Q: What are tobacco products?

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which is intended to be smoked, sucked, chewed or snuffed (1). Tobacco products come in different forms (manufactured, hand-rolled, filtered, unfiltered and flavoured), cigars and pipes (2). All contain the highly addictive psychoactive ingredient, nicotine.

Q: What is the impact of tobacco use on health?

Tobacco use has a deadly impact on health. There are at least 69 established cancer-causing chemicals in tobacco smoke, and hundreds of recognized human toxins. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and heart diseases; ultimately smoking kills (1).

Furthermore, exposure to second-hand smoke is a health hazard. Second-hand smoke kills. The list of diseases and adverse health effects from exposure to second-hand smoke is long and growing, and includes cancer, heart disease, stroke and sudden infant death syndrome. No level of exposure is safe.

Although manufactured cigarettes are the most common type of smoked tobacco, other smoked tobacco products, such as bidis, kreteks and shisha, are gaining popularity, often in the mistaken belief that they are less hazardous to health. Tobacco use also causes economic harm to families and countries due to lost wages, reduced productivity and increased health care costs (2).

Q: How much is the tobacco use in the Region?

In the Region, 38% of men and 4% of women smoke tobacco. Smoking rates among youth can reach 42% among boys and 31% among girls. This includes smoking shisha, which is more popular among youth than cigarettes (3).

Data on adults in countries of the WHO Eastern Mediterranean Region show that there is high prevalence of male smokers compared with females; smoking by women has typically lagged behind men as a result of social and cultural barriers. However, the prevalence of smoking among youth shows the sex difference can be small in some countries, indicating that social and cultural barriers may be changing (2).

Q: What is the impact of current tobacco use in the Region?

About one third of deaths resulting from cancer are caused by tobacco, with tobacco-attributable heart and respiratory diseases accounting for about 30% each (2).

Q: What are the main challenges in reducing tobacco use?

Tobacco control continues to face challenges posed by sociopolitical transition, the influence of the tobacco industry and the emergence of new products (4).

These challenges are compounded where countries are witnessing emergency and humanitarian situations as people turn to smoking and this has a detrimental effect on their health.

Q: Who is responsible for reducing tobacco use?

Everyone has a role in reducing tobacco use reduction – governments, the private sector and civil society all should play a role.

Q: What is the role of WHO in supporting countries to reduce tobacco use?

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international treaty negotiated under the auspices of WHO. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005 (5). It provides a comprehensive approach to reduce the health and economic burden caused by tobacco. The WHO FCTC balances demand reduction with supply reduction, protects public health policies from the tobacco industry and calls for enhanced international cooperation to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to secondhand tobacco smoke.

In order to help countries fulfil their WHO FCTC obligations, WHO introduced MPOWER, a set of policies that build on the demand-reduction measures of the WHO FCTC and have been proven to be effective measures to reduce tobacco use (6). Full implementation of the WHO FCTC measures represented by MPOWER could reduce smoking prevalence in the Region by almost half. Accelerating the implementation of the FCTC and ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products is one of the strategic interventions under the prevention and reduction of risk factors in the Regional framework of action (7).

It is a legal obligation for all countries that are Parties to the Convention to implement the following policies/measures:

1. Monitor tobacco use by investing in a robust surveillance system. This should be followed by collecting and disseminating data to catalyse action for full WHO FCTC implementation.

2. Protect people from second-hand smoke through implementing 100% tobacco-free public places.

3. Offer help and support for people to quit, through cessation services to help them quit.

4. Warn people about the dangers of tobacco use through graphic warnings.

5. Enforce a total ban on advertising, promotion and sponsorship.

6. Increase taxes on tobacco products.

In addition, WHO is working closely with governments to meet nine global targets to reduce the burden of noncommunicable diseases and give us all a better chance at a longer, healthier life by 2025. The fifth global target aims to achieve a 30% relative reduction in prevalence of current tobacco use (8).

Q: What are WHO-specific interventions to support countries to reduce tobacco use?

The WHO Regional Office provides support to Member States in implementing the WHO Framework Convention on Tobacco Control (WHO FCTC), MPOWER policies and tobacco control best buys for noncommunicable diseases.

The technical support provided by WHO includes: drafting of model legislation, reviewing country legislation and developing legal tools for countries to fully implement the WHO FCTC. Also, WHO provides support to countries to continue monitoring the tobacco epidemic.

WHO conducts country missions upon request of governments to provide technical support to countries and develops technical and informative packages for countries to use, such as a regional package that was developed on MPOWER measures and the tobacco industry (9).

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