

TOBACCO

Tobacco use is the leading global cause of preventable deaths and kills more than 7 million people each year, of whom more than 6 million are from direct tobacco use and around 900 000 are non-smokers exposed to second-hand smoke (WHO, 2018a). It is estimated that there were 1.1 billion current smokers in 2015, 84% of which were males (WHO, 2018c). The UN SDGs call for strengthening the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

Tobacco smoking 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 among infants. Children who establish smoking habits 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. Smoking is also a risk factor for dementia. New studies have shown that 14% of Alzheimer's cases worldwide may be attributed to smoking. Smoking is harmful not only for smokers but also surrounding such as families and colleagues. Exposure to second-hand tobacco smoke causes premature death; children accounted for 28% of the death attributable to second hand smoke in 2004 (WHO, 2018a). Comprehensive smoke-free legislation is currently in place for almost 1.5 billion people in 55 countries in 2016 (WHO, 2017d). A study shows that in several countries with smoke-free policies including Thailand and Pakistan, there were a huge number of people who quit smoking and smoking-attributed death (Levy et al., 2013).

The economic and social costs are also high, with families deprived of breadwinners, large public health costs for treatment of tobacco related diseases, and lower workforce productivity (WHO, 2017d). Tobacco use is greatest among those who can least afford it (Hosseinpoor et al., 2012).

The proportion of daily tobacco smokers varies greatly across countries but one in three men aged 15 and above in middle and low income Asia-Pacific countries was reported to smoke tobacco daily in 2015 (Figure 4.20, left panel). In 2015, the smoking rate among men was highest in Indonesia at 65.4% and several other countries had over two in five adult males smoking daily such as Mongolia, China, Lao PDR and Papua New Guinea. In India, New Zealand and Australia, however, less than 20% of adult males smoked tobacco daily in 2015.

There are large male-female disparities and 7.6%, 2.4% and 4.6% of women aged 15 and above report smoking daily in high, upper-middle, and lower-middle low income Asia-Pacific countries respectively (Figure 4.20, right panel). The rates were highest in

Australia, New Zealand and Papua New Guinea at 12%, 13.6% and 19.8% respectively in 2015.

Although regular smoking in adolescence has both immediate and long-term health consequences, among youth aged 13-15 years, more than one in three males aged 13-15 use tobacco in Malaysia, whereas almost one in five females aged 13-15 use tobacco in Nepal (Figure 4.21). In all reporting countries except Lao PDR and the Republic of Korea, the prevalence of regular smoking among females is higher for adolescent than adults.

Increasing tobacco prices through higher taxes is an effective intervention to reduce tobacco use, by discouraging youth from beginning cigarette smoking and encouraging smokers to quit (Kotz et al., 2014). Higher taxes also assist in generating additional government revenue. However, only Bangladesh, New Zealand, the Philippines and Thailand have total taxes that account for over 70% of the tobacco retail price (Figure 4.22).

In many countries in Asia-Pacific, there is a lack of public awareness about risks and tobacco control measures are lax. For instance, without habits changing, smoking is estimated to kill 2 million people annually in China over the next 15 years, there is low public awareness especially among the rural population and control policies face formidable opposition from large tobacco companies (Cui, 2010; Herd et al., 2010). In Indonesia, tobacco advertising and promotion is allowed with certain restrictions (The Jakarta Post, 25 July 2017, www.thejakartapost.com).

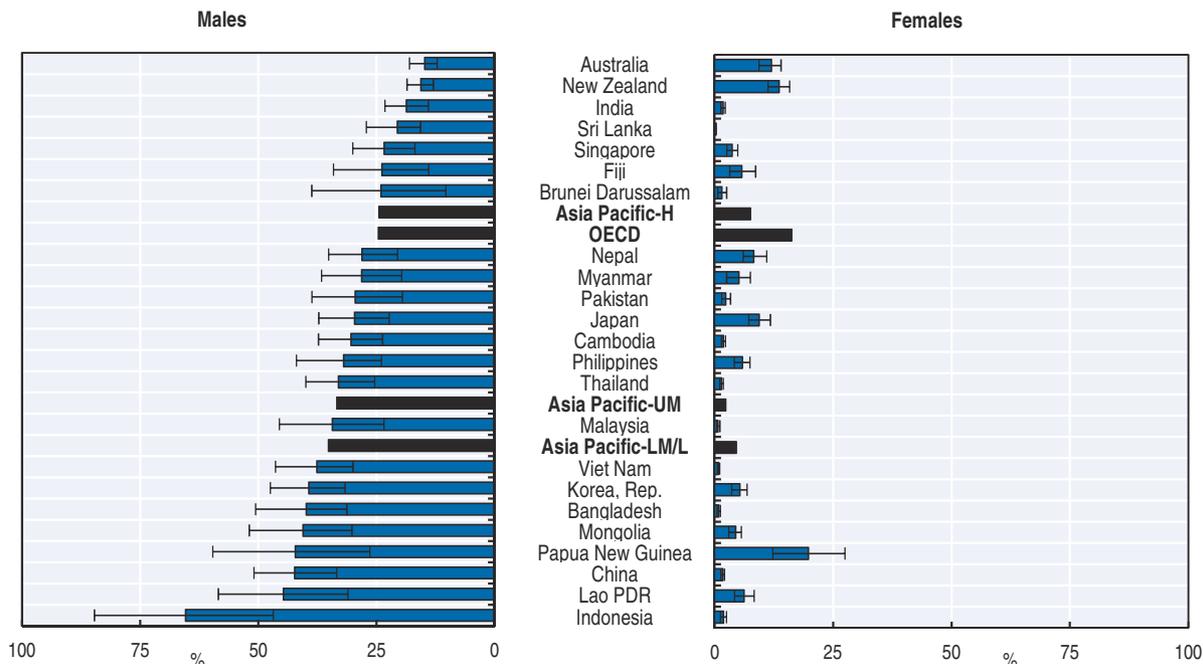
In Asia-Pacific, health warnings against smoking, including labels on tobacco product packaging and anti-tobacco mass media campaigns, could be used more to reduce tobacco use. Australia, Singapore and Thailand report that graphic pictorial warning labels have effectively impacted smoking-related behaviour (WHO, www.who.int/news-room/fact-sheets/detail/tobacco/).

Definition and comparability

Adults smoking daily is defined as the percentage of the population aged 15 years and over who reported smoking every day. Estimates for 2012 were based on data obtained from a broad range of health and household surveys, including the Global Adult Tobacco Survey (GATS). Results were age-standardised OECD standard population for OECD countries and to the WHO Standard Population for non-OECD countries.

Current tobacco use among youth is derived from the Global Youth Tobacco Survey. It is defined as the percentage of young people aged 13-15 years who consumed any tobacco product at least once during the last 30 days prior to the survey.

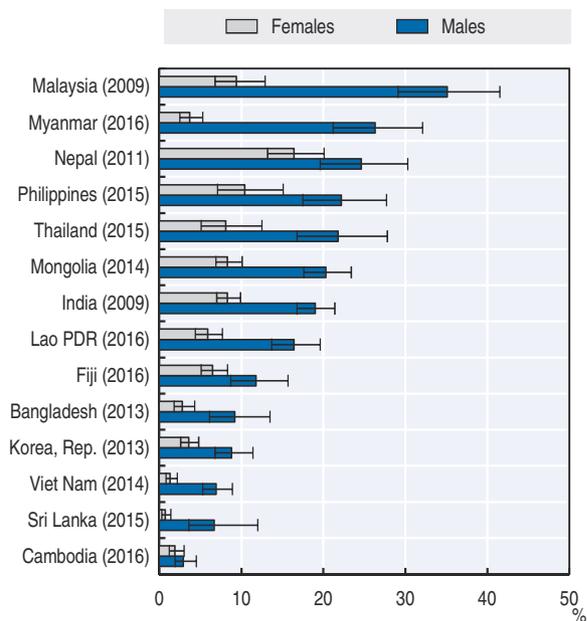
4.20. Age-standardised prevalence estimates for daily tobacco smoking among persons aged 15 and above, 2015



Source: WHO report on Global Tobacco Epidemic 2017.

StatLink <http://dx.doi.org/10.1787/888933867968>

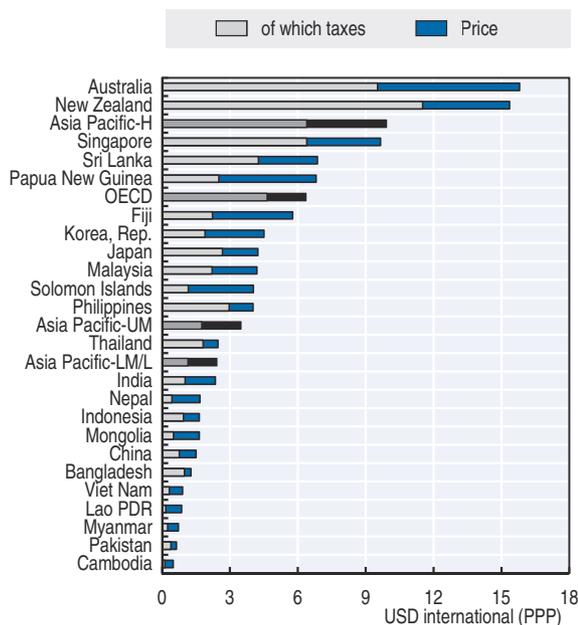
4.21. Prevalence of current tobacco use among youth aged 13 to 15, latest available estimate



Source: Global Youth Tobacco Surveys.

StatLink <http://dx.doi.org/10.1787/888933867987>

4.22. National taxes and retail price for a pack of 20 cigarettes of the most sold brand, 2016



Source: WHO report on the global tobacco epidemic 2017.

StatLink <http://dx.doi.org/10.1787/888933868006>



From:
Health at a Glance: Asia/Pacific 2018
Measuring Progress towards Universal Health Coverage

Access the complete publication at:
https://doi.org/10.1787/health_glance_ap-2018-en

Please cite this chapter as:

OECD/World Health Organization (2018), "Tobacco", in *Health at a Glance: Asia/Pacific 2018: Measuring Progress towards Universal Health Coverage*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance_ap-2018-27-en

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