

Tobacco's huge impact on environment: a wicked problem requiring intersectoral action

Upendra Bhojani

Countries in South Asia share a colonial legacy of introduction of tobacco into the region and its industrial scale production. India is the second largest consumer and among the major producers and exporters of tobacco leaf. Apart from the disease and economic burden, tobacco negatively impacts environment throughout its lifecycle. Tobacco cultivation is linked with land and water degradation: between 1950 and 2021, tobacco production tripled from 0.26 to 0.76 million tons a year. Much of tobacco is cured using firewood. It is estimated that about 0.7 million tons of firewood was used per year in Karnataka alone with much of it coming from forests. The environment ministry puts tobacco manufacturing in 'orange category' with high pollution index considering the emissions, effluents, and hazardous waste. It's estimated that use of tobacco products generates over 0.17 million tons of waste, much of which is nonbiodegradable including plastics, aluminum foils and filters. While reducing tobacco production is crucial for reducing tobacco-related health and environmental burden, it requires high-level government actions across sectors. There are about seven million workers depending on tobacco for their livelihoods in India. Tobacco is a major export commodity apart from domestic consumption making it an important revenue source for governments. Tobacco businesses mask these ecologic impacts of tobacco through their narratives around corporate responsibility and sustainable business practices. Public health professionals need to work with professionals and government agencies from across sectors (especially, environment, labor, commerce, finance) to promote alternative livelihoods, business accountability, and health oriented public policy.



Dr Upendra Bhojani graduated as a dentist and transitioned to public health. He stays and works in India. He serves as a faculty at the Institute of Public Health Bengaluru and leads a Cluster on Chronic Health Condition and Public Policy. He holds the DBT/Wellcome Trust India Alliance Senior Fellowship and recently completed a term as Director (2019-2023) at the Institute. He earned his master's degree in public health from the Deakin University (Australia) and PhD from Ghent University (Belgium) through a scholarship from the Institute of Tropical Medicine Antwerp. His interests include political economy of health, chronic health conditions, commercial determinants of health, public policy and health equity.