



Issues

The tobacco epidemic is likely the greatest tragedy in public health. Already, tobacco kills one in ten persons globally, accounting for approximately 5 million deaths per year. Western Pacific Region Member States bear a disproportionate burden of tobacco-related mortality, as the Region accounts for 20% of these deaths.



Tobacco use is also a major contributor to the Region's disease burden. In both developed and developing countries within the Region, tobacco consumption causes or aggravates several chronic diseases that together comprise up to 18% of the total disability adjusted life-years (DALYs) lost. These estimates do not include the years of healthy life lost by non-smokers whose health is compromised by exposure to second-hand smoke. Moreover, the long lead time between exposure to tobacco

smoke and the development of clinical disease, and the rapidly increasing pool of young smokers in the Western Pacific imply that the consequences of tobacco use within the Region will be far greater in the future, unless action is taken immediately to curb tobacco use.

Much of the disease burden and premature mortality that are attributable to tobacco use disproportionately affect the poor. Worldwide, poor and uneducated men are more likely to smoke than men with higher incomes or education. In those countries where reliable data on mortality exist, much of the excess mortality of poor and less-educated men can be attributed to smoking. Furthermore, smokers who live in low and middle-income countries quit less often.





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Poverty and tobacco use are linked in other ways. Several studies have shown that in the poorest households of some low-income countries, as much as 10%-17% of total household expenditure is on tobacco. This means that impoverished families have less money to spend on essential items such as food, health care and education. Indeed, tobacco's role in exacerbating poverty has not been fully elucidated, and requires greater scrutiny.

The economic costs to society of tobacco use are staggering. The high price of treating tobacco-related diseases is compounded by productivity losses. Smokers are less productive workers, due to increased sickness. Deaths from tobacco often occur during the productive years of life, depleting a nation's workforce.

In addition, concern among Western Pacific Region Member States is escalating regarding the increasing numbers of women and children exposed to the harm of tobacco. Already, a number of Pacific island countries have extremely high rates of tobacco use, involving both chewing and smoking, among their women. Recent data from the Global Youth Tobacco Survey (GYTS) indicate a disturbing high rate of tobacco use, and early age of initiation, among the Region's youth. A separate issue involves the countless numbers of women and children who are exposed to second-hand smoke, particularly in countries such as Cambodia, China, the Philippines and Viet Nam, where smoking rates among men are extremely high.

The addictive properties of nicotine make cessation difficult, even for those tobacco users who are highly motivated to quit. This, coupled with the lack of effective cessation guidelines and programmes in many Western Pacific Region countries, particularly addressing the issue of chewing tobacco, and the high cost of pharmacologic treatment for nicotine addiction, are challenges that Member States need to address.

