India’s new smoking laws

With regard to the editorial in the March issue of The Lancet Oncology, I would like to emphasise the major impact tobacco eradication will have on cancer mortality, far exceeding any other intervention. The recent ‘Tobacco Products (Prohibition of Advertisement and Regulation) Bill 2000’ passed by the Cabinet Committee of the Government of India is a diluted version of a similar law passed in Goa 2 years ago. The Goan law was passed unanimously, as a result of persuasion by Sharad Vaidya through the National Organisation for Tobacco Eradication (India). Described as a ‘draconian’ law by the tobacco industry, it has had full public support, so its implementation was much easier than anticipated. For the rest of the country, let us not ‘allow the best to be the enemy of good’.

There cannot be an alternative to complete eradication of the tobacco industry – anything less is plain hypocrisy. India is trying hard to defend itself from the colonialism of the Multinationals (British American Tobacco owns 33% of Indian Tobacco Company shares). Every letter of support from people around the world* will go a long way towards getting this Bill enacted.

Sports sponsorship encourages young children to take up smoking, by creating false positive impressions on children’s minds. Targeting children in the developing world is a powerful ploy for replacing the millions (including 800 000 to 1 million Indians) of customers that the tobacco industry loses each year. Banning sponsorship could save thousands of people from becoming addicted to tobacco. There will be many other willing sponsors for our cricketers (all non-smokers), as has been the experience in other countries that banned tobacco sponsorship.

Should India concentrate on improving treatment of smoking-related diseases? One in two smokers dies because of smoking, so stopping a child becoming addicted equates to a 50% chance of saving a life – a better success rate than most cancer treatments. So the State and the police, by enforcing the new law, could save much more misery than the best hospitals in the country.

Will this law be disastrous to the tobacco industry? I sincerely hope so. Twenty-six million is a figure that has been frequently touted by the tobacco industry as the number of people in tobacco-related employment, but it is a falsely inflated figure. In fact, there are only 6 million people in full-time employment by the tobacco industry. There are only 1 million farmers who grow tobacco, alternately with other crops, and there are 60 cigarette factories. For every seven people who remain employed in the tobacco industry, one person has to die every year – a small sacrifice! If the tobacco industry disappears, the farmers will not suffer; 50% of Indian tobacco is cultivated on the best rain-fed fertile areas of our country, while the rest is grown on the black, fertile soil of Karnataka and Andhra Pradesh – and it depletes the soil at 2–3 times the rate of food crops. The Government, through the Tobacco Board Act, gives much more money to tobacco growers than to food-growing farmer: 450% of the cost of production to tobacco, 150% for food crops, and 250% for cotton crops. A reversal of this policy would quickly prompt a change in crops, to the benefit of all. Furthermore, one must understand that the Rs55.5 billion (£820 million) revenue that the tobacco industry contributes, amounts to only 2.5% of the national exchequer and it only earns 0.67% of total exports.

Many people will be surprised that the ‘Tobacco Board’ is a government-funded institute, whose aims are ‘sponsoring, assisting, coordinating, and encouraging a scientific technical economical research for promotion of tobacco industry’: the Board spends millions of rupees on research into tobacco science every year, via the Central Tobacco Research Institute. I hope the new bill is the first step in the much larger move to finally eradicate tobacco from India. The next step will be the abolition of this, the greatest constitutional irony – The Tobacco Board Act of 1975.

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Erratum

Selected errors appeared in Table 1 of this review. Please see the website (http://oncology.thelancet.com) for the corrected version.