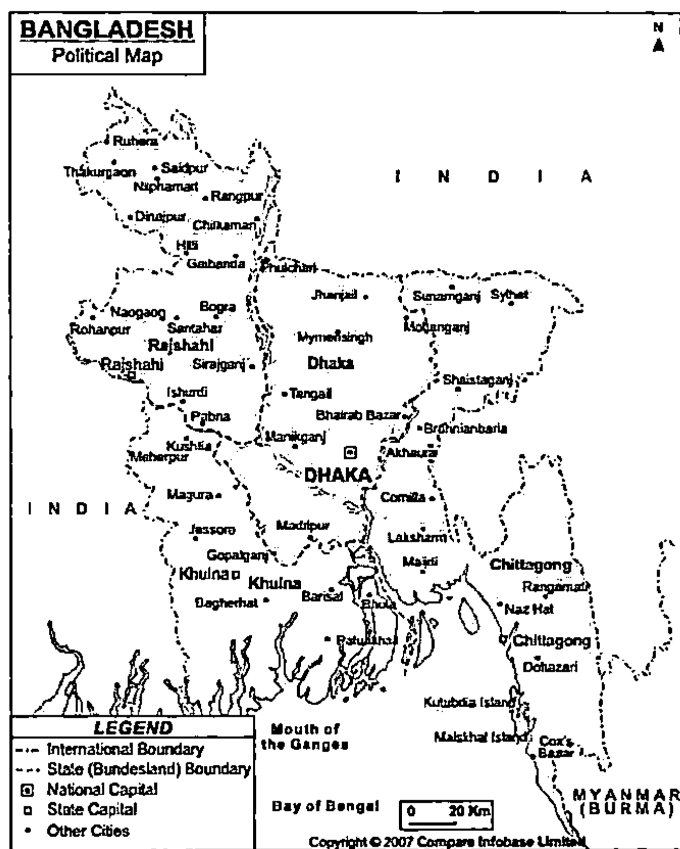
CHAPTER 3

TOBACCO PROBLEMS AND TOBACCO CONTROL IN BANGLADESH

Bangladesh is located in the northeastern part of South Asia. Its area is about 147,570 km^2. India surrounds most of Bangladesh. There is Myanmar in the southeast and the Bay of Bengal in the southern coastline. During British rule, Bangladesh was part of India. Pakistan and India were created with the present Bangladesh territory as a part of Pakistan in 1947. Bangladesh finally declared its independence on March 26, 1971 as the end of a 9-month war of liberation.[44]

Figure 3.1: Map of Bangladesh



Source: www.mediabangladesh.net/bangladesh-map.php

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[44] Sabir, Ahmed, S.N. Mitra, etc. 2005. *Bangladesh Demographic and Health Survey 2004*. Dhaka: National Institute of Population Research and Training (NIPORT).

Bangladesh is one of the world's poor countries with about 140 million population. In 2003, Bangladesh's average per capita income was as low as US$ 444 which made more than one-third of its population live below the poverty line.[45] According to UNICEF, more than 5% of death in Bangladesh was caused by malnutrition. Not only food, people could not fulfill their daily needs such as housing, education and health care.[46] In the Human Development Index (HDI) rank, Bangladesh's value in 2004 was 0.519 which made it belonged to the medium category. However, Bangladesh's rank was among the three last countries in medium category followed by Sudan and Cameroon. Within the same region, it was only better than Pakistan which was in the 144th rank.[47]

The high rate of poverty is influenced by the existing tobacco industry. Tobacco consumption in Bangladesh contributes to the national economy. Yet, the spread of tobacco epidemic in Bangladesh and the massive role of tobacco industries have affected Bangladesh in many aspects, not only economically but also in health, social and cultural aspect. With the fact that tobacco cultivation is also part of Bangladesh society and culture, it may become a challenge for Bangladesh to solve tobacco problems there.

A. Tobacco Consumption in Bangladesh

Tobacco use has been one of the behavioral factors of major Non Communicable Diseases (NCDs) in Bangladesh for years.[48] Bangladesh is one of the high consuming countries. In Bangladesh, both smoking and smokeless form

[45] Ibid.

[46] Efroymson, Debra and Ahmed Saifudin. 2000. *Hungry for Tobacco: An Analysis of the Economy Impact of Tobacco on the Poor in Bangladesh.* Dhaka: PATH Canada. Page

[47] Human Development Index 2004 by UNDP.

[48] *Strategic Plan for Surveillance and Prevention and Non-Communicable Diseases in Bangladesh*

are consumed. Smoking form of tobacco includes cigarette, *bidi*, and *hukkah* while smokeless form of tobacco are in forms of *zarda, sada pata,* and *gul.*[49] It should be noted that smokeless tobacco is as harmful as smoked tobacco when consumed. Both kinds contain nicotine which the ingredient causes addiction. The addictive impact causes smokers can not get enough of smoking.

According to survey conducted on 2004, smoking prevalence in Bangladesh was 41% among men aged 15 years and over and 50.1% among men aged 30 years and over. In women, it was 1.8% among those aged 15 years and over and 3.1% among women aged 30 years and over. In addition, 14.8% of men 15 years and above (22.4% of men 30 years and above), and 24.4% of women 15 years and above (39% of women 30 years and above) currently consumed smokeless tobacco in chewable form. It makes up a total of 62% of men and 41% of women aged 30 years and above to either smoke or chew tobacco.[50] The high consumption of smokeless tobacco in Bangladesh has placed the country as one of the highest smokeless tobacco consumers in the world after India.[51]

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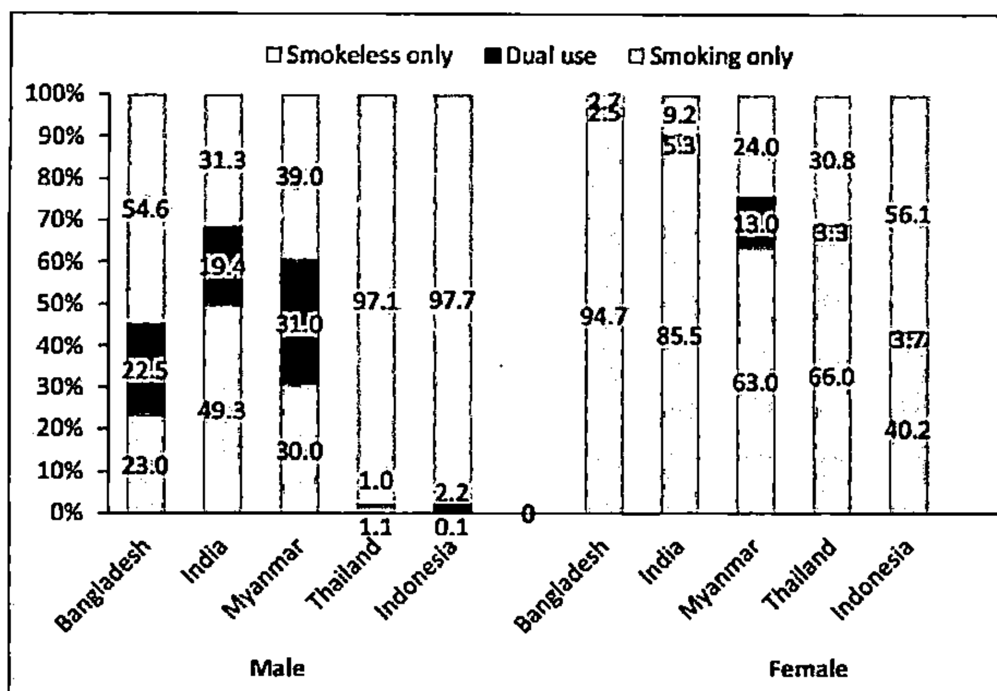
[49] Global Adult Tobacco Survey. 2009. *Bangladesh Summary Report 2009.* WHO Country Office for Bangladesh.

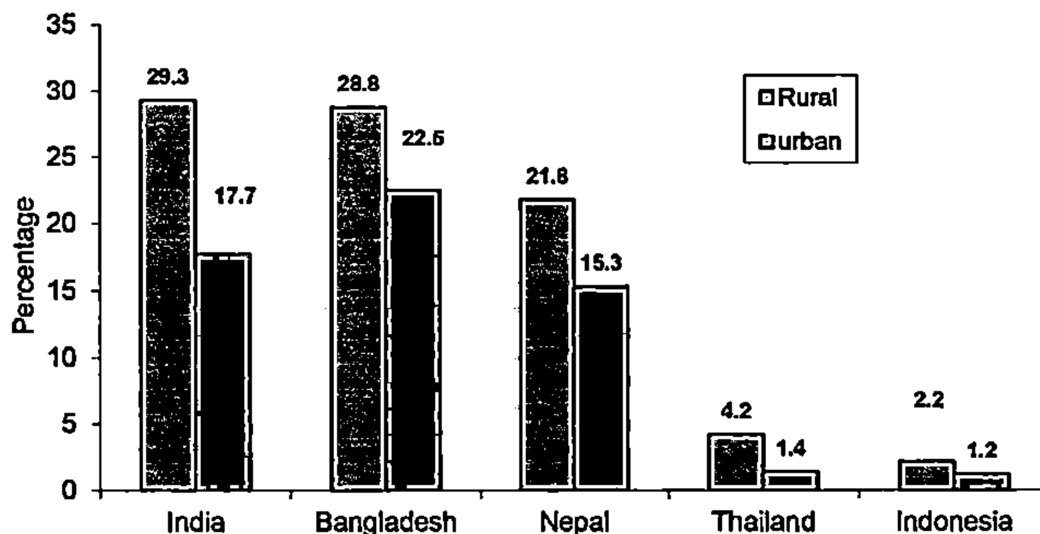
[50] Zaman, M. And Nigar Nargis. 2007. *Impact of Tobacco Related Illness in Bangladesh*. New

Figure 3.2: The Use of Smoked and Smokeless Tobacco



Source: Indian Journal of Cancer

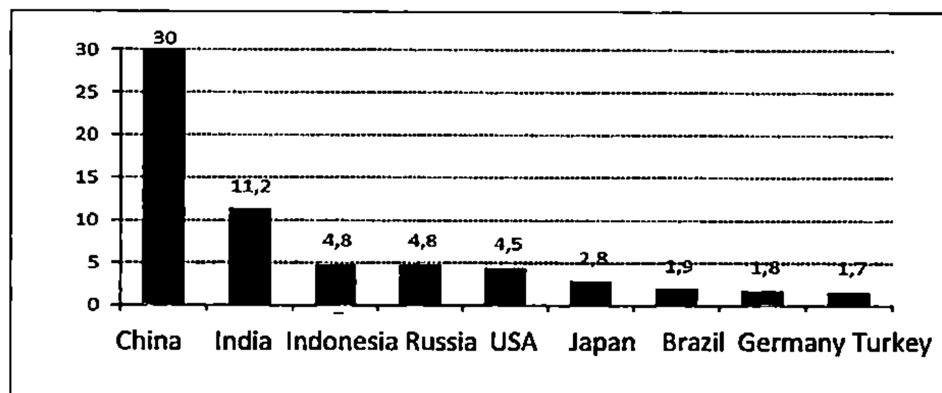
Figure 3.3: Smokeless Tobacco Use Rank



Source: Indian Journal of Cancer

So, eventhough Bangladesh is not in the top rank of tobacco consumers in the world, the high number of smokeless tobacco use in Bangladesh makes it still a unique country which needs tobacco control to protect its people from the harm

Figure 3.4: Countries with the Highest Number of Smokers



Source: WHO Reports on Global Tobacco Epidemic 2008

B. Health, Economy and Social Impact of Tobacco Consumption

Tobacco consumption has affected Bangladesh in health, economy and social aspect. The costs of tobacco use at the national level encompasses the increased health-care costs, lost productivity due to illness and early death, foreign exchange losses, and environmental damage.[52]

Health and quality of life in Bangladesh, and also in global level, become the most affected aspect and make up most of the loss from tobacco use. The central behavior factors for major NCDs in Bangladesh are physical inactivity, unhealthy diet and tobacco use. In 2004, WHO data shows that 57,000 deaths and 382,000 disabilities were attributable to tobacco use. Tobacco consumption is the leading cause of lung cancer in Bangladesh.[53]

Tobacco consumption in Bangladesh also contributes to some economical loss. Though there are some contribution in Bangladesh national economy from the tobacco consumption, the health care and economic costs are high enough to exceed the benefits from tobacco consumption. The economic costs of tobacco use

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[52] WHO. 2005. *Impact of Tobacco-related Illness in Bangladesh*. Dhaka: World Health Organization.

[53] Global Adult Tobacco Survey: Bangladesh Report 2009 by WHO Country Office of Bangladesh

in Bangladesh accounted for over 3% of GDP in 2004. The annual cost of tobacco-related illness attributable to tobacco use was estimated about 50.9 billion taka including 5.8 billion taka for secondhand smoking. Meanwhile, the annual benefit from tobacco sector was estimated at 24.8 billion taka from tax revenue and wages in tobacco production.[54] So, the cost exceeds the benefit for 26.1 billion taka which equals to US$ 442 million. For a country like Bangladesh, this is a huge cost to cover.

In global scale, majority of smokers are the poor. In consequence, those who suffer the economic and disease burden of tobacco use are also the poor. Social problems also occur along with health and economy problems related to tobacco consumption. Firstly, the effects of high consumption of tobacco in developing countries including Bangladesh contributes to the increase of poverty rate. There are some opportunity costs of consuming other essential items by the poor. A study in Bangladesh estimates that 10 million people currently malnourished can have an adequate diet if money spent on tobacco are spent on food instead (Effroymson, 2001). Tobacco users across all socioeconomic groups spent about 4.5% of their total monthly household expenditure on tobacco smoking and/or chewing.

However, as the second social impact, tobacco consumption may also create a job opportunity for the people in Bangladesh. A country with a high rate of tobacco consumption is a very potential place for tobacco industries to expand their business. Tobacco industries will also provide job opportunities for the local people.

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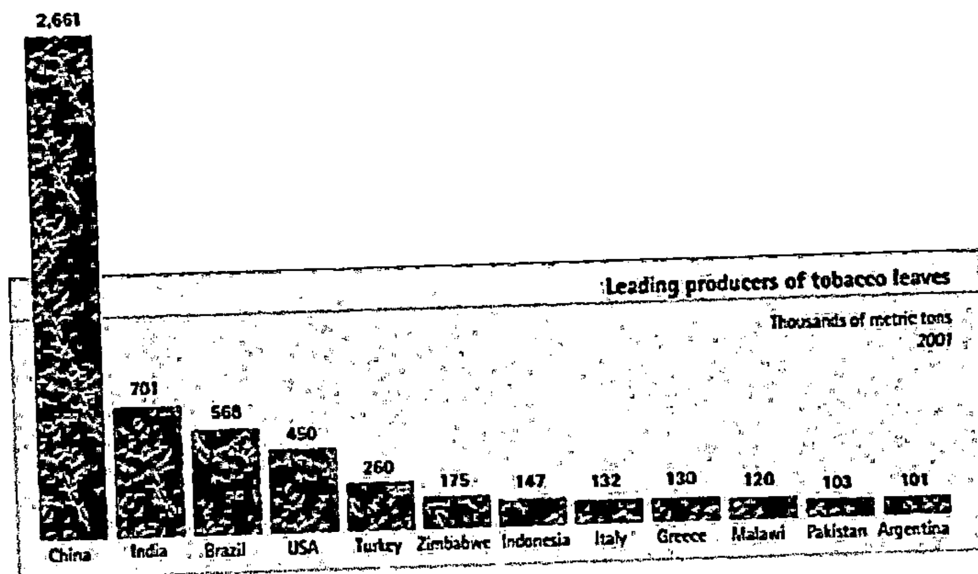
[54] Barkat, Abul, Nigar Nargis, etc. 2012. *The Economic of Tobacco and Tobacco Taxation in*

As the third social impact, tobacco consumption in Bangladesh has been grown as an inherited culture in Bangladesh as tobacco in Bangladesh is not only in the form of cigarette but also smokingless tobacco. It is closely related with the fact that agriculture is quiet a potential sector where the local people of Bangladesh rely their lives on.

C. Tobacco Cultivation in Bangladesh

In Bangladesh, agriculture is the dominant sector of the economy as supported by its tropical climate. It occupies 80 percent of the total population and contributes 25 percent of the GDP.[55] However, Bangladesh is not considered as a high tobacco producers in the world.

Figure 3.5: Leading Producers of Tobacco Leaves



Source: Tobacco Atlas 2002

[55] Ahmed Sabir, op.cit. page 2.

Tobacco has been cultivated in Bangladesh for a long time. Beside, rice, wheat, jute, sugarcane, oilseeds and potatoes are also the principal crops.[56] Nevertheless, tobacco plant is not originally from Bangladesh. It has been introduced since the mid 1960s into the fields where food crops were grown more widely after liberation in 1971 by the British American Tobacco Company in Rangpur area. It kept growing as big multinational companies pushed Bangladesh farmers through contract growers.[57]

Eventhough Bangladesh is an agricultural country, employment in tobacco farming accounts for less than 0.5% of the total agricultural employment. Tobacco is most largely cultivated in Khustia, Rangpur and Chittagong. In Bangladesh, there was a gradual decline in tobacco cultivation between 1990 to 2003.[58] However, there was an increasing number of tobacco production in the local areas. For example, there was an increasing number in tobacco cultivation area in Kushtia as well as in Rangpur.

Table 3.1: Tobacco Cultivation Area in Bangladesh

Year	Chittagong	Kushtia	Rangpur	Bangladesh	Proportion of total agricultural land (acres)
1990–91	1 620	9 950	55 135	93 950	0.47
1995–96	1 080	13 200	64 300	89 525	0.46
2000–01	2 640	17 000	48 200	73 870	0.37
2002–03	2 700	20 425	47 885	76 110	0.38

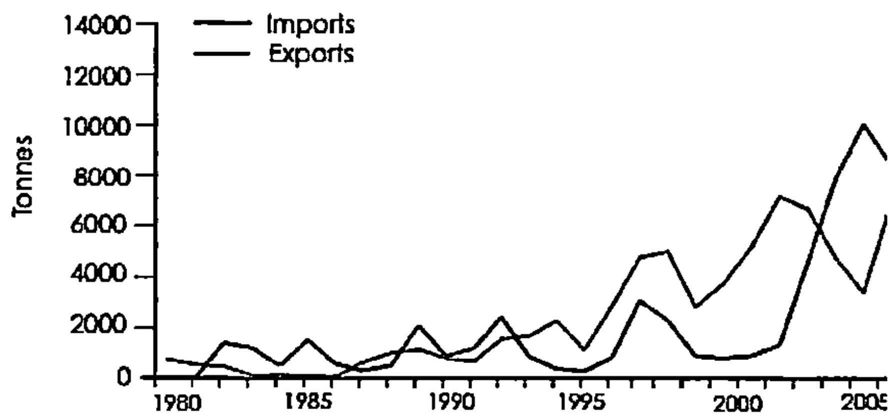
Source: Bangladesh Bureau of Statistics 2005

[56] Ibid.

[57] Akhter, Farida.2011.*Tobacco Cultivation and Its Impact on Food Production in Bangladesh.* Dhaka: UBINIG.

Tobacco imports and exports are also conducted in Bangladesh. However, the number of export in early 2000s was not significant so the assumption that tobacco was an important part of Bangladesh agriculture could be denied.

Figure 3.6: Import and Export Rate of Tobacco Leaves in Bangladesh



Tobacco cultivation in Bangladesh is not merely because it is what the farmers want to do. What the farmers gain as income does not equal to what they lose: soil fertility, environmental damage and decreasing health quality of themselves and their livestocks. According to UBINIG[59], there are some reasons why they still grow tobacco: cash earning, perceived high profit and the guarantee of inputs and market as tobacco companies are the only and definite buyers.

However, tobacco cultivation has been realized as a source of health and economic problems in Bangladesh for farmers who grow tobacco. Farmers as well as labors who work with tobacco are exposed to highly toxic products. As tobacco farming creates a bad environment, those who live close by the tobacco field have higher possibility to get the direct impact of tobacco toxic and this may cause the

[59] UBINIG stands for Unnayan Bikalper Nitinirdharoni Gobeshona. It is one of NGOs in Bangladesh concerning on policy research for development alternatives.

decreasing quality of health. The problems on health which obviously create the financial need for health care in which the poor will find it difficult to fulfill.

As environmental consequence, tobacco cultivation is a major cause of deforestation in Bangladesh. It accounted for over 30 percent of annual deforestation in 2000 which made Bangladesh become in the third world rank in term of the severity of the problem.[60] Moreover, tobacco is a non-food crop which has no biomass that feedback to the soil. Once the leaves are taken, the rest of the plant remains on the ground and harm the soil even more.[61]

D. Tobacco Industry: Economy and Social Impact

As mentioned in part B, tobacco consumption in Bangladesh is one of potential reasons why tobacco industries are there growing in Bangladesh. In the early 2000s, food production got less support from the agriculture department. While the farmers were discouraged, tobacco industries were ready to take advantage from that situation. Eventhough tobacco industries are the one which get benefits from tobacco production, they always claim that the job opportunities they offer to the local people is a big contribution to the country's welfare.

There are two dominant tobacco companies which control the cigarette market in Bangladesh. The two firms are the multinational British American Tobacco (BAT), which dominates the premium segment of the market, and the local Dhaka Tobacco Industry (DTI), which dominates the lower priced market segments.

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60 John, Shaha and Shailesh Vaite, 2002, *Tobacco and Poverty: Observation in India and*

British American Tobacco Company (BATC) the largest multinational tobacco company contributes a sum of 12,000 millions taka annually. In 2005, ten companies contributed a sum of 49,180 millions taka as Value Added Tax (VAT). Out of which the British American Tobacco Company contributed the highest of 18,520 millions taka.[62] The BATC produces premium brands of cigarette such as John Player Gold Leaf, Benson & Hedges, Pall Mall and Capstan. DTI, though it is only a local industry, contributes up to 40% of the cigarette market share.[63]

Beside the two dominant firms, there are a number of other smaller domestic cigarette companies in Bangladesh such as Abul Khair Tobacco Company (AKTC), Alpha Tobacco Manufacturing Company, Azizuddin Industries Ltd., Sonali Tobacco Company Ltd., National Tobacco, and Nasir Tobacco which contribute 10-15 percent of the Bangladeshi cigarette market.[64] There is also a national tobacco company named Dhaka Tobacco of Aziz Group which has contributed 7,130 million taka, which is in the third position.[65] Compared to BATC, domestic companies contribute lower market share. Yet, the sum of shares created by various companies is still considered very high.

Table 3.2: Cigarette Companies Market Shares in Bangladesh 2000-2004

Company	2000	2002	2004
BATB	55.0%	50.4%	51.6%
Domestic Manufacturers	44.7%	49.4%	48.1%
Imports	0.3%	0.2%	0.3%

Cigarette trade is not significant in Bangladesh. Import has been allowed since the late 1980s but it accounts for less than 1% of cigarette consumption. Most imports come from Singapore, India and Malaysia while the exports go to Yemen and Malaysia. Export also accounts only less than 1% of production in most years.[66] During the 1990s, tobacco accounted for at most 0.12% of total exports and 0.35% of total imports showing negative trade balance in this sector.[67]

Tobacco is grown only under the contract system of specific tobacco companies, not under any government controlled system of cash crops related to particular industry such as jute or sugarcane. Thus, the tobacco cultivation has no immediate production benefit to the development of country's economy. The only department that benefits from tobacco cultivation is the National Board of Revenue by receiving Tax and VAT (Value Added Tax).

Tobacco companies do not only motivate farmers to keep growing tobacco. They also give loans or sometimes some cash. For tobacco farmers who are trapped in the company system, it is very difficult for them to get out. Eventhough the tobacco industries always claim that they are able to provide jobs for the society, cigarette manufacturing in Bangladesh is only a small source of jobs.[68] According to Bangladesh Bureau of Statistics 2002, the size of labor force involved in tobacco sector including agricultural production was only 121,338. Though very few Bangladeshis are employed in cigarette manufacturing, more people including women and children are involved in *bidi* manufacturing in household scale. Life survival by doing this job only gives them low wages and

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[66] Abul Barkat. Op. Cit., page 19.
[67] Zulfiqar, Ali. 2004. *An Appetite for Nicotine: An Epidemiological Analysis of Tobacco Control in Bangladesh.* Economics of Tobacco Control Paper number 16: WHO.
[68] Mostafa Zaman. Op.Cit. Page 68.

they end up with poverty. Overall, employment in tobacco manufacturing is estimated to account for less than 1% of overall manufacturing employment in Bangladesh.[69]

Excise taxes in Bangladesh account for just over half of retail cigarette prices on average, while total taxes on cigarettes account for almost two-thirds of retail prices. This results cigarette prices in Bangladesh are among the lowest in the world and *bidis* are even cheaper.[70]

E. Bangladesh's Anti-Tobacco Non-governmental Organizations (NGOs) and Movements

Tobacco has long been an important part of Bangladesh society. It is, firstly, because tobacco cultivation has been part of Bangladesh's agriculture. Secondly, consuming tobacco has been part of the culture within its society. Lastly, as the latest phenomenon about tobacco within Bangladesh's society, the bad impacts of tobacco have been realized as something to be concerned about. The impacts of tobacco massively influence Bangladesh's society, not only in term of health quality degradation but also in creating many economy and social problems. Accordingly, the movement of tobacco control has grown in Bangladesh not only by the health experts but also the civil society and social groups. A group of people who support tobacco control then involve as Non-Governmental Organization (NGOs).

Some NGOs focus their actions to take care of some problems in the society caused by the increasing tobacco consumption in Bangladesh. These organizations realize the importance of tobacco control because the loss caused by

tobacco is more than the benefit it offers. Civil society organizations and NGOs play important role in the beginning of tobacco control movement in Bangladesh which then influences and sensitizes the government. After British American Tobacco started its aggresive activities in late 1990s, a number of organizations gathered and coordinated. They united as a coalition and brought the issue on tobacco control to the High Court. This moment remarked the importance of tobacco control in Bangladesh as it finally received high attention. In late 2002, Bangladesh parliament started to consider the urgency of a strong new regulation on tobacco control.[71]

When tobacco companies, especially the British American Tobacco, massively released tobacco advertisements in all over Bangladesh, members of organization called the Bangladesh Anti-Tobacco Alliance (BATA) compiled a petition which then was responded by the High Court of Bangladesh. It resulted a decision to ban all the advertisements. Bangladesh also experienced a crucial situation to response the Voyage of Discovery, an effort by British American Tobacco to promote its cigarette brand namely the John Player Gold Leaf through a global campaign to sail a yacht to 17 countriesin 1999. This was considered unacceptable and BATA, with many anti-tobacco advocates and activists, filed a petition with the High Court to stop the promotion and cancel the yacht arrival. It was successful as the marketing campaign was canceled and the yacht left before accomplishing the mission.[72]

The early concern on tobacco use came from the doctors involved in some organizations and mainly considered only the health matter. Those organizations

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[71] Efroymson, Debra and Saiffudin Ahmed. 2003. *Building Momentum for Tobacco Control: The Case of Bangladesh.* Page 13-14.
[72] Debra Efroymson and Saiffudin Ahmed. Op. Cit. Page 17.

raised campaigns and projects in schools about tobacco use issue. The Bangladesh Cancer Society was one of them as it estimated that half of annual deaths from cancer in Bangladesh resulted from tobacco use. More organizations are like MANAS, an organization of dentist and singer, was established in 1990s and The National Non-smokers' Forum, the first anti-tobacco organization in Bangladesh, founded in 1986. Later in 1999, Work for Better Bangladesh was established as a new organization which focused on tobacco control and urban environmental issues. In 2001, an old organization called Amra Dhumpan Nibaron Kori (ADHUNIK) was reformed into a new one called the Coalition Against Tobacco (CAT) along with some smaller organizations.

BATA and some other organizations focuses on encouraging government to make better policies on tobacco control. To make its movement effective and massive, it expands its role by establishing more organizations in addition to MANAS and the National Non-Smokers' Forum such as[73]:

- Body Against Destructive Social Activities Bangladesh (BADSA) which regularly organizes events to emphasize the problem of tobacco use,
- Consumers' Association of Bangladesh (CAB) which addresses the issue of tobacco as the most dangerous of all consumers products,
- Dhaka Ahsania Mission which conducts many activities in tobacco control such as meeting discussions on tobacco control law and running projects to establish smoke-free schools,
- Ghas Phul Nodi which is an anti-drug organization conducting activities to draw attention to tobacco use problems,

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[73] Debra Efroymson and Saifuddin Ahmed, Op. Cit., Page 25-26

- Institute of Allergy and Clinical Immunology Bangladesh (IACIB) which carries out survey of tobacco use habits and conducts awareness programs,
- Law and Society Trust Bangladesh (LSTB) which obtains the High Court decision against BAT,
- MANOBIK Anti-Drug Council which conducts activities in the issue of raising tax on tobacco products, and
- Welfare Association for Cancer Care (WACC) which focuses on involving more organizations in addressing women's and children's issues with respect to tobacco control.

Bangladesh NGOs which concern on tobacco control come from different fields and have varied focus of activities. These strong movements have made Bangladesh's civil society well-represented as their voices and needs could be heard and articulated by the governments.

F. Bangladesh Tobacco Control and the Response to the WHO FCTC

As tobacco consumption in Bangladesh has affected the people in many aspects, especially due to the fact that it has imposed higher cost on the people with low socio-economic status, the implication of tobacco control policies and legislation becomes very crucial.

Tobacco control in Bangladesh has actually started in 1890 when The Railways Act of 1890 identified smoking in any compartment of a train without making permission to the other passengers as an offence which was punishable by a fine. Another act called The Juvenile Smoking Act of 1919 banned selling of

smoking in public buildings or ignoring the no-smoking signs.[74] To control the sale of tobacco products, Bangladesh created the 'Tobacco Produce Sales (Control) Law 1988. In addition, there were other tobacco control ordinances and laws in the four large metropolitan areas of Bangladesh aimed at prohibiting smoking in public places. Those were the Dhaka Metropolitan Police Ordinance 1976, the Chittagong Metropolitan Police Ordinance 1978, the Khulna Metropolitan Police Ordinance 1985 and the Rajshahi Metropolitan Police Act 1992. Those legal instruments related to tobacco control in force prior to 2005 were not effectively implemented due to the absence of a consolidated approach and adequate guidelines.[75]

Bangladesh has done some efforts to reduce tobacco use. As the WHO Framework Convention on Tobacco Control has been established, Bangladesh is one of the first countries to ratify the regime. Bangladesh experts and NGO activists are very active in conducting advocacy campaigns about tobacco control especially around the year of FCTC making. Tania Amir, one of the LSTB activists, was active in the Intergovernmental Negotiating Body (INB) meetings for the FCTC. She also takes part in revising legislation for submission to the government since she is a member of the law-drafting committee of the Ministry of Health of Bangladesh at that time.

BATA also plays very important role during the negotiation process. It attended workshops and conferences and presents some materials in international

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[74] Global Adults Tobacco Survey Bangladesh 2009, Ministry of Health and Family Welfare and WHO Bangladesh, page 3.

[75] Primary source from a research proposal in 2014 entitled Understanding and Enhancing Bangladesh's Tobacco Control Policy Implementation Processes and Strategies conducted by the

and regional meetings such as WHO meetings, the 11th World Conference on Tobacco or Health, and the People's Health Assembly. Fifteen BATA members made submissions to the WHO to express their supports for a strong FCTC. BATA is also participant of the Framework Convention Alliance. It delivered the essential points of the FCTC by briefing the government on the FCTC. As the result, Bangladesh delegates were more ready to attend and participate in WHO meetings as BATA has provided the information. This role of BATA has given it the opportunity to present its view of the proposed language for the FCTC during the government negotiation.

Work for a Better Bangladesh (WBB) has contributed in the FCTC negotiation in national level by conducting some research and publishing some writings about tobacco control law guidance. Its president attends INB meetings and is active in Framework Convention Alliance as well. Besides, he is also part of the law-drafting comittee of the Ministry of Health.

With the support and inputs from civil society organizations to the government, Bangladesh signed the WHO FCTC on June 16, 2003, precisely at the same time as the establishment. After waiting for one year when FCTC was open for signature, Bangladesh finally ratified the FCTC on June 14, 2004 under the leadership of President Tajuddin Ahmad. [76]

Bangladesh is one of the South SEARO countries which receives grants and other support for national capicity building projects. The TFI provides the supports in the form of seed grants and/or technical assistance for projects to enable Bangladesh to initiate and strengthen its national tobacco control process.

Table 3.3: Grant Recipient Countries based on TFI Regional Offices

Region	Countries
AFRO	Angola, Benin, Burkina Faso, Cameroon, Cape Verde, Cote d'Ivoire, Guinea Bissau, Kenya, Mali, Mozambique, Sao Tome et Principe
EMRO	Djibouti, Morocco, Pakistan, Somalia, Yemen
EURO	Portugal, Ukraine
PAHO	Costa Rica, Honduras, Jamaica, Paraguay, Peru, Uruguay
SEARO	Bangladesh, Timor-Leste, India
WPRO	China, Laos, Mongolia, Philippines, Samoa, Vietnam

Source: Tobacco Free Initiative 2003-2004 Report

TFI helps countries, including Bangladesh, to promote partnerships with government and civil society. Therefore, Bangladesh should ensure that its government's efforts would be sustained once WHO's funding ends and should work on its national policies on tobacco control to be better implemented.[77] Besides, through the partnerships with local NGOs institutions in developed countries to strengthen the Bangladesh national tobacco control, Bangladesh gains financial supports. The funds go to some strong anti-tobacco NGOs in Bangladesh to encourage the government to keep up the tobacco control missions. Some of the funding donors, besides the WHO, are the Bloomberg Global Initiative, PATH Canada, the Canadian International Development Agency (CIDA) and the Rockefeller Foundation and the Canadian Cancer Society.[78]

[77] Tobacco Free Initiative Report of Activities 2003-2004 by the WHO, Page 42