

Tobacco and the developing world

Introduction

There is no standard definition of a developing country although, in general, developing countries are countries that have not achieved a significant degree of industrialisation relative to their populations, and have, in most cases, a medium to low standard of living. There is a strong correlation between low income and high population growth.¹ The World Bank groups countries into four income groups and classifies all low- and middle-income countries (LMICs) as developing.²

It is estimated that there are about 1 billion smokers world-wide.³ Globally, among middle-aged people tobacco use is the primary risk factor for premature death in men and the second (after high blood pressure) for women.³

The World Health Organization (WHO) estimates that annually nearly 6 million people are killed by tobacco-related illnesses. If current trends continue, it is projected that by 2030, tobacco will be responsible for more than 8 million deaths each year and 80% of these premature deaths will be among people living in low- and middle-income countries.⁴

In 2014 smokers consumed 5.8 trillion cigarettes globally.³ While demand for tobacco has fallen in developed countries, cigarette production and consumption is becoming increasingly concentrated in the developing world. These nations will have to bear the environmental, health and economic costs of tobacco, a price they can ill-afford to pay.

Smoking prevalence and consumption of tobacco

Worldwide, it is estimated that 31% of men and 8% of women are smokers.⁵ While the proportion of adults who smoke has declined, because of the growing population the overall number of people smoking and number of cigarettes smoked has increased since 1980.⁵

Globally, over the past 30 years, smoking prevalence among men has declined by about 10% although there is considerable variation worldwide.³ The greatest reductions have been in high-income countries but prevalence has also fallen in some low- to middle-income countries. However, many LMICs have made only slight reductions or have experienced an increase in smoking prevalence. Most of these countries are in southern and central Asia, eastern Europe and Africa.³ China alone has one third of all male smokers worldwide.³ Because Africa's population is rising faster than the rest of the world Africa will see a much higher number of male smokers in the future if no additional tobacco control measures are implemented.

Smoking among women decreased in several African and Asian countries from 1980 to 2013 and in many countries in these regions, female cigarette smoking remains uncommon.³ However, recent increases in female smoking prevalence have been reported in Cambodia, Malaysia and Bangladesh and between 2005 and 2025 female smoking is predicted to double.⁶ These trends show that there is still a need for strong tobacco control measures in order to

prevent an increase in smoking among women and to reduce the risk of children of both sexes from taking up the habit.

Whilst the disparity between male and female smoking rates has been attributed to cultural traditions and gender inequalities, the low prevalence of smoking among women is exploited by the tobacco industry. For example, cigarette packs resembling lipstick or perfume packs, ultra-thin cigarettes, colourful designs, free promotional offer packs and targeted marketing campaigns have all been used to try and attract women.^{7 8 9}

Research shows that children in developing countries are also influenced by tobacco industry marketing. A 2013 study showed that the majority of young children in low- and middle-income countries could correctly identify cigarette brand logos,¹⁰ and nearly a third of children in India reported that they wanted to smoke when they grow up.¹¹

Using data from the Global Youth Tobacco Survey, a study found that whilst a 10% increase in GDP increases the odds of being a smoker by at least 2.5%, young people from countries with more unequal distributions of income are more likely to smoke.¹²

The spread of smoking to the developing world

Following the Second World War, the USA began exporting tobacco under the “Food for Peace” programme. In the first 25 years of the programme alone, the US exported almost \$1 billion worth of tobacco. This project exposed developing countries to Western-style cigarettes. In the late 1960s, the leading US and UK companies were selling tobacco to dozens of countries and, during the 1980s, international sales rose dramatically.¹³ In 1994, 220 billion US-manufactured cigarettes were shipped abroad, a 55% increase since 1989. By the year 2000 the US exported 148,261 million cigarettes.¹⁴

The large multi-national tobacco companies based in Britain and the USA are largely responsible for the spread of the smoking habit to developing countries. The entry of a multi-national tobacco company into a new market was typically accompanied by sophisticated and effective advertising and promotional activities, often leading national tobacco companies to step up their marketing activities in response. As a result, overall expenditure on advertising increased with a corresponding rise in tobacco consumption and huge impact on human health.¹⁵

During the 1980s, south-east Asian countries, in particular, were targeted by US tobacco companies. The US Government threatened trade sanctions against Japan, Taiwan, South Korea and Thailand unless they opened up their markets to American cigarettes. All four countries gave in to US pressure but Thailand later won the right to ban cigarette advertising under a ruling by the General Agreement on Tariffs and Trade (GATT) which ruled that countries could give “priority to human health over trade liberalisation”. After the lifting of import restrictions, Asian countries witnessed a dramatic increase in smoking. South Korea’s cigarette consumption rose from 68,000 tonnes in 1980-82 to 101,000 tonnes in 1999, whilst consumption in Thailand over the same period grew from 31,000 tonnes to 40,000 tonnes.¹⁶

The tobacco industry has long been keen to enter the potentially lucrative Chinese market which accounts for about one third of all cigarettes smoked worldwide.¹⁷ Tobacco in China is controlled by the Chinese National Tobacco Corporation which produces in excess of 2.2 trillion cigarettes.¹⁸ In 2005 Philip Morris negotiated a deal to manufacture and market Marlboro cigarettes in China in conjunction with the state company. Although foreign brands accounted for only 3 per cent of the market at the time, this still amounted to 51 billion cigarettes per year.¹⁹

As well as increased cigarette consumption in east Asia, between 1990 and 2009 cigarette consumption in Africa and the Middle East increased by 57%.¹⁷

A 2013 study projected that the number of adult smokers in Africa is likely to increase from 77 million to 572 million in 2100. Unless current trends are curbed and without taking action to prevent tobacco use, it is projected that Africa could account for 26% of the world's smokers by 2100.²⁰

Economic Impact

In developing countries, many of the poorest smokers spend significant amounts of their income on tobacco instead of basic human requirements such as food, shelter, healthcare and education. A 2011 WHO systematic review found an inverse relationship between income level and tobacco use.²¹ The study found that in low income countries, a median of 10.7% of home expenditure was spent on tobacco in low income households.²¹

- In India, one study estimated that tobacco consumption impoverished approximately 15 million people²² while a separate study found that homeless people in India often spend more on tobacco than on food.²³
- Similar evidence in Sri Lanka shows that the expenditure of the poor on tobacco compromises their ability to meet basic needs.²⁴
- Extensive evidence, highlighted by a 2011 review, suggests that tobacco use in Vietnam wastes household and national financial resources and widens social inequalities.²⁵
- A study in Cambodia found a cycle of deprivation: low education results in an increased likelihood of smoking which in turn leaves less money for education.²⁶

Contrary to the claims of the tobacco industry that tobacco farming brings positive economic benefits to developing countries, most of the profit goes to the large multinational companies, while many tobacco farmers remain poor and in debt.²⁷

Tobacco farming

Tobacco farming requires large amounts of pesticides and fertilizers. These chemicals are expensive and must be bought in advance. If the crops fail, due to drought or poor weather, the farmers are still liable for these costs.²⁷ In many developing countries, the tobacco industry forces farmers into contracts which oblige the farmers to buy seeds, fertilizers, pesticides and even technical advice, in advance or via a loan, and then sell their product at a set fee which is often lower than the cost of production.²⁷

Child labour is common in many tobacco-growing countries. In poor families, who depend on tobacco, children work on tobacco farms from a very early age.²⁷ In 2006, for example, an estimated 60% of the tobacco farming workforce in Kazakhstan were children.²⁸ Although Philip Morris Kazakhstan, which is the sole buyer of tobacco in Kazakhstan, has a policy to reduce child labour, children continued to be employed in tobacco cultivation where they were exposed to pesticides and at risk of Green Tobacco Sickness. - a disorder arising from the handling of fresh tobacco leaves.

The exploitation of farmers arises from the increased concentration of ownership in the hands of a few transnational companies which has undermined the capacity of small farmers to negotiate better working conditions and prices. This is evident in the takeover of numerous state-owned monopolies across Asia, Africa, Latin America and the former Soviet Union, facilitated by promises of foreign investment and job creation. However, World Bank research indicates that the tobacco industry inflicts a net cost on societies when all social and environmental factors are fully considered. This challenges the argument that tobacco makes good economic sense to developing economies.²⁹

In the past tobacco was supported as a cash crop by the FAO (United Nations Food and Agriculture Organization), the World Bank and other governmental agencies. However, in 1992 the World Bank stopped giving loans for growing tobacco.³⁰ Cost-benefit analyses of tobacco growing in developing countries shows economic gains are likely to be offset by long-term costs. Despite jobs and incomes for farmers and employees, and tax revenues for governments, because of long term health care costs, productivity loss, fire damage and environmental degradation, there are significant economic costs of tobacco cultivation.³¹

In 2012, nearly 7.5 million tonnes of tobacco leaf was grown on almost 4.3 million hectares of agricultural land - an area larger than Switzerland.³ Although tobacco is grown in more than 124 countries, production is concentrated in just a few. China is the world's leader with 3.2 million tonnes grown in 2012.³

Corporate social responsibility

Multinational tobacco companies often seek to strengthen their presence in developing countries by engaging in their economies and communities.

- Seemingly philanthropic acts of building schools, hospitals and supporting health programmes have allowed tobacco companies to buy into health and education sectors of society.
- It gives the tobacco industry political leverage and facilitates access to policy makers, to the extent that some researchers suggest corporate social responsibility activity should be considered corporate political activity.³²
- A 2013 study suggests that BAT makes donations in Africa and Asia to divert attention away from the risks of tobacco by highlighting other risks to health such as HIV and AIDS, hepatitis, malaria, TB and the necessity of clean water. This sends mixed messages about the role of the tobacco industry and mortality in low and middle income countries.³³

Whilst philanthropy is used to enable the tobacco industry to portray itself as a responsible investor in the developing world, this image is undermined by internal documents describing its complicity in cigarette smuggling.

Health effects

Smoking is the leading cause of preventable disease and premature death in numerous industrialised countries.^{34 35} As smoking continues to rise in developing countries, so too will the number and range of smoking related diseases and premature death. By 2030, a projected 8 million people in developing countries will be killed by tobacco every year.⁴

The WHO has called for countries to achieve a 25% reduction of deaths of people between 30 and 70 from non-communicable diseases between 2008 and 2025 and a recent study argues widespread smoking cessation is the most important way to achieve this goal. The study recommends globally tripling taxes on cigarettes which could prevent 200 million premature deaths in the 21st century.³⁶ However, according to the WHO, raising taxes has been the least implemented tobacco control measure, with only 10% of the world's people living in countries with sufficiently high taxes.³⁷ Some countries do not levy tobacco taxes at all.

- Currently, there are over a million deaths a year from tobacco-related diseases in China. This figure is expected to have at least doubled by 2025.^{38 39}
- An Indonesian study found an association between paternal smoking and increased risk of child malnutrition in families living in rural areas. Researchers found that households where the father was a smoker spent less money on food than households where the father was a non-smoker.⁴⁰

- In a 2007 study, parental tobacco use in Bangladesh was found to be at a prevalence of 70 per cent. Using WHO child growth standards, instances of stunting, underweight and wasting in children were found to be 46, 37.6 and 12.3 per cent respectively.⁴¹

The effects of tobacco use may be worsened by the incidence of infectious disease and environmental hazards in the developing world that may cause increases in certain cancers. Occupational hazards such as organic dusts, uranium or asbestos can act as synergistic carcinogens in workers.⁴²

Environmental impact

The production of tobacco has environmental consequences, the majority of which fall onto lower and middle income countries, where the share of production increased from 57% in 1961 to 86% in 2006.⁴³

Serious environmental costs such as deforestation and soil degradation are associated with tobacco production and this is a particular problem in low and middle income countries. This ecological disruption can lead to a loss of land resources, biodiversity and food sources.⁴⁴ Although the tobacco industry has responded to criticism by implementing policies that make tobacco farming appear sustainable, it continues to purchase tobacco leaf produced with high levels of deforestation.⁴⁵

There is also an increased risk of fires resulting from cigarette smoking in countries where dwellings are often constructed of highly flammable materials.

For further information on the environmental impact of tobacco see ASH Fact Sheet: [Tobacco and the Environment](#).

Framework Convention on Tobacco Control

Created by the WHO, The Framework Convention on Tobacco Control (FCTC) is the first-ever global health treaty. It came into force on 27 February 2005 and provides the basic tools for countries to enact comprehensive tobacco control legislation and resist the pressures of the tobacco industry. Currently there are 180 Parties to the FCTC.⁴⁶

The treaty commits nations to enact a range of tobacco control measures, including a ban on all tobacco advertising, promotion and sponsorship, the creation of smoke free work and public places and the adoption of tax and price measures to reduce consumption. It also obliges nations to promote and strengthen public awareness of tobacco control issues.⁴⁷

Articles 17 & 18 of the FCTC encourage signatory countries to provide farmers with sustainable alternatives to tobacco growing.⁴⁸

In recent years there have been significant improvements in tobacco control and health messages in lower, middle and higher income countries. This is largely as a result of the WHO Framework Convention on Tobacco control.

In 2007 the WHO launched MPOWER - a means of measuring progress in six tobacco control policies. In its 2015 report, the WHO states that the number of countries implementing at least one MPOWER measure at the highest level has increased by 11 since 2012, from 92 to 103.⁴⁹ This includes a significant number of LMICs. Key improvements since 2012 included the following:

Five countries - Chile, Jamaica, Madagascar, Russian Federation and Suriname
 - implemented **a comprehensive smoke-free law** covering all indoor public places and

workplaces;

Six countries - Argentina, Belgium, Brunei Darussalam, Malta, Mexico

and the Netherlands - implemented appropriate **cessation services**;

Twelve countries - Bangladesh, Costa Rica, Fiji, Jamaica, Namibia, Philippines, Samoa, Solomon Islands, Trinidad and Tobago, Turkmenistan, Vanuatu and Viet Nam - implemented **large graphic pack warnings**;

Seven countries - Kiribati, Nepal, Russian Federation, Suriname, United Arab Emirates, Uruguay and Yemen - introduced a complete **ban on all tobacco advertising, promotion and sponsorship** (TAPS) activities;

Seven countries - Bangladesh, Bosnia and Herzegovina, Croatia, Kiribati, New Zealand, Romania and Seychelles - **raised taxes on cigarettes** to more than 75% of the retail price.

However, because four countries did not maintain sufficiently high taxes after 2012, and one country did not provide data, the net gain for raising taxes was only two countries.

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