

advertising for market share is primarily a battle of brand for consumption by the young,” said Dr. Richard Polly, a member of the study group.

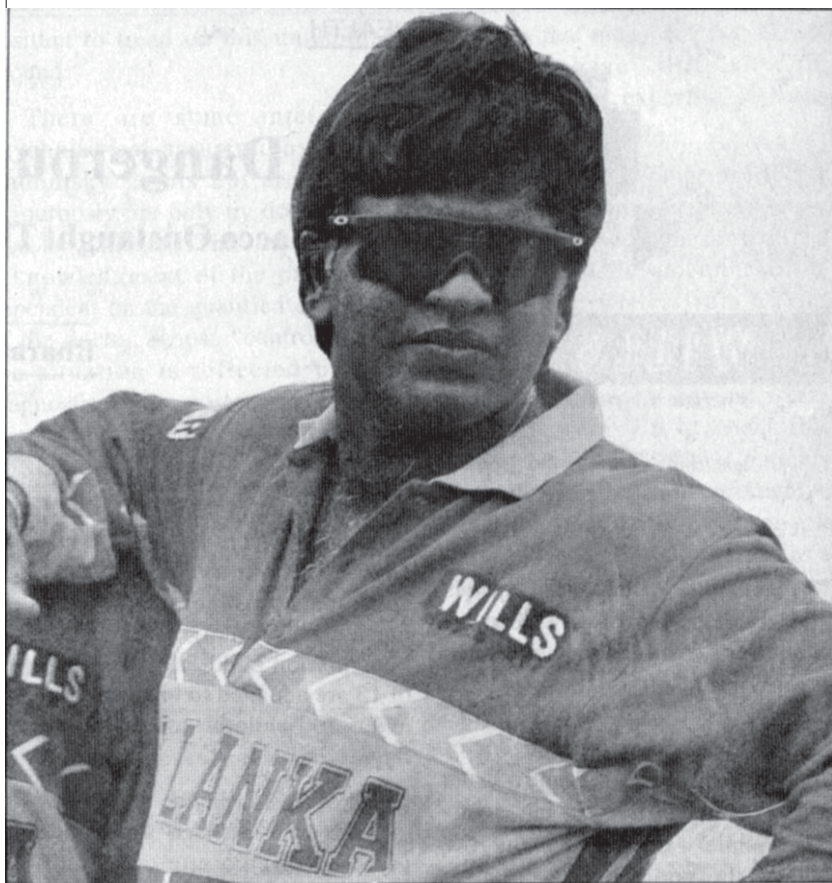
The tobacco industry insists that its advertisements are not aimed at teenagers and preteens, and claims that promotions are designed only to get existing smokers to switch brands. However, according to the American Cancer Society President, George Dessart, “Whatever they intend in their advertising, the result is clear, to increase smoking among children and the young.” (*The Asian Age* April 5, 1996).

The Times of India, Bombay of April 3, 1996, reported that 2,250 Bombayites and 200,000 Indians die every year from lung cancer. “Experts allege that cigarette manufacturers peg the tar and nicotine content to addictive levels as a ruse to capture more smokers. This nicotine-tar combination is as addictive as heroin or cocaine.”

It has been known for long that tobacco is inextricably linked to a number of health problems including coronary heart disease, lung cancer, and bronchitis. It can cause foetal abnormalities among pregnant women who smoke. Children of smoking parents, especially if the mother is a smoker, have a greater prevalence of asthma than children of non-smokers.

With the heightened awareness in developed countries about the ill effects of tobacco products, public and government pressure has been generated against tobacco usage.

In Australia, the National Health and Research Council is asking for a crackdown on smoking in all public places and a ban on smoking in cars if children are passengers due to the serious health risks of inhaling second-hand smoke. Australia spends 9.2 billion Australian dollars annually on



health care for tobacco-related diseases. Dr. David Weedon, President of the Australian Medical Association, nominated smoking as the “largest preventable cause of death in Australia.”

Meanwhile, in Canada the cost of treating cancer has reached 83.5 billion dollars in 1993, which is nearly double what was spent seven years ago, in 1986. Canadians have urged the federal government to stiffen laws governing the sales and use of tobacco products.

The Federal Health Minister of Canada has unveiled a package of tobacco control measures which would give Canada the world’s strictest anti-smoking laws. The package includes a complete ban on tobacco advertising and severe limitations on tobacco

company sponsorships of cultural and sporting events. Said the Minister, “We will not permit the marketing and sale of products that kill so many Canadians to go unregulated,” (*The Lancet*; January 20 and February 24, 1995).

What is happening in India? The Indian government has enacted a law that requires cigarette companies to print a statutory warning on every cigarette packet: *Cigarette smoking is injurious to health*. This is done without exception. Government has banned advertising on radio and television, and this too is followed faithfully. Smoking is prohibited in air-flights, buses, many public places, and government offices. Indian Airlines offers 50 percent concessional rates to cancer patients going to treatment centers as a relief for those affected.

But our most polite interdiction is Thank-you-for-not-smoking, boldly written or displayed in many officers' chambers.

In general, there appears to be an awareness in our country about both active and passive smoking. It has been reported that the government is considering a ban on tobacco cultivation. At its annual meeting held in Bangalore in November 1995, the International Tobacco Growers' Association (ITGA) made a plea to the government not to enact the ban because more than 45 lakh people are directly involved in tobacco cultivation and it is their main source of livelihood. The only unfortunate part of the event was that speaker after speaker denied any relationship between tobacco usage and health problems.

So we act in contradictory ways — we extend special facilities to cancer patients, we ban, prohibit and discourage the use of tobacco, and even compel cigarette companies to print a statutory health warning on tobacco products, but we also support sponsorship of popular sports by cigarette manufacturers. Even Indian Airlines was proudly announcing that they were the "official carriers" for the Wills World Cup.

There was hardly any protest or even a murmur from any quarter about Wills' sponsorship of the World Cup. Government and semi-government organisations were wholly cooperating with the event. All the good that bans and years of statutory warnings may have accomplished has been virtually

washed out in the glamour of the Wills World Cup.

It is now for our society, that has decidedly enlightened parents, prudent elders, and erudite leaders, to raise their voice against such advertising, promotion, and sponsorship of cultural and sporting events.

Professor Bharat R. Sant, formerly with Benares Hindu University, is currently honorary chairman of a voluntary organisation, Management and Resource Development Foundation, engaged in leadership skills development, technology transfer, and reduction in tobacco consumption (RTC) activities.

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