The Tobacco Industry – Ashes to Ashes

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PREFACE

The purpose of this report is to explore the issue of the tobacco industry around the world. This industry is growing quickly internationally, particularly in the developing countries. American tobacco companies have lost the privilege of advertising in America. Consequently, they have turned to the developing countries around the world to promote their product (Balkin, 143). The tobacco industry is associated with massive global problems such as health costs, poverty and damages to the environment (Shah). Today, there are 1.2 billion smokers in the world. Of these people, approximately half are going to die prematurely of cancer, caused by smoking (Balkin, 19). The tobacco industry also contributes to world hunger because once a field is used for cultivating tobacco, it can no longer be used for food production in the future (Madeley). The tobacco industry exacerbates poverty as well since families living in low-income countries spend 10% of their total household expenditures on tobacco (World Health Organization). Tobacco has an influence on the environment as forests, for example, are cleared for the production of tobacco, resulting in loss of soil protection (Madeley). This can lead to failing yields and soil degradation (Madeley).

On the other side of this argument, the government collects substantial revenues every year from the tobacco industry. This industry also provides many jobs in areas such as agricultural, production, advertising, sales, marketing, manufacturing, etc. This report will explore the economics, politics and the damages to the environment and human costs from the tobacco industry.
SUMMARY:

This report contains research methods and poses many questions concerning the tobacco industry. A variety of web sites, books and articles have been accessed through the process of writing this report.

This report defines the global issue of the tobacco industry. It will explain the significance of the tobacco industry and its impact on the world. This report provides an overview of the background and progression of the tobacco industry through important periods of time in history. There are certain “experts” on this topic including Philip J. Hilts and Iraj Abedian, people who have contributed a great deal of time towards this issue, and they have advanced with well researched solutions. The role of control, who has the ultimate power over the tobacco industry, who should be concerned and why, are examined in this paper. The ties to religious and spiritual views on tobacco are also reviewed in this report, as the first people to discover tobacco believed it to be a sacred substance. There are three detailed case studies included in this report that analyze this issue. They are China, Brazil and South Africa. This paper explores the role played by an international organization that has helped promote smoke-free countries around the world. In addition to the three case studies, Canada is brought into discussion as a fourth case study. This case study will present the current situation of the tobacco industry in Canada. This paper will be concluded with a section of possible solutions and ideas towards improvements in the tobacco industry. Overall, this report will provide the reader with a better understanding of the issue of the tobacco industry through a variety of different sources.
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BACKGROUND

Tobacco growing has not always been a controversial issue. The tobacco plant originates from Central and South America. Tobacco is categorized as part of the nightshade family, the food group that contains peppers, tomatoes, potatoes and eggplant. It once was used to cure many diseases. There are two kinds of tobacco: “true tobacco” and “commercial tobacco” (Vidal).

“True tobacco” is the tobacco that was used by Native people in North America, long before the Europeans immigrated to these countries. “True tobacco”, used by North American Natives, was included in their spiritual rituals (Vidal). The Natives used “true tobacco” to connect with their creator, Wakan Tanka (Null). There is a popular legend about a woman who came bearing a sacred pipe, with true tobacco within. Since then, the Natives have used this sacred pipe with true tobacco in their spiritual ceremonies (Null). This was the starting of an important Native American tradition.

Commercial tobacco, also known as “Nicotiana tabacum”, is the non-traditional tobacco, found in all cigarettes today. This kind of tobacco is much stronger than true tobacco, and has larger leaves. Nicotiana tabacum has been cultivated since pre-Columbian times, originally cultivated in South and Central America (“Nicotiana tabacum”). The Mayan Natives of Mexico would create stone carvings that showed the use and significance of tobacco (Jacobs). These stone carvings can be dated back from 600 to 900 A.D. (Jacobs). The people of Central and South America smoked commercial tobacco in various types of pipes or they would roll their cigarettes in the form of a cone, called “smoking rolls” (Vidal). Mayan Natives would sniff or chew commercial tobacco leaves to “clear the head”. In addition, commercial tobacco was consumed as a natural
medicine for many conditions such as: asthma, bites and stings, bowel infections, chills, fever, convulsions, nervous ailments, sore eyes, skin diseases and urinary ailments (Vidal). Other tribes would use commercial tobacco for protection against fly larvae that would infest in the skin. Further, tobacco was used in many celebrations such as weddings, births, burials and praying and praising to the Gods (Vidal).

In this way, tobacco was used by all tribes in Central and South America and was an important part of their cultures.

Examining the history of tobacco from a timeline allows for an understanding of how tobacco became so popular. The following timeline explains how tobacco came from being a form of medicine to being a contentious product of one of the largest industries in the world.

In 1612, tobacco was the first commercial cash crop grown in Virginia to make money. In fact, it was Virginia’s main source of revenue at this time. Other places in North America began to favour this crop and tobacco even helped pay for the American Revolution against England (Jacobs).

By the nineteenth century, tobacco was becoming extremely popular. However, people still were using tiny amounts of tobacco. Some people chewed it, smoked it in a pipe, or rolled cigarettes or cigars by hand (Jacobs).

In 1865, Washington Duke, on his farm in Raleigh, North Carolina, produced commercial cigarettes for the first time. Washington then sold his cigarettes to soldiers at the end of the Civil War (Jacobs).

James Bonsack created a cigarette-making machine in 1881, which was the major factor in the international spread of tobacco. Bonsack’s cigarette-making machine could
produce up to 120,000 cigarettes per day. Bonsack found a partner to start a business with, Washington Duke’s son, James “Buck” Duke. Together, they were able to build a factory that could make 10 million cigarettes per year. This company was called the American Tobacco Company. Their first brand of cigarettes was called Duke of Durham. These cigarettes were packaged in a box decorated with baseball cards (Jacobs).

Until the beginning of the twentieth century, The American Tobacco Company was the most powerful tobacco company in the world. Other companies started producing tobacco in the twentieth century, such as the Philip Morris Company, which began production, in 1902. Their brand was “Marlboro” (Jacobs).

During both World War I and World War II, the tobacco industry was doing very well. Soldiers were sent free cigarettes and even women could enjoy a cigarette. By 1944, tobacco companies were manufacturing approximately 300 billion cigarettes every year. Since WWII, six major American tobacco companies have flourished, Philip Morris, R.J. Reynolds, American Brands, Lorillard, Brown & Williamson, and Ligget & Myers (which is now known as the Brooke Group) (Jacobs).

However, the easy climb of the tobacco giants was soon to get more difficult as they suddenly encountered health critics. The Surgeon General of the United States stated that smoking was very harmful to the human body. He wrote a report in 1964, discussing the ill health effects of smoking. In this report, the Surgeon General established that the tar and nicotine found in cigarettes were carcinogens, contributing to lung cancer. Therefore, in 1965, the Congress of the United States agreed to proceed with the Cigarette Labeling and Advertising Act. This act declared that all cigarette packages must have a label saying, “Cigarettes may be hazardous to your health” (Jacobs).
Since the 1980s all governments (federal, local and private companies) have started to take control of smoking regulations. With warning labels being the first step, in 1971, American governments made it illegal for tobacco companies to advertise cigarettes on television and the radio. The majority of cities across the United States and all cities in Canada have restricted smoking in public buildings and restaurants. Airlines have also prohibited smoking on all planes since 1990. All of these laws and restrictions have decreased the amount of Americans that smoke every year. The profits for these tobacco companies are declining, therefore, forcing them to target people in developing countries (Balkin).

While tobacco use and smoking rates are declining in North America, they are increasing in the developing countries. An article was written by Iraj Abedian (a member of the Masisizane Board, in Cape Town, South Africa) regarding the issues that can lead to increased tobacco consumption. According to Iraj Abedian, there are three internal factors that influence the growth rate of smokers in developing countries: illiteracy and low literacy, lack of public education and awareness and lack of political will (Balkin, 143).

When countries have a low literacy rate, the amount of tobacco consumption seems to increase. Since the majority of developing countries have a low literacy rate, this statement is true. This is so because consumers are not aware of the health issues associated with smoking and tobacco use. Having limited knowledge of the facts and dangers of smoking makes the decision to start smoking very easy. Although this is accurate, it is also the case that countries with higher literacy rates also have smoking
rates that are still increasing. This is the result of intense marketing and advertising. An example of this would be South East Asia. In South East Asia, the literacy rate is very high, however their smoking rates are increasing rapidly. This has happened as there are many advertisements for smoking in South East Asia (Balkin, 144).

It is very common for developing countries to lack public health facilities and knowledge regarding many health issues. These developing countries are in need of effective public awareness programs, to inform people of serious health issues, including the ones that are associated with tobacco use. However, tobacco is an addictive substance and is very difficult to stop consuming, once started. Therefore, the challenge for these countries is to prevent people from starting to smoke in the first place, before they become seriously addicted to tobacco. Since the majority of developing countries are lacking proper health care systems, the population is left without any knowledge of the effects of smoking on the human body. Many deaths may have been prevented if people were well aware of the damages smoking can have on the human body (Balkin, 144-145).

Issues such as those surrounding tobacco can usually only be resolved by the ‘political will’ of the country. Many developing countries’ governments seem to ‘politic around’ the tobacco issues rather than dealing with the difficult decisions ahead. They are aware of the health hazards, however, tobacco is a great investment for developing countries in addition to many job opportunities. If developing countries had more ‘political will’, there could be some solutions to this problem.

Tobacco smoke is more harmful to humans than previously thought. Not only is it harmful to smokers, but also to non-smokers. Killing approximately 10 million people every year, it is estimated that in 30 years, tobacco is expected to become the greatest
cause of death across the world (Abedian, 147). About 500 million people who are living today will most likely die from tobacco use (147). Of the 1.2 billion smokers in the world today, half of these are expected to die prematurely from cancer, heart disease, emphysema, and other smoking-related diseases (Balkin, 19) (See Appendix I). There are many cancers that are associated with smoking, such as lung, oral cavity, gullet, larynx, pharynx, pancreas and bladder (21).

Secondhand smoke is also very harmful to nonsmokers. Secondhand smoke contains toxic elements that damage the interior lining of the lungs and other tissues (30). Secondhand smoke promotes genetic errors in cell development, causing cancer (30).

Children that are exposed to secondhand smoke have an increased risk of getting ear infections, wheezing, coughing, pneumonia, and bronchitis. Mothers who smoke during pregnancy increase the risk to their infant of Sudden Infant Death Syndrome (SIDS) by three times (31).

Not only does smoking affect the human body, it also causes great damage to our environment. As many smokers are aware of the health issues associated with tobacco use, most smokers are not well informed of what smoking does to the Earth (Cassan). Cigarettes contain over 4000 chemicals, which are exhaled every day, into the atmosphere (Cassan). Trees can often be compared to the lungs in our bodies as they have similar functions. Every cigarette somebody smokes damages the lungs in their body and the trees around them (Cassan).

Deforestation is a major concern to the environment. In the tobacco industry, wood is used to preserve the tobacco and to roll and package cigarettes. A cigarette-making machine uses four miles of paper per hour to roll and package cigarettes
(“Tobacco’s Impact on the Environment”). For every 300 cigarettes, it is estimated that one tree is consumed. In Brazil, the third largest producer of tobacco worldwide, approximately 60 million trees a year are consumed by the tobacco industry. Deforestation leads to flooding, decreases the amount of food produced, and it can change the local climate. Deforestation is also viewed as a major contributor to global warming (“Tobacco’s Impact on the Environment”). Reforestation programs are a consequence of damage done by the tobacco industry. However, these programs cause problems, as farmers in developing countries would rather use the land for food production rather than planting trees (“Tobacco’s Impact on the Environment”).

Tobacco cultivation involves using an extensive amount of pesticides in all stages of growth. Tobacco plants are vulnerable to insects, therefore pesticides are necessary for tobacco to thrive. However, these pesticides directly affect farm workers causing chronic health problems. The pesticides also seep into the soil, polluting waterways and poisoning livestock and food crops. Once a farm has been used to grow tobacco, the soil is poisonous to any other crop, except for tobacco (“Tobacco’s Impact on the Environment”). This also contributes to world hunger, as soil that tobacco was grown in becomes useless for growth of other crops.

The tobacco industry directly impacts people in developing countries. Farmers have no other choice than to farm tobacco, as it is the most profitable crop. Food has to be imported because the rich farmland is dedicated to growing tobacco. Women in some developing countries have the misfortune to search for wood for the curing of tobacco. Most of the time, women are required to travel extremely long distances to find the wood (“Tobacco’s Impact on the Environment”).
Tobacco cultivation often exploits child labour at all stages of cultivation. Child labour refers to any work a child does that is hazardous, interferes with the child’s education or is harmful to the child’s health (physical, mental, spiritual, moral or social development) (ECLT). Other crops also involve child labour, however, tobacco has a longer growing season in addition to the curing process (“Tobacco’s Impact on the Environment”).

The tobacco industry has evolved to become one of the most dangerous and harmful industries in the world. It affects the human population, the environment, food production and the overall well being of living organisms.

**THE EXPERTS**

Philip J. Hilts is a prizewinning health and science writer for the *New York Times* and the *Washington Post*. Over a span of twenty years, Hilts has published over three hundred front-page articles on worldwide issues. Hilts has also written six books on different global issues, one of which was the tobacco industry. This book is called *Smoke Screen: The Truth Behind the Tobacco Industry*. In this book, Hilts informs us about the history of tobacco, the R.J. Reynolds’ marketing and advertising system, the Food and Drug Administration, the politics of Washington, and much more. This book was a shock to many people as it contained information regarding the tobacco industry never seen before. Philip Hilts had an old friend who had previously worked at the *Washington Post* and then worked with R.J. Reynolds. This man wanted Hilts to write a book about the truth behind every cigarette company with the unbiased opinion of a scientist. When Hilts published his book, *Smoke Screen*, information was released to the public. This book was a major contribution to the ‘tobacco wars’ in the United States (Hilts, 211). The ‘tobacco
wars’ are still happening today. Hilts shared the horrors of the tobacco industry and made his readers aware of this issue.

Another expert on the tobacco industry is Iraj Abedian, a member of the Masisizane Board, in Cape Town South Africa. Abedian has been a consultant on economics policy issues to public and private sector organizations in South Africa (“Dr. Iraj Abedian”). He has researched and written numerous articles and books on health and economics such as: Economic Growth in South Africa (1992), Transformation in Action: Budgeting for Health Service Delivery (1998), Economics of Tobacco Control (1998), etc (“Dr. Iraj Abedian”).

Economics of Tobacco Control is a book that provides information about the negative health effects of smoking and includes economic arguments such as the negative effects of job losses, loss of tax revenue, smuggling and loss of foreign exchange earnings (“South Africa: Economics of Tobacco Control”). He attempted to explore both sides of the issue. However, he reached the conclusion that by gradually reducing the rates of tobacco consumption and production on a national level, we could reduce the ill effects of the industry (“South Africa: Economics of Tobacco Control”). This book was published to stimulate initiatives in developing countries around the world. Iraj Abedian has helped to improve South Africa’s tobacco control measures and as a result, South Africa has developed some of the strictest laws against the tobacco industry (Eberlee).
ROLE OF CONTROL

The tobacco industry is an international industry with substantial influence. It requires three main players to function, the tobacco companies, their customers and the government.

The tobacco companies are very key players and historically have had to contend with health concerns. Countless meetings have been held to address how they should respond to these.

For example, on December 15th 1953, a meeting was held in New York City, at the Plaza Hotel. Four men, each one representing a tobacco company, attended. The chief executives were, Paul D. Hahn, president of American Tobacco, O. Parker McComas from Philip Morris, Joseph F. Cullman from Benson & Hedges and, J. Whitney Peterson from the U.S. Tobacco Company. This was an emergency meeting as many tobacco consumers were beginning to worry about the health effects associated with smoking (Hilts, 1).

As early as 1940, a scientist quit a research project, saying that tobacco-smoke extract was the most toxic substance he had ever seen (Hilts, 2). With several other scientists having similar reactions, the tobacco industry was in a grave crisis. Most people in the industry were ready to accept that tobacco would have to be regulated, similar to other drugs.

However, at this particular meeting, John Hill (from the Hill and Knowlton Firm) came up with an idea that the industry could go against the scientists. He went so far as to propose that the industry could convince tobacco consumers that they would never sell them anything harmful.
Miraculously, many smokers convinced themselves to agree with the tobacco companies (Hilts, 3). This indicates that the major tobacco companies could lobby their consumers. Until 1989, tobacco companies were able to advertise in Canada, influencing many teens and adults to smoke (Willemsen).

An upsurge in antismoking campaigns depressed the tobacco industry’s market in North America. As a consequence, they turned their energies elsewhere and even began to target women in their advertisements in developing countries (Balkin, 163).

Even though the tobacco industry continued to deny that smoking was related to health concerns, it devoted a significant amount of time towards making a ‘safe’ cigarette. After all, developing a cigarette that could satisfy the smokers’ demand for nicotine and be safe for smokers would be the ‘Holy Grail’ for all tobacco companies. The Philip Morris researchers believed their company was capable of making an entirely new ‘safe’ cigarette in the 1950s. As Phillip Morris researchers were very confident in themselves and their company, they began admitting that cigarettes were harmful, suggesting that Philip Morris could ‘jump to the other side of the fence’ (Parker-Pope). However, this cigarette has not yet been made successfully.

As a result of the growth of public concerns about health and smoking, tobacco companies produced filter cigarettes that would reduce tar levels. The rise of filter cigarettes was more of a marketing plan than anything else. There was little evidence to suggest filter cigarettes were any safer than normal cigarettes. However, smokers were convinced that the filter cigarettes were safer. The number of filter cigarettes sold rose to 86% of the market, from 1950 to 1975 (Parker-Pope). Ernest Pebbles, Brown & Williamson’s vice president and general counsel wrote, “In most cases, however, the
smoker of a filter cigarette was getting as much or more nicotine and tar as he would have from a regular cigarette. He had abandoned the regular cigarette, however, on the grounds of reduced risk to health” (Parker-Pope).

Currently, many smokers believe that low-tar, light or ultra-light cigarettes are better for them than regular cigarettes. Studies have shown that smokers who purchase low-tar, light or ultra-light cigarettes are most likely to buy more cigarettes to satisfy their nicotine cravings (Parker-Pope).

Tobacco companies have been able to and continue to put a positive spin on their products. Even though most smokers think they are saving themselves by purchasing the ‘safer’ cigarettes, they are the equivalent of regular cigarettes.

The government does exert some control over the tobacco industry as they are capable of banning advertisements that promote smoking. For example, the result of the ban of advertising in the United States and Canada is a massive decline in the smoking population.

The Canadian government has created anti-smoking campaigns and placed smoking bans in buildings and restaurants. By making anti-smoking posters and putting them in public places such as schools helps to create awareness among teens. Across Canada, there are laws in every province that prohibit smoking in all public places, restaurants and bars. In Nova Scotia, smoking in public places was banned on December 1st 2006; smokers who decided to smoke were charged a minimum of $2,000. In 2009, Ontario made it illegal to smoke inside a vehicle carrying children (“Banning the Butt”). As for the United States, on March 1st 2003, New York City passed a law that banned smoking in bars and restaurants with a few exceptions such as outdoor cafes and private
clubs ("Banning the Butt"). The government has the control to educate people about the dangers of starting to smoke in the first place by preventing advertising and creating certain laws. In contrast, the tobacco industry is trying to target teenagers and young adults to start smoking, as they are the next generation of smokers ("Banning the Butt"). However, many teens and young adults are realizing the serious health affects promoted by the anti-smoking posters, announcements and commercials. Therefore, the government also has control over the tobacco industry.

Even though smoking is extremely addictive, smokers are capable of quitting. Many services are offered to help people quit smoking today such as ‘The Lung Association’, ‘Nicorette’ gum and patches, ‘Smoker’s Help Line’ and many more. With all of these services available to quit smoking in Canada, smoking is becoming a thing of the past. From the efforts of the government and health activists, smokers are able to quit more easily. Every industry works on the basis of supply and demand. Smokers have the ultimate control to stop the demand of cigarettes. If there is no demand, the tobacco industry will cease to exist.

**RELIGIOUS AND SPIRITUAL VIEWS**

North American Natives and South American Natives have viewed tobacco as a sacred substance since tobacco was first discovered ("History of Tobacco"). Although there is a great difference between North and South American religious ceremonies involving tobacco, they involve a common theme.

As mentioned previously in the background of this report, North American Natives would use ‘true tobacco’ as a way to connect with the spirits of Wakan Tanka,
their creator. Smoking tobacco through the scared pipe was very significant to the North American Natives. This demonstrated respect for Wakan Tanka, Mother Earth, fellow men and women, and respect for individual freedom (“The Peace Pipe Ceremony”).

There is a legend that in a time of starvation, a woman appeared wearing a white buffalo skin on her back. She came with a sacred pipe of tobacco and explained to the North American Natives the significance of each part of the pipe. The wooden pipe was to represent the earth, the red colour of the bowl signified the blood of all people and the smoke symbolized prayers to the creator, Wakan Tanka (Null). This woman then introduced the pipe ceremonies to the North American Natives. In these spiritual ceremonies, offerings were being made in four directions while drums were playing and worship songs were being sung. By smoking ‘true tobacco’ through pipes, North American Natives believed they were connecting with the spirits of Wakan Tanka. They learned that by thanking Wakan Tanka with their offerings of tobacco and other precious gifts, blessings would overwhelm the earth (Null). Finally, the woman assured the North American Natives that she would return once again. After that, she transformed into a buffalo, changing colours numerous times until she was white. Then she left the tribe and they no longer grew hungry (Null). This was the start of Native American tradition with ‘true tobacco’.

The peace pipe was used as a portable altar. Tobacco was the primary substance found in the peace pipes, along with a tobacco variation known as kinnic kinnic (“The Peace Pipe Ceremony”). Kinnic kinnic is made from the bark of the red willow tree, and it is non-hallucinatory. The North American Natives felt that hallucinogens were unnecessary to find the Great Spirit. They believed that by fasting, the Sun Dance, Vision
Quest, Sweat Lodge Ceremonies or simply by observing Wakan Tanka’s creation, they could connect with the Great Spirit. However, the peace pipe ceremonies would start by acknowledging the peace pipes, full of tobacco, to four directions then to Mother Earth, Father Sky and the Great Spirit. The final step of the ceremony was to point the peace pipe directly to the sky. Although North American Natives believed Wakan Tanka was everywhere, in the ceremonies they proceeded as if she were above (“The Peace Pipe Ceremony”).

Tobacco is a very important substance to North American Natives. As the author of a book called *Offering Smoke, The Sacred Pipe and Native American Religion* says:

The centrality of the pipe to the religious life and understanding of many of the native peoples of North America can best be compared to the role of the Torah in Judaism and the Koran in Islam; it is the primary means of communication between spiritual power and human beings. (Paper)

In South and Central America, the Mayan Natives would use tobacco as a type of healer. Tobacco was used to heal conditions such as asthma, bites and stings, bowel complaints, chills, fevers, convulsions, nervous ailments, sore eyes, skin diseases and urinary ailments (Vidal). Tobacco was also consumed in South and Central America to offer thanks to the Gods (Vidal). Mayan creational mythology includes many different Gods and Goddesses (“Maya Gods and Goddesses”). When they first created man, he was perfect and living with the Gods. One day, the Gods and Goddesses feared their ‘creation’ that they designed. As a result, ‘humans’ were created, as he exists today. Mayan culture is similar to many religions as the Gods and Goddesses promise to return one day (“Maya Gods and Goddesses”). In Mayan culture, human sacrifice is very
important to offer to the Gods. It is also important to sacrifice things of value such as tobacco, to the Gods. The Mayan vision is divided into four directions, north, south, east and west, all in which the tobacco is offered (“Maya Gods and Goddesses”).

**CASE STUDY #1: CHINA**

The tobacco industry is very important to China. “Cigarettes are the bread and butter of Ah-Jun and the People’s Republic of China alike” (Bennett). The country produces, processes and exchanges tobacco throughout the world. Millions of people in China are employed by the tobacco industry (Liemt). Jobs from farming tobacco to manufacturing it are all offered by the tobacco industry. The production of tobacco and cigarettes are crucial to all governments in China (provincial, central and local) as they generate significant amounts of money from tobacco taxes (Liemt). Tobacco taxes are the largest source of income for governments in China (Balkin, 156).

In China, there are more smokers than the entire population of the United States (MacKay). It is estimated that China has 350 million smokers in the country. A report written by Dr. Weng Xin Zhi, the executive vice president of the Chinese Association on Smoking and Health, showed that in 1984, 61% of males and 7% of females over the age of fifteen smoked. The report also confirmed that over 56% of male doctors smoked. This report surveyed 519,000 people in China. Therefore, this survey proved that in 1984, there were between 250 and 300 million smokers in China. Since 1984, these numbers have only been increasing with the rise in population over the past decades (MacKay). (See Appendix II).
Not only are cigarettes extremely addictive, there is also a smoking culture in China. There is enormous social pressure, especially on men, to smoke (Walker). There is a popular saying used in Chinese society today that goes, “Men who don’t smoke will work in vain to ascend to top of the world” (Walker). In China, smoking is viewed as manly. There is a great difference between the percentages of men who smoke compared to the percentage of female smokers. Smoking is regarded as socially unacceptable for women (Trei). However, a small percentage of women think smoking is glamorous (Trei). The advertisements targeting women to start smoking usually involve a Western woman who demonstrates empowerment, individuality and rebellion (Balkin 163). Among the men, the habit is seen as a form of success, strength and sociability (Trei). Cigarettes have also been used to facilitate and seal deals with other companies (Trei).

To prevent people from smoking in China would be a very difficult task. This is so because recently, tobacco has been the single-largest contributor to its national tax system. China grows one third of the world’s tobacco and it manufactures one third of its cigarettes. Even though oil and petroleum have influenced China’s economy, tobacco remains a significant contributor. Tobacco is especially common in Yunnan province, also known as China’s ‘Tobacco Kingdom’, where 70% of taxes come from cigarette production (Trei).

China’s State Tobacco Monopoly Administration (STMA) contributes 16% of China’s national income, more than any other industry (Bennett). In 1984, STMA created the China National Tobacco Corporation (CNTC) (Bennett). The CNTC has always been known for putting health over wealth (Hammond). However, CNTC started to change
their motto in 1988, when RJ Reynolds established a joint-venture cigarette company called the Xiamen factory (MacKay). This new factory was able to produce 2.5 billion cigarettes per year (MacKay).

As many people smoke in China, there are many health-related economic costs that come along with the government’s revenues. While the government is earning millions of dollars from tobacco taxes, there are millions of dollars spent on health care costs caused by smoking (MacKay). In 1989, the costs of health-related problems caused by smoking were estimated to be approximately five billion dollars U.S (MacKay). This was also the same amount of money earned from tobacco taxes that year. In the end, the government always has to pay for health problems caused from smoking. However, they also receive the taxes collected from cigarette sales.

In 1987, there was a Media and Marketing article, “Great Leap into the PRC”. This article brought into discussion that Phillip Morris’s Marlboro Cigarettes was one of the top foreign advertisers in China, followed by Toshiba, Hitachi and NEC. At this time, China had many restrictions against advertising for cigarettes. However, foreign companies such as Phillip Morris, which were advertising in China, claimed that the advertisements were simply decorations. The Phillip Morris Company also advertised at many sporting events in China. The Chinese Minister of Health, Dr. Chen Min Zhang stated, “Sport should really be a means of healthy enjoyment and recreation for the public. But [promotion] of smoking does precisely the opposite” (MacKay).

Not only do cigarettes affect the government and the health of thousands, they also affect the environment. China has had many serious forest fires in the past caused by human factors such as smoking. In 1987, there was a forest fire that consumed the whole
northeast region of China. This forest fire was started by five forestry workers who threw their cigarettes on the grass, spilled oil and produced sparks from their chainsaws. The forest fire destroyed 3 million acres of land, killed 300 people and left 5000 homeless. On December 24th 1983, another tragic event occurred when a plane caught fire caused by a smoking passenger. As a result, the plane crashed at Guangzhou China, and killed 23 people. China immediately banned smoking on all international flights. China was the first county to do so (MacKay).

In the 2008 Olympics in Beijing, China made an effort to create a smoke-free environment in all the mainland Olympic host cities (Walker). In the Olympic Village, hotels and restaurants had to be smoke-free by June 2008. At least 75% of the area was smoke-free. However, this only occurred during the Olympics. China still has a long way to go to become completely smoke-free. Even though there are more people who are determined to quit smoking than ever before, there are only a few nicotine-replacement drugs to help them do so. In the 1990s, nicotine-replacement therapy from Glaxo-SmithKline became available at unreasonably high prices. This form of therapy is still offered at a high price, but it is also very difficult to find. Meanwhile, China is still very far behind in their efforts to ban smoking in public places. In karaoke bars and restaurants, the owners are unwilling to ban smoking as they are afraid of a loss in business (Walker). China is in need of solutions, however it is very difficult for China to restrict smoking because of all the jobs the tobacco industry provides. Smoking kills but the government generates millions of dollars and the tobacco industry employs millions of people. China can start by banning smoking in public places and by advertising the serious effects caused by smoking. China could also raise the taxes on cigarettes. The
tobacco industry is a very difficult entity to eradicate as it affects many people.

In conclusion, China is a very important country for the tobacco industry as nearly all the men smoke. This country has an enormous population and is a very easy target for tobacco companies. Men in China are under tremendous social pressure to smoke. Now, companies are starting to look at the women of China as their next marketing group (Balkin, 163).

CASE STUDY #2: BRAZIL

In Brazil, cardiovascular disease and cancer caused from smoking are the main causes of death (“Focusing Tobacco Use and Addiction”). Every year there are approximately 200,000 deaths in Brazil caused by tobacco use. Lung cancer is the leading cause of death for men, and the second leading cause of death for women. However, mortality rates have been increasing more rapidly among women than men. In a series of lung cancer mortality studies, it has been shown that from 1979 to 1999, mortality rates among men increased 57% and 122% among women. Smoking became very popular in the 1950s for men but for women it was not attractive. In spite of this, the tobacco industry encouraged women in Brazil to smoke more and more, resulting in a higher death rate than the men’s. In 1989, there was a countrywide survey that demonstrated 32.6% of the population older than 15 years old were smoking. At this time, there were 28 million smokers over the age of 15. Of these 28 million people, 16.7 million were males and 11.2 million were females. From the 1970s onward, researchers in Brazil proved that children who were exposed to environmental tobacco were more likely to have respiratory illnesses than children who were not (“Focusing Tobacco Use
Brazil is the sixth top country for consuming tobacco, the third top country for leaf production and the second top country for exporting tobacco leaves (Workman). In Brazil, tobacco is grown in two distinct areas, the south and the northeast (Sarris). The tobacco industry provides many Brazilians with permanent jobs. Today, there are 2.2 million people employed by the tobacco industry, 3.2 % of the total work force of Brazil. Of these people working with tobacco, approximately 500,000 work in agriculture, 200,000 in farming, and 1.5 million people are involved with other activities such as transportation, production, distribution, manufacturing, wholesale and retail labour force, and processing. Roughly 135,000 farmers grow tobacco as their permanent job. Tobacco is one of the few crops that has a guaranteed income, even on small plots of land. Other crops such as corn or beans are not as lucrative as tobacco crops. Farming tobacco is very common as everyone in the family can participate in the activity. In Brazil, farming tobacco is more popular than farming other crops such as garlic and asparagus because tobacco is less demanding of natural soil fertility. Tobacco provides an income four times larger than any other crop in Brazil. In the northeast of Brazil there are some of the poorest states including Paraíba, Rio Grande do Norte, Ceará and Pernambuco. Among these states, families rely on tobacco for their basic necessities of life. This means that the majority of these states are covered with tobacco farms (Sarris).

The north of Brazil has less farming of tobacco compared to the south. The quality of the northern tobacco is better than the southern tobacco. The tobacco industry in this section of the country is an important source of permanent jobs for women. In the
state of Bahia, the tobacco industry offers many jobs for women and men. There are over 300 women that work in Bahia, rolling cigars. Cigar rolling is a manual process that takes special training to do. It is important to realize the significance of 300 women working for the tobacco industry in Brazil. Usually women do not work for the tobacco industry however, in the northeast of Brazil many women are employed (Sarris).

In the northeast of Brazil, labour costs are extremely low. They are the lowest in the country and one of the lowest in the world. When the labour costs are low, tobacco will be very cheap when exported, meaning that tobacco will always remain affordable. The difference between the south and the northeast of Brazil is that the south focuses on producing tobacco leaves for cigarettes, and the northeast is devoted to growing black tobacco for cigar rolling (Sarris). Tobacco companies have been trying to improve the quality of their tobacco, resulting in better productivity. Over the past 25 years, production has been increasing by 3.5% every year. Cultivation practices have been improving in Brazil, resulting in improvements in tobacco yields. More and more tobacco is being exported from Brazil every year. However, tobacco is a rain-irrigated crop, which leads to fluctuations (Sarris). (See Appendix III).

Researchers in Brazil from the Universidad de Santa Cruz do Sul are evaluating the environmental and health effects tobacco has on their country (“Tobacco Growing And Ecosystem Effects (Brazil)”). They are trying to make Brazil less reliable on tobacco and to grow other crops as a substitute (“Tobacco Growing And Ecosystem Effects (Brazil)”). However, tobacco is the most profitable crop grown in Brazil. Other crops that can compete with tobacco are usually the ones that require more work and better soil
fertility. If people were to start growing other crops such as garlic, asparagus, corn or beans, new soil would be required. Deforestation would be essential in order for this to happen. Therefore, there are not many solutions for the tobacco industry in Brazil since a large portion of their population relies on tobacco to survive. Without the tobacco industry, 2.2 million people would lose their full-time jobs (Sarris).

**CASE STUDY #3: SOUTH AFRICA**

South Africa’s second highest health concern is smoking, after HIV/Aids (Eberlee). This developing country has legislated some of the strictest laws against the tobacco industry. The percentage of adult consuming cigarettes has been declining for the past eight years. The main contributing factor for the decrease in cigarette consumption was a steep rise in tobacco taxes (Eberlee). South Africa is known for their rapid progress towards strict tobacco laws around the world (Walbeek).

Before the 1990s, tobacco was not a serious concern in South Africa, says Corne Van Walbeek, a senior researcher for the University of Cape Town’s Economics of Tobacco Control Project. As a matter of fact, the tobacco industry and the government of South Africa were close allies, as the government made significant amounts of revenue from cigarette taxes and there were numerous jobs provided by the industry (Eberlee). The government lowered the taxes on cigarettes by 70 % from 1970 to 1990, as no one was really concerned about the health effects caused by smoking. This resulted in a large number of people smoking as the prices were cheap (Eberlee). The government was also able to make more money this way because people would buy many packs of cigarettes without realizing the small taxes on them. These small taxes added up extremely quickly,
allowing the government to benefit.

After realizing the health effects caused by smoking in South Africa, the country rapidly started to change. The government was under increasing pressure from health groups to pass the Tobacco Products Control Act in 1993. This act acknowledged that tobacco use is extremely dangerous to smokers and non-smokers (“Tobacco Products Control Amendment Bill”). The act also included the fact that children are being targeted to start smoking (“Tobacco Products Control Amendment Bill”). Smoking on public transportation was also banned in 1993 (Eberlee). As South Africa became a democratic country in 1993 after the apartheid, the new Government of National Unity was elected in 1994 (Eberlee). This government was part of the African National Congress (ANC) party (Walbeek). In 1993, the ANC party announced that if they were to take power, they would enforce strict tobacco control measures (Walbeek). People in South Africa demonstrated that they wanted great change in the tobacco control by voting for the ANC party. The new government did not have any connections with the tobacco industry, which was why there was a great shift towards becoming a smoke-free country (Eberlee). The outgoing government started to introduce tobacco control measures by increasing the excise tax and labeling packages with health warnings (Walbeek). In 1994, Dr. Nkosazama Zuma became South Africa’s new Minister of Health and tobacco was always on the top of her list of priorities (Eberlee). Since then, excise taxes on cigarettes have been increasing every year (Walbeek) (See Appendix IV). The results from this tax increase have caused the total cigarette consumption for the whole country to decrease every year (Walbeek). Smoking is no longer seen as acceptable by a large portion of the country (Walbeek).
In 1995, the World Bank stated, “Unless smoking behaviour changes, three decades from now, premature deaths caused by tobacco in the developing world will exceed the expected deaths from AIDS, tuberculosis, and complications of childbirth combined” (Houghton).

South Africa is an example of how quickly a country can change. This country was in desperate need of a change, as there were countless deaths every year caused by smoking. Smoking became an enormous health concern in the country, after HIV/AIDS. Since smoking is a preventable death, South Africa took control over the tobacco industry. This country was able to change from having the majority of the population smoking, to the minority of people smoking in the span of a decade. As the new Government of National Unity was elected, the country was able to experience a great change in lifestyle. South Africa is a demonstration that anything is possible when people are willing to change.

**WORLD HEALTH ORGANIZATION (WHO)**

In 1994, the first state in the United States sued the tobacco industry (“Industry Conduct”). Mississippi was the first state to sue, with Mike Moore as the Attorney General (“Industry Conduct”). Mississippi was suing the thirteen major US tobacco companies, which have been winning lawsuits filed against them by smokers with lung cancer and emphysema for the past decade (Roberts). Moore and his team were determined to make the tobacco industry pay for the costs that smoking imposed on Mississippi (“Industry Conduct”). Moore and his team had a plan that involved only a few industry documents and some witnesses. In the meantime, Minnesota’s Attorney
General, Hupert ‘Skip’ Humphrey, was making a different plan. His plan was to bury the tobacco industry with many documents about the truth of the industry. Humphrey then forced the tobacco industry to give him their documents in return. The tobacco industry then gave all of their 33 million documents of all their secrets to Humphrey. The tobacco industry thought that by ‘burying’ the state of Minnesota with documents, they would not actually read them all. However, since Minnesota has long winters, the Minnesota team looked through all of these documents (“Industry Conduct”).

Today, the World Health Organization (WHO) Tobacco Free Initiative is using these documents to help achieve the Framework Convention on Tobacco Control (FCTC). The WHO FCTC is a treaty that allows all people to have the right to the highest standard of health (“WHO Framework Convention on Tobacco Control”). In order to start WHO FCTC, WHO needed to make these ‘secret’ documents public.

In 2002, the World Health Organization published the first edition of The Tobacco Industry Documents, explaining what they were, what plans were shown from the tobacco companies, the health effects, etc. This edition of the secret documents was published to show to the government officials, journalists, health care professionals, and the public to expand their knowledge on the tobacco industry. This was to improve tobacco control strategies for the future (“The Tobacco Industry Documents”).

The tobacco industry and the WHO have always been ‘enemies’ long before the publication of the Tobacco Industry Documents (Zeltner et al.). Tobacco companies would come up with planned strategies to cripple the WHO’s mission. The tobacco companies’ campaigns against the WHO involved a long process in which they would convince developing countries that the WHO was only a ‘First World’ organization and
that they should ignore everything the WHO had to say about smoking. The tobacco industry claimed that the WHO relied on certain scientists that were working against the tobacco companies. The tobacco industry is not an easy industry to do battle with, however; neither is the WHO as it holds the facts behind the tobacco industry (Zeltner et al.).

In the early 1990s, the WHO and the EPA (Environmental Protection Agency) worked together to prove that second-hand smoke was also of concern (Hilts, 104). By the end of January 1993, they came to the conclusion that second-hand smoke is a deadly carcinogen. For the tobacco industry, this was not a threat as second-hand smoke did not kill as many people as those who do smoke. However, the fact that people could die without smoking was a shock to many. Until 1993, the tobacco industry was always able to defend itself by saying that only the people who choose to smoke will get diseases and illnesses caused by smoking. This statement was capable of winning over 800 lawsuits before 1993. Tobacco executives suddenly realized the major effect this information would have on smokers as smokers may be inclined to quit for fear of harming their families. The total rate of smokers would decrease, as second-hand smoke was a threat to everyone (Hilts, 104-106).

In 1994, Henry A. Waxman rose to the level of the president of the House of Representatives, the Subcommittee on Health and the Environment. He introduced a bill against second-hand smoke called the “Smoke Free Environment Act”. Waxman had managed to get many previous Surgeon Generals together, to approve of the bill. As a group they came to the conclusion that by enforcing this bill, up to 38,000 lives would be saved yearly from second-hand smoke. Soon, many large corporations and restaurants
became smoke-free across the country (Hilts, 106-107).

Therefore, the World Health Organization and other American organizations such as EPA have had major influences over the tobacco industry. Some of the American organizations played an important role internationally as many countries all over the world follow the United States as an example. The United States and Canada have improved their smoking habits over the years, and now other countries in the developing world are beginning to do the same. The WHO has made people aware of the health concerns and the truth behind the tobacco industry. As a result, more people are starting to quit smoking since they are well informed.

**CANADA:**

Canada is considered to be the most dedicated country in the world to promote a smoke-free lifestyle (“Banning the Butt”). In Canada, there are many laws against advertisements promoting smoking, smoking in public places, young people smoking, placement in stores, etc. Canada is one of the few countries that has taken some essential steps in order to become a smoke-free country.

On October 1st 2003, the Tobacco Act came into full effect (“A Review of Cigarette Marketing in Canada”). This act prohibits all forms of promotion, false advertising, brand stretching through products or services associated with young people or with lifestyles and imported advertising. The Tobacco Act only allows for advertisements for the health concerns from smoking. There were numerous events that took place before the Tobacco Act in 2003.
• Before 1988, tobacco companies in Canada did not have any specific restrictions for advertising. However, they did not advertise smoking on television, and all cigarette packages required a health warning.

• In May 1988, the Tobacco Products Control Act was passed. This act banned all tobacco ads including billboards and retail advertisements. Sponsorship advertising was only permitted for ‘corporate’ names.

• In the late 1980s, tobacco companies went against the Tobacco Products Control Act by incorporating brand names and advertising on billboards and in retail.

• In September 1995, the Tobacco Products Control Act was shut down, as the Supreme Court did not have enough evidence that advertising increased the number of smokers.

• From 1996 to 1997, after the collapse of the Tobacco Products Control Act, tobacco companies made their own restriction regarding advertising (no human figures and a larger health warning).

• In April 1997, billboard and retail advertising were completely banned. Sponsorship advertisements were allowed to stay on billboards and in stores until October 1st 1998.

• In October 1998, the first set of restrictions on sponsorship promotion came into effect and sponsorship promotions were only acceptable in direct mail.
All of these events helped pass the Tobacco Act in 2003, which strictly does not allow any promotion in tobacco advertising (“A Review of Cigarette Marketing in Canada”).

As previously mentioned, Canada has many restrictions of smoking in public places. In Canada, most provinces and territories have been promoting smoke-free workplace laws (“Canada”). Every province and territory in Canada, with the exception of Prince Edward Island, has prohibited smoking in all public places and workplaces for at least the past two years. These public places include restaurants, bars, casinos, outdoor patios, taxi cabs, and bowling alleys (“Canada”). British Columbia and Ontario are the only two provinces in Canada that have developed a new law in 2009 that prohibits smoking in vehicles while people 16 and under are present. In Canada, tobacco acts are being passed, making the country as smoke-free as possible.

Smoking in Canada is different than any other country as there is a legal age to buy tobacco products, including cigarettes. Every province is different however, the legal age for consuming tobacco products varies from 18 to 19 years of age. On February 8th 1994, the national legal smoking age changed from 16 to 18 years of age. Cigarettes were no longer sold in vending machines nor to anyone under the age of 18 (“Canadian Laws on Age of Smoking”). In Ontario, if a business is not smoke-free a fine ranging from $5,000 to $25,000 will be charged (“Banning the Butt”).

In 2008, many provinces across Canada including Ontario, Nova Scotia, Manitoba, Saskatchewan, P.E.I., B.C., and Quebec enforced a new tobacco law in convenience stores. All convenience stores were required to cover the cigarettes with
specific shelves. The cashier is allowed a binder with the brand names of cigarettes however, it is only to be used when making a sale (Window Star).

Canada is doing its part to stop the spread of second-hand smoke. With many laws and restrictions for smokers, it is hard to imagine where a smoker can actually smoke. As a result, in Canada the total number of smokers is declining every year (“Banning the Butt”). Canada has made a significant dent in the tobacco industry and the rest of the world is trying to do the same (“Banning the Butt”). Canada has been a great example for other countries to follow.

SOLUTIONS

All global issues are in need of a solution. However, solutions regarding a global issue are very complex because international control over something can cause a great change in people’s lifestyles. For example, if the entire tobacco industry were to be shut down, lives in Brazil and other developing countries that grow tobacco crops would be in jeopardy since their societies revolve around tobacco farming and manufacturing. From another point of view, wiping out the entire tobacco industry would be a good thing as there would be less preventable deaths every year. Looking at both sides of any global issue is essential to develop any solutions. In order to reduce the tobacco consumption, manufacturing, exportation, farming, etc, around the world solutions need to be well thought out. Potential solutions for the tobacco industry could include raising the taxes on cigarettes, finding a new crop to grow that has a guaranteed income and low maintenance, charging smokers to pay a premium on their income taxes for their increased health care needs. All of these potential solutions may have an impact on the
tobacco industry.

One of the most common solutions regarding the tobacco industry that most people believe to be effective is raising the taxes on cigarettes. “Of all intervention measures related to demand, price has been shown to be the single most effective means of changing tobacco use behavior” (Balkin, 109). Increasing cigarette taxes will discourage adults from smoking and it will decrease the number of people especially teens, from starting to smoke in the first place (109). It is estimated that by raising the taxes on cigarettes by 10%, there will be a 4% reduction on the overall cigarette consumption (109). Young adults and teenagers are more aware of money than adults. If the taxes on cigarettes went up by 10%, the total amount of smoking among teenagers would decrease by 8% (109). If this happens, fewer teens will experiment with smoking and they will never become addicted. Since 90% of smokers start when they are teens (110), higher taxes can quickly reduce smoking in the long run. Raising the taxes on cigarettes also generates substantial revenues for the government, which could be used for improved health care. This method of solving the issue of tobacco use has been attempted and it has showed improvements. For example, in 2002 16 states in the US increased their taxes on cigarettes, which resulted in a 20% decline in cigarette consumption (110). By increasing the taxes on cigarettes, the overall consumption will decline dramatically.

People that use tobacco products should be assessed a health premium on their income tax returns. If a person willingly engages in self-destructive behaviour, they should be prepared to pay for the health consequences. This is no different than paying
for search and rescue efforts after skiing out of bounds at a ski resort. Smokers are well informed of all the damages smoking can cause to their bodies. Therefore, it is not logical for a smoker and a non-smoker to be paying the same premium on life insurance. Today, if a smoker was to pay for life insurance, they will have to pay a much higher premium than those who are considered to be non-smokers. This may encourage smokers to stop their habit because of all the money being spent on life insurance. Even though after quitting, their life insurance would still be higher than normal, it would be lower than if they were still smoking. For this reason, more people would stop smoking.

On the agricultural side of this argument, many countries grow tobacco because it is the easiest crop to grow and it has a guaranteed income. For these countries, there needs to be another crop to take the place of tobacco. Governments should study the soil type, the climate, and the growing conditions of the land and find another crop that could replace tobacco and flourish in that environment. This process may take several years of subsidizing and financial assistance to assist farmers in switching and converting their land from tobacco growing to another cash crop. In order for farmers to willingly switch crops, the government should pay people to do so. Then, once the farmers are taught how to grow this new crop, the government should also support these farms until the farmers can generate an income that is high enough to support the entire family. This theoretical solution may take a long period of time to occur however, if this occurs, developing countries could have a fresh start with a replacement crop. This would increase the overall health of farmers in the country, and it would decrease the amount of exportation and consumption of tobacco.
Another possible solution to the issue of the tobacco industry would be the availability of medical programs in regional health units to help any individual who wishes to quit smoking, in any given country. It was proven in a Cochrane Review, a collection of databases in medicine, that 17% of smokers who had used nicotine replacement therapy were capable of quitting rather than the 10% of smokers who quit from attending a control group (Balkin, 122). All smokers who are eager to quit smoking should have the option of nicotine replacement therapy. There are various kinds of nicotine replacement theories such as nicotine gums, transdermal patches, sprays, inhalers and lozenges (122). Each of these nicotine replacements are equally effective however, they differ for each smoker. Nicotine replacement therapies are known to almost double the quitting rates of smokers (123). If all countries had the opportunity to access any nicotine replacement method, there would be a major change in the total rate of people who quit smoking.

CONCLUSION:

The purpose of this report was to explore the issues of the tobacco industry around the world. The rapid growth of this industry throughout the developing countries is of significant concern. Many problems including health costs, poverty, and damages to the environment are all enhanced by the tobacco industry. Of the 1.2 billion people who smoke today, half of them are expected to die prematurely from cancer caused by smoking. Smoking not only affects smokers, but non-smokers as well. In order to achieve a healthier place to live, solutions need to be formulated. There are many possible solutions that could act as catalysts in the decrease in consumption, manufacturing and
farming of tobacco. However, each of these solutions requires time and patience to truly occur. Real determination and passion is required in order for a change to come about. If more people were well informed of all the effects of smoking, they would be strong-minded about this global issue. It all starts by understanding the issue that is being dealt with. By expanding people’s knowledge, more people can set goals for themselves. You have been informed, now set your goal.
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APPENDICES:

Appendix I:

Dangers of Smoking

- Stroke
- Addiction to nicotine
- Premature wrinkles
- Diminished sense of smell and taste
- Cancer of the mouth, larynx, throat, esophagus, lungs, pancreas, cervix, uterus, and bladder
- Heart Disease
- Chronic bronchitis
- Stomach Ulcers
- More frequent colds and lung infections
- Emphysema (a chronic disease in which the small air sacs in the lungs become damaged causing difficulty breathing)


Appendix II:

“The Economics of Tobacco – in brief”.

www1.worldbank.org/tobacco/pdf/country%20briefs/China.doc
Appendix III:


Http://www.fao.org/docrep/006/Y4997E/y4997e01.htm#TopOfPage
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