

EDITORIAL

Tobacco Control: Current Challenges for Pakistan

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Tobacco is the single largest preventable cause of death in the world today. According to World Health Organization, the annual death toll attributable to tobacco is expected to rise from the current estimates of 5.4 million per year to 10 million by the year 2025. And over 70% of these deaths would be in the developing countries¹. In most developed countries the prevalence of smoking is on the decline and so are the tobacco related deaths from lung cancer, heart attacks and other diseases¹. Unfortunately tobacco use is on the increase in developing countries like Pakistan. Many transnational tobacco companies find Pakistan, a country with over 160 million people, an ideal place to promote their tobacco business. In the National Health Survey of 1996 among adults 36% of male and 9% females were found to be smokers². If we include the use of tobacco in other forms (smoke-less tobacco) like *paan*, *gutka* and *naswar* then the true prevalence of tobacco users is much higher.

Four of the top 10 leading causes of death in the world are respiratory in origin – these include lower respiratory tract infection, chronic obstructive pulmonary disease, tuberculosis and lung cancer³. Pakistan also has a major burden of these diseases in the country. Lung cancer was the most frequently encountered cancer reported from Karachi cancer registry⁴. In addition asthma is one of the growing public health problems of the country. Relationship between COPD, pneumonia and lung cancers with tobacco is well established, and now there is also ample evidence to suggest that smoking increases the mortality risk from TB by many folds⁵. This relationship between TB and tobacco has a major implication in the country where TB is still one of the leading infectious diseases with estimated incidence of 181/100'000 in the year 2003⁶. Literacy rate in the country is only 42% and public knowledge on tobacco and its associated health hazards remains very poor. In this scenario, clearly tobacco poses an enormous public health challenge to Pakistan.

One of the biggest barriers to tobacco control in the country is the perceived need and reliance of the government on the revenue generated from the tobacco industry. In the year 2000 tax revenue from cigarettes totaled Pak Rs.19.8 billion, representing approximately 25% of all excise revenue generated in the country for that year⁷. In the year 2003, the revenue generated by the government from tobacco industry increased to Rs. 32.36 billion providing another indirect evidence of increasing smoking rates in the country. On average, Pakistanis burn away Rs.56 million every day in smoking cigarettes⁸. In addition approximately equal amount of money is spent on using smoke-less tobacco, a major cause for head, neck and oral cancer in the country. There is no data available to measure the health care cost needed for the treatment of diseases caused by tobacco. Somehow we need to make our government fully realize that tobacco control is

highly cost-effective as a basic public health package and it compares well with other intervention like child immunization.

As the tobacco market shrinks in the developed world tobacco is more aggressively promoted in the country like Pakistan by British American Tobacco and Altria along with their Pakistani associated companies namely, Pakistan Tobacco Company and Lackson Tobacco Company. Their marketing and advertising budget is far greater than the total budget on health promotion by the government of Pakistan. For example in year 2002 the total tobacco-related health education budget by the Ministry of Health in Pakistan was Rs.2 million whereas a tobacco company spent over Rs.61 million in their tobacco advertisings ⁷.

As a result of pressure generated by Pakistan Chest Society, Aga Khan University, Network for Consumers Protection, Heartfile, Cancer Society, and Pakistan Medical Association, Government started to move. First success came when restrictions were placed on Tobacco Advertisements on the official electronic media of the country. Later in the year 2002 the national carrier Pakistan International Airline was also declared smoke-free. In the same year Prohibition of Smoking and Protection of Non Smokers, Health Ordinance was passed by the Federal Cabinet in which restrictions were placed on smoking at public places and sale of tobacco products to under-18 was banned. However a lot more work is needed in order to implement this ordinance in the country on a wider scale.

Pakistan is one of the first 40 countries in the world that has not only signed the WHO's Framework Convention on Tobacco Control (FCTC) but has also ratified this treaty. The FCTC include the most effective measures known to reduce the incidence of tobacco use including higher taxes, clean air laws and comprehensive ban on tobacco promotion ⁹. But turning the promise of the FCTC into concrete legislative and regulatory gain would require the policy makers to take some difficult decisions. The Government of Pakistan must stop relying on money generated from the tobacco industry. The health care cost of tobacco is huge and the sooner our government realizes this, the better it is for the country.

There are several major hurdles that need to be overcome before we see any significant decline on tobacco usage in the country. One of the biggest challenges for the country in tobacco control is the high prevalence of smoking amongst the medical doctors. In one of the survey done at a major teaching hospital of Karachi, 32 % of male house officers were found to be regular smokers ¹⁰. The whole creditability of anti-tobacco message is lost if public see a doctor smoking. Doctors also need to be trained on smoking cessation skills. Most medical school curricula do not teach tobacco as a separate subject in spite of the fact that this powerful addictive substance is responsible for hundreds of preventable diseases.

Majority of smokers realize the need to give up smoking but find it difficult to do so in the absence of any organized efforts on smoking cessation. Even brief advice by the doctors to their patients on quitting smoking can have a significant impact in decreasing

the prevalence of smoking in the society. We need to train health professional in Pakistan in order to build up their skills on “How to Quit- Smoking”.

Pakistan is a tobacco-growing country and in the year 2002 Pakistan grew 107,000 metric tones of tobacco ¹¹. Developing alternatives to tobacco cultivation and crop substitution are recognized as an important tobacco control measure. We need to learn from countries that have successfully substituted tobacco with an alternative crop. The government must provide support to farmers during the time lag that elapses between experimental plantation and sustainable fiscal yield.


There are several successful examples of tobacco litigation in the developed countries. However there is no precedent in Pakistan where a case for liability against the tobacco industry has been filed. Our lawyers need training in this aspect of tobacco control. If such a case is filed in Pakistani courts it will certainly generate not only enough media interest but also help in creating public awareness on tobacco and its hazards.

Promotion of clear air policies at educational institutions, public places, restaurants, private offices etc have been shown to be an effective tobacco control measure. In Pakistan we have a law, which bans smoking at public places, but there is hardly any implementation. Even the famous international fast food chains, which have completely smoke-free restaurants in the developed world, are not implementing the clear air policies in the developing countries. Pressure needs to be exerted by the anti-tobacco advocates in the developed world on the top management of the companies to make them realize that life of people in the low-income countries is also important. Children in these low-income countries also deserve to sit in a restaurant, which is free of tobacco smoke. The UK and USA government must exert similar kind of pressure on the transnational tobacco companies in order to prevent them from targeting the children and youth of the developing countries.

Finally, lung health in the world can not be improved without success in tobacco control. Tobacco is no doubt the world’s biggest preventable killer and anti-tobacco advocates both in the developed and developing world must unite to fight our common enemy: Tobacco. If we do not take any action in this regard about 500 million people alive today will eventually be killed by tobacco over the next 50 years, half of those will be those who are currently children and teenagers ¹².

The WHO’s MPOWER policy package can reverse the tobacco epidemic and prevent millions of tobacco-related deaths ¹³. This package consist of

- ✚ 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

Time is fast running out, we must act now to save these human lives.

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