Perspectives

The challenges facing Third World countries in banning tobacco

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Tobacco is one of the most common hazardous drugs and is widely available in almost all countries. The harmful effects of tobacco are only too common and are well known to all public health workers: tobacco smoking is responsible for lung cancer, chronic respiratory diseases, smoker's cough, ischaemic heart disease, vascular problems, low-birth-weight babies, and many other problems. What are perhaps not quite so much in the spotlight are the financial and other gains to individuals and communities that come from tobacco, yet it is these benefits that make elimination of tobacco smoking such a challenge in most countries.

A few African countries derive the bulk of their foreign exchange from tobacco. Zimbabwe and Malawi stand out as examples, with 70% of Malawi's foreign earnings coming from the tobacco crop. The percentage of smokers in Malawi is not known, but the practice is common. And now women, especially among the educated classes, are also picking up the habit. I would think that many of them do not as yet know the full range of diseases that result from smoking. The reasons behind the lack of awareness are numerous.

Above all, as tobacco is the number one cash crop in the country, many people are afraid to attack this source of income. Talking against tobacco production is akin to promoting economic chaos. To mount an intensive public awareness campaign requires enormous amounts of money, and the economic situation of Malawi is generally an unfavourable one for such undertakings. The bulk of health care services and information packages are funded by donor money, and donors are quite specific in what they can and cannot fund. HIV/AIDS, tuberculosis, reproductive health and Safe Motherhood are prime topics now in Malawi, though not including the risk of low birth weight that arises from tobacco use during pregnancy.

The tobacco-growing community is a powerful segment of Malawian public life. Some members of parliament and cabinet ministers, even in the health sector, are big tobacco growers. Not all of them are unaware of the harmful effects of tobacco, as we have senior medical doctors in high office. But as popular wisdom points out, whenever there is money on one side and an alternative route, people will choose to follow the money.

One way of reducing over-dependence on tobacco is diversification of agricultural crops. Preaching about diversification is one thing and seeing it implemented is another. The Malawian farmer has always grown tobacco and does not envisage switching to anything else. Although change may be inevitable, it will not come easily: there will almost certainly be casualties, as with any change.

Can health workers advocate change in the country? Yes, on a small scale, perhaps, but if they were to go on national radio with that message the chances are that they would not be asked to broadcast publicly again. Using air time to spread the message about tobacco would involve having to pay for it just like commercial organizations do. Do we need to get sponsorship from within the country for antismoking activities? On the surface this may seem a brilliant idea. The catch is that some of the major companies that are known for their generosity are tobacco producers. What can be done in such a situation?

With a per capita income of about US$ 190 per annum, Malawi is among the ten poorest countries in the world; we think without tobacco we would have been much worse off. Furthermore, poverty tends to undermine the creativity of an individual or society, to the extent that we think that without tobacco we would be doomed. Many poor tobacco-growing countries are in the same situation. But there must be some that have successfully found alternatives to over-dependence on tobacco production, and these countries should serve as role models for those, like Malawi, that are still heavily dependent on the leaf. ■

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