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Tobacco control in the South Asia region

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The SAARC (South Asia Association for Regional Co-operation) region consists of seven countries: Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. The tobacco problem in this region is rather different from the rest of the world and therefore, less well understood. It is, however, no less serious, perhaps much more serious than most developing countries.

This region has traditionally been a heavy tobacco growing region. At the turn of the century, British India was the second largest producer of tobacco in the world. Until recently, India was the third largest grower of tobacco. Most of the tobacco produced in the region is consumed within the region.

Tobacco is used in a wide variety of ways in this region. Cigarette smoking is not the dominant form of tobacco use, or even of tobacco smoking, being confined generally to the urban middle class. Like everywhere else, however, the cigarette industry is well-organised and spends a lot of money in advertising and promoting its products in all possible ways. It is dominated by large transnational companies, particularly British-American Tobacco and Philip Morris, although a significant proportion of the market belongs to domestic companies. The cigarette industry contributes a substantial amount of tax revenue to governments and exerts a strong lobbying support at all levels.

The most dominant form of tobacco smoking is bidi. Bidi is hand-rolled with a small amount (about 0.25 g) of coarsely grounded tobacco in a tendu tree leaf (*Diospyros melanoxylon*), often by women and children in their homes. A bidi costs about one-tenth the price of a cigarette, yet it delivers similar levels of tar and nicotine. Relative risks for lung cancer, heart disease and upper aero-digestive tract cancers among bidi smokers have been found to be similar to those of cigarette smokers. This fact, however, is not yet well known and bidi is often portrayed as less harmful.

Tobacco is smoked in many other forms. Hookah (also referred to as water pipe or hubble-bubble) was the most popular form of smoking until a few decades back. In some regions it is still very common. Tobacco is also smoked in clay-pipes and as cheroots. On the east coast of India in Andhra Pradesh, handmade cheroots called chuttas are often smoked in reverse fashion, ie, with the burning end inside the mouth, particularly by women. This form of smoking causes a large amount of palatal cancer, otherwise an uncommon cancer.

The spectrum of smokeless tobacco use is even more diverse. The most common form is perhaps chewing of tobacco along with areca nut and other substances in the form of betel quid, often called (incorrectly) "betel nut" chewing. Until recently, it was not well-understood that betel quid chewing was a form of smokeless tobacco use and "betel nut" was mistakenly thought to be the reason behind a high incidence of oral cancer in India.

Tobacco is chewed in several combinations with lime, areca nut and other substances in the form of khaini, mawa, zarda, Mainpuri tobacco, and many others. It is used for oral application in the form of mishri, powdered snuff, creamy snuff, and gudakhu. Almost all these forms of smokeless tobacco use have been scientifically shown to be detrimental to health, specifically oral health. They are, however, believed to be beneficial for health by large sections of the population and indeed perceived health benefits are often cited as major reasons for initiating tobacco use.

Most of these forms of tobacco use are traditionally non-manufactured items. People generally purchase individual ingredients, which they mix and use as required. As a result there are no specific promotion or advertising campaigns for these kinds of smokeless tobacco.

The situation has drastically changed over the last one or two decades. Smokeless tobacco products manufactured and marketed under the generic name "betel-quid mixtures" or "betel-quid spices" are backed by strong advertising and promotional campaigns and have become a big business; current turnover exceeds US$ 150 million and is rapidly rising.

There are no nationwide surveys for estimating tobacco use prevalence in the region. Information, however, is available from sporadic population-based surveys carried out by researchers, especially for studying oral cancer and precancerous lesions. These surveys show that there is a wide variation in the type of tobacco use in different regions but there is a remarkable consistency in the prevalence of overall tobacco use among adult males, which ranges from 60% to 80%. Among women the range is much wider, from 15% to 60%. Smoking is generally not popular among women except in specific areas.

Thus tobacco control issues are rather complex in the region. On one hand, one has to deal with widespread ignorance about health consequences of the traditional forms of tobacco use in a population that is hard to reach, and on the other, there are intense advertising and promotional campaigns backed

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by powerful commercial interests. Within the Government, the health ministry does propose tobacco control policy measures but laws have already been established and institutions created to subsidise and promote tobacco production in various ways by the agricultural and other interested ministries. There is usually no focal point for tobacco control.

Another major problem for the tobacco control movement in this region is a general lack of interest among health professionals and institutions, such as physicians and hospitals. Although there are several large national organisations, so far no-one has taken an active and strong anti-tobacco platform. Most hospitals do not have a strong anti-tobacco policy. There are no good data on the reasons for this, but perhaps the reason is that the level of tobacco use among health professionals is no different from that of comparable strata of the general population.

Despite serious odds, there have been notable achievements. In India, advertisement of tobacco products is banned on television and radio. Smoking is banned on all domestic flights. An Executive Order banning smoking in government buildings and offices exists. Specific anti-tobacco legislation that, among other measures, proposes a complete ban on tobacco advertisements is said to be receiving consideration from the highest levels of the government. Similar success stories are available from Nepal and Bangladesh.

Although there is no regional or national anti-tobacco organisation, there are highly committed individuals in many different parts of the region who are independently doing excellent anti-tobacco work in their own areas. They have been able to generate tremendous awareness and to enlist strong media support in their work. Many of them entered into the field of tobacco control as a consequence of their research work on the health effects of tobacco use. Others have been consumer activists, those committed to tobacco control because of personal reasons, often tragedies, and those inspired by the example of others.

In April 1993, for the first time, a workshop of all anti-tobacco workers was organised under the auspices of the International Union Against Cancer (UICC) Tobacco Control Programme for the South Asia region (SAARC). Many innovative approaches were used to identify potential participants, select appropriate ones, and develop a workshop schedule. Letters were written for publication in the Letters-to-the-Editor columns of important newspapers, describing the proposed workshop and inviting correspondence from active anti-tobacco workers. Structured questionnaires were sent to responders to obtain a comprehensive profile of their anti-tobacco activities. Another questionnaire was sent to selected participants for needs assessment and the responses were used in developing the workshop schedule. The workshop generated much enthusiasm and a healthy exchange of information among participants, most of them meeting each other for the first time.

The tobacco control movement in the region is showing signs of vitality and vigour. There is an urgent need for further co-ordination and wider participation. Although it is confronting severe odds and is plagued with the problem of resources, there is a greater hope now than ever.

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