# TOBACCO CONTROL BILL 2012

## *Filling the gaps in respect to special needs of people living with HIV*

***The Tobacco Control Bill 2012 has been introduced in Parliament as a private members Bill "to protect people in both the present and future from the devastating health, social, economic and environmental consequences of exposure to tobacco smoke". Basing on an assessment of tobacco exposure in a typical small-holder tobacco farming community, this paper outlines the special needs of people living with HIV that the Bill needs to address***

## Regulation of tobacco use in Uganda

The National Environment (Control of Smoking in Public Places) Regulations 2004 prohibit tobacco smoking in public places in Uganda. The Tobacco Control Bill 2012 seeks to strengthen this ban by extending it to areas where there are children and young people under the age of 21 and to any outdoor place where children are.

The overall objective is "to protect people in both the present and future from the devastating health, social, economic and environmental consequences of exposure to tobacco smoke", and ensure the country fulfills its obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control.

Under Section 22, the Bill places a comprehensive ban on all advertising, promotion and sponsorships, including the tobacco industry's contributions to, and publicity of, so-called social corporate responsibility activities. A Tobacco Control Committee is proposed under Section 7 of the Bill, to implement and develop tobacco control policies and mobilize resources for tobacco control.

The major gaps in the Bill relate to the fact that it concentrates on the exposure relating to smoking, and is silent on the exposure through farming, handling and processing of tobacco, and to other forms of tobacco use, including chewing, sniffing and leaking of tobacco and tobacco derivatives. Within the tobacco growing communities, the practice of consuming unprocessed tobacco is a major concern, and tobacco exposure is an even bigger problem for HIV-affected people, largely due to its association with tuberculosis, the biggest killer of HIV-positive people.

## Tobacco exposure, TB and HIV

The incidence rates of TB have risen rapidly as a result of the HIV epidemic. Evidence shows that the risk of active TB doubles in the first year of HIV infection. HIV-TB co-infected individuals have reduced survival and are at higher risk for subsequent opportunistic infections. The risk of developing TB is estimated to be between 20-37 times greater in people living with HIV than among those without HIV infection. In 2011, there were

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8.8 million new cases of TB worldwide, of which 1.1 million were among people living with HIV.[1]

Evidence further indicates that smokers are almost twice as likely to be infected with TB and to progress to active disease.[2] [3] [4] Smokers are also twice as likely to die from TB. If, as believed, smoking turns stable subclinical infection by the tubercle bacillus, which is widespread in Uganda and elsewhere, into active disease, smoking should also be expected to contribute to the spread of TB infection by making latent disease more active and infectious.[5]

HIV is driving the TB epidemic: if tobacco smoking increases the impact of TB in HIV-negative individuals, its effect in HIV-positive individuals may be significantly greater. Preliminary data from a study in Ethiopia supports the association of tobacco smoke and TB in HIV-infected individuals.[6] The authors found that smoking status and HIV status were the two key risk factors for TB infection.
Evidence shows that active smoking was significantly associated with TB infection, and both active and passive smoking were significantly associated with TB disease. And compared to people who do not smoke, smokers have an increased risk of having a positive tuberculin skin test, of having active TB, and of dying from TB. [7]

A study by Muwanga-Bayego[8] found that women in tobacco-growing communities in Uganda trade domestic duties for labour-intensive tobacco farm activities. The author reported elevated "misbehaviour" among men, who use the earnings from tobacco farming on alcohol and procuring more wives. Furthermore, the author notes that cultivating tobacco denies many farmers the opportunity to send their children to school.

## Experiences with TB and HIV in tobacco-growing communities

A survey of small-holder tobacco farmers in Ntwetwe Subcounty, Kyankwanzi district, assessed, among other things, experiences with TB and HIV. The subcounty is a high TB and HIV prevalence area and health workers consider TB a major public health problem in the community.

The health center provides diagnostic and treatment services for TB and HIV. It has an estimated 850 people in HIV care, and five of them were reportedly known to be co-infected with TB at the time of the survey. Ntwetwe HC IV refers complicated TB and HIV cases to Kiboga Hospital. At Kiboga Hospital, the number of people diagnosed with active TB ranged between six and 23 per month over the 10 month period leading up to the survey. The TB clinic staff reported that they have challenges following up clients from Ntwetwe due to the long distance, and they reported a higher default rate of patients referred from Ntwetwe HC IV.

Defaulting patients – patients who abscond and do not complete the full course of treatment – are a major problem in the management of TB because of the danger of leading to more cases of multi-drug resistant strains. The approach in dealing with defaulters is to pursue them,arrest them and force them back to the hospital to ensure they complete the treatment.
Exposure to tobacco is perceived to be a greater danger to people living with HIV. According to the health assistant, Ntwetwe Subcounty, even when they do not directly smoke it, the smell that comes off the tobacco in the garden or drying shed, or even the passive smoking is equally dangerous.

## Exposure to tobacco in farming communities

The farmer survey has shown that the biggest motivation for farmers to take up tobacco farming are the subsidies that tobacco giant British American Tobacco (BAT) gives to farmers. BAT provides technical support as well as the chemicals for spraying the crop. BAT provides farmers with inputs and cash loans, which the company recovers from the farmers' payments after harvest.

Farmers voiced the dangers of exposure to tobacco throughout the process of cultivation, harvest, drying and marketing, but feel the financial benefits from tobacco growing are too strong to resist. Given that

tobacco cultivation demands a lot of energy, farmers are willing to change to comparably valuable alternative crops if such crops become available.

Given the nature of tobacco growing, three key concerns have been identified in relation to people infected and affected by HIV and AIDS:

- The labour-intensive nature of tobacco farming causes special challenges for people living with HIV. The leader of tobacco farmers in Ntwetwe Subcounty reported that at least six farmers had died of HIV/AIDS in the past couple of years, with their deaths likely being hastened by the hard labour that tobacco farming demands. The farmers have also speculated that the health effects of exposure to tobacco during the long hours of cultivation and handling intensify the already existing health challenges of individuals living with HIV.

- A second concern with tobacco among local leaders and the farming households is the nutritional challenge it poses. Due to rapid population growth in the district, household and individual land holdings are shrinking, which has increased the opportunity cost of growing tobacco in terms of reduced land available for food crops. In households with HIV positive children and adults, who tend to have extra nutritional needs, involvement in tobacco production leads to undue nutritional deficiencies, and food shortages may accelerate disease progression.

- The third concern with tobacco as far as persons living with HIV are concerned is the exposure to tobacco that comes with the routine work of tobacco cultivation and handling. Tobacco farmers reported that they are able to sense the strong tobacco odour as they tend to tobacco in the garden. They reported the smell gets stronger during the drying process as they work in the drying shed.

## Tobacco marketing

Tobacco farmers in Ntwetwe Subcounty grow the crop under contract with BAT, and are therefore obliged to sell the dried leaf to the company. The company transports farmers and their produce the dried leaf from the farmers to its silos and processing plant at Kibaki in Hoima town. At Kibaki, the leaf is graded, sorted and valued before farmers are paid.

As far as HIV/AIDS is concerned, there is a fear among community stakeholders that tobacco may indirectly be contributing to increased prevalence of HIV in the community. They reported that tobacco farmers are under temptation to sleep with sex workers who target them at the tobacco market where they spend nights in lodges and get paid in a lump sum.

## Tobacco consumption

Current estimates of tobacco smoking rates stand at 49% for males and 8% for females in low- and middle-income countries, and 37% for males and 21% for females in high-income countries.[9] Tobacco is the single most preventable cause of death in the world today. It kills more than 5 million people per year, with more than 80% of those deaths occurring in the developing world.[10] In Uganda, the prevalence of smoking among adults is approximately 17% but can range from 15% to 26% depending on the region.

In Ntwetwe subcounty, the survey found that tobacco is largely consumed through smoking, mostly by the youth. Unprocessed tobacco is also consumed, because it is readily available. It is either rolled and smoked directly, chewed as leaves, leaked as ash, or ground and sniffed. Tobacco consumption in its different forms has several implications:

Tobacco farming communities have higher exposure to tobacco during cultivation, harvesting, drying and marketing. Since tobacco farming engages entire households, exposing everyone in the household

to the odour from tobacco leaves. This suggests that people living with HIV, who tend to have compromised immunity, may be at a higher health risk given that they are in an environment where they cannot avoid tobacco.

## Conclusion

Given the scientific evidence on the effects of smoking, the provision of banning smoking in public places and in open places with children should be widened to also include vulnerable groups of people such as people living with HIV/AIDS as their immunity may be relatively lower and would be affected as passive smokers in public places.

Section 4 of the Bill should be widened to capture health effects of exposure to tobacco during cultivation, harvesting, drying, transportation and processing.

The prospective law should consider exposure to tobacco through farming activities, in view of the impact it has on HIV-positive people, and its association with TB, the biggest killer of HIV-positive people.

## *End Notes*


1 The World Health Organization. *TB and HIV* http://www.who.int/hiv/topics/tb/en/

2 Bates MN, Khalakdina A, Pai M, et al. Risk of tuberculosis from exposure to tobacco smoke: a systematic review and meta-analysis. Arch Intern Med 2007;167:335–342.

3 *Slama K, Chiang CY, Enarson DA, et al. Tobacco and tuberculosis: a qualitative systematic review and meta-analysis. Int J Tuberc Lung Dis 2007;11:1049–1061.*

4 *Lin HH, Ezzati M, Murray M. Tobacco smoke, indoor air pollution and tuberculosis: a systematic review and meta-analysis. PLoS Med 2007;4:e20*

5 van Zyl Smit RN, Pai M, Yew WW, Leung CC, Zumla A, Bateman ED, Dheda K. Global lung health: the colliding epidemics of tuberculosis, tobacco smoking, HIV and COPD. (2010) 35:1 European Respiratory Journal 27.

6 *Ramin B, Kam D, Feleke B, et al.* Smoking, HIV and non-fatal tuberculosis in an urban African population. Int J Tuberc Lung Dis 2008;12:695–697.

7 Bates, *supra* note 2.

8 Muwanga-Bayego H, Tobacco growing in Uganda: the environment and women pay the price. *Tobacco Control,* 1994; 3.

9 Van Zyl, *supra* note 5.

10 Ibid.



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