Tobacco – A Debilitating Crisis in Africa

The Tobacco Epidemic: Tobacco-Related Consequences

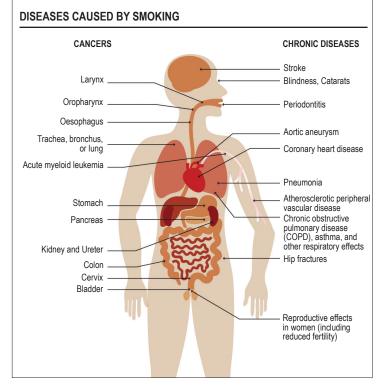
Tobacco use kills more than HIV/AIDS, tuberculosis and malaria combined.¹ It is the only legally available product that causes disease, disability, and death, killing up to one half of its regular users, when consumed exactly as intended by its manufacturers.² It is the leading cause of preventable death in the world, and if current trends continue, it will kill one billion people in the 21st century. This translates to one person every six seconds.³ In 2011, tobacco use killed almost 6 million people, globally.⁴ This means that 13,000 people died each day from tobacco-related illnesses and diseases. Tobacco kills smokers prematurely. On average, smokers lose 15 years of life, and half of all smokers will die of tobacco-related causes.⁵ Smoking is known to harm every major organ of the human body.⁶

Globally, 12% of all deaths among adults aged 30 years and over were attributable to tobacco.⁷ In Africa, tobacco-attributable mortality is about 3%.⁸ While these numbers seem relatively low, Africa is set to see a big increase in tobacco use over the coming decades, as the tobacco industry continues to undermine tobacco control policies in the region.⁹ Even as rates of smoking are leveling off or declining in the developed world, tobacco use in Africa is increasing at the alarming rate of 4.3% per year.¹⁰ "Without more action by African nations to discourage smoking, the percentage of smokers will rise from an average 16% to 22% by 2030." ¹¹

"If the current smoking patterns continue unabated, they will accelerate the growth of tobacco-related non-communicable chronic diseases (e.g., lung cancer, respiratory problems, heart attacks) compounding the already heavy burden imposed by communicable diseases (e.g., HIV/AIDS, tuberculosis, malaria)."¹² Africa stands at a critical point, where the decision to act on comprehensive legislative interventions will have a strong lasting effect in averting a devastating catastrophe destabilizing people's health and countries' economies.

"We should not be depressed simply because the total free world market appears to be declining. Within the total market, there are areas of strong growth; particularly in Asia and Africa... Tobacco products are very resilient to changing conditions. The industry is consistently profitable, and there are opportunities to increase that profitability still further... it is an exciting prospect."²¹ — British American Tobacco Chairman, 1990

As smoking declines in many developed nations, the tobacco industry is targeting low- and middle-income countries, and Africa is a prime target for the industry's deadly products.²² "Africa is Big Tobacco's last frontier, and companies are conquering the continent stick by stick. Even a child can afford the cost of a single cigarette." ²³



Why African Governments Must Act Now To Save Lives

- Africa is a major target for tobacco industry sales and marketing.¹³ The industry has used a wide range of methods to buy influence and power, and penetrate markets across the world.¹⁴
- African governments are ill-equipped to cope with the added health burden and costs from the wave of chronic diseases that inevitably follows increased tobacco use.
- Deaths caused by tobacco use are entirely preventable, and measures must be taken to prevent one person from dying every six seconds because of tobacco use and exposure.¹⁵
- Tobacco-related illness and premature death impose high productivity costs and loss of labor.¹⁶
- Lost economic opportunities resulting from tobacco use can be particularly severe since most tobacco-related deaths occur during the prime productive years.¹⁷
- Tobacco is a big contributor to the factors that continue to derail governments' efforts to attain the MDGs.
- Reducing and preventing tobacco use will improve individual health, increase available household funds for food and education, and better serve economic productivity.
- The tobacco industry is not and cannot be a partner in effective tobacco control.¹⁸
- The tobacco industry is not a legitimate public health stakeholder as tobacco has no known health benefits. They have a history of using front groups to undermine and prevent the passage of strong tobacco control laws.¹⁹
- African governments are therefore encouraged to refrain from engaging with the tobacco multinational companies and their front groups when setting tobacco control policies designed to protect public health.²⁰

ACT NOW TO ADOPT AND IMPLEMENT EFFECTIVE TOBACCO CONTROL LEGISLATION A strong economy is reliant on a healthy population

The Framework Convention on Tobacco Control²⁵

The WHO Framework Convention on Tobacco Control (FCTC) is the world's first global public health treaty. The treaty was developed in response to the world's tobacco epidemic and reaffirms the right of all people to the highest attainable standard of health. The treaty entered into force in February 2005. More than 170 WHO member states are now parties to the convention.

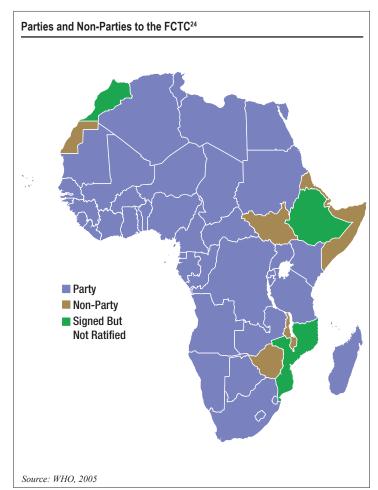
The FCTC provides a set of legally-binding measures to be implemented in countries that have ratified the FCTC. These include:

- Adopting tax and price measures to reduce tobacco consumption.
- Higher tobacco prices encourage cessation among existing tobacco users, prevent initiation among potential users, and reduce the quantity of tobacco consumed among continuing users.²⁶
- Banning tobacco advertising, promotion, and sponsorship.
 - Comprehensive bans, which prohibit the use of all marketing strategies by the tobacco industry, reduce tobacco use among people of all income and educational levels.²⁷
- Creating smoke-free work and public spaces.
 - Scientific evidence is clear that the only effective way to protect workers and the public from secondhand smoke is to enact 100 percent smokefree laws that ban smoking in all indoor workplaces and public places, including restaurants, bars and other hospitality venues.²⁸
- Putting prominent health warnings on tobacco packages.
 - Effective warning labels increase knowledge about risks associated with smoking and can influence future decisions about smoking.²⁹
- Combating illicit trade in tobacco products.
 - Illicit trade in tobacco products circumvents policies to reduce tobacco use, in particular higher tobacco taxes, and it encourages consumption by making cigarettes available cheaply. Eliminating the global illicit trade in cigarettes would save over 160,000 lives each year from 2030 onward.³⁰

Recommendations to AU Member States

WHO has identified key steps to ensure that the tobacco epidemic does not derail work to achieve development goals.

- Member States who are non-Parties to the FCTC are encouraged to ratify the treaty immediately as a matter of urgency so as to protect lives from the devastating health and economic impacts of tobacco.
- 2. Fulfill country obligations under the FCTC by enacting and implementing FCTC-compliant legislation.
- Incorporate strong tobacco control policies into all existing health and development strategies. Review commitment to the MDGs and tobacco control and integrate tobacco control into strategies to achieve the MDGs.
- Appropriately tax all tobacco products and increase tobacco taxes in order to reduce consumption and generate revenue for government programs that advance public health.



- 5. Focus aggressively to prevent access of tobacco products by the young people.
- Incorporate information on tobacco use, the health effects of tobacco, tobacco and poverty, and the effectiveness of tobacco control measures in health information and surveillance systems.
- Recognize that there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests. Article 5.3 of the FCTC obligates Parties to protect public health policies from commercial and other vested interests of the tobacco industry.
- 8. Counter attempts by the tobacco multinational companies to undermine and interfere in tobacco control policy adoption and implementation.

1.http://www.who.int/features/factfiles/tobacco/en/ 2.http:// www.who.int/tobacco/industry/product_regulation/en/ 3. http://www.tobacco/idata_statistics/sgr/2004/index.htm The Health Consequences of Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004 7.WHO Global Report: Mortality Attributable to Tobacco - 2012 http://www.who.int/tobacco/publications/surveillance/rep_mortality_attibutable/en/ 8.WHO Geneva. 6.http://deva.cb.gov/tobacco/late_statistics/sgr/2004/index.htm The Health Consequences of Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004 7.WHO Global Report: Mortality Attributable to Tobacco - 2012 http://www.who.int/tobacco/publications/surveillance/rep_mortality_attibutable/en/ 9.Baleta, 2010. Africa's struggle to be smoke free. The Lancet, 375, pp. 107-108.www.telanect.com/journals/lance/trainee/tra