

Editorial

Use of Tobacco and its Health Hazards

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Editor

Tobacco use still remains one of the biggest challenges our world faces in public health. One in 10 deaths around the world is caused by tobacco use. Tobacco is the single greatest preventable cause of death in the world today. It kills over 7 million people every year.

In 2022, an estimated 25.4 million people (20.7 million males and 4.6 million females) aged 15 years and older were tobacco product users in Pakistan. This positions the country as the 7th globally and the 1st in the WHO Eastern Mediterranean Region in terms of number of tobacco users.^{1,2}

Tobacco use jeopardizes human health and is one of the major sources for non-communicable diseases including chronic obstructive pulmonary diseases (COPD), cardiovascular diseases, diabetes and cancers.³ Tobacco related diseases are a major cause and consequence of poverty in low- and middle-income countries.⁴

Globally, 942 million men and 175 million women ages 15 or older smoke tobacco.⁵ It is responsible for death of about seven million people each year; many are premature deaths reported by World Health Organization's (WHO) new Global Report on Trends in Prevalence of Tobacco Smoking 2000-2025.⁶ In a recent study, overall prevalence of tobacco use in Pakistan are found less common compared to its neighboring countries (19.1% vs. >25%).⁷

Generally, use of tobacco start around adolescence.⁸ In developing countries, more than half of the adolescents start smoking at an early age and become regular tobacco users subsequently.⁹ Male gender, old age, less education, high coffee or tea consumption, sharing a household with smoker are the most common risk factors for using tobacco.¹⁰

According to a study, aimed to assess the age standardized prevalence of tobacco use in urban and rural areas of four provinces of Pakistan amongst people aged 20 years or more.

The age-standardized prevalence of tobacco use in Pakistan was found to be 13.4%. Tobacco use in urban areas was 16.3% and rural areas was 11.7%. Tobacco use in urban and rural males was 26.1% and 24.1%, while in females was 7.7% and 3.1%, respectively. The age-standardized prevalence of ex-tobacco use in Pakistan was found to be 2.3%. Ex-tobacco use in urban areas was 2.6% and rural areas was 2.3%. Similarly, ex-tobacco use in urban and rural males was 4.6% and 4.6%, while in females was 0.7% and 0.5%, respectively.

In 2021, it was estimated that tobacco was the 5th highest risk factor driving the most deaths and disability combined in Pakistan. In 2021, the top 10

causes of the most deaths in Pakistan included Ischemic Heart Disease (IHD) ranking 3rd, Stroke ranking 4th, and Chronic Obstructive Pulmonary Disease (COPD) ranking 6th. Tobacco was responsible for an estimated 37.6 thousand or 20.5% of all IHD deaths, 13.7 thousand or 15.7% of all Stroke deaths, 9.8 thousand or 75.6% of all Lung Cancer deaths, and 26.8 thousand or 48.3% of all COPD deaths.

In 2019, tobacco use caused an estimated loss of 4.3 million disability-adjusted life years, which was about 9.3% of total disability-adjusted life years. Tobacco accounted for 1.2 million for IHD, 422.6 thousand for Stroke, 265.5 thousand for Lung Cancer, and 644.9 thousand for COPD.

According to Global Adult Tobacco Survey (GATS 2014), almost 24 million (19.1%) adults currently use tobacco in any form. That accounts for 15.6 million (12.4%) adults who currently smoke tobacco, including 3.7 million adults using water pipe, hookah or shisha, and another 9.6 million (7.7%) adults who use smokeless tobacco.

As per Global Youth Tobacco Survey (GYTS 2013), 13.3% boys and 6.6% girls are current tobacco users. Point of concern is the narrowing of ratio between male and female tobacco users among youth.

Another cause of concern is shisha smoking which is as dangerous as cigarette smoking.

The GATS and GYTS data provide critical information to stakeholders and decision-makers in Pakistan to protect the public's health and well-being. Addressing tobacco use as a contributing factor for morbidity and mortality in Pakistan will require strong commitment to high-level achievement, including implementation and enforcement of the WHO MPOWER measures.

WHO's MPOWER is a package of strategies and interventions to reverse the tobacco epidemic while using 6 strategies:

- 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

Fighting tobacco in Pakistan will require a strong commitment to the WHO's Framework Convention on Tobacco Control (WHO FCTC) and the related MPOWER strategies. These are proven strategies that can help avert unnecessary illness and death.

WHO works closely with the Government of Pakistan to curb the use of tobacco in the country. Despite

powerful presence of the tobacco industry, 2 major milestones were achieved in the country:

- Prohibition of Smoking and Protection of Non-smokers Health Ordinance 2002.
- Ratification of WHO Framework Convention on Tobacco Control (FCTC).

It is now time for Pakistan to fully implement MPOWER Strategies particularly the tobacco control “best buys”: strict implementation of smoke-free laws; a comprehensive ban on tobacco advertisement, promotion and sponsorship; implementing large-sized graphic health warnings on cigarette packs; introducing plain packaging; and raising tobacco taxation.

WHO looks forward to the development of an evidence-based multisectoral plan of action for tobacco control in Pakistan that will pave the way to accelerating implementation of the WHO FCTC and achieving the global target of a 30% relative reduction in prevalence of current tobacco use in persons aged 15 years and over.

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