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EDITORIAL

EVOLUTION OF TOBACCO EPIDEMIC - WHERE ARE WE HEADING?

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INTRODUCTION

In the past two decades, the epidemiological transition from communicable to non-communicable diseases (NCDs) globally, has been highlighted due to lifestyle changes, increasing sedentary behavior, tobacco consumption, unhealthy eating, and harmful use of alcohol. Tobacco use is a major risk factor for certain NCDs including cardiovascular diseases, cancer, and chronic respiratory diseases. More than eight million deaths worldwide are caused due to tobacco.[1] Although recent estimates show a decline in tobacco smoking globally, tobacco use accounted for 8.71 million deaths of all deaths in 2019.[2] Among the major risk factors for deaths in Nepal, smoking caused 13% of deaths in 2017 (second only to high systolic blood pressure).[3] More than 27000 Nepalese people are killed by tobacco-caused diseases every year.[4] In 2016, 15.6 percent of deaths among males and 14.1 percent of deaths among females were caused by tobacco use.[5] Smoking in Nepal is a major contributor to the loss of disability-adjusted life years (DALYs): smoking was attributable to 6.5 percent of DALYs lost in 2017, which is almost double the figure in 1990. Overall, tobacco use was attributable to over 700,000 DALYs in 2017.[3] The prevalence of current smoking in Nepal is 17.1 percent and that of smokeless tobacco use is 18.3 percent with males consuming both forms of tobacco much more than females.[6]

Reviewing the trend of tobacco use among the Nepalese population in the past decade, we can infer that overall tobacco consumption has remained broadly steady with neither worsening nor improvement. However, some important points need to be noted. There has been a decline the smoking and an increase in the consumption of smokeless tobacco. Most of the decline in smoking has been driven by less smoking among older men (aged 35 to 49) and women between ages 20 and 49.[7] At the same time, smoking and smokeless tobacco use among younger men (aged less than 20) has increased.[7] This shows that we now need to prioritize adolescent-focused tobacco control policies.

In the past fifteen years, Nepal has made significant progress in terms of rolling out policies to control tobacco use. Nepal ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) on November 7, 2006. In line with the FCTC, the Government of Nepal enacted the Tobacco Control and Regulatory Act 2011 and issued regulatory directives.[8] Despite having internationally proposed policies on packaging and regulation of sales, implementation has been questionable. The government increased the graphic health warnings area over the package of smoked and smokeless tobacco products from 75% to 90%, which was the largest increment in this region of the world.[7] But not all tobacco manufacturing companies have abided by this rule. During the transition of governance structure in Nepal from unitary to the federal system, there were high expectations regarding the stricter implementation of the tobacco control law locally. However, the implementation of these regulations has been very slow and irregular. A recent qualitative study has shown that tobacco control law prohibiting the sale and distribution of tobacco products to minors and prohibition of sale within 100 meters radius of educational institutions has not been implemented properly. Adolescent students were not stopped and inquired about their age while purchasing tobacco products.[9]

Tobacco control policies in Nepal were enacted in line with FCTC but Nepal has lagged in implementing all the measures laid out in FCTC. Out of the six measures in FCTC also known as the MPOWER, Nepal progressed in protecting people from tobacco, warning about dangers of tobacco, and enforcing bans on tobacco advertising, promotion and sponsorship. However, other measures like monitoring tobacco use and prevention policies, offering help to quit tobacco, and raising tobacco tax have not been successful.[10] Data on magnitude and determinants of tobacco use are generated periodically through demographic and health surveys and WHO-STEPS surveys.[11,12] But the mechanism to monitor the implementation of tobacco control policies and their compliance seems to be non-existent. A higher tax on tobacco products is vital to combat the tobacco epidemic. Yet, the amount of tax imposed on tobacco products in Nepal is the lowest in the world – 33.7% tax against the recommended 70% tax by the WHO.[13]

The emerging and alternative forms of tobacco such as e-cigarettes, heat-not-burn tobacco products, and hookahs or waterpipes are supposed to create the next wave in the tobacco epidemic. E-cigarettes are electronic smoking devices that contain liquid nicotine and other toxic chemical considered to be highly addictive and also increase the risk of heart and lung diseases.[14] Heat-not-burn tobacco products like IQOS use tobacco to deliver nicotine and are considered equally addictive.[15] Hookahs, on the other hand, are very popular among adolescents and widely available in restaurants. But the

toxic compounds like tar, carbon monoxide, and heavy metals are in much higher concentrations compared to traditional cigarettes and increase the risk of cancer.[15] These products are widely available in the Nepalese market including online shops and remain unregulated.

This year's World No Tobacco Day theme focused on the importance of providing quitting service for the public. Brief intervention for smoking and tobacco cessation has been included in the Package of Essential Non-Communicable Disease (PEN) training manual for primary health service settings.[16] But support to quit tobacco is not part of routine care and there is no national level quit line to motivate the tobacco users to quit. Several other modalities to aid quitting are available such as text message support, chatbots, mobile applications for cessation, and digital health worker with artificial intelligence.[17] However, the use of these resources has not been widespread.

As countries come up with newer policies on tobacco control, tobacco companies explore the loopholes in the policies and change their strategies to attract public towards the tobacco products. As developing countries like Nepal struggle to regulate conventional tobacco products, newer types of tobacco products evolve which pose newer threats. The adolescents will always be the vulnerable group as these companies primarily target them as adolescent users of today are the potential tobacco users in the future. The government needs to foster strong partnerships with the academia and non-government sectors to explore the barriers towards the implementation of tobacco control law and facilitate tobacco control as the primary agenda. Stricter implementation of tobacco control and regulatory act is mandated, and stronger governance is needed at all levels.

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