

# Building Momentum for Tobacco Control in the Western Pacific Region

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The tobacco epidemic is a significant global public health threat, killing more than eight million people a year around the world. More than seven million of these deaths result from direct tobacco use, and around 1.2 million result from non-smokers being exposed to second-hand smoke. Around 80% of the 1.1 billion smokers worldwide live in low- and middle-income countries (LMICs), where the burden of tobacco-related illness and death is heaviest (WHO, 2019a).

Despite the challenges ahead for tobacco control, considerable progress has been made in reducing the demand for tobacco products. Global tobacco use is declining, notwithstanding population growth. The number of male tobacco users in the world is projected to decline from 2019 forwards, a trend that was increasing in previous years (WHO, 2019b). Progress is a result of effective measures to reduce the demand for tobacco at the country level. Since WHO introduced MPOWER (*Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer to help quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco*) as a tool to help countries implement the WHO Framework Convention on Tobacco Control (WHO FCTC) demand reduction measures, five billion people are now covered by at least one MPOWER measure at the highest level of achievement. This represents about 65% of the world's population and a quadruple increase since MPOWER launched in 2007 (WHO, 2019c).

Although the average rate of tobacco use in the Western Pacific Region (WPR) is declining over time in accordance with global trends, the region is experiencing the slowest decline of all six WHO regions. There are 399 million current tobacco users in WPR. Tobacco use rates (approximately 26% prevalence overall, 49% among men, and 4% among women) are at the higher end of the range compared to other WHO regions. Around 12% of boys aged 13-15 and 4% of girls in the same age group are current tobacco users in WPR. The fact that nearly six million children use tobacco products at the young age of 13-15 is cause for concern; adolescence is a crucial age for initiation and addiction to tobacco use into adulthood. Additionally, tobacco industry marketing tactics around new and novel products can further complicate tobacco

control efforts and contribute to misinformation with respect to these products.

Tobacco data collection, which is the focus of this special supplement, plays a key role in understanding the magnitude, patterns, determinants and consequences of tobacco use and exposure. Good monitoring tracks the extent and character of the tobacco epidemic and indicates how best to tailor policies (WHO, 2019d). WHO assists LMICs in running surveys, and with a rise in prevalence of non-communicable diseases (NCDs), additional countries are interested in monitoring data on risk factors like tobacco use.

Half of the countries (14) in WPR monitor tobacco use by repeating nationally representative youth and adult surveys at least once every five years. Another twelve countries are partially monitoring, and one country has no representative surveys for adults or youth in the past five years. There is marked progress in efforts to reduce tobacco use at the country level. Five countries (Australia, Cambodia, Japan, New Zealand, Republic of Korea) are expected to achieve the 30% reduction in tobacco use target of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases. On the other hand, three countries (Singapore, Solomon Islands, Tonga) are not expected to see any decline in tobacco use rates over the same period unless policies are strengthened.

The Western Pacific Region is a varied group of countries with different experiences of the tobacco epidemic. As emphasized in the WHO FCTC, concerted action in countries is the best response to the threat to health, wellbeing, economy (Goodchild et al., 2018) and environment posed by tobacco. Tobacco cultivation, production, distribution, consumption, and waste contribute to environmental damage, including deforestation, the use of fossil fuels, the dumping or leaking of waste products, and air pollution (WHO, 2017). Furthermore, tobacco is a sustainable development priority – the implementation of the WHO FCTC is recognized as one of the means to achieving the overall sustainable development health goal, and meeting the target of reducing one third of premature mortality from NCDs by 2030 (WHO, 2020a).

Tobacco use interferes with sustainable development because it causes long periods of ill health, diseases that are

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expensive to treat, and premature death. The total economic cost of smoking was estimated at US\$ 1.4 trillion, or 1.8% of the world's annual GDP, based on analyses assessing the total economic cost of smoking-attributable diseases in 152 countries, representing 97% of the world's smokers (Goodchild et al., 2018). The Addis Ababa Action Agenda of the Third International Conference on Financing for Development recognizes tobacco taxation (WHO FCTC Article 6) for its potential to improve health by reducing tobacco consumption, avert costs associated with tobacco use, and generate significant revenue for development financing (WHO, 2019d). Governments have used NCD investment cases, which outline national economic and political analyses of current and potential interventions to prevent and control NCDs, to campaign for stronger tobacco control legislation based on data quantifying the costs related to tobacco use (WHO, 2019d).

With the COVID-19 pandemic affecting many countries globally, now is an opportune time to reduce tobacco use. Tobacco smoking is a known risk factor for many respiratory infections and increases the severity of respiratory diseases. Tobacco use is a major risk factor for noncommunicable diseases like cardiovascular diseases, cancers, chronic respiratory diseases and diabetes which put people with these conditions at higher risk of increased severity of disease and death in hospitalized COVID-19 patients (WHO, 2020b).

The findings and lessons from this special supplement provide a welcome contribution to the progress made in global tobacco control and a testament to the efforts and dedication of countries across the Western Pacific Region to fighting the tobacco epidemic. Much can be learned from the Region's successes outlined in the six papers and I am optimistic that the countries in the Region will take concerted efforts to further accelerate the implementation of the WHO Framework Convention on Tobacco Control, and achieve their commitments under the Sustainable Development Goals.

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