The Killer on the Loose

The FCTC and Tobacco Control

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The FCTC and Tobacco Control

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The Killer on the Loose

Almost 1.3 billion people currently smoke worldwide, the majority of whom live in developing countries. Tobacco kills one in two long-term users–4.9 million such deaths occurring each year. In fact, tobacco is the second major cause of death in the world. This huge death toll is rising rapidly, especially in low and middle-income countries, where most of the world's 1.2 billion tobacco users live. Developing countries already account for half of all death attributable to tobacco. The proportion will rise to 7 out of 10 by 2025 because smoking prevalence has been increasing in many low and middle-income countries even as it is falling in richer countries, especially among men. If current smoking patterns continue, it will cause some 10 million deaths each year by 2020. Half the people that smoke today–that is about 650 million people- will eventually be killed by tobacco.

Tobacco also accounts for a large portion of the disease burden in developing countries, and is currently the fourth most common risk factor for disease worldwide. Tobacco is the cause of at least 85 percent cases of lung cancer, cancer of mouth, throat, kidney, bladder and stroke, besides chronic bronchitis and emphysema. Passive smoking is dangerous for unborn babies, children and adults.

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Smoking threatens the future health of children. Globally, nearly 25 percent of all students smoke and lit their first cigarette before the age of 10. The situation is exacerbated by the fact that almost half of all the children worldwide live with smokers and regularly subjected to second-hand smoke in the home environment.[1]

The economic costs of tobacco use are equally devastating. In addition to the high public health costs of treating tobacco-caused diseases, tobacco kills people at the height of their productivity, depriving families of breadwinners and nations of a healthy workforce. Tobacco users are also less productive while they are alive due to increased sickness. A 1994 report estimated that the use of tobacco resulted in an annual global net loss of US$ 200,000 million, a third of this loss being in developing countries.

Tobacco consumption contributes to poverty through loss of income, loss of productivity, disease and death. In poor people, the opportunity costs of tobacco use can be very high. In a number of developing countries, household expenditure surveys show that low income households spend 5-15 percent of their dispensable income on tobacco. Many poor households spend more on tobacco than on healthcare or education. In Bangladesh, for example, households with an income of less than $24 a month smoke twice as much as those on much higher incomes.[2]

Pakistan is a large country with a rapidly increasing population and a high GDP growth rate, which makes it an extremely lucrative market to multinational tobacco companies. Pakistan's tobacco market is dominated by two international giants, which between them hold 78% of the cigarette market. Pakistan Tobacco Company (PTC) holds 38% of the market, while Lakson Tobacco Company (LTC) has a market share of slightly more than 40%. PTC is a subsidiary of British American Tobacco (BAT), which holds 67% of its shares, while LTC is a subsidiary of Philip Morris Industries (PMI), which has a 30% share in the company.[3]

Through aggressive and unethical marketing, these companies have been able to turn Pakistan into an example of what tobacco can do to a society complacent about its dangers. In one of its surveys, the Pakistan Medical Research Council noted that 54 percent of men and 20 percent of women use some form of tobacco on regular basis in Pakistan. The Pakistan Pediatrics Association has estimated that around 1,000 -1,200 school going children between the ages of 6-16 years take up smoking every day.

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The demand for tobacco and cigarettes is on the rise. The projected requirements for the tobacco crop of Flue-Cured Virginia, Dark Air-Cured, White Patta (Rustica) and Burley for the year 2005 have increased by 18.98 percent, 107.12 percent, 120.48 percent and 10.31 percent respectively, compared to the production and purchase by tobacco companies in last year.[4]

The profits of tobacco companies are also increasing at a staggering rate. The Lakson Tobacco company, for example, was able to declare profit after tax at Rs1.4 billion, up by 61 per cent against Rs0.85 billion in 2004, leaving behind a sum of Rs1.28 billion for profit available for appropriation, which was Rs0.9 billion during 2003.[5] These profits are reaped, quite obviously, at the cost of life, health and well being of millions of people, who become victims to the tobacco epidemic.

The course and pattern of this epidemic can be changed. The policies that are effective in encouraging tobacco users to quit and dissuading young people from starting are well known and proven. Many countries have managed to change behaviour, reduce the prevalence of tobacco use, and ease the burden of tobacco-related disease and death. Efforts of public health practitioners, researchers, activists, policy makers, politicians, and the press have achieved sound tobacco control policies even in the face of enormous opposition from those who profit from these deadly products. FCTC is an instrument that can help in a great way to achieve these objectives. There is a need to implement it in letter and spirit, make strong laws in its light and implement them wholeheartedly.

A Treaty to Save Lives

Countries around the world are grappling with difficult public health challenges and policy decisions. Disease and death caused by tobacco use, once a problem mainly in high-income countries, have become a large and increasing part of the burden of disease in developing countries. Reducing the devastating health damage caused by tobacco use is especially difficult because of nicotine's powerful addictive properties, low prices for tobacco products, well-established social norms, and constant inducements to smoke, fuelled by billions of dollars worth of tobacco industry advertising and promotion.

In order to curb the tobacco epidemic, WHO launched a special initiative, the first ever global health treaty entitled "Framework Convention on Tobacco Control" (FCTC). The development of the FCTC followed many decades of debate about how best to tackle an increasingly global public health problem. This process included World Health Assembly resolutions addressing various components of tobacco control; the completion of major epidemiological and economic reviews on the extent of the problem and its future course; and considerations on how best to approach it from a policy perspective.[6] The FCTC is a global treaty negotiated by 191 member states of the World Health Organization and after six rounds of intense negotiations lasting for more than three years it was adopted unanimously at the 54th World Health Assembly (WHA) in May 2003 in Geneva.

The FCTC provides a basis for comprehensive national and complementary international actions to control tobacco use and exposure to tobacco smoke. The FCTC aims to address diverse issues linked to tobacco control. It will help member countries decrease tobacco consumption in their countries. It also develops a global response to a global killer and acts as a catalyst for strengthening national tobacco control legislation programme.

The objective of the WHO Framework Convention on Tobacco Control is to protect present and future generations from the consequences of tobacco consumption and exposure to tobacco smoke. It provides a framework for tobacco control measures to be implemented by the Parties at national, regional and international levels. It's adoption represents a groundbreaking moment in global public health history. The WHO estimates that 4.9 million people died last year due to tobacco use and that without a co-ordinated international intervention, the number of deaths is projected to rise to 10 million per year by 2020.

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The process of initiating and negotiating the FCTC generated many positive results for international and national tobacco control. Among the

benefits are the creation of a global forum to highlight tobacco control issues, the promotion of multilateral coordination and domestic action, facilitation of the development of national coalitions, and the mobilization of non-governmental organizations, media and the general public. The FCTC provides a template for national and global actions against tobacco.

The success of the FCTC will depend almost entirely on countries' abilities to implement and enforce the Framework's provisions. This requires long term political commitment to a dynamic process for developing and sustaining country capacity to respond effectively to the tobacco epidemic.

The FCTC is especially critical to low-income nations, which multinational tobacco companies have targeted as their most important growth markets. It gives these nations powerful new tools to protect the health of their citizens from the tobacco industry's deceptive advertising and lobbying. The treaty requires ratifying nations to eliminate all tobacco advertising, promotion and sponsorship, with a narrow exception for nations such as the United States, whose constitutions may not allow a total ban. It also requires warning labels to occupy at least 30 percent of the front and back of every pack of cigarettes sold; commits nations to protect non-smokers from second-hand tobacco smoke in indoor workplaces; urges strict regulation of tobacco product contents; and calls for higher tobacco taxes, global coordination to fight tobacco smuggling, and promotion of tobacco prevention, cessation and research programs internationally.

Parties to the WHO FCTC are bound to translate its general provisions into national laws and regulations. These countries, for example, will have three years from the day it enters into force for that country to implement measures to ensure that tobacco packaging has strong health warnings, or five years to establish comprehensive tobacco advertising, promotion and sponsorship bans, among others.

Many countries have already put these measures in place. The difference for global tobacco control is that countries Party to the Convention will be able to implement these and other measures, especially those with cross-border implications, in a coordinated and standardized way. This will leave fewer loopholes for the tobacco industry, which currently finds ways to circumvent national laws.

The WHO envisions FCTC as a crucial vehicle to control tobacco use globally, while strengthening the efforts of individual governments to protect their population from the adverse effects of tobacco. However, while the FCTC provides the guidelines for action against tobacco, ensuring that these guidelines are brought to fruition can only happen at the national level. Thus, the success of the FCTC will depend almost entirely on countries' abilities to implement and enforce the Framework's provisions. This requires long-term political commitment to a dynamic process for developing and sustaining country capacity to respond effectively to the tobacco epidemic. Unless this happens, the FCTC will be incapable of helping countries to achieve the desired reductions in tobacco use and years of healthy life lost due to tobacco.

FCTC at a Glance

Public Health Education (FCTC- Article 12)

FCTC advises governments to undertake a comprehensive public health education programme aimed at behavioural change. This should cover all hazards of tobacco consumption. It should include health of people, especially women and children exposed to second had smoke: information on quitting smoking: the damage caused to environment and economy of the country. Governments, in partnership with local civil society organizations can launch such programmes effectively. They can develop their own cultural and country-specific, cost-effective campaigns.

Advertising, Promotion and Sponsorship (FCTC - Article 13)

A comprehensive ban is required: The FCTC requires all Parties to undertake a comprehensive ban on tobacco advertising, promotion and sponsorship within five years of ratifying the treaty. The ban must include cross-border advertising originating within a Party's territory.

Packaging and Labeling (FCTC - Article 11)

Large health warning labels are required. Parties to the treaty agree that health warning labels ideally should cover 50% or more of the principle display areas of each packet, which for a standard cigarette package means both the front and back. Parties are required to implement health warning labels that cover, at a minimum, 30% of the principle display areas within three years of ratifying the treaty. Health warning labels must include rotating messages in the principle languages of the Party, and may include pictures or pictograms.

Deceptive labels must be prohibited. Countries agree to prohibit misleading or deceptive terms on tobacco product packages within three years of becoming a Party. Research has proved that cigarettes that are labelled "light", "low tar", and "mild" (among other terms) are as dangerous as those denoted as regular and thus these terms mislead and deceive consumers about the risks involved in the use of these products. Although the treaty does not specify the terms that Parties should ban, the scientific evidence would certainly support banning the use of terms such as "light", "mild", "low tar", etc.

Second-hand Smoke (FCTC - Article 8)

Non-smokers must be protected in workplaces, public transport and indoor public places. The treaty recognizes that exposure to tobacco

Parties to the FCTC agree that health warning labels ideally should cover 50% or more of the principle display areas of each packet, which for a standard cigarette package means both the front and back.

smoke has been scientifically proven to cause death, disease and disability. It requires all Parties to implement effective measures to protect non-smokers from tobacco smoke in public places, including workplaces, public transport and indoor public places -- evidence indicates that only a total smoking ban is effective in protecting non-smokers.

Smuggling (FCTC - Article 15)

Action is required to eliminate tobacco smuggling. Measures required include marking all tobacco packages in a way that signifies the origin and final destination or the legal status of the product, and cooperating with one-another in anti-smuggling, law enforcement and litigation efforts.

The treaty recognizes that raising prices through tax increases and other means "is an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons."

Taxation & Duty Free Sales (FCTC - Article 6)

Tobacco tax increases are encouraged. The treaty states that "each Party should take account of its national health objectives concerning tobacco control" in its tobacco tax and price policies. The treaty recognizes that raising prices through tax increases and other means "is an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons."

Duty-free sales are discouraged. Parties may prohibit or restrict duty-free sales of tobacco products.

Liability (FCTC - Articles 4.5 and 19)

Legal action is encouraged as a tobacco control strategy. The treaty recognizes that liability issues are an important part of a comprehensive tobacco control program and the Parties agree to consider legislative and litigation approaches to advance tobacco control objectives. Parties also agree to cooperate with one another in tobacco-related legal proceedings.

Tobacco Agriculture (Article 17)

The FCTC does not put emphasis on restrictions on tobacco growing. However to annul any fears which may arise, it asks governments to find suitable alternatives wherever required to help the poor people in transition.

Other Important Commitments

- Each Party shall establish or reinforce and finance a national coordinating mechanism or focal point for tobacco control. (FCTC - Article 5)

- Parties shall endeavour to include tobacco cessation services in their national health programmes. (FCTC - Article 14)
- Parties shall prohibit or promote the prohibition of the distribution of free tobacco products. (FCTC - Article 16)
- Parties shall promote the participation of NGOs in the development of national tobacco control programmes. (FCTC - Article 12)
- Parties shall prohibit the sale of tobacco products to persons under the age set by national law, or eighteen. (FCTC - Article 16)
- No reservations to the FCTC are allowed. (FCTC - Article 30)

According to Article 30, no reservations to the FCTC are allowed.

Fighting the Menace

As the awareness level of the consumers in the Western countries is increasing and opposition to tobacco companies is growing, tobacco companies are increasingly targeting the developing world.

Tobacco has been in popular use since middle of the sixteenth century. However, the negative health effects of tobacco were not known till early twentieth century. In fact, many European physicians prescribed it to their patients for its supposed medicinal qualities. By the early 20th century, with the growth in cigarette smoking, articles addressing the health effects of smoking began to appear in scientific and medical journals. In 1930, researchers in Cologne, Germany, made a statistical correlation between cancer and smoking. Eight years later, Dr. Raymond Pearl of Johns Hopkins University reported that smokers do not live as long as non-smokers. By 1944, the American Cancer Society began to warn about possible ill effects of smoking, although it admitted that "no definite evidence exists" linking smoking and lung cancer. A statistical correlation between smoking and cancer had been demonstrated; but no causal relationship had been shown. More importantly, the general public knew little of the growing body of statistics.

That changed in 1952, when Reader's Digest published "Cancer by the Carton," an article detailing the dangers of smoking. The effect of the article was enormous: Similar reports began appearing in other periodicals, and the smoking public began to take notice. The following year, cigarette sales declined for the first time in over two decades.

The tobacco industry responded swiftly. By 1954 the major U.S. tobacco companies had formed the Tobacco Industry Research Council (TIRC) to counter the growing health concerns. With counsel from TIRC, tobacco companies began mass-marketing filtered cigarettes and low-tar formulations that promised a "healthier" smoke. The public responded, and soon sales were booming again.

The next big blow to the tobacco industry came in the early 1960s, with the formation of the Surgeon General's Advisory Committee on Smoking and Health in USA. Convened in response to political pressures and a growing body of scientific evidence suggesting a causal relationship between smoking and cancer, the committee released a 387-page report in 1964 entitled "Smoking and Health." In unequivocal terms, it concluded that "cigarette smoking is causally related to lung cancer in men." It said that the data for women, "though less extensive, point in the same direction." The report noted that the average smoker is nine to ten times more likely to get lung cancer than the average non-smoker and cited specific carcinogen in cigarette smoke, including cadmium, DDT, and arsenic.

The tobacco industry has been on the run ever since. As the awareness level of the consumers in the Western countries is increasing and opposition to tobacco companies is growing, tobacco companies are increasing-

ly targeting the developing world. Following is a round up of global situation of the tobacco epidemic and the measures to control it, organized around WHO's regions.[7]

African Region

Africa presented a bleak picture before adoption of the FCTC. Overall, the continent had not made much progress towards effectively curbing the spread of tobacco use. Only South Africa, Botswana, Mali, and Mauritius had comprehensive anti-tobacco laws that drew strength from key principles like taxation, advertising bans, smoking restrictions, and effective cessation and education programmes.

Tobacco control is now gaining more attention across the region. The FCTC process and recent tobacco control activities in the West have engendered a new wave of consciousness and political commitment to address the tobacco menace on the continent. A good number of African countries are currently at various stages of reviewing their tobacco control laws. Some are debating draft legislations on specific aspects of tobacco control. In East Africa, the Tanzania parliament in February 2003 passed a Tobacco Control Law. It requires health warnings and prohibits the sale of tobacco products near schools and to people under the age of 18. It also outlaws smoking in public places, such as hotels and offices and requires restaurateurs to designate smoking areas and to put up no smoking signs. Konya has a draft bill awaiting parliamentary approval while Uganda is in the early stages of preparing draft legislation.

Pressure points are emerging across Africa from Malawi, Zambia, Konya, Mali, Niger, Nigeria, Senegal to Algeria, more groups have taken up the tobacco campaign.

In Nigeria, a bill seeking total ban on tobacco advertisements has been passed by the House of Representatives and is awaiting concurrent debate and passage at the Senate. Similar pressure points are emerging across Africa from Malawi, Zambia, Konya, Mali, Niger, Nigeria, Senegal to Algeria, more groups have taken up the tobacco campaign. They have raised the level of public debate around tobacco. They are putting policy makers on their toes through advocacy and litigation.

South Africa

The main legislation in South Africa is the Tobacco Products Control Amendment Act 1999 (No 12), that amends the 1993 Tobacco Products Control Act. It provides for: prohibition of smoking in enclosed public places, strong package warnings and health messages, prohibition of free distribution and gifts of tobacco products, prohibition of sale of tobacco to a person under the age of 16, regulation of vending machines and regulation of the contents of tobacco products. The Act empowers the Minister to promulgate as is necessary on matters relating to the Act. Regulations 974,975,976 and 977 and promulgated by the Minister of Health, elabo-

rate on the specific requirements as provided for under the Tobacco Products Amendment Act, 1999.[8]

In South Africa, where tobacco had been rated the second health concern after HIV/AIDS, smoking rate has been on a downward slide since it reinforced the Tobacco Control Act. South Africa, through its comprehensive tobacco policies, including substantial tax increase has been able to cut smoking rate from 33 percent to 27 percent between the years 1993 and 2000. It has dropped almost one percentage point each year.

Brazil has recently prohibited most tobacco advertising and promotion, has declared public transport and public places smoke-free and, along with Canada, has implemented first picture-based tobacco package warning systems in the world.

The smoking rate in South Africa is falling by 0.5-0.75% every year. It has plunged among all age groups, particularly among 16 to 24 years. South Africa's effervescent anti-tobacco lobby played a significant role in the attainment of the victories. The anti-tobacco lobby comprising non-governmental organizations (NGOs) and health experts mounted persistent pressure on government in the wake of opposition from the industry.

Region of Americas

The Region of the Americas includes all countries of the Western Hemisphere, including North America, Mexico, the English-Speaking Caribbean, Central America, and South America. Population in the region was estimated at 854 million in 2002. Based on 1990-1994 data, tobacco-caused mortality is estimated to be more than one million deaths annually.[10]

In Canada and the United States, the last few years have seen rapid advances in smoke-free policies at the municipal and state/provincial levels. Major cities such as New York, Boston, Victoria, and Ottawa now prohibit smoking in all workplaces and public places, including bars and restaurants. Brazil has recently prohibited most tobacco advertising and promotion, has declared public transport and public places smoke-free and, along with Canada, has implemented first picture-based tobacco package warning systems in the world.

Canada

In Canada, The Tobacco Act, 1997 (as amended), provides for product standards, industry reporting, prohibits youth access to tobacco products, provides for health warnings and messages including graphic picture warnings, and bans misleading descriptors, among others.

Tobacco Act (Amendment) 1998 bans tobacco advertisement, promotion and sponsorship. A number of provincial laws governing 63% of Canada's population address smoking in public places among others.

Canada has made more progress in tobacco control in recent years than have most other countries in the world. Few countries have seen such a dramatic decline in consumption and few countries have seen such a pervasive shift in attitudes towards tobacco.

Canada's public education and tobacco control efforts dates from 1962, when the report of the Royal College of Physicians & Surgeons on Smoking & Health was publicized linking smoking to disease and premature death. Two years later, the US Surgeon General's report 1964 specifically linking tobacco use to lung cancer sparked even stronger public concerns about the need to address the smoking issue, not only in Canada, but worldwide.

Since that time, Canada has had many tobacco control initiatives, including multi-year federal strategies that began in 1986. None have been as comprehensive as the current Federal Tobacco Control Strategy. The federal government is not the only government interested in tobacco control activities. Since health in Canada is a shared jurisdiction between federal, provincial and territorial governments, all levels of government are concerned with the burden placed on healthcare systems as a result of tobacco related diseases.

Moreover, tobacco control efforts are not limited to governmental action alone. Tobacco control advocates, as well as health professionals in general, have an important role to play in helping to educate the public about the health hazards associated to tobacco and holding their legislators accountable for developing public health policy.

Since health in Canada is a shared jurisdiction between federal, provincial and territorial governments, all levels of government are concerned with the burden placed on healthcare systems as a result of tobacco related diseases.

The Eastern Mediterranean Region

The Eastern Mediterranean Region (EMR) faces a great challenge due to high rates of tobacco consumption. In most of the countries of the region, the rates of smoking reach up to 50% among men and around 10% among women. The situation among youth of both sexes is even more serious.

Over the last decade, enormous efforts have been dedicated towards tobacco control. A large number of activities took place regionally as well as nationally in support of tobacco control initiatives. Tobacco control is not only gaining more support at different levels but it is in the scope of interest of many groups. It has been recognized that improving the lifestyle of the population is impossible without realizing the consequences of tobacco use on the social and economic well being of each country.

Eleven of the 23 member states have tobacco control programmes available and nine out of the 11 actually have written tobacco control pro-

grammes. One significant development that took place during the last two years is the acceptance of the role played by Non-governmental Organizations (NGOs) in controlling tobacco. On another front, there is an increasing interest in tobacco cessation. Twelve Member States established their own tobacco cessation clinics, with technical support provided through individual experts as well as through WHO.

Bahrain

The small emirate of Bahrain is facing serious situation in dealing with tobacco epidemic. In 1997 a study done among secondary school students aged 13-20 showed a prevalence of 25.8% among males, while no females were smokers. The Emirate has taken some strong steps to deal with the problem.

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In 1994 an Emiri decree, which has a legal status, was issued. According to this decree:

- Tobacco cultivation can not be done in Bahrain.
- Smoking is prohibited in closed public places.
- Smoking in public transport is prohibited.
- Sponsorship for any kind of sports or contests by tobacco companies is not permitted.
- No tobacco factories can be built, no machines for displaying cigarettes are allowed.
- Tobacco cannot be sold to those less than 18.
- The Ministry of Health, members of other ministries and NGOs should form anti- smoking committee.

Anti- smoking committee is responsible for:

- Identifying the upper limit for nicotine, tar, and other toxic substances in cigarettes.
- Limit the advertisement and place the warning signs on the advertised material.
- Conduct studies needed in the subject of tobacco.

Ministry of Health is responsible to have the inspectors, who can issue tickets for the lawbreaker.

European Region

The tobacco epidemic is one of the greatest public health challenges faced by European Region. While it has fallen considerably over the past 30 years and has currently stabilized, smoking prevalence in the Region still remains at a level that is devastating for public health and future genera-

tions. The negative trends in smoking prevalence among young people, women and lower socio-economic groups, as well as the gap in tobacco control policies between Member States, are of a particular concern. According to the data available, at the beginning of 2002, approximately 30% of the adult population in the Region are regular smokers.

Since 1997, approximately three quarters of European Member States have strengthened their policies on tobacco taxation; two thirds of countries have reinforced measures to combat smuggling; one-third have introduced age restrictions on tobacco sales; and at least eight countries have introduced a complete ban or strict restrictions on direct advertising and have significantly improved regulations on smoking in public places. Since 1997, nearly one-third of Member States have established inter-sectoral coordinating committees, and half of those have adopted national action plans on tobacco control. In the majority of countries, the range of pharmacological products for smoking cessation has increased and most popular products have become available in pharmacies without prescription.

The main change in the policy area has been in the eastern part of the Region. Most countries of central and Eastern Europe introduced or strengthened legislation on tobacco control, and many of them have been achieving success in implementing their new policies, notably in the areas of taxation, advertising and protection of the rights of non-smokers. Recently many countries in the Commonwealth of Independent States have also begun to introduce new or stronger laws and have reinforced their positions and coordination with regard to international measures against tobacco, and especially the Framework Convention. In the western part of Europe, where the major elements of tobacco control were introduced before the late 1990s, the main changes have been in the implementation of existing laws and regulations and the adoption of the recent European Union (EU) directive on product regulation which, owing to its scope, may have a positive impact throughout the Region. Some western countries have recently introduced stronger legislation, specifically on advertising, age restrictions, and smoke-free environment.

Most countries of Central and Eastern Europe introduced or strengthened legislation on tobacco control, and many of them have been achieving success in implementing their new policies, notably in the areas of taxation, advertising and protection of the rights of non-smokers.

The United Kingdom

The United Kingdom has enacted a number of legislations for effective tobacco control in the country. Children and Young Persons (Protection from Tobacco) Act 1991amended and strengthened the existing Children and Young Persons Act 1933 and the Children and Young Persons Act (Scotland) 1937 regarding the sale of tobacco to minors.

This Act increased the penalties for the sale of tobacco to persons under the age of 16, prohibited the sale of unpackaged cigarettes and made provision for local authorities to undertake enforcement action relating to offences connected to the sale of tobacco.

Tobacco Advertisement and Promotion Act 2002 in UK comprehensively bans the advertising and promotion of tobacco products including the use of brand-sharing and sponsorship of cultural and sports events.

Under Employment Rights Act 1996 non-smokers may claim that smoking at work has caused them distress or forced them to leave their job and can cite the employer as being in breach of the Employment Rights Act 1996.

Draft legislation of Health Improvement and Protection Bill 2005 sets out the Government's proposals to prohibit smoking in most workplaces and public places. A public consultation on the smoke free elements of the Bill was held between June and September 2005. The Bill is expected to be debated in Parliament towards the end of 2005.

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South East Asian Region

Eleven countries - Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor - comprising the WHO South-East Asia Region are inhabited by 1.536 billion people (in 2000) comprising about 25.35% of the world population.

In regard to tobacco consumption, this region has some unique problems. The people in the region are used to both smoke and smokeless tobacco consumption. Four countries of the region - India, Indonesia, Bangladesh and Thailand - are among the top 20 tobacco-producing countries in the world.

Most countries have banned tobacco product advertisements in the electronic media, even though advertising in print media is allowed in some countries. In most countries, smoking is not allowed in public places. In Bangladesh, India, Maldives, Sri Lanka, and Thailand, minors are not allowed to buy tobacco products.

Only one country of the region, Thailand, has a comprehensive tobacco control policy.

Hazards of tobacco use have also been incorporated in the school health education programmes. Most countries have well-organized health education programmes conducted by both government and NGOs.

Thailand

Thailand has some of the strictest anti-smoking laws in the world.

Smoking has been prohibited in most public places since the mid-1970s, including most forms of internal transport. Tobacco Products Control Act B.E.2535 (AD.1992) that all companies selling cigarettes in Thailand disclose a list of ingredients for each brand to the Ministry of Public Health. The law sets criteria, procedures and conditions of exhibition of label and statements. Thailand Non-smokers' Health Protection Act1992 prohibits smoking in public places.

The Tobacco Products Control Act 1992 has a very comprehensive ban on advertising and promotion[11]. It can be summarized that:

- the ban covers all media (section 3, 8);
- the ban is an almost complete one, including sponsorship. Although there is no such term as 'sponsorship' the definition of 'advertising' means that showing cigarette logos is illegal. Therefore sponsorship, which must show logos, is considered an illegal act (Section 8);
- the only exceptions are live radio or television broadcast from abroad and advertisement in printed matters published outside the Kingdom (Section 8);
- The bans cover all indirect advertising.

In Thailand smoking has been prohibited in most public places since the mid-1970s, including most forms of internal transport.

The Western Pacific Region

There are 37 Member States and areas in the Region, which stretches from China and Mongolia in the north and west, to New Zealand in the south, and French Polynesia in the east. Today, it is home to approximately 1.6 billion people, nearly one-third of the World's population.

On the average, 60% of the Region's men and 6% of the women currently smoke, with Chinese men making up the largest pool of smokers. Of the five largest countries by population in the Region, only Japan and the Republic of Korea are experiencing declines in tobacco use prevalence.

Controlling the tobacco epidemic within the Region remains politically challenging, because tobacco use is often perceived by Governments as contributing significantly to national revenues. China and Japan continue to hold majority stake in their domestic tobacco industries, and in the Indo-China countries and the Philippines, tobacco agriculture and manufacturing provide jobs and funnel investment dollars to the local economies.

Several countries have established inter-ministerial and multi-sectoral committees to oversee national tobacco control efforts. Cambodia put in place a partial tobacco advertising ban, and is working towards a complete advertising ban within the next two years. Its smoking cessation programme among monks is being expanded to cover other sectors of the

population. A pilot project combining livelihood generation, health promotion and tobacco control is likewise being stepped up gradually because of its initial success.

The Philippines is undertaking an innovative approach to developing a strong legislative base to ensure smoke-free public places through partnerships and technical assistance to local government units for the enactment of local ordinances in line with the country's Clean Air Act.

China has finalized its National Plan of Action for Tobacco Control with WHO support. Pilot community-based smoking cessation projects in Beijing and Chengdu, and activities to ensure smoke-free environments for children in several cities are currently under implementation. The Cook Islands has developed an updated Comprehensive Act on tobacco control, which is being readied for legislative passage later in 2003.

Malaysia has initiated a review of the feasibility of earmarking tobacco and alcohol taxes for financing its domestic tobacco control programme. Also, a comprehensive tobacco advertising ban is now in effect nationally.

Philippines

The Philippines is undertaking an innovative approach to developing a strong legislative base to ensure smoke-free public places, through partnerships and technical assistance to local government units for the enactment of local ordinances in line with the country's Clean Air Act.

Philippines has introduced comprehensive legislation to deal with the tobacco epidemic. Republic Act No.9211: The Tobacco Regulation Act of 2003 is "An Act Regulation the Packaging, Use, Sale, Distribution, and Advertisement of Tobacco Products and for other purposes".[12]

Following are the salient features of this Act:

- smoking ban in all enclosed or confined public places and all public transportation
- no tobacco ads on TV or radio from 7am to 7pm
- no tobacco sales or ads within 100 meters of schools, playgrounds, or other facility frequented particularly by those below 18 years
- health warning on 30% of front panel of all product packages beginning July 1, 2006
- no tobacco ads on TV, cable TV, and radio beginning January 1, 2007
- no tobacco ads outdoors and in cinemas beginning July 1, 2007
- no tobacco ads in all mass media beginning July 1, 2008
- tobacco sponsorship restricted to activities for those "18 and above" beginning July 1, 2006
- no tobacco sponsorship of all sports, concert, cultural, and art events

Pakistan's legislation for Tobacco Control

"Legislation is the heart of effective tobacco control. It expresses society's deeply held values, institutionalizes a country's commitment, creates a focus of activity, and controls private conduct in ways that informal measures cannot. Enacting strong legislation involves difficult challenges, however, these often include limited public understanding of the problem, as well as the need to develop national "capacity" - the infrastructure and resources for a critical mass of support. Perhaps the greatest barrier to success is the extraordinary opposition of the tobacco industry and its allies.[13]

The South Asian subcontinent and the areas now comprising Pakistan have a long history of tobacco control legislation. (See Annex 1). Railway Act 1890 prohibits smoking in railway compartments without the consent of fellow passengers, In 1918, Punjab government adopted Juvenile Smoking Act, stopping sales to minors. The princely state of Bahawalpur followed the suit during the same year and NWFP adopted it in 1933.

In the recent times, Pakistan has enacted two laws to control smoking in the country. "The Cigarette (Printing of Warning) Ordinance 1979" and "Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002". Following is a brief description and analysis of these laws.

The Cigarette (Printing of Warning) Ordinance 1979

This law makes it mandatory for tobacco companies to print health warning in Urdu and English on every packet of tobacco and all types of advertisement or any media.

The law prohibits manufacturers or sellers from possessing or offering for sale packets of cigarettes on which such warning is not printed.

The law applies on individuals as well as corporate bodies. The offences under the law can be tried by a Magistrate of the First Class. An offence under the law is punishable for a term which may extend to two years, or with fine which may extend to ten thousand rupees.

The court can take cognizance under this law on a complaint made in writing by a Police Officer not below the rank of an Assistant Sub-Inspector or an Excise Officer not below the rank of Sub-Inspector or any officer authorized on this behalf by the Federal Government.

Enacting strong legislation involves difficult challenges, however, these often include limited public understanding of the problem, as well as the need to develop national "capacity" - the infrastructure and resources for a critical mass of support.

The Cigarette (Printing of Warning Rules), 2003

The law has been operationalized through "The Cigarette (Printing of Warning Rules)", which repeal rules of the same name enforced in 1982. The rules make it mandatory for the tobacco companies to print on the flap (top) on front side of the Cigarette pack in Urdu and on the back in English a warning that should cover at least 30% of the pack on each side in a box. They provide some technical specifications of the warning like font etc. All other tobacco or tobacco products must devote at least 20% of the space and/ or time for the Health warning in Urdu in conspicuous and legible way. Warning in English is optional.

Comments

There is a growing trend all over the world to dedicate as large space as possible to warning tobacco smokers. In case of some countries, like Canada, it is as much as 50 percent on front and 90 percent on the back. There is also an increasing worldwide trend to put graphic warning on the cigarette packs. This practice is extremely suitable for countries like Pakistan where a large percentage of population is not literate.

There is a need to bring an amendment to the notification to increase the space of the warning and add graphic element to it. A set of graphic warnings can be prepared by the Health Ministry in consultation with the civil Society organizations that tobacco companies can be required to put on the packs on rotational basis.

Since most of the cigarettes found without warning in Pakistan are either smuggled or counterfeit, action can be taken against suppliers and sellers of such cigarettes under relevant anti-smuggling and duty evasion laws.

Since most of the cigarettes found without warning in Pakistan are either smuggled or counterfeit, action can be taken against suppliers and sellers of such cigarettes under relevant anti-smuggling and duty evasion laws.

Prohibition of Smoking in Enclosed Places and Protection of Non-Smokers Ordinance, 2002.

This is most recent and most important law which has been influenced by the worldwide trend of anti-tobacco legislation and the FCTC process.

Ban on Smoking in Public Places (Section 5)

This law empowers the Federal Government to declare, through a notification, any public place as non-smoking. The Federal Government, however, can issue guidelines for permitting designated smoking area in the premises or places where adequate arrangements have been made to protect the health of non-smokers.

A notification declares following places as places of public work or use designated as no-smoking and no-tobacco places: "Hospitals, dispensaries and other health care establishments, educational institutions, offices, conference rooms, all domestic flights, restaurants, buses, wagons, trains, indoor stadiums, gymnasiums, waiting rooms at bus stations and addas."

There has been no enforcement of this section so far and not a single person has been fined. Since restaurants have been asked to set aside corners for smokers, smoking is still rampant in restaurants and poses threat to the health of non-smokers, including children.

Looking at the worldwide trends, there is a need to amend the law to make public places completely non-smoking.

Ban on Smoking in Public Transport (Section 6)

The law bans smoking in the public transport. A written report by an authorized officer is required for law to come into action. A subsequent notification empowers drivers and conductors to make such a complaint. A fine of one thousand rupees has been set as a penalty for the first time offender, while in the case of second or subsequent offence, it may go up to one hundred thousand rupees.

The method of implementation of ordinance 2002 is extremely tedious and cumbersome.

As is obvious, the method of implementation is extremely tedious and cumbersome. No Police officer or magistrate can take action on his own. So far, not a single person has been fined.

Ban on Selling Cigarettes near Educational Institutions (Section 9)

According to the law, no one is allowed to store, sell, or distribute cigarettes within an area of 50 metres from a school, college or educational institution, which is a cognizable and bailable offence. A court can take action on the written complaint of a police of a rank of sub-inspector or above.

This law is rarely respected and not a single complaint has been moved by a police officer. There is a need to amend this section and empower the principles/head masters to launch a complaint directly to the magistrate.

Prohibition of Sale of Cigarettes to Minors (Section 8)

No person can sell cigarettes or any other such smoking substance to anyone who is below the age of eighteen years. This has also been made a cognizable and bailable offence, but only a police officer of the rank of sub-inspector can report to the court of the magistrate.

The main problem with this section of the law is the fact that advertisement has only been restricted and not banned completely. Amendment in the law is required for a comprehensive ban on tobacco advertisement.

Both sale by and to the minors is extremely rampant in the country and perhaps could not be controlled until the point of sales are licensed and such licenses could be revoked in case of violation of the law.

Regulation of the Advertisement (Section 7)

The law states that all advertisements will follow guidelines prescribed by a committee which the Federal Government will form through a notification.

The committee was formed on June 30, 2003 and the guidelines prepared by the committee were notified on October 27, 2003. The guidelines are elaborate and put several restrictions on tobacco advertisement.

The main problem with this section of the law is the fact that advertisement has only been restricted and not banned completely. As has been made obvious by research from all over the world, nothing less than comprehensive ban on advertisement really works in turning the tide on tobacco epidemic. Amendment in the law is required for a comprehensive ban on tobacco advertisement.

INFRASTRUCTURE FOR TOBACCO CONTROL

National Tobacco Control Provisions

Tobacco Bans and Restrictions	*Banned*	*Restricted*	*Not Regulated*	*Unknown*
Advertising in certain media		X		
Advertising to certain audiences		X		
Advertising in certain locations		X		
Advertisement content or design		X		
Sponsorship or promotion for certain audiences				X
Sponsorship advertising of events				X
Brand stretching				X
Sales to minors	X			
Sales by minors				X
Place of sales		X		
Vending machines				X
Free products	X			
Single cigarette sales			X	
Misleading information on packaging				X
Smoking in government buildings (incl. worksites)	X			
Smoking in private worksites		X		
Smoking in educational facilities	X			
Smoking in health care facilities	X			
Smoking on buses	X			
Smoking on trains	X			
Smoking in taxis	X			
Smoking on ferries	X			
Smoking on domestic air flights	X			
Smoking on international air flights				X
Smoking in restaurants			X	
Smoking in nightclubs and bars				X
Smoking in other public places		X		

Tobacco Requirements and Regulations	*Banned*	*Restricted*	*Not Regulated*	*Unknown*
Advertising health warnings/ messages	X			
Age verification for sales				X
Manufacturing licensure				X
Package health warning/ message	X			
Label design on packaging		X		
Ingredient/constituent information on package label			X	
Amount of tar				X
Amount of nicotine				X
Amount of other ingredients/ constituents		X		
Product constituents as confidential information				X
Product constituents as public information				X
Constituent disclosure by brand				X
Constituent disclosure in the aggregate				X

Other Provisions	*Yes*	*No*	*Unknown*
National tobacco control committee	X		
Tobacco control education/ promotion	X		
Anti-smuggling provisions			X
Litigation enabling provisions			X

Courtesy: WHO

Putting FCTC to Practice

Implementation on Key Areas of the Convention

Following is an analysis of the key areas of the FCTC and the action taken around the world and in Pakistan to put them into action.

a. Public Education

Health education works as a supplement to tobacco control activities. Public education programmes across the globe have classically encompassed the health hazards of tobacco use. Since the first United States Surgeon General's Report in 1964, these public health education campaigns have focused on smokers, advising them how to quit and informing them that smoking is bad for health and may result in a premature death or a disabling disease. The warning on the cigarette packs did not go beyond the framework of health effects of smoking.[14]

In the year 2002, the Ministry of Health spent Rs.2 million on raising public awareness whereas the tobacco companies spent Rs.61 million on advertisement.

Many countries have used public education, in tandem with other interventions, to combat the tobacco epidemic. Australia has used smoking cessation programmes, health warnings, a ban on underage selling and a vigorous public education programme to turn the tide on tobacco. Australia's National Tobacco Campaign has to date had outstanding results with an estimated reduction in adult smoking prevalence of 1.8 percent over the initial 8 months period since the campaign was launched in 1999. Furthermore, the cost of implementing the National Tobacco Campaign have been more than offset by projected saving to the health system. It is estimated that in the first six months of the Campaign $24 million in health expenditure were averted. In addition, the Campaign has shown success in reaching high-risk groups such as youth.[15]

Pakistan's Ministry of Education has been engaged in anti-smoking awareness campaigns for the last four decades. However, the budget set aside for the purpose has been meagre and is easily overshadowed by the huge advertisement budgets of the tobacco companies. In the year 2002, the Ministry of Health spent Rs.2 million on raising public awareness whereas the tobacco companies spent Rs.61 million on advertisement.[16]

Public health experts have complained that the public education campaigns are normally not run as part of a larger behaviour change communication strategy and their impact is never monitored. No effort has been made to reach out to at risk groups such as youth. Though it is widely believed that consumers are more aware of the harmful effects of smoking than they were a couple of decades ago, there is no way to assess information level of the public.[17]

There is a need to harness cultural and religious resources in aid of tobacco control. The religious injunctions against tobacco go back to the 19th century when Jamaluddin Afghani gave a religious edict declared tobacco smoking and cultivation as Haram. While some Islamic sects consider smoking as Haram, scholars of other sects consider it Makrooh, something not totally forbidden in Islam, but strongly disliked. The Council of Islamic Ideology, by analogy has also declared it as such. The month of Ramadan could particularly be used to run nationwide public education campaigns against smoking and special facilities for cessation can be mobilised during the period.

In order to run effective public education programme, the Health Ministry must collaborate with the Education Ministry and should try to get information about the harms of tobacco included in the syllabus. Special awareness campaigns should also be run in the schools. In short, there is a need to properly segment the audience and run the audience specific and evidence based public education campaigns.

b. Exposure to tobacco smoke

Smokers not only harm themselves but also impose physical harm and maybe even financial harm on non-smokers, especially their own family members. There is substantial evidence to show that an increased risk of disease for both non-smoking adults and children associated with exposure to second-hand smoke. For example, in the US, exposure to second-hand smoke is estimated to be responsible for 3,000 lung-cancer deaths among non-smokers each year; 35,000 heart disease deaths among non-smokers each year; and 250,000 children experiencing lung and bronchial infections each year. Non-smokers are also burdened with increased physical irritation caused by exposure to a toxic substance as well as the costs associated with cleaning clothes, household goods and the removal of cigarette litter.

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The promotion of clean air policies is one of the most effective public health measures. This can be enforced in different settings; public buildings, schools, restaurants, and private worksites. In the last decade, recognition of harmful effects of passive smoking has lent an added impetus to such efforts, as a result of which many countries in the world have set into place effective legislative measures to ban smoking in public places.

Many countries have made effective use of second-hand smoke laws to curb the tobacco epidemic. In Finland, for example, smoking restrictions at workplaces were voluntary until March 1995 when reform of the Tobacco Control Act prohibited smoking in all common and public premises. The legislation gave employers two options: either impose a total ban on smoking or allow smoking in designated smoking rooms with separate ventilation systems and lower air pressure than non-smoking facilities.

A new study indicates that the introduction of the workplace smoking control law in Finland has led to 'significant' reductions in smoking. Investigators from the Finnish Institute of Occupational Health found that the incidence of smoking decreased from 29.6 to 25.0 per cent and was significant for both men and women. The average number of cigarettes consumed daily by smokers fell from 19 to 16 and airborne nicotine pollution in industrial and white-collar workplaces also fell.[18]

Smoking in public places and transport still goes unchecked and not a single person has been fined. While large scale public education campaign is required to make people aware of their rights and duties in this regard, some steps must also be taken to use the law to fine the offenders.

In Pakistan, the Prohibition of Smoking Ordinance 2002 bans smoking in all public places, transport and indoor work places. The Federal Government, however, issues guidelines for permitting designated smoking area in premises or places where adequate arrangements have been to protect the health of non-smokers.

So far, following places have been declared as places of public work or use designated as no-smoking and no-tobacco places: "Hospitals, dispensaries and other health care establishments, educational institutions, offices, conference rooms, all domestic flights, restaurants buses, wagons, trains, indoor stadiums, gymnasiums, waiting rooms at bus stations and *addas*"

The implementation mechanisms, however, leave a lot to be desired and the steps taken for implementation remain short of the health community's expectations. Smoking in public places and transport still goes unchecked and not a single person has been fined. While large scale public education campaign is required to make people aware of their rights and duties in this regard, some steps must also be taken to use the law to fine the offenders. Mechanisms for fining the offenders need to be simplified.

c. Liability

Developing a regime of liability and compensation for any subject is, without a doubt, a complex task. This task becomes even more complicated when trying to devise a liability and compensation regime for environmental damage or damage to human health, due to such issues as causation, burden of proof, and the cumulative and long-term nature of the damage.[19]

All national legal systems worldwide contain processes for persons to bring claims for personal injury against other persons. Those processes typically require some form of negligence or unreasonable behaviour by the defendant that directly or proximately causes the personal injury, but also may allow for absolute or strict liability with respect to ultra-hazardous activities. In the context of claims brought by persons for harm from consumption of tobacco products, those claims have experienced difficulties either in proving that smoking causes injury (i.e., cancer) or in defeating a defence that smokers chose to assume the risk of injury and therefore must bear the consequences.

In 1998, a landmark settlement was reached between four major cigarette manufacturers and forty-six states in the United States for healthcare costs associated with smoking. The settlement both provided for significant payments to the states and imposed certain restrictions on the tobacco companies, such as on advertising.[1] However, despite this settlement, the ability of U.S. claimants to sue tobacco companies successfully remains erratic; some claimants are settling or prevailing in their cases, either individually or as part of a class action, while others are failing due to their claims being time-barred, pre-empted by federal law, precluded by statutory immunity, or otherwise found inadequate.[20]

Outside the USA, tobacco litigation is a new phenomenon and clear patterns do not yet exist. Cases now vary from smokers and non-smokers filing for damage to health; public interest law suits seeking to force the industry or government to comply with legal or constitutional requirements; governments suing for tobacco-attributable health care costs or for lost taxation due to smuggling; to cases brought by the tobacco industry against individuals, organizations or even governments.

However two different approaches can be identified very clearly. In most of the developed countries cases are filed to seek compensation and damages while the cases filed in developing countries focus on injunctions against tobacco promotion and advertisements. This can be attributed towards absence of tort courts, lack of established tort rules and hesitation of courts to award damages because of socio-economic reasons.

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The Pakistani High Courts and Supreme Courts exercise their jurisdictions under constitution provisions i.e. Article 199 and 184(3). These provisions do not award damages and compensation. The cases involving damage can be filed into the lower courts alone, which do not take such cases very seriously.

Though anti-tobacco litigation can become effective only after the larger reforms in Pakistan's legal system have been carried out, the health ministry should start working on the mechanisms for calculating the costs to public health incurred by tobacco epidemic.

[1] The attorneys general of more than forty states sued the tobacco companies, alleging, among other things, that the industry violated antitrust and consumer protection laws. In addition, the states alleged that the companies conspired to withhold information about adverse health effects of tobacco, that they manipulated nicotine levels to keep smokers addicted, and that they conspired to withhold less risky products from the market. A Master Settlement Agreement was signed in November 1998 by the attorneys general of forty-six states (and five U.S. territories) and the tobacco industry. The agreement resolved the lawsuits and provided the states with funding intended for tobacco prevention and control. The agreement required tobacco companies to take down all billboard advertising and advertising in sports arenas, to stop using cartoon characters to sell cigarettes, and to make many of their internal documents available to the public. The tobacco companies also agreed not to market or promote their products to young people. Information on the agreement is available at <http://www.naag.org/tobaccopublic/library.cfm>

d. Sales to and by Minors

Apart from other health hazards associated with smoking the short-term health effects of smoking to youth include damage to the respiratory system, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood because the younger people start smoking cigarettes, the more likely they are to become strongly addicted to nicotine.

Nicotine addiction is also the starting point for other drugs in youth and cigarette often works as the "starter" or the "gateway drug". In the USA, studies have unearthed an addiction sequence. The average age of onset is 12. Next in sequence, alcohol follows, average age 12.6; then marijuana, average age 14.[21] According to a medical expert, "there would be no marijuana addicts . . . if people did not first learn to smoke cigarettes."[22] In Pakistan, same would be true for heroin, deadliest of all the drugs, mostly inhaled with tobacco smoke.

Pakistan is facing an explosion of tobacco epidemic among its youth. Pakistan Paediatiric Association estimates that about 1,000 to 1,200 Pakistani children aged 6 to 16 take up smoking every day.

All over the world, countries have taken strong actions to curb selling tobacco to young people and have tried to ensure that there is strong enforcement. Newzeland, for example, has The Smoke-free Environments Act 1990 that prohibits the sale of tobacco products to persons under 18 years of age. Before the Act was amended in July 1997, the minimum age of sale was 16 years. In September 1996, the Ministry of Health began coordinating a programme of controlled purchase operations (CPOs), using under- age volunteers, to identify retailers illegally selling tobacco products to minors. From September 1996 to December 1997, 980 premises were visited in CPOs. Eighty-four (8.6%) of these visits resulted in the sale of tobacco products to under-age volunteers. Of the 49 retailers prosecuted , 41 were convicted. Fines ranged from $100 to $750.

Restricting Youth's access to tobacco in the developing countries is a daunting challenge. Easy availability of tobacco, glamorous advertisement, peer pressure and a host of other factors lure young men and women to smoking. Poverty, lack of awareness and lack of effective legal regimes forces many children to become vendors of cigarettes.

Pakistan is facing an explosion of tobacco epidemic among its youth. Pakistan Paediatiric Association estimates that about 1,000 to 1,200 Pakistani children aged six to 16 take up smoking every day.[23]

In Pakistan, the Prohibition of Smoking Ordinance 2002 prohibits storing, selling or distributing cigarettes within an area of 50 metres from a school, college or educational institution. The law also prohibits selling cigarettes to anyone who is below the age of eighteen years. Both offences are cognizable and a court can take action on the written complaint of a police officer of a rank of sub-inspector or above.

However, not a single example exists of the implementation of both sections of the law. It appears that the aim of stopping young people from taking up smoking will remain unfulfilled until some sort of licensing on vending of cigarettes is introduced, and tobacco advertisement is banned completely.

There is a need to include tobacco-related health education in a comprehensive school health programme. This would require active support and involvement of the Ministry of Education and will have to be taken up as a policy decision, with implications for educational institutions both in the public and private sectors.[24]

e. Packaging and Labeling

The markings placed on tobacco product packaging may have many functions – to the manufacturer this is an important space for branding and reinforcing the identity of the product. It may also be used to communicate claims about the product. For the government authorities, the packaging is an important space for mandatory health warnings, consumer information and anti-smuggling marks.

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As advertising is steadily banned and restricted around the world, the pack is becoming an important promotional space. Tobacco companies use the pack to make claims about their product. Such claims may be implicit and built into subtle branding including words, graphics, pictures and even just colours. The most obvious example of this is 'light' branding of so-called low tar cigarettes. The intention or effect is to convince some smokers that they are using a less dangerous product. In fact, the products only register lower tar when measured on a machine, but not when smoked by a human. Scientists now reject the idea that switching to lower tar has any meaningful health benefits at all.

In many countries a manufacturer is obliged by law to communicate the risks associated with use of their product. For tobacco products, health authorities have assumed that role. It is therefore important that the warnings are complete and properly convey the risks. This means the warnings must be large, bold and contain enough information to convey the range and scale of adverse impacts. This implies a system of rotation so that different health (and other) risks can be communicated.

Canada has led the efforts in making the package convey the message effectively and graphically to the smoker. Since January 2001, tobacco companies have had to use 1 of 16 health warnings on cigarette packages, with an image that covers 50% of the surface area. The images are not pretty: there's a photo of a lung tumour and another of a brain after a stroke. Messages inside the packages point out the effects of smoking on health and give tips on quitting.

A recent survey has found that those graphic warnings on cigarette packages in Canada are having the desired effect. Among the smokers surveyed, 43% said the warnings raised their concern about the health effects of smoking and 44% said they are now more motivated to quit.[25]

The European Commissioner for Health and Consumer Protection has also unveiled a new hard hitting picture warnings for cigarette packs. They form part of a database of 42 images designed for use in combination with health warnings introduced EU-wide in 2003. EU countries can use the pictures to add impact to their health warnings.[26] In Australia, the graphic warning now covers one-third of the front of a packet and 90 percent of the back.

It has been found that where a complete ban on advertising is coupled with an intensive public information campaign on smoking, a reduction in tobacco consumption of 6% can be achieved.

In Pakistan, The Cigarettes (Printing of Warning)Ordinance 1979 made it binding on manufacturers to print on all cigarette packs, both in English and Urdu the following warning, "Warning: Smoking is Injurious to Health". In 2002, the Ordinance was amended making it compulsory for warnings to occupy 30 percent of the front and back of cigarette packs. In addition, it is now mandatory for all electronic media advertisement to devote 20 percent of their airtime to warnings.

However, the tobacco companies have not been forced to put graphics on the cigarettes and other tobacco products. Use of graphics is important in countries like Pakistan where literacy rate is low. Such graphic warnings can be prepared by the Health Ministry in consultation with the civil Society organizations.

f. Tobacco ads and promotions/sponsorship

A convincing body of evidence demonstrates that tobacco advertising plays an important role in encouraging non-smokers to begin smoking. Advertising is a particularly important factor among young people.[27]

The policy options that have been proposed for the control of tobacco advertising include limitations on the content of advertisements, restrictions on the placement of advertising, restrictions on the time that cigarette advertising can be placed on broadcast media, total advertising bans in one or more media, counter-advertising and the taxation of advertising.

However, it has been found that only comprehensive bans on tobacco advertising and promotion can result in considerable reduction of tobacco consumption on a national level. It has been found that where a complete ban on advertising is coupled with an intensive public information campaign on smoking, a reduction in tobacco consumption of 6% can be achieved.[28] Counter advertising, which is the use of media to promote public health, also reduces cigarette consumption. The taxation of advertising also reduces total advertising with the additional advantage of raising rev-

enue that could be used to fund counter-advertising.

Countries like Australia, Finland, France, Italy, New Zealand, Portugal, Norway, Singapore, Thailand and Turkey recognized the increasing threat of tobacco consumption and imposed ban on all kinds of promotion of the tobacco products. The European Union aims to phase out all types of tobacco promotion by year 2006.

Countries which have banned all kinds of promotion have witnessed an overall drop in tobacco consumption. According to a World Bank report entitled 'Curbing the Epidemic' "Bans on advertisement and promotion prove effective but only if they are comprehensive, covering all media and all uses of brand names and logos."

The Prohibition of Smoking Ordinance 2002, for the first time, introduced statutory restrictions on advertisement in Pakistan. Earlier laws were limited to restrictions on sales to minors and inscription of health warnings. The main problem with this law is the fact that advertisement has only been restricted and not banned completely. Three years after the guidelines to implement the law came into effect, no dent has been made in the use of tobacco. Guidelines of the committee are often ignored as association of smoking with sports, particularly adventure sports, remains the main method of selling cigarettes.

As has been the worldwide experience, the tobacco addiction in Pakistan has not gone down at all as result of partial ban on tobacco promotion. In fact, the use of tobacco is on the rise as is obvious from annual sheets of the two main tobacco companies and proliferation of new brands in the Pakistani market. Tobacco companies have found new ways to go around the partial restriction on tobacco advertisement. Person to person sale techniques are being used, huge billboards have been installed on the prominent places and markets and highways all over the country, catchy poster are pasted in large numbers and point of sale advertisement has increased manifold.

The main problem with this law is the fact that advertisement has only been restricted and not banned completely. Three years after the guidelines to implement the law came into effect, no dent has been made in the use of tobacco.

g. Tobacco Cessation Facilities

Tobacco is a highly addictive substance and many who wish to quit tobacco find it quite hard to do so. Treatment of tobacco dependence within the health system remains an underused tool for health promotion and prevention, despite the fact that its effectiveness and cost-effectiveness have been convincingly documented by the World Bank and the WHO Macroeconomic Commission on Health.[29] Of all the demand measures previously outlined, only a higher level of cessation will bring about rapid declines in mortality from tobacco. Smoking cessation is a priority for preventing disease and reducing its burden.

At any age, quitting confers substantial and immediate health benefits including reduced cardiovascular disease risk, reduced risk of stroke and smoking attributable cancers. The World Bank suggests that, if adult consumption were to decrease by 50% by the year 2020, approximately 180 million tobacco related deaths could be avoided. Thus, promotion of smoking cessation and treatment of tobacco dependence can have a great impact in reducing the burden of disease and improving population health.

In developed countries a large proportion of smokers want to stop smoking and many try to stop, but the corresponding proportions in developing countries are low.[30] Quit rates (the proportion of smokers who have quit) are also low in many developing countries. Smokers who try to quit often find it difficult because of the addictive properties of nicotine.[31] Because of the low rates of quitting and the inherent difficulties in stopping, governments need to encourage smokers to quit and to provide more assistance to those who need help.

There is no formal training of healthcare providers on smoking cessation and no printed information is available to them through a structured and sustainable mechanism.

A number of countries have started vigorous efforts to provide smoking cessation facilities to its citizens. Bulgaria, for example, is running a "National Programme for Reducing Tobacco Use 2002-2005". One of the components is the Promotion of Smoking Cessation Behaviour and Nicotine Dependence Treatment. Among the objectives and activities: provide better access to health consulting smoking cessation services for smokers who want to quit; provide better conditions for nicotine dependence treatment; evaluate the existing smoking cessation out-patient clinic activities and establish a range of new ones nearly in all regional hygiene and epidemiologic inspections in the country; raise the professional competency of health professionals (GPs, medical students etc.,); implement a wide number of programmes, modules and enlarge the assortment of treatment ensuring equal possibilities for tobacco treatment for the different groups of population.[32]

In Pakistan, there are no smoking cessation facilities even in the tertiary care setting; smoking cessation advice is given on an ad hoc basis in clinics. In addition, there is no formal training of healthcare providers on smoking cessation and no printed information is available to them through a structured and sustainable mechanism. Moreover, Nicotine replacement therapy (NRT), which is an affordable and effective deterrent against smoking is not registered in Pakistan.

There is, therefore, a need to integrate smoking cessation with healthcare delivery at all levels and to address it as part of professional education. Investment in smoking cessation clinics with equitable outreach is also overdue. These can be developed in the setting of major public sector hospitals; in addition, it should be made mandatory for private sector hospitals to offer such services and guidance. Healthcare providers in Basic Health Units (BHUs) and Tehsil Headquarters Hospitals (THQs) should be provided with simple tools enabling them to assist patients with smok-

ing cessation. In the context of tobacco use cessation, it is also important to make NRT available to Pakistan.[33]

h. Price and tax measures

Increasing the price of tobacco products is arguably the most effective method of curbing the prevalence and consumption of tobacco products. Individuals who do not use tobacco may refrain from starting, and thus avoid addiction. It can also induce current users to consume less tobacco or persuade them to quit, as well as prevent ex-users from starting again. Price increases would therefore reduce the global burden of disease brought about by tobacco consumption.[34]

In a 1999 report, the World Bank concludes that on average, a price rise of 10% would be expected to reduce demand for tobacco products by about 4% in high income countries and by about 8% in low and middle income countries.[35] It has been estimated that tax increases that would raise the real price of cigarettes by 10% worldwide would cause about 42 million of these smokers to quit and prevent a minimum of 10 million tobacco related deaths.[36] These conclusions have tremendous implications for public health.

It has been estimated that tax increases would raise the real price of cigarettes by 10% worldwide and it would cause about 42 million of these smokers to quit and prevent a minimum of 10 million tobacco related deaths.

The main purpose of tobacco taxation policy is to make tobacco products less affordable and reduce consumption. Often this requires increasing prices beyond what is necessary to surpass inflation. This is because income growth can also stimulate the demand for tobacco, a problem in many developing countries, including Pakistan, with rapidly growing economies.

WHO recommends increasing tobacco taxes above the rate of inflation and earmarking a proportion of the proceeds to finance other tobacco control measures that comprise the comprehensive national tobacco control program. Adoption of such measures can make all tobacco control measures both effective and self-financing. This is especially important in developing countries where financing of new public health initiatives could be difficult.

A number of countries use health oriented tax policy to reduce the harm from tobacco consumption and use a number of ways to do it. These include:

- Putting a "floor" on the price of tobacco products, to keep price sensitive consumers out of the market. This may be effective in preventing non-smokers (such as children and poorer adults) from ever starting to smoke.

- Causing prices to rise regularly to cover normal inflation; to ensure

that tobacco products do not become more affordable as incomes rise; and to give existing smokers increasing incentive to quit.

- Ensuring that the price-differential between different tobacco product more adequately reflects the health risks involved and prevents mere substitution of one product for another, such as when taxes are much lower on *biris* than on cigarettes.

Several countries have taken steps to increase tobacco prices to control consumption. The UK has announced increases in tobacco taxes of, on average, at least 5% a year in real terms. UK's National Health Service benefits from increases in tobacco taxes. France has increased price of tobacco by 20 percent to discourage smoking.[37]

Pakistan has not made effective use of price and tax measures to control tobacco addiction in the country and the revenue on tax has mainly remained a revenue generation tool.

In South Africa, a combination of higher excise taxes, industry-imposed price increases, and inflation has increased the retail price of cigarettes by 375 percent since 1993. In real terms, cigarette prices doubled between 1993 and 2000.[38] As a result, a notable victory has been scored in the battle against tobacco in the country where smoking has been rated the second highest health concern after HIV/AIDS. Thanks to some of the strictest tobacco control measures ever adopted by the government of a developing country, cigarette consumption has fallen for eight consecutive years while the percentage of adult smokers in the country has dropped from 32 to 28 percent.

Several countries have also decided to fund tobacco control activities or broader public health programmes through higher taxes on tobacco. Ireland has announced that the revenue equivalent to a new tax increase would fund health provisions. Qatar has earmarked tobacco taxes to fund similar efforts. Other countries such as Australia, Egypt, the Islamic Republic of Iran, Thailand, and several US states such as California and Massachusetts earmark a portion of tobacco taxes to fund tobacco control programmes.

So far, Pakistan has not made effective use of price and tax measures to control tobacco addiction in the country and the revenue on tax has mainly remained a revenue generation tool. As a result, in terms of price index, tobacco products are cheaper and therefore more accessible in Pakistan today than they were 15 year ago.[39]

The main tax on tobacco and cigarettes is the central excise duty which is structured in a way that it helps the tobacco companies to keep the prices of cigarettes to a minimum. The excise duty of Rs.1.77 applies to a pack of ten cigarettes with price not exceeding Rs.4.15. On the packs with value exceeding Rs.4.15 for a pack of ten, the duty goes up to 63% of the retail price.

Table: Excise Duty on Tobacco and Cigarettes [40]		
Cigarettes & tobacco:		
a.	Unmanufactured tobacco	
	(1) for cigarettes	20% ad val.
	(2) for biris etc.	15% ad val.
b.	Cigarettes	
	(1) not exceed Rs.4.15/10 cig	Rs.1.77 per 10 cig.
	(2) exceeding Rs.4.15/10 cig.	63% of R.P
c.	Filter rods	50% ad val.

No wonder, almost 100 brands sell for less than Rs.6 for a pack of 20 cigarettes.[41]

It is recommended that the minimum price for a pack of cigarettes as well as biris and other tobacco based prices should be fixed at a high level and they should be increased regularly to compensate for rising prices and incomes. Linking the tax automatically to the index of consumer prices will ensure that the tax is not eroded by inflation. It will be better if the tax rises annually by more than the increase in incomes, to reduce affordability. It is also important that a proportion of this income is set aside for tobacco control efforts and for public health initiatives.

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K. Illicit Trade

Counterfeiting, tax evasion and smuggling have serious public health consequences as they make "glamorous" foreign brands accessible to local consumer at much below the market price and make them more affordable to the price sensitive consumers.

One in three of the world's exported cigarettes - about 400 billion cigarettes each year — turns up as illegal contraband. In fact, cigarettes are the world's most widely smuggled legal consumer product.[42] Researchers estimate that some 30 percent of internationally exported cigarettes, or about 355 billion cigarettes, are lost to smuggling. This is a far higher percentage than most consumer goods that are internationally traded. The problem is acute where there are large variations in tax between neighbouring states or countries, where there is widespread corruption, and where contraband sales are tolerated.[43]

It should be noted that increased smuggling is not solely related to an

increase in the price of cigarettes: organized crime and other criminal networks are often involved in smuggling, and government corruption and the tobacco industry itself are implicated in smuggling. The tobacco industry needs to ensure that their exported products arrive in the end-user market, instead of becoming contraband products.[44]

The tobacco industry usually contends that increasing tobacco taxes will inevitably lead to smuggling and illegal contraband of tobacco products, notably cigarettes. Discrepancies in tobacco prices between countries, it is argued, create an incentive to smuggle. Interestingly, irrefutable proofs have emerged all over the world of tobacco companies' involvement in smuggling. This is because tobacco industry could benefit from smuggling in several ways. First, cigarette smuggling is an effective way of introducing the industry's products into markets that would otherwise be closed by trade barriers and other restrictive practices. In addition, the availability of lower-priced cigarettes via smuggling raises the overall consumption of cigarettes compared to consumption in the absence of smuggling, adding to the tobacco industry's sales. Furthermore, the threat of smuggling and the crime problems that accompany it can be effective in discouraging governments from raising cigarette taxes. The lower taxes that result keep prices lower and, consequently, tobacco industry sales are higher.

The availability of lower-priced cigarettes via smuggling raises the overall consumption of cigarettes compared to consumption in the absence of smuggling adding to the tobacco industry's sales.

British American Tobacco's internal documents show that large volumes of its cigarettes have been smuggled into Bangladesh for many years. Although BAT has knowingly fostered cigarette smuggling throughout much of Asia, Bangladesh was a particularly key destination, probably because of its large population, the local preference for British-style cigarettes, and its location adjacent to the burgeoning market for major-brand cigarettes in India.[45]

Big Tobacco accepted the connection in 2004 when tobacco giant Philip Morris agreed to pay $US1.25 billion to the European Union after the company was accused of involvement in cigarette smuggling. The EU had accused the maker of Marlboro cigarettes, Philip Morris, of colluding with smugglers to evade European taxes and excise duties. Cigarette smuggling is big business in Europe and the EU estimates an annual loss in cigarette taxes due to smuggling at around $US1.7.[46]

Spain serves as an example that reduced the rate of smuggling. Spain had a serious smuggling problem even though the price of cigarettes in that country was relatively low. By focusing their efforts on reducing organized crime, the government reduced smuggling from 15% to 5%, and governmental revenues increased after this effort.[47] Canada also faced an increase in smuggling following a tax increase, but rather than focus on direct efforts to reduce smuggling Canada rolled back some of the tax increase and lowered the cost of cigarettes. The lowering of cigarette prices lead directly to an increase in consumption and a loss of government revenue.[48]

Illicit trade in tobacco include smuggling, tax evasion and counterfeiting. According to estimates in Pakistan, the tax evaded sector has grown from holding 10% of the market share in 2001 to 20% in 2002, resulting in yearly revenue loss of Rs.1.2 billion. Counterfeit cigarettes have 2.4% of the market share in Pakistan. Tobacco industry avoids taking up the issue publicly as it may have implications for consumer confidence and brand image.[50]

Tax evasion is one reason for cigarettes being dirt cheap in Pakistan. According to one calculation, a total minimum cost for making and selling a cigarette pack of 20's including trade and manufacturers' margin is Rs10.30 which includes raw material cost, packaging cost, excise duty, sales tax and other expenses like marketing and freight.[51] However, dozens of brands are available for half that price.

Smuggled cigarettes find their way into Pakistan market due to loopholes in Afghan Transit Trade (ATT). Smuggled cigarette brands are available all over the country. Illegal manufacturing of cigarettes is also widespread and the illegal manufacturers have set up factories in NWFP, Azad Kashmir, Chakwal, Bahawalpur and other parts of Punjab allegedly with the connivance of local administrations and the tax department. It has been reported that the continued availability of non-duty paid cigarettes in the market is causing Rs7 billion loss to the national exchequer annually.[52]

Illegal manufacturing of cigarettes is also widespread and the illegal manufacturers have set up factories in NWFP, Azad Kashmir, Chakwal, Bahawalpur and other parts of Punjab allegedly with the connivance of local administrations and the tax department.

Governments all over the world have begun taking strong measure to counter illicit trade in tobacco. Many countries, for example, require prominent tax stamps on tobacco products sold within their borders. Some, such as France and Singapore, require licenses for at least some of those involved in the cigarette manufacturing and distribution chain. Others, such as Hong Kong, employ sophisticated computer-tracking systems to monitor the movement of cigarettes through the distribution chain. Germany is engaged in an effective mass-media campaign to combat the view that cigarette smuggling was relatively harmless.[53]

The appropriate response to smuggling is to adopt policies that make it less profitable, more difficult, and more costly to engage in smuggling. Several options are available to accomplish these objectives. Cigarette packs can be marked in several different ways to make it easier to detect smuggled cigarettes. Prominent tax stamps that are difficult to counterfeit can be placed on all packages under the cellophane. For cigarettes that are destined for export, packages could be labelled to indicate the country of final destination and could include appropriate, country-specific health-warning labels. Manufacturers could be required to print a unique serial number on all packages of tobacco products, making it easier to identify the manufacturer of each.

Similarly, a chain of custody mark could be attached to all packages at each step in the distribution chain, making it less difficult to identify the source of cigarettes that disappear while in transit. Similarly, all manufacturers,

importers, exporters, wholesalers, transporters, warehouses, and retailers could be required to have a license for their tobacco-related activities. These licenses would help identify and monitor the different players in the tobacco-distribution network, and the suspension or revocation of these licenses for participation in smuggling could deter some would-be smugglers.[54]

Pakistan requires strong political will to deal with the thriving counterfeit industry, tax evasion and smuggling. Smuggling routes and supply channels of the counterfeit cigarettes are well known to the authorities and strong action could be taken easily.

l. Tobacco Agriculture

In a number of developing countries, tobacco companies provide farmers with loans, equipment and technical assistance.

More than 100 countries grow tobacco, of which about 80 are developing countries. Four countries account for two-thirds of the total production: in 1997, China was responsible for 42 percent of all tobacco grown, with the United States, India, and Brazil producing about 24 percent between them. The top 20 countries produce more than 90 percent of the total. Over the past two decades, the share of global production by high-income countries has fallen from 30 to 15 percent, while that by countries in the Middle East and Asia has risen from 40 to 60 percent. Africa's share rose from 4 to 6 percent, and other regions have changed little.

Cigarette companies have sought to publicly link themselves with tobacco farmers as a means of putting a "human face" on the industry. By trying to convince tobacco farmers that the public health community are out to destroy their source of livelihood, the companies hope to enlist farmers' opposition to sensible tobacco control regulations.

According to the World Bank, even under the most optimistic tobacco control scenarios, global tobacco consumption is projected to increase over the next three decades. While future declines in consumption will clearly reduce the number of tobacco farming jobs in the future, this will occur over many generations. There is simply no realistic scenario under which anyone farming tobacco today will be put out of work as a result of the FCTC.[55]

A much greater threat to the viability of tobacco growers are the practices of the tobacco companies. By encouraging more and more countries to cultivate tobacco, by pressuring for the elimination of price support systems, by spending tens of millions of dollars designing cigarettes containing less tobacco, and by playing off countries against each other, the companies are attempting to drive down the global price of tobacco leaf in order to ensure continued profits. In a number of developing countries, tobacco companies provide farmers with loans, equipment and technical assistance. Many of these farmers find themselves heavily in debt to the companies and, since the companies control the price of tobacco, are unable to extricate themselves from tobacco cultivation. In Brazil for

example, officials predicted in 1998 that approximately 35% of the tobacco growers would finish the harvest owing more money to the companies than they earned.[56]

In many countries, people working in the tobacco fields are continually exposed to dangerous agro-chemicals, many of which are provided directly by the tobacco companies. Exposure to these chemicals poses a considerably higher risk to children than adults since exposure in the early years can lead to a greater risk of cancer, damage to the child's developing nervous system and cause immune system dysfunction.[57] Workers picking tobacco have been reported to experience green tobacco sickness (GTS), a type of nicotine poisoning which is caused by the absorption of nicotine through the skin.[58] GTS is characterized by symptoms that may include nausea, vomiting, weakness, headache, dizziness, abdominal cramps, difficulty in breathing, as well as fluctuations in blood pressure and heart rates.

Tobacco fields in Pakistan present a familiar picture of a tobacco producing country. Fifty percent of tobacco in Pakistan is grown in three districts i.e. Swabi, Charsada and Mardan. The tobacco yield from 2005 crop is estimated to be 65 to 70 million kilogrammes (kgs) whereas the requirement for tobacco companies would be 59.842 million kgs.[59]

Fifty percent of tobacco in Pakistan is grown in three districts i.e. Swabi, Charsada and Mardan.

This over production of tobacco, systematically promoted by tobacco companies, leads to competition amongst the growers. The growers with small land holdings get sidelined and are forced to sell their crop at lower prices either to those involved in producing counterfeit cigarettes or manufacturers of other tobacco products like chewing tobacco (naswar) and hand rolled cigarettes (biris).

While some large tobacco farmers have undoubtedly become wealthy, many tobacco farmers especially the poor are barely making a living producing a crop that is labour and input intensive, and brings with it a host of health and environmental hazards from pesticide exposure to nicotine poisoning.

Prices of tobacco leaf are determined every year by the Pakistan Tobacco Board (PTB), a body controlled by the federal ministry of commerce. Farmers have raised serious objections to the ways PTB handles the issues related to the tobacco crop. In a formal letter to the federal minister, Anjuman-e-Kashtkaran Tobacco, NWFP, accused Pakistan Tobacco Board (PTB) of favouring the tobacco companies while fixing prices and dealing other matters. The association was of the view that there was no representation of tobacco growers in PTB; therefore, all the decisions taken by some bureaucrats at the behest of tobacco companies were totally anti-farmers. Tobacco growers have appealed to the federal minister of food, agriculture and livestock to consider the registered representative bodies of farmers while fixing tobacco prices.[60]

There have been a number of experimental schemes to substitute other

Agricultural universities and research institutions should be used to study the alternative crops in the tobacco growing areas effectively.

crops for tobacco. However, with the arguable exception of Canada, there is no hard evidence that these schemes succeed as a means of reducing tobacco consumption, because of the lack of motivation for farmers to participate and because of the readiness of other suppliers to replace them. Crop substitution will, however, occasionally have a place in broader diversification programs, if it aids the poorest tobacco farmers in their transition to other livelihoods.

In the short run, there is a need to protect farmers from the predatory practices of the tobacco companies. There is a need to build the environmental and health costs of tobacco production into its price. It is also important that tobacco farmers get representation on PTB. Agricultural universities and research institutions should be used to study the alternative crops in the tobacco growing areas and extension services of the agriculture departments should be used to convey the information effectively.

While future declines may reduce the number of tobacco farming jobs in the future, this will occur over many generations. There is no rationale that indicates that anyone farming today will be put out of work as a result of the signing or ratification of FCTC.[61]

Box: Chronology of events relating to Laws/Legislators and notifications in Pakistan regarding tobacco consumption

1890: Railway Act 1890 prohibits smoking in railway compartments without the consent of fellow passengers.

1918: Punjab government adopts Juvenile Smoking Act, stopping sales to minors.

1918: State of Bahawalpur adopts the same Juvenile Smoking Act.

1933: NWFP Juvenile Smoking Act, prohibiting sales to minors.

1959: West Pakistan Juvenile Smoking Ordinance (xii of 1959). The Juvenile Smoking Act is adopted by the Govt. of West Pakistan, repealing the acts of Punjab, Bahawalpur and NWFP.

1979: The Cigarettes (Printing of Warning) Ordinance, 1979 Ordinance No.LXXIII of 1979. This Ordinance made it compulsory that manufacturers print on all cigarette packs in English and Urdu, the following health warning

"Warning: Smoking is Injurious for Health"

1980: The Cigarette (Printing of Warning) (Amendment) Ordinance, 1980 Ordinance No. XL of 1980 exempted cigarette meant for export carrying the health warning.

1982: The above ordinance was redefined through S.R.O NO. 45 (1)/83, elaborating the design and language of the health warning.

1994: Federal Ombudsman directs Pakistan Television to stop airing tobacco advertisement but order was not enforced due to jurisdiction of the court.

1997: The Lahore High Court single bench banned all kinds of cigarette advertisement on electronic media on petition filed by Pakistan Chest Foundation. A larger bench repealed the same order citing technical reasons.

1997: Prime Minister of Pakistan issued directive to ban smoking in public places, government offices, semi government offices etc.

2000: Chief Executive issues same directive.

2000: The President of Pakistan rejects the Federal Ombudsman's 1994 ruling upholding the plea of Pakistan Television.

References

[1] Dr Javed A Khan, Professor and Consultant Chest Physician at the AKUH, quoted in news item "Smoking increases risk of heart disease in under-five children", The News, Setptember 27, 2004

[2] The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership, World Health Organization

[3] http://www.telmedpak.com/ngos.asp?a=tobacco5

[4] Tobacco crop demand increases, Daily Times, January 9, 2005

[5] Lakson Tobacco declares Rs 10.5 per share dividend, The News, September 08, 2004

[6] World Health Assembly. Resolutions related to tobacco control. Available from: URL: http://www5.who.int/tobacco/page.cfm?tld=3.

[7] The flowing section borrows generously from: Shafey O, Dolwick S, Guindon GE (eds). Tobacco Control Country Profiles 2003, American Cancer Society, Atlanta, GA, 2003

[8] http://www.who.int/tobacco/research/legislation/case_studies_south_africa/en/index.html

[9] John Eberlee, 'South Africa's Winning Tobacco Control Strategy", Science From the Developing World, March 2003

[10] Pan American Health Organization. *Health in the Americas.* Volume I, 2002 Edition. PAHO, Washington DC, 2002.

[11] http://www.thpinhf.org/advertising_ban.htm

[12] http://fcap.globalink.org/RA9211_a.html

[13] Tobacco Control Legislation, An Introductive Guide, World Health Organization 2003, D. Douglas Blanke - editor

[14] Ehsan Latif, Stubbing it out: A briefing for Commonwealth Health Ministers on how to implement the Framework Convention on Tobacco Control, 2002. commonwealth Policy Studies Unit, March 2004

[15] www.health.gov.au

[16] The Future of Tobacco Control in Pakistan, The Network Publications, 2005

[17] The Future of Tobacco Control in Pakistan, The Network Publications, 2005

[18] http://www.smokeatwork.org/summary_index.htm

[19] *Sumudu Atapattu*, Developing a liability and compensation regime for damage caused by tobacco products: some comments and observations, http://www.who.int/tobacco/media/en/Atapattu.pdf#search='tobacco%20liability'

[20] http://www.ash.org.uk/html/international/html/murphy.html#_edn3

[21] See Raymond Fleming, Howard Levanthal, Kathleen Glynn, and Joann Ershler, "The Role of Cigarettes in The Initiation And Progression Of Early Substance Use," 14 *Addictive Behaviors* (#3) 261-272 (1989).

[22] Frank L. Wood, M.D., *What You Should Know About Tobacco* (Wichita, KS: The Wichita Publishing Co, 1944), p 143.

[23] The News, June 1, 2004

[24] The Future of Tobacco Control in Pakistan, The Network Publications, 2005

[25] http://www.ontario.cancer.ca

[26] These picture can be seen at: http://europa.eu.int/comm/mediatheque/photo/select/tabac_en.htm

[27] Laugesen M, Meads C. (1991) Tobacco restrictions , price income and tobacco consumption in OECD countries, 1960-1986. British Journal of Addiction, 86, 1343-1354

[28] Laugesen M, Meads C. (1991) Tobacco restrictions , price income and tobacco consumption in OECD countries, 1960-1986. British Journal of Addiction, 86, 1343-1354

[29] Commission on Macroeconomics and Health. Available from: URL: http://www.cmhealth.org/index.html.

[30] **Gupta PC.** *Is your population addicted? Cross country comparison of tobacco addiction and readiness to quit-global tobacco control implications.* Satellite symposium at the 11th World Conference on Tobacco or Health, August 2000, Chicago, USA.

[31] **Yang G** , Ma J, Chen A, *et al.* Smoking cessation in China: findings from the 1996 national prevalence survey. *Tobacco Control* 2001;10:170-4

[32] Centre for Tobacco Cessaion, http://www.ctcinfo.org/enewsletter/?id=172

[33] The Future of Tobacco Control in Pakistan, The Network Publications, 2005, p19

[34] G E Guindon1, S Tobin and D Yach, G E Guindon1, S Tobin and D Yach, Trends and affordability of cigarette prices: ample room for tax increases and related health gains, *Tobacco Control* 2002;11:35-43

[35] The World Bank. *Curbing the epidemic: governments and the economics of tobacco control.* Series: Development in practice. Washington DC: The World Bank, 1999. URL: http://www1.worldbank.org/tobacco/reports.htm

[36] Ranson K, Jha P, Chaloupka FJ, *et al.* The effectiveness and cost-effectiveness of price increases and other tobacco-control policies. In: Jha P, Chaloupka FJ, eds. Tobacco control in developing countries. New York: Oxford University Press, 2000.

[37] G E Guindon1, S Tobin and D Yach, G E Guindon1, S Tobin and D Yach, **Trends** and affordability of cigarette prices: ample room for tax increases and related health gains, *Tobacco Control* 2002;11:35-43

[38] http://www.idrc.ca/en/ev-5463-201-1-DO_TOPIC.html

[39] The Future of Tobacco Control in Pakistan, The Network Publications, 2005

[40] Please see SRO.455(I)/96 & SRO.456(I)/96 dated 13th June, 1996 for details www.cbr.gov.pk

[41] Ihtashamul Haque, Non-duty paid cigarettes causing Rs7bn loss, The Dawn, June 1, 2005

[42] http://www.fctc.org/archives/press7.shtml

[43] The World Bank, Economics of Tobacco Control, http://www1.worldbank.org/tobacco/book/html/chapter5.htm
World Health Organization (WHO). Economic, social, and health issues in tobacco control:

[44] A report of a WHO International Meeting in Kobe, Japan: December 3-4, 2001.

[45] http:// www.tobaccofreekids.org/campaign/global/framework

[46] Philip Morris pay out settles tobacco smuggling case. 10/07/2004. ABC News Online, http://www.abc.net.au/news/newsitems/200407/s1150834.htm]

[47] Joossens L, Raw M. Smuggling and cross border shopping of tobacco in Europe. BMJ 1995;310(6991):1393-7. Kang HY, Kim HJ, Park TK, Jee SH,

[48] Sweanor DT, Martial LR. The smuggling of tobacco products: lessons learned from Canada. Ottawa, Ontario, Canada: Non Smokers' Rights Association/Smoking and Health Action Foundation; 1994.

[49] AF Feruson-CA. Annual Report of Pakistan Tobacco Company ofr 2002---Financial highlights of last five years. Islamabad, Pakitan

[50] The Future of Tobacco Control in Pakistan, The Network Publications, 2005

[51] Ihtashamul Haque, Non-duty paid cigarettes causing Rs7bn loss, The Dawn, June 1, 2005

[52] htashamul Haque, Non-duty paid cigarettes causing Rs7bn loss, The Dawn, June 1, 2005

[53] *Luk Joossens, Frank J. Chaloupka, David Merriman,* and *Ayda Yurekli,* Issues in the smuggling of tobacco products

[54] The World Bank, Economics of Tobacco Control, http://www1.worldbank.org/tobacco/book/html/chapter5.htm

[55] World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control,* 1999; http://www1.worldbank.org/tobacco/reports.htm

[56] Diana Jean Schemo, "In Brazil Tobacco Country, Conglomerates Rule," *New York Times,* 2 April 1998.

[57] Inter Press Service, "Health-Brazil: Kids at Risk from Agrochemicals on Tobacco Farms" 17 February 1999; A. Cordeiro, F. Marochi and J.M. Tardin, "A Poison

[58] "Green Tobacco Sickness in Tobacco Harvesters – Kentucky, 1992," *Morbidity and Mortality Weekly Reports,* 9 April 1993, vol. 42 (13) pp. 237-240; http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00020119.htm

[59] The News, Thursday July 14, 2005– Jamadi Us Sani 06, 1426 A.H.

[60] The News, Wednesday July 27, 2005– Jamadi Us Sani 19, 1426 A.H.

[61] World Bank: Curbing the Epidemic: Governments and economics of Topbacco Control, 1999

About TheNetwork

The Network for Consumer Protection was formed in 1992 with a focus on public health, later expanding its attention to consumer protection. Since then, the organization has become an effective advocacy group, working at the grassroots, national and international levels. TheNetwork activities include public policy advocacy, community mobilization, research and publication.

TheNetwork's programme seeks to assist citizens-consumers to influence public policies in order to meet their livelihood needs and to develop informed opinion on relevant policies. TheNetwork enjoys a track record of compiling and disseminating information for citizens and mobilizing action around key issues.

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