

## Tobacco

Tobacco use is the leading global cause of preventable deaths and kills more than 8 million people each year, of whom more than 7 million are from direct tobacco use and around 1.2 million are non-smokers exposed to second-hand smoke. It is estimated that worldwide there were almost 1 billion current tobacco smokers aged 15 years and above in 2020, 847 million of which were men. Amongst children between ages 13 and 15, an estimated 24 million were smokers. Although global tobacco use has fallen over the past two decades, the progress is still off track for achieving the target set by governments to cut tobacco use by 30% between 2010 and 2025 as part of the global efforts to reduce mortality from the four main non-communicable diseases (cardiovascular diseases, cancer, chronic lung diseases and diabetes) (WHO, 2021<sup>[1]</sup>). The UN SDGs call for strengthening the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries and territories, as appropriate.

Tobacco use is a major risk factor for six of the eight leading causes of premature mortality – ischemic heart disease, cerebrovascular disease, lower respiratory infections, chronic obstructive pulmonary disease, tuberculosis and cancer of the trachea, bronchus, and lung. Moreover, smoking in pregnancy can lead to low birthweight and illness amongst infants (NCD Alliance, 2010<sup>[2]</sup>). Children who smoke in early adolescence also increase their risk of cardiovascular diseases, respiratory illnesses, and cancer, and they are more likely to experiment with alcohol and other drugs (CDC, 2021<sup>[3]</sup>). Smoking is also a risk factor for dementia. New studies have shown that 14% of Alzheimer's cases worldwide may be attributed to smoking (McKenzie, Batti and Tursan d'Espaignet, 2014<sup>[4]</sup>; Livingston et al., 2017<sup>[5]</sup>). Recently, tobacco smoking is also found to be associated with higher risks of developing severe symptoms and mortality amongst COVID-19 patients (WHO, 2020<sup>[6]</sup>; Vardavas and Nikitara, 2020<sup>[7]</sup>). Smoking is harmful not only for smokers but also bystanders.

As of 2020, comprehensive smoke-free legislation was in place for almost 1.8 million people in 67 countries and territories, covering only 23% of the world's population. In Asia-Pacific, Australia, Brunei Darussalam, Cambodia, Lao PDR, Nepal, New Zealand, Pakistan, Papua New Guinea and Thailand have comprehensive smoke-free policies. Evidence shows that countries and territories with comprehensive smoke-free policies have decreased the number of smokers and reduced mortality from smoking-related illnesses (WHO, 2021<sup>[1]</sup>).

The economic and social costs of tobacco use are also high, with families deprived of breadwinners who die prematurely from tobacco-related diseases, large public health costs for treatment of tobacco-related diseases, and lower workforce productivity (WHO, 2019<sup>[8]</sup>). Smoking rates in low-income countries are about half the rate of rates in high-income countries (WHO, 2021<sup>[1]</sup>).

More than two in five men aged 15 and above in middle- and low-income Asia-Pacific countries and territories reported current use of tobacco in 2020, as compared to one in four in high-income countries and territories (Figure 4.11, left panel). The proportion of current tobacco users varied greatly across countries and territories. This proportion amongst men was highest in Indonesia at 71.4%, and Myanmar, the Solomon Islands, Papua New Guinea, Lao PDR, Bangladesh, and Mongolia, had over half of the adult males using tobacco currently. New Zealand and Australia, however, reported the lowest prevalence, with around 15% of adult males using tobacco currently. India has reduced smoking rates recently through implementation of multiple tobacco control measures, including an innovative text message-based smoking cessation programme (WHO, 2019<sup>[8]</sup>). However, India has a high prevalence of daily smokeless tobacco use amongst adults at 18.2% in 2018 (Global Adult Tobacco Survey, [https://www.who.int/tobacco/surveillance/survey/gats/GATS\\_India\\_2016-17\\_FactSheet.pdf](https://www.who.int/tobacco/surveillance/survey/gats/GATS_India_2016-17_FactSheet.pdf)), and one in four adult men use smokeless tobacco daily.

There are large male-female disparities and 7.8%, 4.1% and 10.2% of women aged 15 and above report using tobacco currently in high-, upper-middle-, and lower-middle- and low-income Asia-Pacific countries and territories respectively (Figure 4.11, right panel). The rates were highest amongst female tobacco smokers in Papua New Guinea (25.1%), Myanmar (19.7%), and the Solomon Islands (19.2%).

Tobacco use in adolescence has both immediate and long-term health consequences. Amongst youth aged 13 to 15 years, two in five males used tobacco in Papua New Guinea, and around one in four females used tobacco in Papua New Guinea and Solomon Islands (Figure 4.12). In all reporting countries and territories, except for Nepal and Fiji, the prevalence of tobacco use amongst females was higher for adolescents than adults. On the contrary, the prevalence amongst males was higher for adults than for adolescents in all reporting countries and territories.

Increasing tobacco prices through higher taxes is an effective intervention to reduce tobacco use, by discouraging youth from initiating tobacco use and encouraging tobacco users to reduce their consumption or quit (WHO, 2019<sup>[8]</sup>). Higher taxes also assist in generating additional government revenue. However, only New Zealand, Sri Lanka and Thailand have total taxes that account for over 75% of the tobacco retail price in 2020 (WHO, 2021<sup>[11]</sup>). In Thailand, increased tax revenue has been used to support smoking cessation programmes (WHO, 2019<sup>[8]</sup>). As a measure of the comparative cost that current tobacco users in Asia-Pacific incur, in Nepal, Papua New Guinea and Sri Lanka, around one fifth of the GDP per capita is required to purchase 2000 cigarettes of the most sold brand, while this figure is of less than 2% of the GDP per capita in Japan, Korea and Singapore (Figure 4.13).

In Asia-Pacific, health warnings against tobacco use, including labels on tobacco product packaging and anti-tobacco mass media campaigns to build public awareness, could be used more to reduce tobacco use. Australia, Pakistan, Singapore and Thailand report that pictorial warning labels have effectively impacted smoking-related behaviour. To increase the effectiveness of health warnings, Australia, New Zealand, Singapore (starting in 2020) and Thailand have mandated plain packaging of tobacco products (WHO, 2019<sup>[8]</sup>).

### Definition and comparability

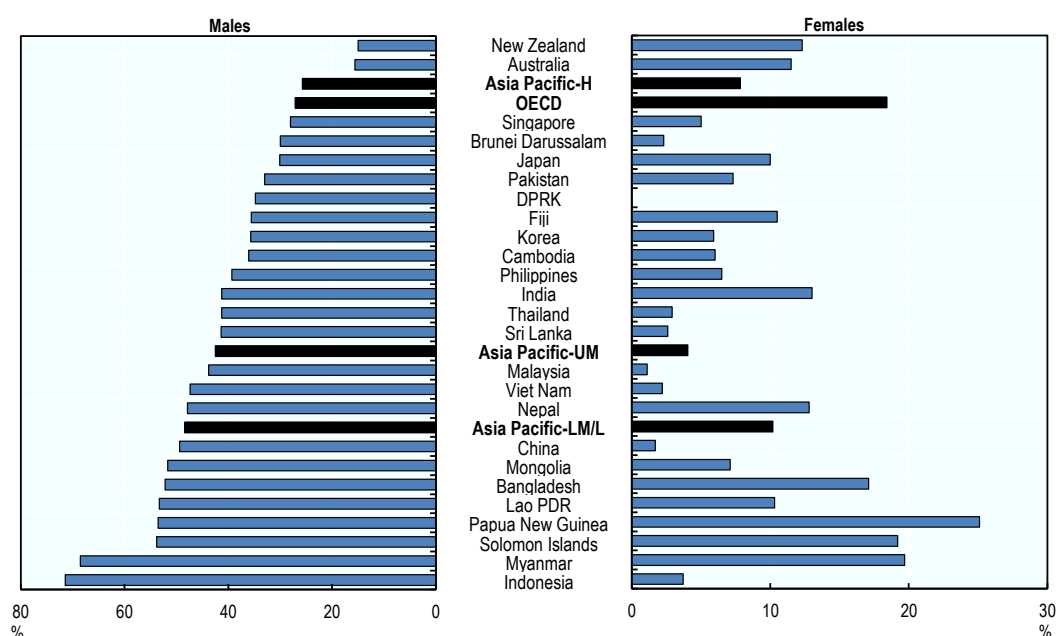
Current tobacco use prevalence among adults is defined as the percentage of the population aged 15 years and over who reported consuming one or more tobacco products, smoked or smokeless, on a daily or non-daily basis.

Current tobacco use amongst youth is defined as the percentage of young people aged 13 to 15 years who consumed any tobacco product at least once during the last 30 days prior to the survey.

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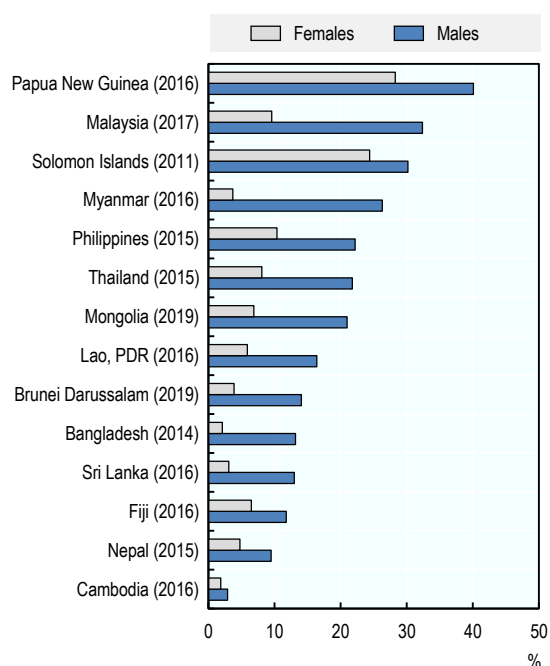
**Figure 4.11. Age-standardised prevalence estimates for current tobacco use amongst persons aged 15 and above, by sex, 2020**



Source: WHO global report on trends in tobacco use 2021.

StatLink <https://stat.link/u2xgm8>

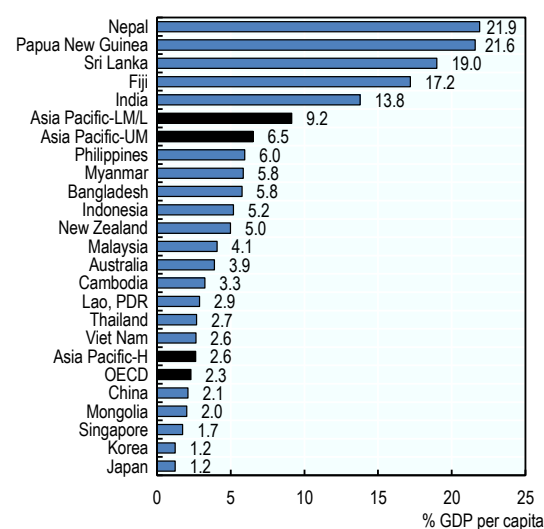
**Figure 4.12. Prevalence of current tobacco use amongst youth aged 13 to 15, by sex, latest available year**



Note: Youth aged 13 to 17 for Malaysia.

Source: WHO GH0 2022.

**Figure 4.13. Percentage of GDP per capita to purchase 2000 cigarettes of the most sold brand, latest available year**



Source: WHO report on the global tobacco epidemic 2021.

StatLink <https://stat.link/6odu48>



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