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Tobacco, alcohol and doctors

To tell doctors about the health risks of tobacco use and alcohol abuse would surely bore them to tears. Where is the well-informed modern secondary schoolchild who does not know that tobacco is the only consumer product that harms every person exposed to it and kills half of those who use it regularly as intended? In 2009 the American Cancer Society published the 3rd edition of *'The Tobacco Atlas'*, available also online [1]. It is a clear, concise, comprehensive, authoritative 128-page compendium of all anybody needs to know about the menace of tobacco. That the tobacco epidemic killed 100 million people in the 20th century and could kill a 1000 million, i.e., a billion in the 21st century is common general knowledge.

Dr Brundtland

Because the scientific evidence against the tobacco menace had become staggeringly persuasive, the World Health Organization (WHO) was galvanized into purposeful action. Significantly, this happened with the election of Dr Gro Harlem Brundtland, a former Prime Minister of Norway, to the Director-Generalship of the WHO in 1998. Tobacco control became one of her priorities. In 1999, following the approval of the World Health Assembly, formal negotiations began to develop a Framework Convention on Tobacco Control (FCTC). The FCTC came into effect on February 27, 2005. Sri Lanka was the first Asian country to ratify the FCTC and the fourth in the world to do so. As of now, 161 of the 192 WHO member states have become parties to the Convention.

MPOWER

Six policies designed to control the tobacco epidemic have been formulated by the WHO and recommended for implementation. They are referred to as WHO's MPOWER policies and may be summarised as follows:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

The bad news is that despite all our efforts, on current trends, between 2010 and 2025, the number of smokers worldwide is predicted to rise from 1.4 billion to 1.7 billion, due mainly to population increases even as smoking prevalence rates decline. In Sri Lanka, however, given the high degree of political commitment, the expectation is that the country will be tobacco-smoke-free by 2015.

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Tobacco control in Sri Lanka

Recall the sequence of events in regard to tobacco control. The WHO's FCTC came into effect in February 2005. In November 2005, there was a presidential election in Sri Lanka. In the very first paragraph of the election manifesto of the candidate who turned out to be the winner, there was the promise of decisive legislative action for eradicating the drug menace from the country. In August 2006, the NATA Act No. 27 of 2006 was certified in Parliament. The Act became operative on 1 December 2006. Under the Act, selling tobacco or alcohol products to persons under 21 years of age is prohibited; advertisement of tobacco and alcohol products is prohibited; promotion of such products is prohibited; sponsorship of social, cultural and sporting events by tobacco and alcohol industries is prohibited; and consumption of tobacco and alcohol products in enclosed public places is prohibited. These are not only prohibited, they are also offences punishable with fines or imprisonment or both.

Alcohol

Let us now focus on alcohol in particular. Sri Lanka is predominantly a Buddhist country where for historical reasons Buddhism is entitled to special constitutional protection. One of the five precepts (*pancha sila*) of Buddhism obligates the follower to "undertake the rule of training to refrain from liquors which engender slothfulness". In such a country, with a predominantly Buddhist culture, what advice should one proffer to, say, a young man who wishes to buy a glass of wine on the day before his 21st birthday? Should he legalistically advise him to wait until midnight to do so? Or should his advice be the same as the celebrated one-word admonition that *Punch* magazine gave in 1845 to persons about to marry: "Don't". Given this background, consider my precarious situation. The *CMJ* stands squarely and unequivocally for evidence-based scientific medicine. My deep conviction is that modern medicine is ontologically materialistic; epistemologically empirical; and ethically humanistic. When writing to the *CMJ*, therefore, even about tobacco and alcohol, I can write with credibility only to the extent that I conform to the orthodox paradigms of current scientific medicine as I understand them.

Conventional wisdom

In orthodox medicine, tobacco and alcohol are considered under the heading of "Non-medical use of drugs" [2]. Drugs used for non-medical purposes are often divided into two groups: "hard" and "soft". Examples of hard drugs are heroin and cocaine. They have the potential for seriously incapacitating users as economically functional members of society by inducing physical and mental dependence. Tobacco and alcohol are examples of soft drugs. They are less dependence-producing. They may induce psychological dependence, but often there is little or no physical dependence except in the case of those who regularly imbibe heavy doses of alcohol. Indeed, in the Sri Lankan context, the consumption of large volumes of cheap illicit alcohol has proved to be a major socio-economic and health problem among the poorer sections of our population. A preliminary glance at some recent official statistics available at the Non-Communicable Diseases Unit of the Ministry of Healthcare and Nutrition suggests that the annual deaths from alcohol may not be much less than those from tobacco. Particularly is this so if deaths from accidents, murder and suicide in which alcohol was a regularly associated factor, is taken into account. At all events, the consensus among investigators in the field of alcohol research is that the world over, the harm – physical, psychological, social and economic – attributable to alcohol tends to be grossly underestimated.

Concerning tobacco and alcohol, Bennett and Brown speak of drug abuse being “not primarily a pharmacological problem”, but “a social problem with important pharmacological aspects” [2]. Accordingly, there is sanction from mainstream scientific medicine to regard the problems associated with tobacco and alcohol as primarily social problems. It is in the context of the primarily social and environmental nature of the tobacco and alcohol phenomenon that manifests itself as health and medico-legal problems that a certain judgment of the 19th century German neuroscientist, physician and political activist Rudolf Verchow acquires special relevance and significance. I remember reading it a long time ago in a book by Professor Vicente Navarro of Johns Hopkins University Medical School. If my memory serves me, Navarro quoted Verchow as having said: “Medicine is a social science, and politics is nothing else but medicine on a large scale”. We have lived to see the day in our country when politics has intervened in a big way in tobacco and alcohol control. Having discussed the subject of the non-medical use of soft and hard drugs from several different aspects, Bennett and Brown reached the following conclusions:

- For relaxation, recreation, protection from, and relief of stress and anxiety, relief of depression: moderate use of ‘soft drugs’ may be accepted as part of our society.
- For spiritually valuable experience: justification is extremely doubtful.
- As a basis for a ‘culture’ in the sense that drug experience (a) can be and (b) should be central to an individually or socially constructive way of life: a claim without validity.
- For acute excitement: extremely dangerous.

Famous soft drug addicts

It is because of the attitude to soft drugs indicated in the first bullet-point above, that Albert Einstein, Bertrand Russell, Sigmund Freud, Thomas Edison, Graham Bell, Winston Churchill, Franklin Roosevelt, Pablo Picasso, Oscar Wilde, and Bertold Brecht – to name but a few world-famous men – who were born in the 19th century, indulged themselves in the soft drugs and died in the 20th century in the fullness of years and honours. When they started to smoke in their youth, however, they couldn’t have known that tobacco smoke contains nicotine (used in cockroach poison), DDT (used to kill mosquitoes), hydrogen cyanide (used to administer capital punishment), cadmium (used in car batteries and possibly a kidney poison), carbon monoxide (found in car exhaust fumes) and formaldehyde (used in embalming fluid). Had they known what we know now, these intelligent men, like most intelligent modern people, would surely have avoided tobacco. So much for tobacco.

Towards a FCAC

Finally let us see what our attitude should be to the problem of alcohol in Sri Lanka. In 2006, the WHO initiated a series of studies called the ‘Alcohol Control Series’. The 6th study in the series came out in 2007 [3-8]. Based on systematic research carried out in the South-East Asia region, the aim of the study is to design and develop policies and programmes to prevent alcohol-related harm in the region. The vision seems to be to work towards a Framework Convention on Alcohol Control (FCAC) modeled on the FCTC. Predictably, there is going to be far less agreement about alcohol control than about tobacco control. Why so? Because the case against both tobacco use and abuse is scientific, whereas only the case against alcohol abuse is scientific. What is more, Sri Lanka has a liberal democratic tradition inspired by Buddhism. However irksome it may be to them, in this predominantly Buddhist country, by inner compulsion enlightened Buddhists have disciplined themselves to tolerate even what their religion explicitly disapproves of. The Compassionate Buddha set the gold standard. *Ehi passika* – “come and take a look” is what he taught. The attitude of Buddhists towards alcohol vividly exemplifies their religious tolerance.

In my book, the non-medical use of the soft drugs tobacco and alcohol should be a matter for consenting adults in private. I reserve my particular venom for the amoral merchants of death who calculating shrewdly that today’s children represent tomorrow’s profits direct their seductive marketing strategies at them. There is evidence that the vast majority of smokers and drinkers throughout the world began to smoke and drink as children. They had often succumbed to aggressive marketing, especially through the mass media. As Jesus Christ said in a similar context, I think it would be better for such businessmen if a millstone were hung around their necks and they were drowned in the depth of the sea.

References

1. Shafey O, Eriksen M, Ross H, Mackay J. *The Tobacco Atlas*. 3rd edition. Atlanta: American Cancer Society, 2009.
2. Bennett PN, Brown MJ. *Clinical Pharmacology*. 9th edition. New Delhi: Elsevier, 2005: 165-97.
3. World Health Organization. Burden and socio-economic impact of alcohol – the Bangalore study. Alcohol Control Series No. 1. New Delhi: WHO Regional Office for South-East Asia, 2006.
4. World Health Organization. Public health problems caused by harmful use of alcohol – gaining less or losing more? Alcohol Control Series No. 2. New Delhi: WHO Regional Office for South-East Asia, 2006.
5. World Health Organization. Alcohol control policies in the South-East Asia region: selected issues. Alcohol Control Series No. 3. New Delhi: WHO Regional Office for South-East Asia, 2006.

6. World Health Organization. Alcohol use and abuse – what you should know. Alcohol Control Series No. 4. New Delhi: WHO Regional Office for South-East Asia, 2006.
7. World Health Organization. Reducing harm from use of alcohol: community responses. Alcohol Control Series No. 5. New Delhi: WHO Regional Office for South-East Asia, 2006.
8. World Health Organization. Current information on use and harm from alcohol in the South-East Asia region. Alcohol Control Series No. 6. New Delhi: WHO Regional Office for South-East Asia, 2007.

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