TOBACCO EPIDEMIC IN PAKISTAN

Javaid Khan

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Tobacco use in any form is deadly. Smoking kills more than half of all its regular users. According to WHO, the annual death toll attributable to tobacco is expected to rise from the current estimates of 5.4 million/year to 10 million/year by 2025. And over 70% of these deaths would be in the developing countries[1]. Tobacco is the single most preventable cause of disease and death in the world today. In most countries of the world important measures have been taken to control this epidemic. Such measures include implementation of clean air laws, increased taxation of tobacco products, educating the public on tobacco hazards and pictorial warning on cigarettes packs. Unfortunately Pakistan is lagging behind rest of the world in its efforts to control this epidemic.

Lung cancer is the number one cause of cancer deaths in Pakistani males followed by mouth cancer. Both these cancers are tobacco related and can be prevented if this powerful addictive substance is avoided. Tobacco use is also a major risk factor for heart attacks, stroke, pneumonia, Chronic Obstructive Lung Disease (COPD) as well as many other serious diseases. Tobacco smoke is a complex mixture of gas and particles that contain over 4000 chemicals, 60 of which are known to cause cancer. Also, not only does smoking affect the user, it also affects anyone in close proximity. Second hand smoking is equally hazardous and causes number of diseases including lung cancer, heart attack, pneumonia and exacerbation of asthma.

According to WHO 2011 report 32.4% males and 5.7% females are current tobacco smokers in Pakistan[1]. Shisha use is also on the increase in the Pakistani youth and according to a study reported from Karachi in 2008, 43% of males and 11% female's university students were found to be regular shisha user[1]. Significant number of people also uses smokeless tobacco in the form of Paan, Gutka, Naswar etc. Rising trend of smoking in the adolescent females on Pakistan is also a cause of serious concern[3,4].

One of the major barriers for the tobacco control in Pakistan is the high prevalence of smoking amongst the medical students and doctors[5]. In a survey done at a major teaching hospital of Karachi, 32 % of male house officers were found to be regular smokers[6]. The creditability of the anti-tobacco message is lost if public see a doctor or medical student smoking.

Several tobacco control measures have proven track record, which if implemented in Pakistan can slow down the tobacco epidemic.

Department of Medicine, The Aga Khan University, Karachi - Pakistan

Address for Correspondence:
Prof. Javaid Khan,
Head Section of Pulmonology and Critical Care Medicine & Chair National Alliance for Tobacco Control, The Aga Khan University, Karachi - Pakistan

E-mail: javaid.khan@aku.edu

Comprehensive smoke free policies and its implementation improve health, motivates smokers to quit and help reduce tobacco consumption. Particulate Matter 2.5 which is a sensitive marker of tobacco smoke pollution is very high in Pakistani restaurants because of non-implementation of smoking ban at these venues in spite of a law in place since 2002[7].

Research has shown that smoke free policy is only effective if all indoor public places are completely smoke free. Its effectiveness is weakened if designated smoking areas are allowed.

Smokers tend to underestimate the health risk of tobacco use. Effective health warning on cigarette packs encourages smokers to quit and discourage non-smokers particularly the youth from starting. Health warning need to use strong, clear language and must include "pictures" highlighting the health risk associated with tobacco use[8]. Pakistan current pictorial warning on cigarette pack is very weak and only covers 20% of the cigarette pack against the minimum 50% recommended by WHO. A recent survey done by National Alliance for tobacco control in Karachi showed that almost half of the cigarettes brand currently being sold in the market do not carry any pictorial warning thus violating the existing Pakistan's anti –tobacco laws.

Comprehensive ban on tobacco advertising has shown to decrease tobacco consumption in many countries. At present the ban on tobacco advertising is only partial in Pakistan. Such partial ban on tobacco advertising has not been shown to work. After the introduction of partial ban on TV, now more smoking scenes are being shown on TV drama serials. Point of sale advertising has markedly increased in Pakistan in the recent years. Tobacco industry continues to promote tobacco through youth magazines and free distribution of cigarettes at musical concerts.

Recent survey shows that cigarette price in Pakistan are the cheapest in the world. Most sold and cheapest brand of cigarettes per pack in US$, was 2.83 in Sri Lanka, 1.65 in India, 0.84 in Nepal, 0.51 in Afghanistan and 0.33 in Pakistan . Over 65.40 billion cigarettes were produced during the 2010-11 financial year in Pakistan according to recent state bank report. This report however did not mention the exact number of unbranded cigarettes produced by unregistered factories. Pakistanis burned Rs200 billion on smoking in 2011,which is a huge loss to the country's economy. Increasing the price of tobacco via taxation is the single most effective way of reducing tobacco consumption. Cigarette consumption falls when taxes rise. Price increase encourages people to stop smoking, prevent others from starting smoking and discourages ex-smoker from starting smoking again. Cigarette consumption could decrease by 11.7% in the long term if there was a 10% increase in its price[9].

Despite conclusive evidence of the dangers of tobacco, relatively few tobacco users fully grasp its health risk. Most people generally believe that it is simply a bad habit. The extreme addictions of tobacco and the full range of health dangers have not been adequately explained to the public.

School curriculum should include tobacco as a subject and the Ministry of Education must be involved in this process. Religious scholars must be asked to propagate anti-tobacco message at the religious gatherings e.g Friday sermons. All professional organizations as well as NGOs must be engaged in anti-tobacco campaigns.

Pakistan is a tobacco growing country. Tobacco farming is very profitable for the multinational companies, small farmer fall into a debt trap perpetuated by tobacco companies. WHO Framework Convention on Tobacco Control (FCTC) calls governments for financial and technical assistance to tobacco growers. Shifting to nutritious, economies viable and environmentally sound alternative crop would promise a bright future for Pakistan. Tobacco is not good for any countries economy; in fact it makes poor country even poorer. Income support should be provided to tobacco farmer until the process of diversification is complete and sustainable.

There are several successful example of tobacco litigation in the developed world. Tobacco litigations were started in USA but this is clearly increasing around the world. WHO encourages litigations for purpose of tobacco control. Patients, who suffered from tobacco related illnesses can claim heath care cost recovery from tobacco companies. Some selected lawyers should be provided training on tobacco

litigation in the country. Legal actions can be taken against fast food chain and other multinational organizations which are not implementing Pakistan's clean air laws.

Majority of smokers realize the need to give up smoking but find it difficult to do so in the absence of smoking cessation clinics at most hospitals of the country. Also there is no formal training of health care providers on smoking cessation in Pakistan during undergraduate or postgraduate training. There is a need to introduce tobacco control and smoking cessation in the medical school curriculum. Special training sessions should be arranged for GP's and well as for the hospital doctors on building their smoking cessations skills. Pharmaceutical companies should be asked to provide quit smoking medicines at affordable price.

One of the biggest hurdles to tobacco control in Pakistan is the reliance of the government on the revenues it generate from the tobacco industry every year. During the financial year 2010-11 government generated over Rs 55 Billion from the tobacco industry. Our government must realize that if it invests on tobacco control and by this decrease the number of diseases caused by tobacco, it can actually save huge foreign exchange, which it is currently spending on importing medicines needed to treat tobacco related diseases. We need to learn from other countries of the world in their successes on tobacco control. Take for example the California tobacco control programme, which cost US $1·4 billion during its first 15 years, but saved $86 billion in direct health-care costs, a 61 times return on investment. There was a dramatic decline in smoking prevalence as a result of this investment and it also saved money for the state[11].

Even a brief advice of up to 3 minutes by a health professional to a smoker can significantly increases the chances of a successful quit attempt[10]. Health professionals like doctors and nurses have the moral responsibility to control tobacco epidemic in the country. If the health professionals remain silent on the growing tobacco epidemic and 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[1].

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