progressive. Goa enacted its tobacco control legislation before the Central Government did much in the matter and Punjab, Uttar Pradesh and West Bengal have already accepted Parliament’s authority in this regard.

The most commonly used tobacco product in India is the bidi. It is necessary to control bidi smoking because bids are no different from cigarettes in terms of health consequences. Bidis have similar levels of tar and nicotine as cigarettes do. Bidis also cause the same diseases as cigarettes with similar levels of risks.9 A recent study from Mumbai reports that the age-adjusted relative risk of overall mortality in a large cohort after a 5-year follow up was 1.78 among bidi smokers and 1.39 among cigarette smokers, with a strong dose—response effect.10

Smokeless tobacco is another highly popular form of tobacco use in India with a high prevalence among men as well as women.11 Smokeless tobacco use causes oral cancer as well as other oral mucosal and dental diseases.12 The overall mortality has also been reported to be significantly higher among smokeless tobacco users compared to non-users of tobacco, the age-adjusted relative risk being 1.22 among men and 1.35 among women.10

Commercially manufactured smokeless tobacco products are comparatively new items in the country and have caused serious public health problems. These products are heavily advertised and promoted by manufacturers resulting in a high degree of use, especially by youngsters. As a result, an epidemic of oral submucous fibrosis, a debilitating precancerous condition, has already spread in the country13 and there is strong evidence of an increasing incidence of oral cancer among young people.14 Smokeless tobacco items are manufactured with the sole intention of putting and retaining them in the mouth. Since they satisfy all the criteria of being food items, they should be governed by the laws that apply to food items. Legally it is not possible to manufacture and sell food products that cause cancer. The Rajasthan High Court had ordered the Central Government several years ago to find out whether smokeless tobacco products were hazardous. The government entrusted the inquiry to its Central Committee on Food Safety and received a report that these products were indeed hazardous. The government is thus duty bound to ban these products but is choosing to proceed very slowly.
The proposed Bill needs to be placed in both houses of Parliament and passed before it becomes a law. Hopefully, this will happen although there have been instances in the past when proposed tobacco control policies did not complete the legal process. After becoming law, the proposed Bill would be seen as a new beginning for tobacco control efforts and improvement of public health in India.

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