The NCD Alliance

Putting non-communicable diseases on the global agenda



Tobacco use is widely recognized as a public health problem. But its impact on poverty, particularly in developing countries, is less well known. This is of great importance as tobacco industry marketing is driving increases in smoking rates in many low and middle income countries, especially those where implementation of key tobacco control measures is slow.

Tobacco use is highest among the poor.⁷ Smoking is by far the biggest cause of death among smokers and many of these deaths occur during the productive years of life (30-69),² diminishing household earnings and a family's ability to provide for and educate children. Household expenditure on tobacco means a cut in spending elsewhere, often on necessities. For those families living on very low incomes, even a small diversion of resources to buy tobacco can have a significant impact on health and nutrition.³

- In 2005, Indonesian households with smokers spent 11.5% of their household income on tobacco products compared to 11% spent on fish, meat, eggs and milk combined.⁴
- Cigarettes accounted for an average of 6.6% of total expenditures in poor urban households in southwest China in 2002, while poor rural households spent 11.3% of their total expenditures on cigarettes.^{5,6,7} The more households spent on cigarettes, the less they spent on food and education.⁶
- In Mexico, the poorest 20% of households spent nearly 11% of their household income on tobacco.⁹

Tobacco-related illness and premature death impose high productivity costs on smokers, their families and the economy—smokers are more frequently unable to work because of illness, and work during fewer years of their shorter lives. Lost economic opportunities resulting from high rates of tobacco use can be particularly severe since most tobacco-related deaths occur during prime productive years. ¹⁰ In Russia, for example, an estimated US\$24.7 billion in productivity was lost in 2006 due to premature deaths caused by smoking. ¹¹

Poor families are particularly vulnerable when a family member becomes ill or dies young. Medical costs associated with treating tobacco-related illnesses, such as heart disease and cancer, can further impoverish households. ^{12,13} Unless the tobacco epidemic is curbed, societies will face the dual burden of responding to growing rates of tobacco-related NCDs while struggling to maintain progress on the control of communicable diseases.

Millennium Development Goals

At the Millennium Summit in September 2000, world leaders adopted the United Nations Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty. The Millennium Development Goals (MDGs), formulated shortly thereafter, are a set of targets to address extreme poverty by 2015. Tobacco use impedes development on each goal:









Goal 1: Eradicating extreme poverty and hunger

- Reducing tobacco use will provide families with more money to spend on essential goods such as food and education.
- Tobacco-related diseases result in high health care costs which are borne by both the individual and the government.

Goal 2: Achieve universal primary education

• In countries with substantial tobacco sectors, poverty and child labour in the tobacco industry keep children from attending school.

Goal 3: Promote gender equality and empower women

 Preventing the tobacco epidemic among women in low and middle income countries is key to their health, education and progress.

Goals 4 & 5: Reduce child mortality and improve maternal health

• Money spent on tobacco deprives mothers and babies of proper nutrition and health care. Exposure to second-hand smoke is responsible for at least 600,000 deaths each year among non-smokers.¹⁸ Nearly half of these deaths occur among women and over a quarter among children under the age of five.

THE FALSE PROMISE OF TOBACCO FARMING

For decades, tobacco companies have promoted tobacco cultivation as a sound investment, offering inducements and loans to farmers to begin growing, often based on unrealistically optimistic forecasts of prices and yields. When prices fall, farmers often find themselves in a cycle of debt to tobacco companies. ¹⁴ In addition, tobacco cultivation carries with it health risks. Farming and curing tobacco can cause serious illness, ¹⁵ compromising the farmer's ability to support his household.

Tobacco cultivation is very labour-intensive, often taking place on small plots of land. Frequently, the whole family has to work to produce the crop, including children. When children are in the tobacco fields, they miss out on education, making the cycle of low education and poverty more severe. Children are also involved in the production of the hand-rolled South Asian cigarettes, bidis. In India, despite a ban on child labour, an estimated 10% of female and 5% of male bidi workers are under 14 years of age. Many of these children never attend school. In Bangladesh, children ages 5-15 who work in the hand-rolled bidi industry are unable to attend school: 53% are not attending any type of school, and 40% have never been to school in their lives.

Goal 6: Combat HIV/AIDS, malaria and other diseases

 Smoking causes complications for those living with HIV/ AIDS, tuberculosis and other diseases.

Goal 7: Ensure environmental sustainability

 Pesticide use and deforestation caused by tobacco farming and curing are detrimental to the environment.

Goal 8: Establishing a global partnership for development

• Many international development agencies, like the World Bank and the Organization for Economic Cooperation and Development, recognize that tobacco-related diseases are a burden on the poor and endorse global tobacco control as a method to alleviate that burden.

Tobacco use is the one risk factor common to the main groups of NCDs. Accelerated implementation of the FCTC is an essential way to tackle NCDs and save lives.

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