

Going up in smoke

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The history of the use of tobacco in human society goes back to the 15th century when *Native Americans* were found to have been using tobacco even before Christopher Columbus discovered America. Columbus then carried tobacco from America to Europe. In those early days of 16th century, the myth that tobacco acts as medicine made it quite popular in Europe and America. During 1605 AD, Portuguese sea travellers are believed to have introduced tobacco to India during Akbar's Mugal period. Later on, its use gradually extended even to Nepal. *Golden Tree* or "Ful Marka" was the initial brand of cigarettes popular during 'Rana' rule in Nepal. Currently more than 30 domestic and imported brands are available in our market.

Global Scenario & Health Impact

More than 60 countries in the world are at present cultivating tobacco and 2 lakh hectares of land is being deforested yearly for its processing. Around 1.4 trillion NRs is being invested yearly in tobacco related industries and 420 billion rupees for their advertisements. Today, 1/3 of the world population over the age of 15 consumes tobacco. Half of them go onto premature deaths and the rest live with tobacco related chronic diseases and disabilities. Tobacco is killing a person every 8 seconds; 13,400 people everyday and about 5 million people yearly in the world. Around 700 million children today are living in smoke laden homes and some 250 million children alive today will die from tobacco related deaths in the future. With no effective intervention, estimates are that by year 2030, tobacco epidemic will kill 10 million people every year and 70% of those deaths will occur in developing countries. That's why the tobacco has now been proved to be the weapon of mass destruction. Though its health impact in developed nations is significant, this mass killer has now been launched against the health of people of developing world.

Tobacco has been known to contain more than 4000 harmful chemicals and more than 43 cancer causing elements. It has also been found to cause about 35 major killer diseases including COPD, and lung cancer in humans. In general, smoking reduces the life span by 20 to 25 years. Despite knowing the fact that every stick of cigarette reduces life span by 4 minutes, its use by the young generation is

increasing. It's also not unusual that even well educated people including doctors, who are well

aware of the detrimental effects of smoking, still continue to smoke. Many others who want or attempt to quit smoking fail to do so. It indicates how strong the addictive nature of nicotine is.

Situation in Nepal

More than 50 different types of tobacco related substances are available in Nepal. Some of the mostly used forms are *Cigarettes, Bididi, Sulpa, Khaini, Jarda, Pan Masala and Tambakhu* via *hookah or chillum*. Tobacco consumption in Nepal is increasing sharply and the present yearly consumption is more than 15,000 metric tons. Of this, domestic production contributes about 30% and remaining 60% is imported. There are now 4 cigarette factories, 35 other tobacco related registered industries and other many unregistered cottage industries processing tobacco.



Foreign financed factories have been started here eyeing the export market. Domestic production exceeds 7 billion sticks of cigarettes yearly and imported amount is also fairly large. The cigarette consumption rate (CCR) among population above 15 years in 1970 was 170 sticks / person / year which reached to 626 sticks in 2000. Because of this, the consumption of tobacco in Nepal has increased by 1200 fold in last 15 years.

According to estimation by WHO, 4.1 million Nepalese consume tobacco. This means 38.4% of the

total population above 15 years, with 48.4% males and 28.7% females. This rate is significantly high as compared with the 27.3% of India. We can compare the pattern of smoking in Nepal from following data.^{1,2}

Urban	29.3%
Rural	39.5%

Kathmandu	22%
Jumla	82%

Literate	22.3%
Illiterate	45.8%

Literate Female	7.5%
Illiterate Female	38.6%

The above data indicates that the problem of tobacco consumption is very high in poor and illiterate families and they spend about 5% of their annual income in purchasing tobacco. Studies have shown that 72% of the Nepalese families are having at least one smoking member. Research shows that the smoking prevalence in females in mountain region is 71.7% with 76.75% in Jumla. This is one of the highest prevalence in the world.

Around 41 Nepalese die daily due to the diseases caused by tobacco consumption and this accounts for 1500 deaths per year. Our central hospitals are now loaded with tobacco related diseases and this indicates that Nepal is failing to combat the existing and emerging challenges created in the field of public health and the national economy by the use of tobacco.

Many modifiable predisposing factors which exist are peer pressure, curiosity, ignorance, illiteracy, unemployment, life stresses, frustration and depression. Easy availability and alluring advertisements all seem to have combined impact on people for the increasing usage. Poor people unfortunately, have been victimized by the vicious cycle of disease and poverty. It's very difficult to give up this habit once it is established because the nicotine found in tobacco is an addictive substance which makes the consumer severely dependent on it, physically and psychologically. Children of smoker parents are at the highest risk of acquiring this bad habit.

From the taxes on cigarettes the government obtains about 3.44 billion NRs but the cost spent in the treatment of tobacco related diseases and its impact on national economy due to disabilities and death of productive lives, outweigh the income from tax by many folds.

Our traditional final rites is cremation but we are slowly killing off ourselves and our families prematurely by smoking toxic tobacco. Despite knowing the fact that children are by nature curious and imitate the adults easily, many elders ask their children to buy and light cigarettes for them. We smoke in front of them as well and by doing so, are not only teaching and encouraging them to acquire this bad habit but also subjecting them to passive smoking, which is equally injurious to their health. Unfortunately we don't have any legislative provision of forbidding the sale of tobacco and related substances to minors. That's the reason why 12% of our population begins to smoke by the age of 10.

We should be fully conscious that tobacco is a weapon of mass destruction, devastating our nation and we should combat it. Public campaigns with the full support of governmental organizations and NGOs, should be focused to label tobacco as a toxic addictive substance. Bluntly stated, it is a poison sanctioned by society because of social mores. Its production, transport and use should be formally prohibited. Along with this, programmes to assist people to quit tobacco and social inhibition against tobacco use should be promoted. Legal initiatives along with public awareness to begin the battle against tobacco are vital. It's our right to live in the smoke free environment. Let's fight together and make our world better for our offsprings.

References

1. Reports published by WHO on 31st May, world no tobacco day.
2. Paper presented by Dr. R.P. Shrestha at International meeting on FCTC on July 29, 2003.