

## Rs34.9m tobacco control plan approved

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## Islamabad

Inspired by the need to reduce the rising morbidity and mortality associated with tobacco addiction, the Ministry of Health has approved a PC-1 of Rs34.934 million to support nationwide activities for tobacco control and to provide strategic guidelines to the provincial governments for implementation of the National Tobacco Control Programme, 'The News' learnt here on Thursday.

Spread over a period of two years (2008-2010), the programme is expected to enable Pakistan to inch closer to achieving the obligations stipulated in the Framework Convention for Tobacco Control (FCTC).

"The programme will require federal funds; however, some donor funding will also be available in the form of grants, programme support and technical assistance," Tobacco Control Cell (Director General (implementation) Shaheen Masud said. The World Health Organisation will be supporting the project through its JPRM where an amount of US \$40,000 has been allocated for tobacco control activities for two years.

The primary thrust of the programme will be directed towards demand reduction. The programme will also establish different models for implementation which can be replicated and adopted by the provinces according to need. The programme will strengthen the federal Tobacco Control Cell by improving its technical and managerial capacity. It will also encourage the establishment of model centres for smoking cessation at Islamabad, Karachi and Lahore and provide support to district and city governments to launch smoke-free cities.

Exposure to secondhand smoke has been identified as a major factor in tobacco related diseases; the programme will focus on reducing exposure by facilitating implementation of existing legislation and filling the gaps therein. The targets for reducing exposure will be the workplace, public transport, residences, and public places.

In addition, efforts will be made to promote smoke-free shopping areas. Environments for children will be specifically targeted and implementation modalities for smoke-free zones around schools and educational institutions will be finalized in collaboration with the education department and the law enforcement agencies.

Reducing the availability of tobacco products through price and tax measures in collaboration with the revenue department and non-price measures (control of counterfeits and smuggling) in collaboration with customs and excise departments will also be focused upon.

The programme will monitor tobacco-related sponsorships and advertisements to ensure that these are in accordance with the laws and regulations issued by the government and advocate for legislation according to the FCTC. It will also aim to protect vulnerable groups such as children and youth from tobacco use.

At the policy level, the programme will advocate for evidence-based policy making by commissioning relevant research. Development of effective partnerships with civil society organisations for achieving the FCTC objectives is also included in the objectives of the programme, as is the establishment of a tobacco and related disease surveillance system through periodic surveys and institutionalization of monitoring activities at all levels.

In the long term, the programme will aspire to decrease the existing burden on the health systems owing to tobacco-related diseases, while in the short term, it will have a poverty-alleviation effect as research has proved that the poor spend a proportionately higher share of their income on tobacco.

"The prospective savings from reduction on tobacco will free up resources to be spent on nutrition and health," Shaheen Masud said. The programme has been designed to follow a cross-sectoral strategy, with health as a focal point for related activities. It will also assist in achievement of the MDGs through its effects on poverty reduction, mother and child health and general health status of the population.

Pakistan signed the FCTC on May 18, 2004 and ratified it on November 3 the same year. The treaty obligates Pakistan to establish a focal point and infrastructure with identified mechanisms for multi-sectoral coordination of

tobacco control efforts. Even though the government has scaled up efforts to reduce tobacco use, improvement has been very slow. The National Tobacco Control Programme is expected to fill the existing gaps, strengthen inter-sectoral coordination and harmonise activities for tobacco reduction.

The harm that tobacco use does to health is irrefutable. Scientific research testifies that tobacco use (chewing or smoking) and inhaling secondhand or side-stream smoke from cigarettes raises the risk of many serious diseases. Moreover, tobacco use is one of the major preventable causes of disease and premature death.

Tobacco use in Pakistan is common and one of the highest in the Southeast Asian region. There are about 22 million smokers in the country and 55% of the households have at least one individual who smokes tobacco. As a result, the country accounts for a sizeable proportion of the cigarettes consumed in South Asia, with an estimated 100,000 people dying annually from diseases caused by tobacco use.

Tobacco consumption does not only occur in the form of cigarettes but also includes 'beedis' (hand rolled cigarettes), 'huqqa' (water pipe), 'shisha' and chewing tobacco. According to the National Health Survey of Pakistan 1998, 54% men and 20% women used tobacco in one form or the other. WHO-EMRO (Eastern Mediterranean Regional Office) website, quoting the National Health Survey, states that 36% of adult men and 9 percent of adult women smoke in Pakistan. The Global Youth Tobacco Survey (GYTS) supported by WHO and conducted in Pakistan focused on adolescents aged 13-15 years. GYTS reported 1.7% of the students (2.5% boys and 0.5% girls) having smoked cigarettes in the month prior to the survey.