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## Smokeless tobacco major source of oral cancer

By Amin Ahmed

ISLAMABAD, May 30: As the World No-Tobacco Day is being observed on Tuesday, World Health Organisation (WHO) has feared that the smokeless tobacco, widely used in Pakistan, carries high risk for oral cancer.

Hospital-based data illustrate that oropharyngeal cancer in Pakistan is the second leading malignancy after breast cancer, and is significantly higher than in other member states of the WHO Eastern Mediterranean region.

The WHO report on smokeless tobacco in Pakistan says that Urdu speaking communities had a proportionately higher rate of oropharyngeal cancer (20.4 per cent) followed by Balochis (19.9 per cent), Sindhis (16.8 per cent), Punjabis (11.7 per cent) and Pakhtuns (9.6 per cent).

The report says that the oropharyngeal cancer among smokeless tobacco user was four times higher than those with no history of tobacco use after adjusting for age, ethnicity and gender. "Our findings also show a predom-

inance of this cancer among males and one-third of them are less than 40 years," the report says. It called for an urgent intervention against the use of smokeless tobacco.

The most common forms of smokeless tobacco available and used in Pakistan include betel (pan) with tobacco, a chewed mixture of areca nut, tobacco, catechu and slaked lime wrapped in a betel leaf with sweetening agents; Naswar, a mixture of sun-dried local powdered tobacco, ash, oil, lime and flavouring agents; Chalia, areca nut, and Gutka, sun-dried roasted, finely chopped tobacco, areca nut, slaked lime and catechu mixed with flavours and sweeteners.

According to the report, Pakistan is one of the countries where the use of smokeless tobacco is a culturally accepted habit. Studies from Karachi have shown that 21 per cent of men and 12 per cent of women use betel, for both men and women 7.3 per cent use pan, 6.7 per cent chalia, 7.5 per cent gutka, 14.6 per cent naswar and use

of chewed tobacco is 20 per cent and 17 per cent respectively. WHO estimates that Tobacco will kill nearly six million people world over this year including some 600,000 nonsmokers who will die from exposure to tobacco smoke.

Tobacco use is one of the biggest contributors to the epidemic of non-communicable diseases such as heart attack, stroke, cancer and emphysema, which accounts for 63 per cent of all deaths, nearly 80 per cent of which occur in low and middle-income countries.

Up to half of all tobacco users will eventually die of a tobacco-related disease. WHO feared that by 2030, the epidemic could kill 8 million people.

WHO reports that over the past several decades, the tobacco pandemic has been shifting from industrialised to developing nations and increasingly involving women. The increase in tobacco use among women has typically followed weakening social, cultural and political con-

straints, which have been exploited by multinational tobacco companies.

Global estimates show wide variation in the prevalence of smoking among women. In some regions, prevalence is comparable among men and women, while in others, there are very large differences by sex and gender. Recent estimates of tobacco use among youth show similar patterns among boys and girls in many areas of the world, suggesting that these differences may be narrowing.

In Pakistan, tobacco use is not limited to cigarette smoking. Other common forms of tobacco include water-pipe tobacco, chewing tobacco and snuff. Over one-third of smokers are reported to use tobacco in other forms, says WHO in a progress report on tobacco control in Pakistan.

Estimates show that nearly 25 per cent of adults smoke in Pakistan whereas the number of male smokers is about four times the number of female smokers.