



COMMENTARY

Use of Smokeless Tobacco: A Public Health Issue

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ABSTRACT

This critical analysis examines the pervasive issue of smokeless tobacco (SLT) in Pakistan, particularly its alarming association with oral cancers. Despite being a major public health concern, the country faces challenges in enforcing and implementing tobacco control policies. The prevalence of oral cancer, linked to tobacco and alcohol consumption, underscores the urgency of addressing these risk factors, constituting over 70% of oral cancer cases. Notably, SLT, including Naswar and Chalia, poses a significant threat in Pakistan, where it is widely used. While the World Health Organization's Framework Convention on Tobacco Control (FCTC) was ratified by Pakistan in 2004, gaps exist in the legal framework. The 2002 Prohibition of Smoking Ordinance primarily focuses on smoking, leaving room for SLT

usage. Despite efforts to improve warning labels on cigarette packs, SLT remains a weaker link in terms of regulatory measures. Additionally, the critical analysis highlights the need for stricter enforcement, public awareness campaigns, and monitoring mechanisms to curb tobacco use, especially among the youth. In conclusion, the analysis emphasizes the fragile execution of tobacco-related laws in Pakistan, citing poor industry compliance and common SLT sales to minors. Recommendations include downsizing tobacco farming, strict implementation of laws, heavy penalties for offenders, and the provision of healthier alternatives. Addressing these issues is crucial for mitigating the adverse health impacts of SLT in the country.

INTRODUCTION

A variety of systemic and oral diseases, especially pharyngeal and oral cancers are related to smokeless tobacco (SLT).¹ In Pakistan, oral cancer is the second

most common form of cancer, being most prevalent in the world. It ranks as a leading disease in men and second most dominant disease in female in our country.² The principal causative agents and risk factors behind oral cancers are tobacco and alcohol consumption. This

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accounts for over 70% of the population referable fractions for oral cancers.³ According to available systemic literature, amongst the types of tobacco, it is SLT which is most linked with high prevalence of oral cancers in the South Asia region. In addition to this, it is a significant cause of oral cancer in Pakistan.⁴ SLT is mainly used in two forms in Pakistan, sniffing and chewing Betel/Areca Nuts which includes: Naswar and Chalia, Paan and Gutka; respectively.⁵ According to the report by World Health Organization (WHO) in 2001, Pakistan is regarded as one of the countries with the lowest per capita alcohol consumption all around the globe and the reason could be the complete public ban on the trading and consumption of alcohol (C5).⁶ A globally standardized survey by the name the global Youth Tobacco Survey (GYTS) was used for systematic monitoring and tracking of tobacco use (smoking and smokeless) amongst youth. This also provided means for tobacco control indication. This survey included school-based students of ages 13-15 years. The results of the survey showed that 61.5% of the surveyed youth, among which 7.2% (9.2% of boys and 4.1% of girls), are currently using smoking tobacco, while 5.3% (6.4% of boys and 3.7% of girls) are currently using smokeless tobacco (Pan, Gutka etc.).⁷ On the other hand, in Pakistan, 13.5% of the adult population (age 15-49 years) of which 21.9% are males and 5.1% are females, are currently using SLT as per WHO report on Global Tobacco Epidemic-2015.⁸ Almost a 5th of world's tobacco" production is consumed in the smokeless form.⁹ Its utilization is predominantly common in Pakistan, where an array of (SLT) "smokeless tobacco products" are extensively accessible. Hence SLT poses a potential public health threat, and this critical analysis identifies policy and knowledge gaps and proposes strategies to address them.

Constitutional, Legal, Regulatory and Judicial background.

" To address the inherent failures, various tobacco control policies and related programs are used.

" The world's first public health treaty is the "WHO's-Framework Convention on Tobacco Control" (FCTC). It calls the government to adopt wide-ranging policies to prevent the use of tobacco. On 18th May 2004, "WHO-FCTC" was signed by Pakistan and ratified in on 3rd November 2004.³

" In 1959, "West Pakistan Juvenile Smoking Ordinance" was adopted by the government by repealing other acts.

However, in 2002, it was replaced by "Prohibition of Smoking Ordinance".¹⁰

" In the year 2002, Pakistan implements the "Prohibition of Smoking and protection of Non-smokers health" Ordinance No. LXXVIV. This law is about prohibiting smoking and other tobacco use in a variety of places including public transportation, government buildings, restaurants, healthcare and educational facilities, indoor workplaces, and other public places. However, it does not specifically point out the prohibition of smokeless tobacco in those places.¹¹

" According to the "Cigarettes (Printing of Warning) ordinance-1979, a textual warning label is required to be printed over cigarette packs and tobacco advertising. During this period, the high illiteracy rate of Pakistan made it questionable that if the warning significantly would raise the awareness about the health risk associated with smoking and tobacco, thereby having an insignificant impact in curtailing efforts. The ordinance regarding warning label was further amended in the year 2002, to replace the original proclamation "Warning: Smoking is injurious to health" with the more specified health warning that: "tobacco smoking causes cancer and heart diseases." Though the ordinance doesn't imply printing of warning on SLT. In 2008, the warning labels were further strengthened by an SRO that called for 4 rotating text warning commenced in July 2009. Most lately, SRO in 2010 brought the health warnings closer to the FCTC Article 11 guidelines. The guidelines call for compound rotating, noticeable and graphical labelling on all tobacco products. Hence, SLT still remains the weaker link.¹¹

" The Ordinance LXXVI "Prohibition of Smoking and protection of Non-smokers Health" contained weak restriction on tobacco corporation marketing activities; including restrictions on time during which commercial of tobacco products were allowed in television and ban on tobacco promoting via advertisement near school. These restrictions were further amended and strengthened by an SRO in the year 2007.¹¹ While it was not the comprehensive ban, but it has led to the shrill drop in tobacco commercial advertisements. In 2009, SRO prohibited tobacco companies, "to distribute free samples and promotional discounts." Ordinance LXXVI also "prohibits the sale of tobacco products to youth and near the schools" to be banned. Moreover, bans were executed on the manufacturing and sale of SLT, but many Pakistanis still tend to use (C15) SLT products.

" There is an "active tobacco control advocacy" in Pakistan,

led by the "Coalition for Tobacco Control in Pakistan" (CTC-Pak).¹¹ CTC-Pak does advocacy for strong tobacco control policies consistent with FTCT and monitoring of execution of existing policies.

" In August 2016, a bill was passed in KPK aiming for a complete ban on SLT with increasing restriction of SLTs from 50 meters to 100 meters.

Furthermore, in the year 2019, a bill was passed in the Sindh Assembly, restricting the preparation, manufacturing, import, export, storage, and sale of Gutka and Manpuri and their derivatives in the province of Sindh.¹²

Implementation mechanism.

The implementation mechanism should be monitored by:

1. Raising public awareness regarding the harmful effects and consequences of tobacco.
2. Monitoring of patterns and trends of the use of tobacco via research and surveillance programs.
3. Monitoring and reporting of tobacco additives and constituents used.
4. Initiative of monitoring mechanisms such as compliance checks and toll-free numbers for the case reporting about violation.
5. Inspection of tobacco manufacturing areas for quality enforcement.
6. Monitoring of tobacco industry for ensuring manufacturers compliance with legislation.

CONCLUSION

" This critical analysis on the use of SLT- a public health issue concluded that the execution of prohibitive laws related to tobacco in our country are extremely fragile and poor and non-adherence to legislation rules in prohibited areas or institutions is observed.

" Moreover, it has been found that SLTs sale to minors is very common. There is poor compliance of anti-tobacco laws by the tobacco manufacturing industries.

" Hence, the government should downsize tobacco farming and its growth by providing alternate healthy options to the farmers. Ban on funding for tobacco vending machines should also be followed strictly.

" There should be strict execution and modification of laws against tobacco uses with heavy penalties to lawbreakers as well as introduction and provision of substitute products for SLTs.

Authors Contribution

SK: literature review, developed the design and methodology, writing of the manuscript, comprehended the study, performed revisions, supervision. NK: Conceived the idea of the study, performed revisions, and writing of the manuscript.

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Conflict of interest

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