

TOBACCO, PUBLIC HEALTH AND THE BATTLE OF WATERLOO

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One might wonder what the Battle of Waterloo has got to do with public health and tobacco in the first place. Waterloo served as a turning point in world history. It marked the end of Napoleon Bonaparte, one of the greatest commanders in world history. Europe changed for good ushering in progress in terms of technology, prosperity in material terms and paving way for a more peaceful co-existence for some time.

The burden of tobacco has been talked about for decades now and repeated attempt to put theory into practice has seen visible effort. But the battle against tobacco appears as a losing one for public health workers around the world.

Around the world, over 12 % of deaths among 30 plus adults are related to tobacco. While number of advocacy campaigns, disclaimers and tax raise has been seen, political will to bring in sweeping changes around the world remains of questionable doubt. Public attitude towards tobacco control is influenced by aggressive mandatory education campaigns, well funded counter advertisements and prolonged repetitive will to protect a generation. Selected states in the USA, Peru, Malaysia, and Ecuador have shown encouragement towards reducing tobacco consumption. Tobacco use is responsible for over 7% of all deaths due to tuberculosis and 12% due to lower respiratory tract infections and in non communicable diseases, tobacco is responsible for 22% cancer deaths, 36% deaths from respiratory diseases and about 10% cardiovascular diseases.

In spite of known and proven facts, country governments show hesitancy to act with sweeping policy decisions that have the ability to improve generations to come. While the economic impact on

tobacco users may have gone up significantly, the social determinants of health outcomes on tobacco users remains remotely understood. Employment, cultures, races, the national environment towards healthcare budgets, and insurance coverage, all play a major role towards influencing outcomes.

In a proliferating environment towards inflation rates, it will serve well to aggressively ban tobacco and divest stakes to achieve the logical conclusion. It would be meaningful to trigger hate campaigns against tobacco from school curriculum to bring a paradigm shift in the mind-set for a tobacco free generation.

As an example, in India, ITC (Indian Tobacco Company), the largest cigarette company earns over 60% of its revenue from tobacco and posts net profits by and large every fiscal. Directly and indirectly, the government since years now holds substantial stake in ITC. Over 32% stake in the company through Specified Undertaking of the Unit Trust of India is owned by the government. Logically looking at this, one may chose to ask, how will Ayushman Bharat goals in the true spirit of the scheme benefit when sincere attempts to curb conflict of interest remain naturally absent.

It is that time of the day when public health workers and enthusiasts must converge to step up advocacy on governments to divest stakes and exit share holdings in tobacco companies, and people must be made aware to boycott products held by these companies. As an alternative mechanism, supporting small and medium sized industries, encouraging non government organizations with multi-purpose grants that create jobs and enhance innovation will leap-frog new thought processes and build sustainable environments. Can public health workers do a Battle of Waterloo against tobacco? The answer lies hidden at the corridors and pillars of the Ministry of Health within country governments.

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