

***Understanding advocacy and engagement in NCDs and
Tobacco Control Advocacy***

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By

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Richard Doll: "That so many diseases – major and minor – should be related to smoking is one of the most astonishing findings of medical research ... less astonishing, perhaps, than the fact that so many people have ignored it."

TOBACCO CONTROL IN UGANDA

Introduction

Tobacco use is a global problem with serious consequences for public health that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response. Tobacco is recognized as a large and growing cause of death worldwide, but the response to the global tobacco burden is only beginning to emerge.

Although, tobacco is one of the major sources of income to many countries with an annual turnover of almost US\$ 400 billion, the globalization of its marketing, trade, research and industrial influence represents a major threat to public health worldwide including economic, environmental and social dangers.

Resolute, coordinated action must be taken in order to prevent not only tobacco-related death and disease, but also the increasingly heavy burdens of tobacco use on health care, productivity and development. Research and experience indicate that one of the best ways to reduce the burden of tobacco use is to enact strong tobacco control policies because the sheer scale of tobacco's impact on global disease burden, and particularly what is likely to happen without appropriate intervention in developing countries, is often not fully appreciated.

Many developed countries have taken legislative action at national levels to curb this epidemic.

- higher taxation of tobacco products so as to reduce affordability,
- bans on advertising of tobacco products,
- bans on smoking in public places,
- requirements for strong graphic pictorial warning on cigarette packets among others.

The result of these actions has been to drive many of the operations of the big tobacco companies south to developing countries as they search for new markets to sustain their lethal profits.

Tobacco growing in Uganda

Tobacco farming was first introduced in Uganda by the British-American Tobacco (B.A.T) Limited in the early 1920's. Currently, it is the second largest cash crop grown in over 16 districts and a major source of revenue for 11 districts. Overall B.A.T contributes approximately 8% of the taxes collected per annum, and over 600,000 people derive a livelihood from the industry hence, contributing to economic development (Karugaba 2001).

The industry provides inputs for tobacco growing such as seeds and fertilizers, construction of kilns and deducts such monies from the farmers when they sell the tobacco leaf. This leads to monopoly and unfavorable prices, tying the farmers in bondage to tobacco companies and minimal profit while the industry reaps huge profits.

Tobacco growing covers big acreage of land depriving the growers of arable land for food production. In the process of drying the tobacco leaf, trees including valuable ones

such as fruit trees have been massively cut to provide firewood leading to environmental degradation.

It has been noted that in spite of prolonged growing of tobacco in West Nile Region of Uganda, extreme poverty prevails among the communities (President of the Republic of Uganda, 2007)

The epidemic is already upon us and Uganda is already suffering the health consequences of tobacco consumption and exposure to second hand smoke.

According to a survey conducted in the Department of Oral Surgery at Mulago¹ a full 70% of the victims of cancer of the mouth had a history of smoking with some having smoked for as little as 3-4 years

A National Environment Management Authority (NEMA) report lists Acute Respiratory Infections (ARI) as a 2nd leading cause of infant visits to health centers. One of the causes of ARI is exposure to tobacco smoke²

In 2002 the Global Youth Tobacco Survey was conducted in selected Districts³ in Uganda with the aim of establishing tobacco use prevalence and attitudes among 13-15 year olds. The survey conducted by Uganda Parliamentary Research Services found a high prevalence of tobacco use with 33.1% in Arua District, 17.5% in Kampala District and 18.2% in Mpigi District. Nearly 40% of these youth had initiated smoking before the tender age of 10. Of those who had never smoked, nearly 1 in 10 was likely to initiate smoking in the next year.

The above study was repeated in 2007 and showed that 23.5% of boys currently use any form of tobacco product while the prevalence of the same among girls is 17%

The National Demographic Household Survey 2002-2003 estimates national tobacco use prevalence at 25% for men and 3% for women.

Uganda is also seeing increasing incidences of non-communicable diseases such as diabetes, cardio-vascular disease, asthma all of which are tobacco related.

Tobacco and the Environment

Tobacco also exacts a high price upon the environment in terms of deforestation and high use of pesticides. Forests are cleared to grow tobacco, trees are chopped down to build tobacco-curing sheds and even more trees are used in the curing process. The loss of wood cover results in soil erosion, loss of soil fertility and loss of bio-diversity. The heavy use of pesticides at the seedling stage of the tobacco growing process contaminates water bodies and affects insect and bird life.

British American Tobacco Uganda (BATU) estimates that for every 1 kilogram of cured tobacco, 4 kilograms of wood are required. In an attempt to ensure sustainability, BATU has begun a forestation projects, e.g in Masindi District. Unfortunately these efforts have

¹ Aisha Bataringaya

² 1998 State of the Environment

³ Kampala, Arua, Mpigi, Kiboga, Luwero, Masaka, Mukono, Mubende, Rakai and Sembabule

focused on the eucalyptus trees a thirsty and anti-social tree that has resulted in drying up of some water bodies.

The effects of tobacco growing on the environment are already patently visible in districts such as Arua, Mubende, Hoima and Masindi. In some parts of Northern Uganda, the Shea Butter Nut Tree, once an easy and affordable source of high grade protein, is almost extinct.

Tobacco and health

Tobacco is the only legally available consumer product which kills people when it is used entirely as intended. Tobacco is rated the world's leading killer; causes cancers of the throat, lungs, stomach, pancreas, kidneys, intestines, cervix and bladder.

Tobacco use is known to cause serious chronic diseases including stroke, blindness, mouth diseases, blood vessel diseases, heart diseases, chest diseases, hip fractures and reduces fertility in women.

Second hand smoke affects children adversely and is associated with brain tumors, middle ear disease, impaired lung function, sudden infant death and leukemia. The conditions listed above among smokers affect non-smokers exposed to second hand smokers in similar ways.

Uganda's Tobacco Control Efforts and the role of Civil Society

What is civil society?

The set of intermediate associations which are neither the state nor the (extended) family; civil society therefore includes voluntary associations and firms and other corporate bodies.

Roles of Civil society

1. advocate and lobby for policy change
2. public education and sensitisation
3. bridging the gap between the people and policy makers
4. capacity building

Contribution of Civil Society

In looking at the contribution we have rendered to tobacco control it is always important that look at the FCTC and work in comparison.

Framework Convention on Tobacco Control (FCTC)

The FCTC represents a global response to a global epidemic. It marks the first time that the World Health Organization – WHO, has invoked its treaty making powers to respond to a health issue. At the 56th World Health Assembly, Member States adopted a resolution WHA 56.1 WHO – Framework Convention on Tobacco Control. Uganda Participated in all the negotiations for this treaty and signed it On 5th March 2004.

Cabinet at its sitting in Kampala on 3rd May 2006, Minute No. 83 (CT 2006):-

1. Approved the Ratification of the FCTC
2. Authorized the Ministry of Health to prepare the Instrument of Ratification of the FCTC
3. Authorized the Minister of Foreign Affairs to sign the Instrument of Ratification
4. Authorized the Attorney General to prepare the necessary legislation to give domestic legal effect to the provisions of the FCTC.

Given the above, the Ministry of Health and that of Foreign Affairs have since caused the preparation, signing and depository of such instruments at the United Nations Headquarters in New York. Uganda was hence declared a member of the WHO FCTC on the 20th of June 2007. However the 4th and last item of the Cabinet Minute remains unattended to: that is, preparation of the necessary legislation to domesticate the FCTC.

As party to the above Convention Uganda is bound to implement all the articles of the WHO FCTC of which some articles are time bound like exposure to second hand smoke, which is supposed to have been implemented within two years of the FCTC ratification.

As civil society, we have initiated draft legislation through the Uganda National Tobacco Control Association (UNTCA) and The Environmental action Network (TEAN) with technical assistance from the Tobacco Free Kids Campaign, which helped to review the draft.

Possible actions by the government

Decisive steps should be taken by the government to curb the present rising consumption of tobacco and especially cigarettes. This action could be taken along the following lines:-

- More education of the public and especially the school children concerning the hazards of smoking
- More effective restrictions on the sale of tobacco to children
- Restrictions on tobacco advertising
- Wider restriction on smoking in public places
- An increase of tax on cigarettes
- Investigating the value of smoking cessation to help those who find difficulty in giving up smoking.

All the above can be possible through a comprehensive law to control tobacco