



# Awareness and Advocacy

## *A double-edged sword for tobacco control*

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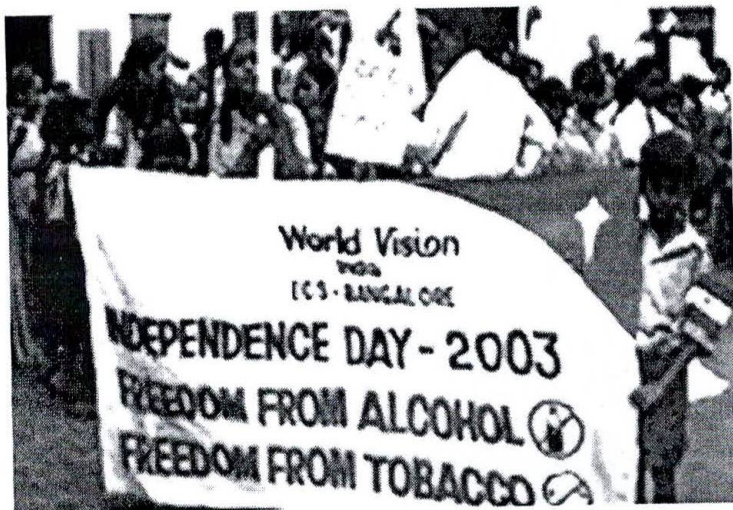
The Portuguese introduced tobacco in India some time during the 16<sup>th</sup> century. Gradually as its use spread across the country, it became one of the valuable commodities in barter trade. In the absence of scientific knowledge on its ill effects and addictive nature, its use gained social acceptance across all social groups in the country. In spite of scientific knowledge available at present in volumes on the implications of various aspects of tobacco consumption and cultivation, its control has become a bigger challenge as a result of the tobacco industry globally backing the issue.

Western countries have achieved notable success in tobacco control through legislative measures. Higher literacy level and civic sense have helped in implementing the legislative measures better there. It would take a long time to achieve tobacco control through legislative measures in countries like India as the prevailing socio-economic conditions would not allow effective implementation of legislative measures. Therefore, one should not think that there is no need for legislative measures. Considering the great need for awareness on the ill effects tobacco consumption and cultivation in the country, the current legislative measures by the government will go a long way in creating awareness

among millions who are both literates and non-literates in the country. Civil society organizations, as they create awareness and carry out advocacy measures, should actively support the initiatives of the government for tobacco control through legislative measures.

### Reasons for its consumption

Currently, in India, there are over 250 million people across all ages and socio-economic background using tobacco products of various forms. The reasons for tobacco use vary across cultures and age-groups. The young use tobacco products out of curiosity, peer pressure to make others, especially movie stars, to overcome stress, to deal with boredom, for relaxation and to show that they have grown up. Adults who regularly use tobacco products use them as a result of addiction. The craving compels them to use but they attribute many reasons for its use such as it helps them to overcome tension and stress etc. Once, a young student during a campaign that Community Health Cell carried out among college students said that he knew that a cigarette contained tobacco and tobacco contained nicotine but he did not know anything about nicotine. When asked why he was smoking, he had no answer. It is fun and fashion for millions of youngsters such as this student. It would be worth the effort if one could stop young people while they are experimenting with tobacco products and before it becomes an addiction. On another occasion, a smartly dressed business executive when asked about the cigarette in his hands, he said that he knew about the harmful effects of tobacco and quit smoking six months ago but started again. Mark Twain rightly explains the nature of tobacco addiction in these words. "I know how easy it is to quit smoking, because I have done it a thousand times". The tobacco industry is solely responsible for creating a socially acceptable environment for tobacco consumption through its various expensive strategies.



## Rationale for its control

Tobacco as a crop needs to be eliminated though not instantly. Its cultivation and consumption has multiple implications on the individuals, their homes and the nation. Tobacco has been a source of livelihood for a few millions in the country, currently there are about six million Indian farmers engaged in tobacco farming and about 20 million people work in tobacco farms. About 250 million people in the country consume tobacco. They are susceptible to various health risks that tobacco consumption poses. About nine-lakh people die due to tobacco-related diseases in India every year. In 1999, the Indian Council of Medical Research (ICMR) estimated the cost of tobacco-related illnesses at Rs. 277.6 billion. However, experts are of the opinion that it is much higher as this figure was arrived at from a small sample.

*How could one estimate the cost of loss to the family when the main breadwinner dies due to a tobacco related illness?* Hanumathappa, a thirty-six year-old man, was admitted in a government hospital with one of his legs amputated as a result smoking bidi. The findings of research tell that nicotine clogs the arteries. As result of clogged arteries, a smoker has high chances of being affected by gangrene and heart attack. Hanumathappa's other leg also had developed gangrene and it was about to be amputated when I met him. He was aware of the cause of his health condition: with folded hands he said *"I would never touch bidis in my life again"* but it was too late. I came to know that he passed away a month later, leaving behind his young wife and two small children. This is just one story. There are thousands of such deaths taking place in the country every year and many of which go unnoticed.

Tobacco cultivation contributes to serious environment degradation. It is estimated that to cure 1 kg of tobacco, 6 kg of wood is used. Immeasurable amount of deforestation already has taken place in many parts of the country by cutting down trees for curing tobacco. Research also reveals that those who work in the tobacco-farming suffer from green tobacco sickness (GTS). And those who work in curing the plants also suffer from various ailments as a result of inhaling the vapour. Who bears the cost of treating these illnesses and who compensates the loss of wages when the labourers are unable to work as result of GTS and other sicknesses? The argument that elimination of tobacco will lead to loss of livelihood for millions may be true, but consider the following argument; if people lose jobs they can be replaced with political will, if we people die due to tobacco related illnesses, can we replace lives?

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## Control measures

But for the efforts of the World Health Organization (WHO), the tobacco control measures across the globe would not have gone a long way. Apart from taking up the issues at the ministerial level, WHO gave a lot of space for civil society organizations to actively contribute through the network Framework Convention Alliance (FCA). The Community Health Cell is a member of the alliance. Since 1999, CHC has been actively involved in tobacco control activities both at local and global levels. It is making various efforts to take the issue across professional groups, students and the rural and urban poor communities. The groups have shown tremendous interest. Thousands of college students came forward to form the network of student's action against tobacco in Bangalore and canvas for government action to protect them from the aggressive marketing strategies of the tobacco companies targeting them. Over a hundred high schools and hundreds of street children have participated in various programmes to create awareness on tobacco and advocacy on tobacco control. Many of them have been the change agents among their friends and family circles. Once a little girl narrated how she was instrumental in helping her father quit smoking after a session on tobacco with her class. When she came to know through the session that tobacco consumption could lead to many serious health problems, she simply appealed to her father *"Daddy, I do not want you to die of heart attack, I need you"*.

CHC has also carried out awareness programmes in industries such as Mico-Bosch and the Larsen & Tubro in Bangalore. Some of the industries like Mico-Bosch

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Programme was evaluated by two external evaluators. The main drift of their recommendation was to "consolidate the gains, strengthen the infrastructure and grow". Keeping in view the recommendations and changing needs of the health movement, a revamped learning programme called the Community Health Learning Programme (CHLP) was launched in 2008. Currently, there are eight young professionals in the full-term 9 month programme and six young professionals who have completed flexible fellowships. As in the earlier programme, they include young men and women pursuing various vocations such as public health, nursing, medicine, engineering, social work and social sciences. Their backgrounds and experiences are also widely varied which greatly enhances the community health learning and thinking process.

### **New Roots, Newer Generation**

The Community Health Fellowship Scheme was seen as the twentieth-year milestone project of the Community Health Cell (CHC), when it started in 2003. As CHC

celebrates its silver jubilee in 2008, it can look back with satisfaction at the learning programme it had initiated. As the external reviewers of the scheme noted, an overwhelming majority of the participants of the programme are working in various community-health-oriented programmes across the country. It has also inspired a whole new generation of medical graduates to look at community health as a career option which fulfils their idealistic notions and visions of "Health for All".

A new generation of young professionals are rediscovering the meaning of Rudolf Virchow's statement made in 1849 "For if medicine is really to accomplish its great task, it must intervene in political and social life. It must point out the hindrances that impede the normal social functioning of vital processes, and effect their removal." (quoted in Pathologies of Power, Paul Farmer, p. 323). ■

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declared their workplace as 'no smoking' and conducted "No Tobacco Day" programmes to encourage their workers to quit tobacco use. The team members of CHC have addressed the issue through news print, television and radio on many occasions. Awareness programmes conducted in railway stations, bus stations and many public places have covered thousands of people across all backgrounds. The students of an eminent city college had produced over 100 masterpieces of art through an awareness programme conducted for them. These posters are being used in awareness programmes. Celebrities from sports, film, social and environmental sectors supported the campaign.

Community Health Cell is part of a network that organizes the World No Tobacco Day (WNTD) every year in Bangalore. A reflection after a public awareness campaign led to the formation of a state level network known as 'the Consortium For Tobacco Free Karnataka (CFTFK)'. Considering the growing pandemic, many of the network members felt the need to engage both in advocacy and awareness programmes. CHC along with the CFTFK members have sent memorandum to the Members of Parliament as well as to central ministers for the passing of the National Tobacco Control Act in the Parliament.

While it easier for the individuals and organization to create awareness, it is easier for the networks to address advocacy issues. The Advocacy Forum For Tobacco Control (AFTC) is an example of a national-level network that has actively contributed towards development of many innovative programmes and policies.

Tobacco is a social problem! Therefore the solution has to be social. The Government of India is already making efforts to make desirable change through the recently launched National Tobacco Control Programme (NTCP). Every district is going to have a District Anti-Tobacco Cell. Let us strengthen the efforts of the government. It is community participation that will make a big difference. Community Participation is one of the four pillars of Comprehensive Primary Health Care — a potential approach to achieve 'Health For All'. The need for drastic social change is absolutely essential considering the huge loss of lives and economy due to tobacco consumption and cultivation. It is time that each one of us educates others and ourselves. Little drops make the mighty ocean! ■

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