

Policies for addressing smokeless tobacco (ST) use in Bangladesh

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Objectives

Why does smokeless tobacco (ST) use need special attention?

What are the policy gaps?



How can we address these gaps?

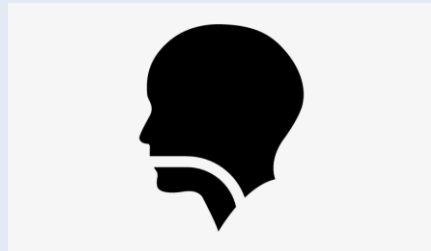
Smokeless Tobacco (ST)



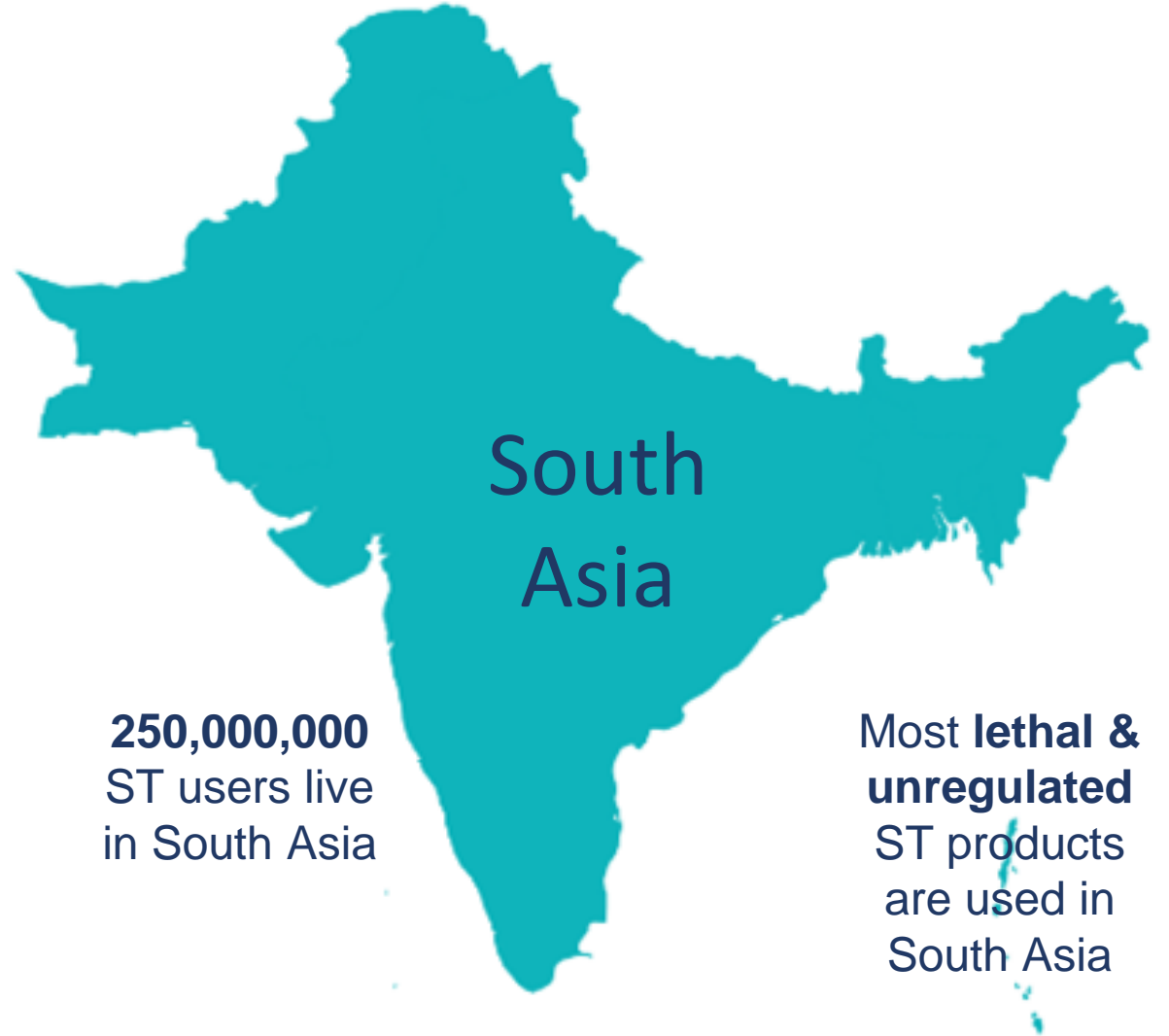
A heterogeneous array of **tobacco-containing products** consumed (without burning) through the mouth or nose



25% of the world's tobacco is consumed as ST~ 300 million users



Most ST products cause **mouth** and other **cancers**

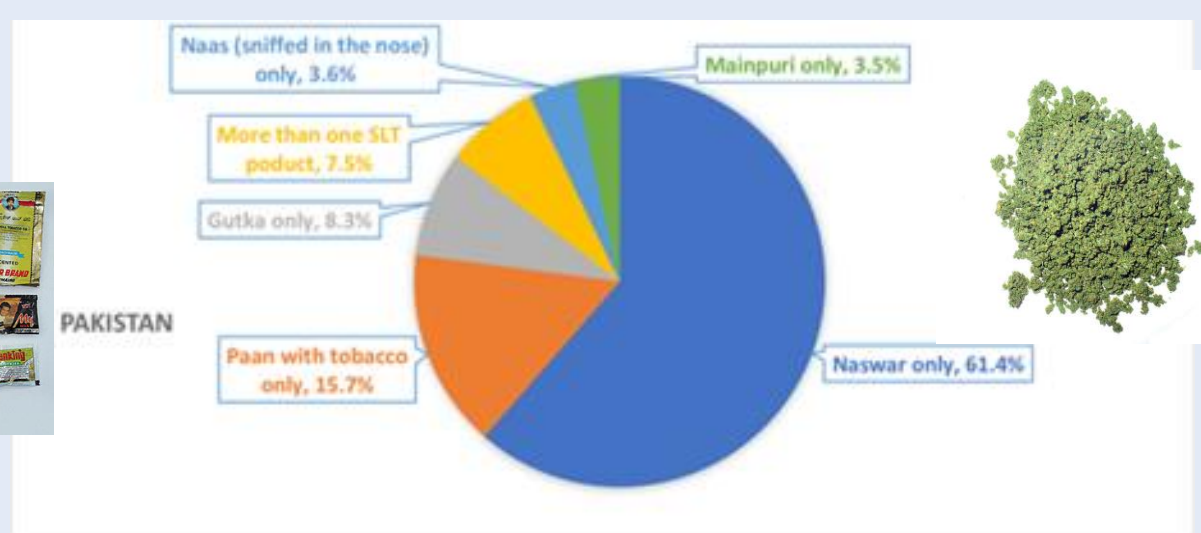
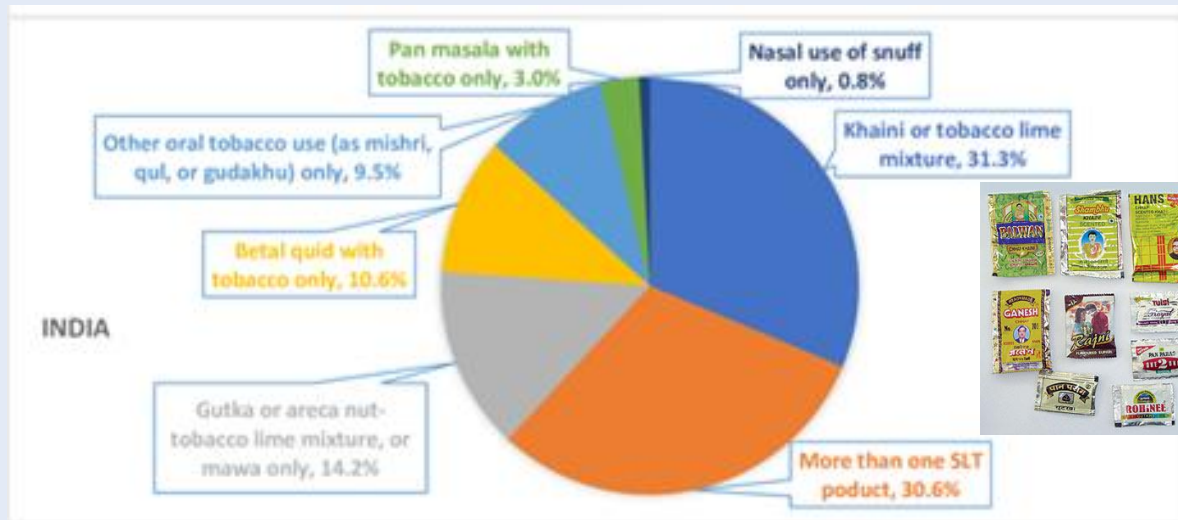
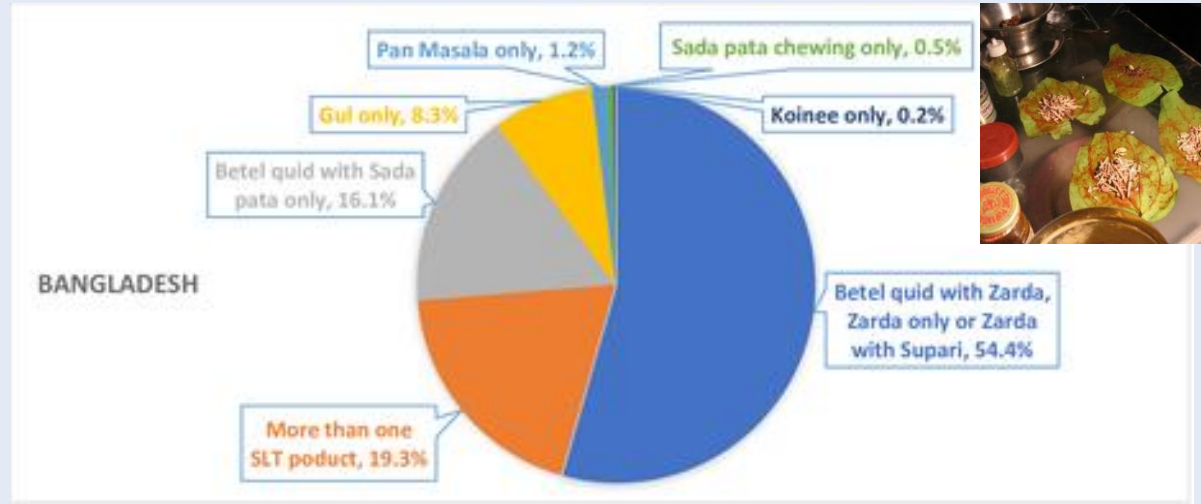


250,000,000 ST users live in South Asia

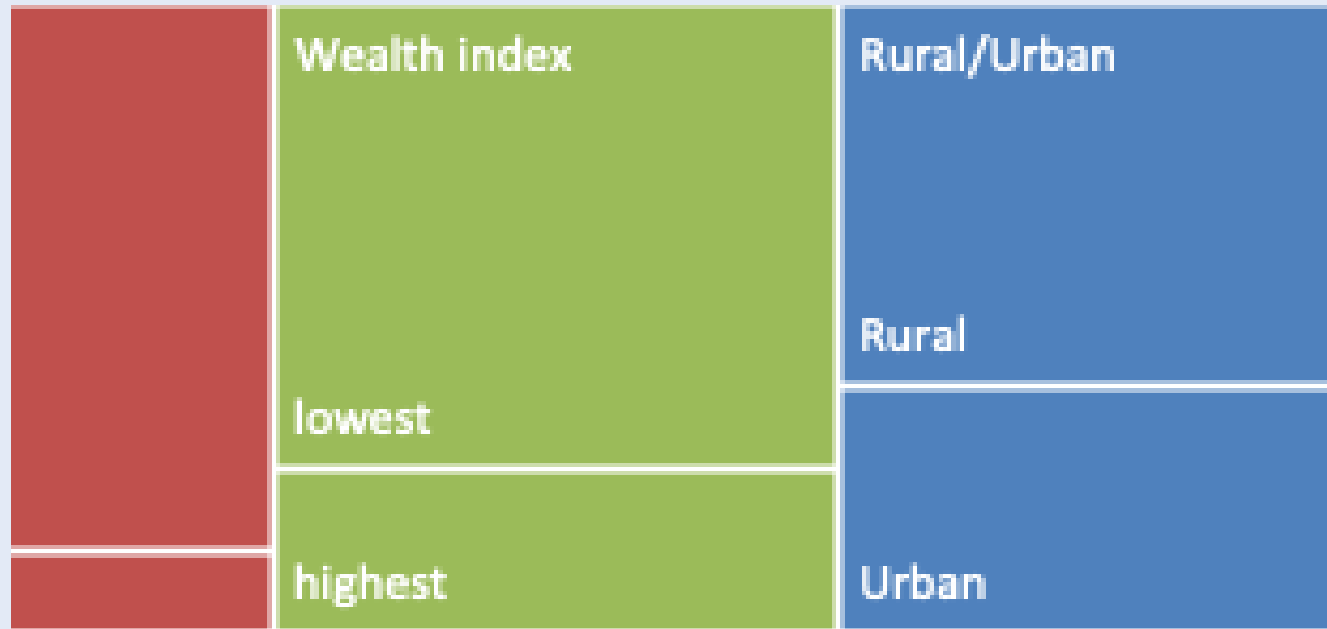
Most lethal & unregulated ST products are used in South Asia

ST in South Asia

	Adult ST prevalence	Total numbers	% of all tobacco users
Bangladesh	21%	22 million	58%
India	21%	199 million	75%
Pakistan	8%	10 million	40%



ST – hidden disparities

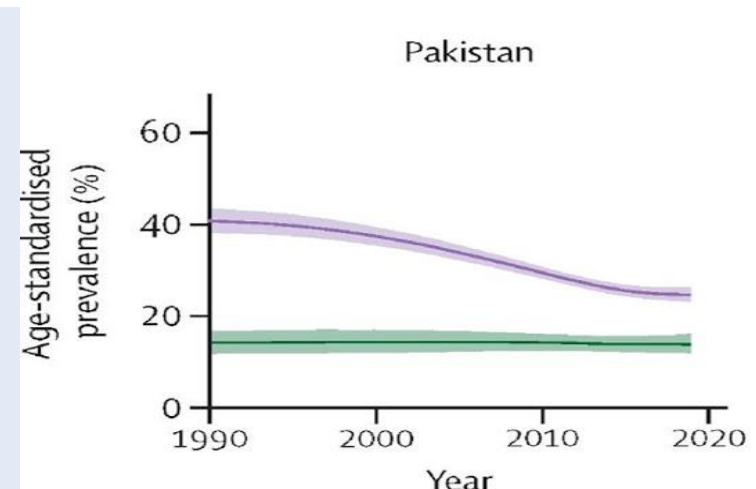
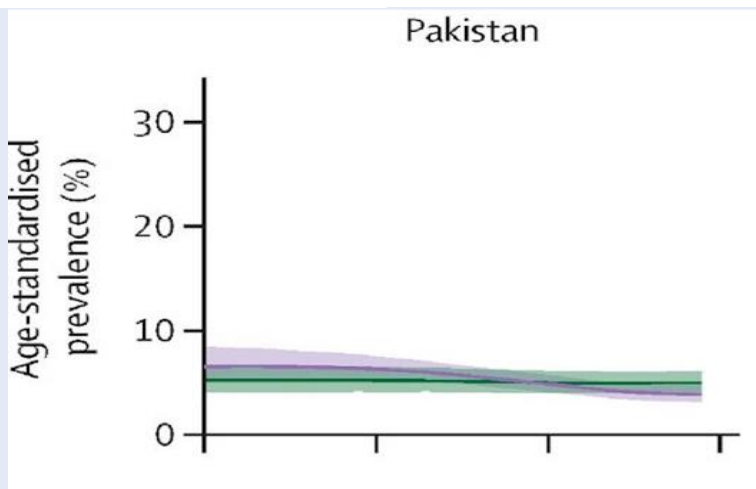
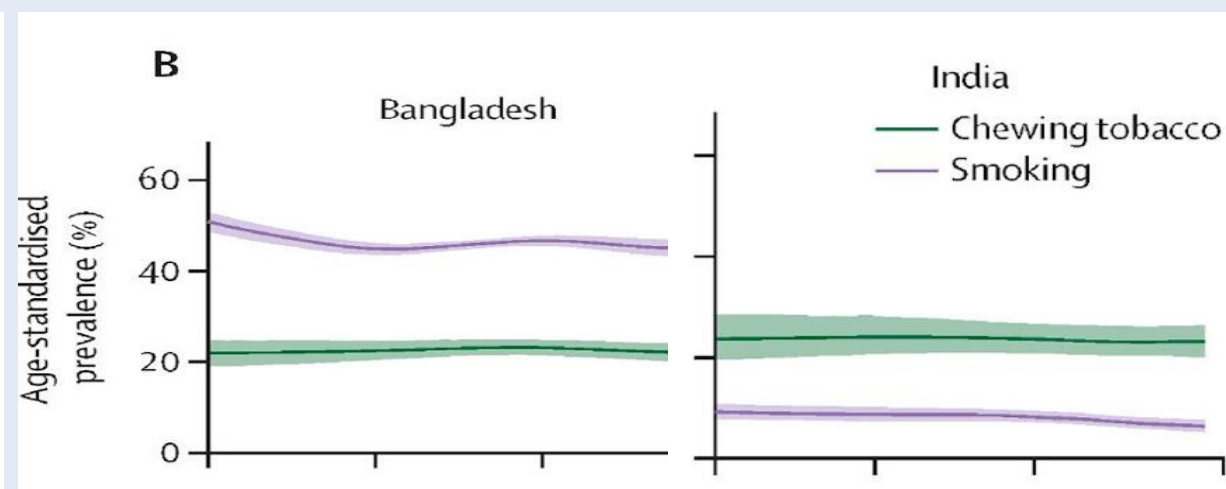
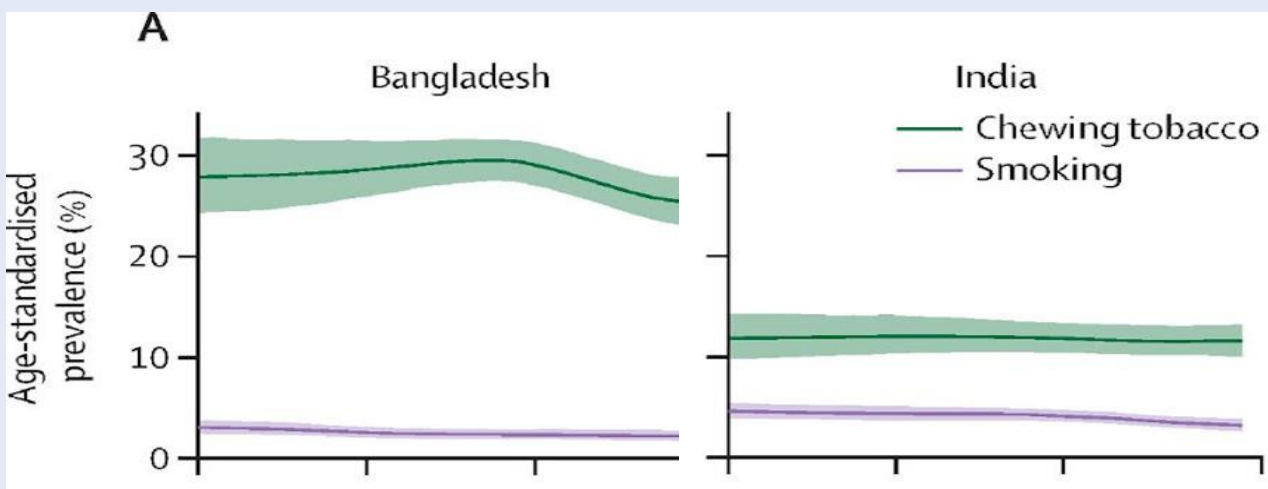


■ Rural/Urban ■ Education ■ Wealth index

ST trends (1990 – 2019)

Females

Males



New Knowledge on ST policies: few examples

Defined ST products available worldwide

Found that the pro-tobacco cues for youth are stronger than the anti-tobacco policies

There are many policy gaps to control ST across the globe

The impact of policies (FCTC and non-FCTC) on ST control can be significant

Discovered the potential effectiveness of behavioural support and NRT for ST cessation

ST-related disease burden is increasing in South Asia

ST-related economic burden is huge in South Asia

Found that the policy implementation was even weaker for ST

Uncovered and estimated the large scale illicit ST trade in South Asia



Addressing **S**mokeless **T**obacco Use & Building **R**esearch Capacity in South **A**sia

An ontology of ST products used around the globe

RATIONALE

ST products vary hugely depending on the geographical location (by names, ingredients, manufacturing, physical form, etc.). No vocabulary

KEY FINDINGS

65 ST products across the globe were mapped and defined as per:

- product type
- tobacco type and composition
- preparation and final form
- mode of use

A hierarchy with 7 classes and 28 subclasses

IMPLICATIONS

Lack of clarity impedes progress

An ontology defines a common vocabulary

It helps achieve shared knowledge

ASTRA created ontological definitions by standardising descriptions of ST terms

Available on <https://addictovocab.org/ADDICTO:0000292>

The ontology will be linked with the Paper Authoring Tool

Predictors of ST use in adolescents

RATIONALE

Tobacco use among adolescents is influenced by environmental cues.

Little is known of such associations in South Asia where adolescents access diverse ST products.

Pro-tobacco cues

Exposure to ST use in:
public places
the media

Offered free ST products

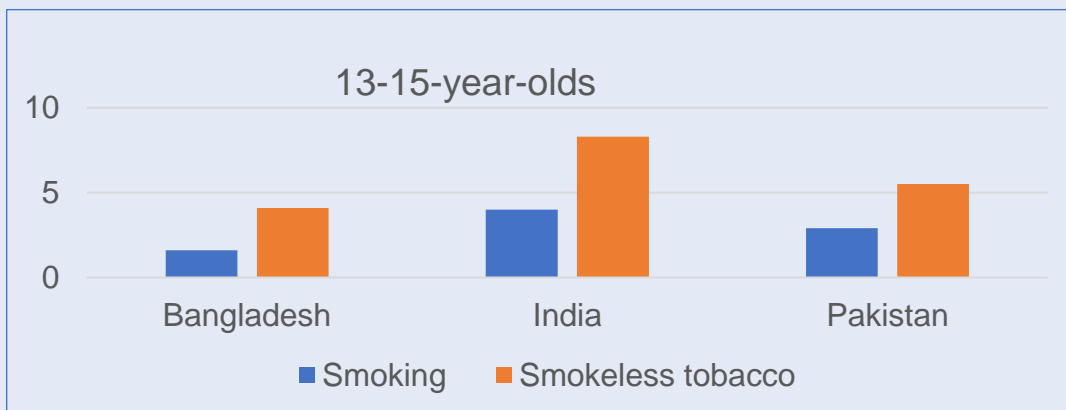
Anti-tobacco cues

Shopkeepers refusing to sell ST products to youth

Little influence of anti-tobacco campaigns

IMPLICATIONS

Strict enforcement of bans on: ST advertisement, promotion and sponsorship including electronic and social media; and sales to and by minors – likely to be impactful



The global burden of diseases due to ST

RATIONALE

The distribution and health risks of ST differ from that of smoking; hence, there is a need to estimate its distinct health impact

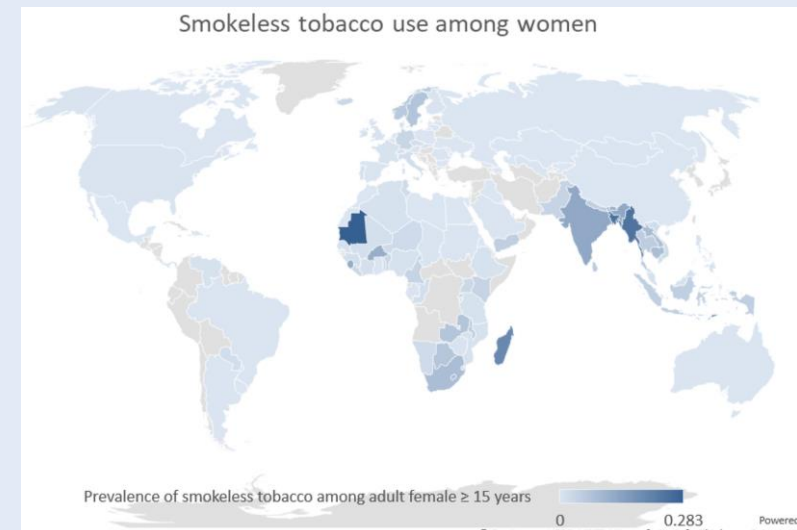
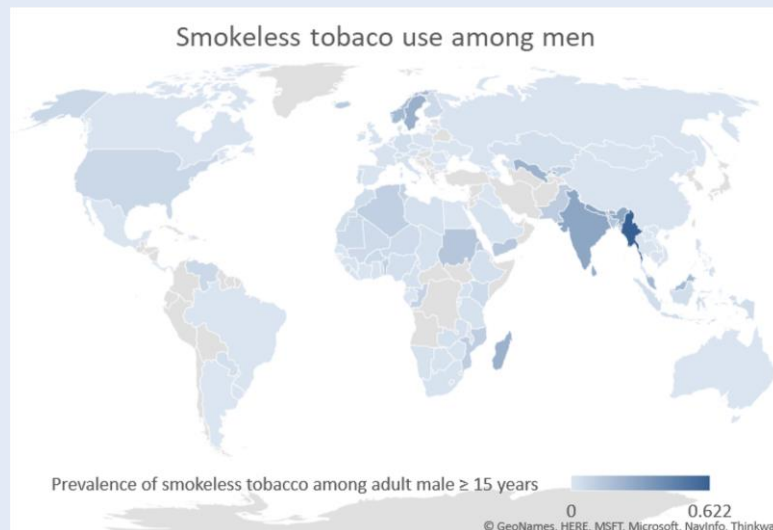
KEY FINDINGS

ST is consumed by 350m people in 140 countries; 85% in South Asia

In 2017, India (70%), Pakistan (7%) and Bangladesh (5%) bore most of the global ST-related disease burden - a loss of 8.5 million disability-adjusted life-years (DALYs) and 350,000 deaths

IMPLICATIONS

Unlike cigarettes, ST use is NOT declining, and disease burden has risen by one-third. Failure to address ST may compromise the health gains made by reducing cigarette demand



The economic burden in south Asia attributable to ST

RATIONALE

85% of >300m users of ST are in SEAR

Increased risk of oral cancers, CVDs, mortality

What works and at what cost?

Need to understand the 'baseline' for a policy change

KEY FINDINGS

ST has a substantial negative impact through increased morbidity and premature mortality

The burden of ST is clearly evident through the associated healthcare costs

The ASTRA economic model can be used to evaluate the cost-effectiveness of policy interventions in the future

	Costs (US thousands)	Costs (Country Currency millions)
INDIA		
Men	\$13,592,990	(INR) 957,218
Women	\$5,761,142	(INR) 405,700
BANGLADESH		
Men	\$698,265	(BDT) 58,968
Women	\$987,354	(BDT) 83,382
PAKISTAN		
Men	\$2,225,187	(PKR) 333,867
Women	\$1,105,870	(PKR) 165,925

IMPLICATIONS

If policy *status quo* remains, South Asian nations will borne substantial cost burden in the future

Decision-makers will require evaluations of cost effectiveness interventions to reduce ST use

The global policy gaps for ST

RATIONALE

Global tobacco control policies cover cigarette smoking but do they cover ST to the same extent is not clear

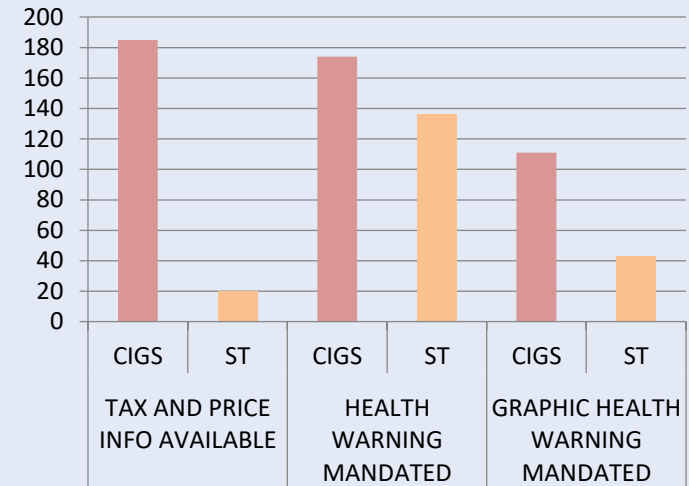
KEY FINDINGS

3% countries regulate ST contents

19% countries tax ST; even these tax ST below cigarettes

23% mandate pictorial health warning and the requirements are less strict than cigarettes

9% countries ban ST advertisement, promotion, and sponsorships



IMPLICATIONS

For ST, the policies are few and the bar is much lower. No wonder we are not seeing a downward trend in ST use as observed for smoking

The impact of tobacco control policies on ST

RATIONALE

FCTC has been instrumental in reducing smoking prevalence but its impact on ST remains unclear

KEY FINDINGS

57 countries - policies for ST
17 countries - non-FCTC policies (e.g. spitting bans)

Eighteen studies (of variable quality) evaluated the impact of policies initiatives

FCTC-based policies - reductions in ST prevalence: between -4.4% to -30.3% for taxation and -21.9% to -70.9% for a combination of policies

Non-FCTC policy of sales bans reported mixed results; one study significant reductions in ST sale (-6.4%) and use (-17.6%); another an increase in ST use in the youth

IMPLICATIONS

Rise in taxes will reduce ST use - price elasticity: 0.5 in India. 0.39-0.64 in Bangladesh and 0.55 in Pakistan

Taxation and a combination of policies are likely to be effective in reducing ST use

ST cessation in South Asia: findings from a randomised controlled trial

RATIONALE

Lack of evidence for behavioural support (BhS) and nicotine replacement therapy

Need to identify feasibility of conducting a full trial of the above interventions in South Asian settings



KEY FINDINGS

Biochemically verified abstinence completing 26-week follow-ups

7/59 (11.9%) in NRT arm

9/59 (15.3%) in BhS arm

4/61 (6.6%) in the combination (NRT + BhS) arm

3/56 (5.4%) receiving no intervention (VBA only)

IMPLICATIONS

It is feasible to conduct a multi-country trial of ST cessation in South Asia

Our findings indicate favourable abstinence rates for NRT and BhS when delivered on their own

ST supply chain - the unregulated production, marketing and sale

RATIONALE

Gaps in evidence on compliance with ST control policies in South Asia

KEY FINDINGS

ST contains variable and high quantities of nicotine, Ph and Tobacco Specific Nitrosamines

ST is sold in variable quantities and size packs

ST escapes the tax-net

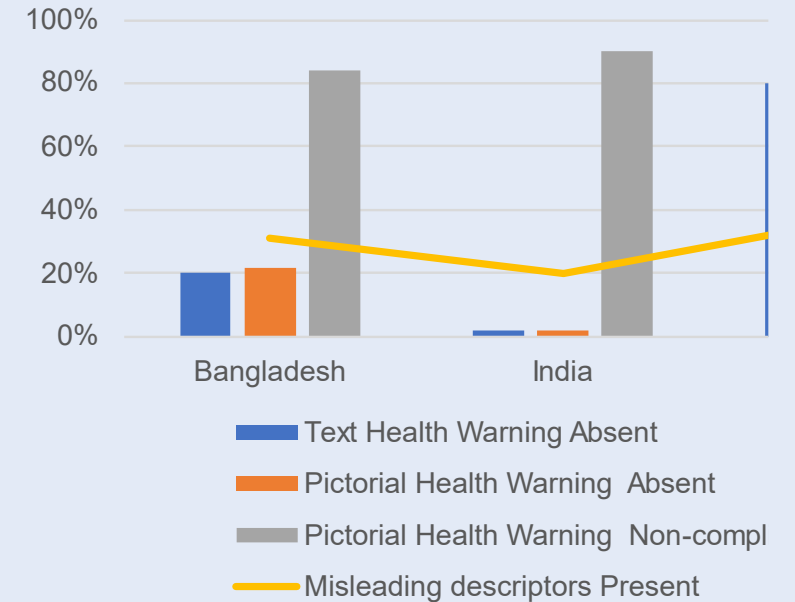
Packs rarely comply with national laws

ST sale to and by children is common

Vendors and suppliers are unaware of the health effects and policies

Point-of-sale advertisement of ST is common

Non-compliance of ST products with national laws



IMPLICATIONS

There is “weak implementation and sub-optimal compliance” with the existing ST policies

Non-compliant packaging and illicit ST in Bangladesh and India

RATIONALE

ST is not considered as a priority policy focus

Illicit trade in ST - seldom documented

KEY FINDINGS

In Bangladesh and India, almost all ST products are illegal

84% of ST packs in Bangladesh and 93% in India have no pictorial health warning or the size is too small

30% ST packs in Bangladesh and 7% in India do not comply with text health warnings requirements

KEY FINDINGS

Pack features (Themes for illicit ST products)	Illicit percentage (95% CI)	
	Bangladesh	India
(a) MRP not printed	56.9 (47.4, 66.1)	2.4 (0.10, 12.9)
(c) No sale statement disclosure	72.4 (63.6, 80.4)	-
(d) No PHW or inappropriate size of PHW	84.4 (76.6, 90.5)	92.6 (80.1, 98.5)
(e) No THW or inappropriate language	30.1 (22.0, 39.4)	7.3 (1.5, 19.9)
(f) Presence of any Misleading Descriptors	61.2 (51.7, 70.1)	31.7 (18.1, 48.1)
Overall estimate of illicit ST Packs/Potential illicit packs	92.2 (85.8, 96.4)	92.6 (80.1, 98.5)

IMPLICATIONS

Weak and poorly enforced ST control policies

Recommendations

- Products regulation: remove flavours, restrict TSNAs, set standards and monitor their contents
- Sellers: retail licensing and viable alternatives
- Marketing: strict ban enforcement on online/social media advertising; ST standardised packaging and POS bans
- Minors: empower communities to enforce bans, legal age
- Cessation: expand services to cover ST
- Fiscal measures: increase tax frequently and greater than cigarettes with a minimum floor price = 20 cigarette pack

Thank You



Reading list

- Siddiqi K, Mishu MP. Smokeless tobacco: Why does it need special attention? *Respirology* 2019; DOI:10.1111/resp.13612.
- Siddiqi K, Husain S, Vidyasagaran A, Readshaw A, Mishu MP, Sheikh A. Global burden of disease due to smokeless tobacco consumption in adults: an updated analysis of data from 127 countries. *BMC Med* 2020; 18: 222.
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- Siddiqi K, Vidyasagaran AL, Readshaw A, Croucher R. A policy perspective on the global use of smokeless tobacco. *Current addiction reports* 2017; 4: 503–10.
- Mehrotra R, Yadav A, Sinha DN, et al. Smokeless tobacco control in 180 countries across the globe: call to action for full implementation of WHO FCTC measures. *Lancet Oncol* 2019; 20: e208–17.