

CONTROL OF TOBACCO USE



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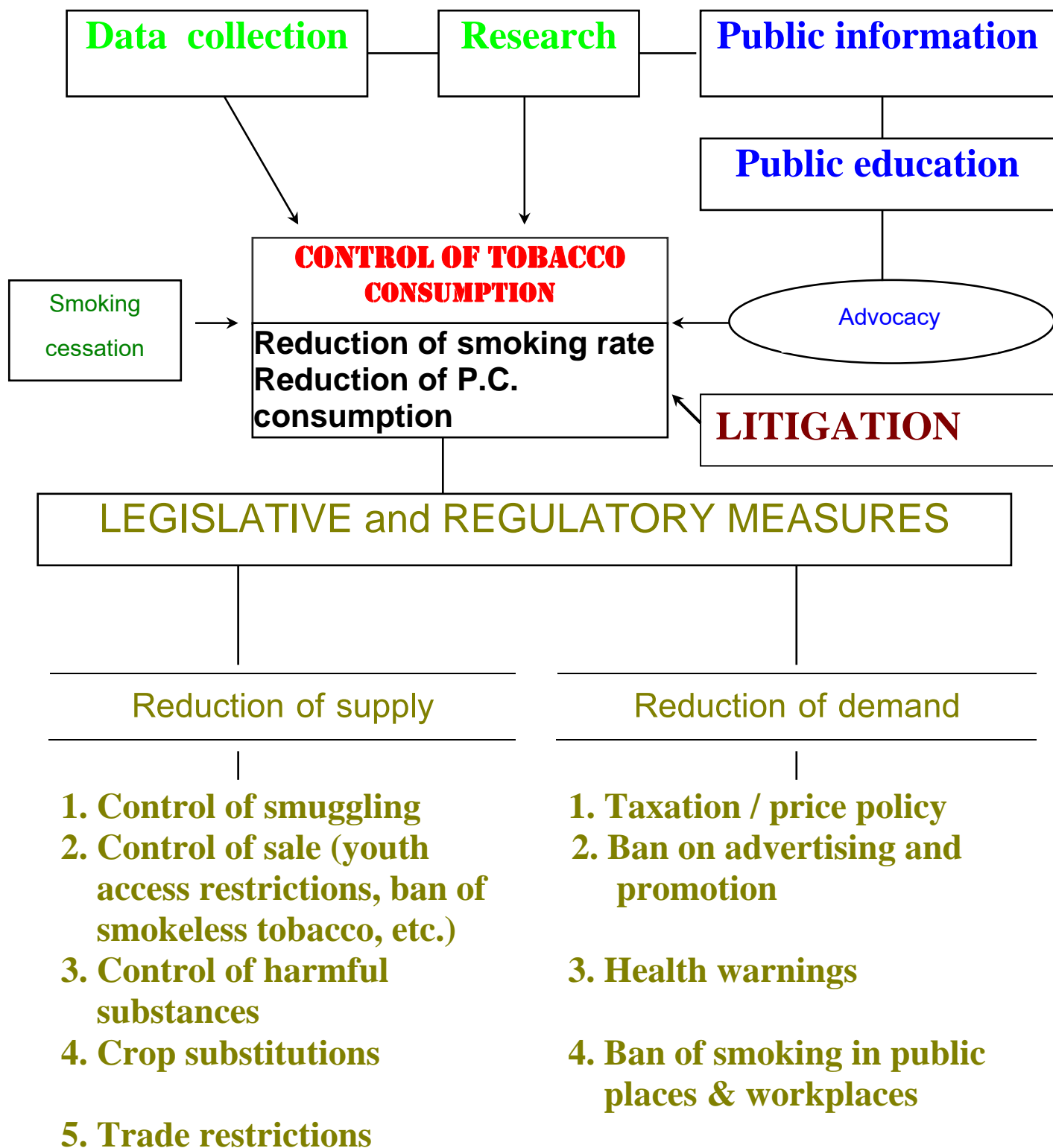
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REDUCING TOBACCO USE IS A HEALTH PRIORITY - BECAUSE TOBACCO IS A GLOBAL KILLER

Tobacco is one of the single biggest causes of death worldwide.

- Globally, around 4 million people die from tobacco-related illness each year. This is the equivalent of twenty-seven 747 airplanes full of passengers crashing every day. Ten million is expected to be killed by tobacco in 2030.¹
- Based on current smoking trends tobacco will cause more deaths than HIV, maternal mortality, road traffic accidents, homicide and suicide combined.²
- The epidemic is increasing affecting developing countries, where most of the world smokers (82% or 950 million) live. Smoking prevalence among men and women in low income countries has been increasing. By 2030 the Third World will account for 70% of all tobacco deaths. Many deaths and much disease could be prevented by reducing smoking prevalence.
- Approximately 80,000 to 100,000 young people around the world become addicted to tobacco each day.³ If current trends continue, 250 million alive today will die from tobacco-related disease.⁴
- At the national level, tobacco use impose significant economic costs on countries, ranging from 0.7% to 2% of GDP lost annually.

ACTIVITIES IN TOBACCO CONTROL



COST EFFECTIVE INTERVENTIONS FOR TOBACCO CONTROL

Objective: Reduce tobacco use, to reduce death and disease caused by tobacco use.		
Interventions	Beneficiaries/Target Groups	Process Indicators
Higher taxes on cigarettes and other tobacco products	Smokers Potential smokers (especially youth)	✓ Price of cigarettes/bidis etc (adjust for inflation) ✓ Tax as % of final sales price
Non-price measures		
Bans/restrictions on smoking in public and work places: schools, health facilities, public transport, restaurants, cinemas etc.	Non-smokers protected from second-hand smoke	✓ Smoker-free public spaces and places
Comprehensive bans on advertising and promotion of all tobacco products, logos and brand names	Smokers and potential smokers (especially youth) Societal attitudes to smoking	✓ Laws, regulations, extent to which respected/enforced
Better consumer information: counter-advertising, media coverage, research findings	Smokers and potential smokers Societal attitudes to smoking	✓ Knowledge of health risks, attitudes to smoking
Large, direct warning labels on cigarette boxes and other tobacco products	Smokers	✓ % of box surface covered by label, message, color/font specifications
Help for smokers who wish to quit, including increased access to Nicotine Replacement (NRT) and other cessation therapies	Smokers	✓ Number of ex-smokers

Impact / surveillance Indicators for tobacco use (from survey data):
<p>Adult smoking prevalence: % of people 15 and older who use any tobacco product at least once a day (daily/regular smoker) or occasionally, % who have ever smoked</p> <p>Intensity: average number of cigarettes (and other tobacco products) smoked/used daily</p> <p>Quit behavior: % who used to smoke, but currently do not smoke at all</p> <p>Youth use: % young people who currently use any tobacco product (defined as having used a tobacco product on one or more days during the post 30 days),</p> <p>Initiation age: age at which current and ex-smokers first started to smoke at least one cigarette a day</p>

The **best results are achieved when a comprehensive set of measures to reduce tobacco use are implemented together.**

Price increases are the most effective and cost-effective deterrent -especially for young people and others with low incomes who are highly price responsive. A price increase of 10% decreased consumption by about 8% in low and middle-income countries.

Comprehensive bans or all advertising and promotion are the second most effective measure to reduce tobacco consumption. These include sponsorship of sports and cultural activities. The overwhelming majority of independent, peer-reviewed studies show that tobacco advertising leads to an increase in consumption.^{5,6} Cigarette advertising has a powerful effect among young people. Studies have shown tobacco promotional activities are causally related to the onset of smoking in adolescents and that exposure to cigarette advertising is predictive of smoking among that age group. Research has also shown that following the introduction of brand advertisements that appeal to young people, use of the advertised brands increase as does overall smoking.⁷

Health warnings on cigarette packages should be large (cover at least 30% of the surface area), clear (e.g. black on white), in local languages, and have a set of specific required messages that change periodically. Pictograms are the best since the illiterates can also be educated.

Smoking cessation programs are an essential component of tobacco control. Most people who quit do so without help, but nicotine addiction makes quitting very hard. Many smokers want to quit and need help from - advice from health care providers, telephone "quit lines", formal and informal support-groups, and cessation therapies including nicotine replacement (NRT).

Ban of smoking in public and work places not only protects non-smokers from environmental tobacco smoke (ETS) but also builds societal 'denormalization' of smoking. It also reduces the level of tobacco consumption of smokers.

Most measures to reduce supply are ineffective. Bans on tobacco product sales to young people are difficult and costly to enforce.

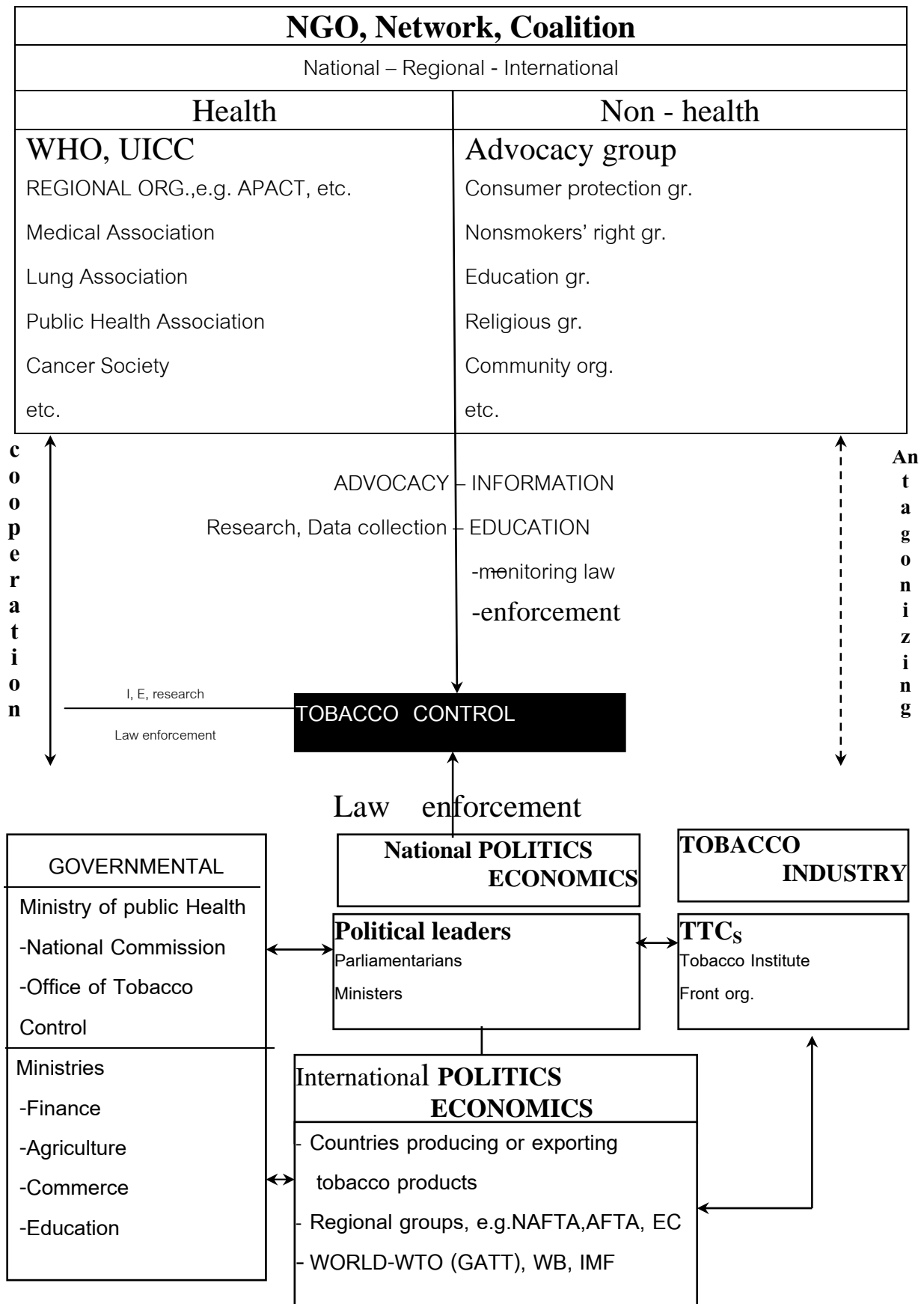
Control of smuggling is the exception and is the key supply-side measure to pursue. Approximately one-third of all cigarette exports never reach their intended destination. They disappear into the lucrative black market. Tobacco smuggling seriously harms public health by undermining tobacco tax policies worldwide, by making tax-free cigarettes cheaper, and by reducing government revenue that should be the funding source for tobacco control and other health promotion programs.

WHO ARE DOING TOBACCO CONTROL?

No single group or organization can successfully control tobacco use. Since the problem is enormous and involves multiple disciplines, bureaucratic and non-government agencies, national and international organizations, non-political and political groups, etc.

National tobacco control efforts are usually led by the Ministry of Health. The core mechanism for tobacco control policy is the national commission which include other government agencies which have some duties related to tobacco, e.g. Ministries of Finance, Agriculture, Education, and Commerce. Associations of health professionals, e.g. heart, lung, and cancer societies are the key role players. Other stakeholders include: dedicated anti-smoking NGOs, women's groups, youth groups, media, and sports groups.

VARIOUS ORGANIZATIONS IN TOBACCO CONTROL



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