

Current Tobacco Control Policies in Nepal: Existing Gaps and Way Forward

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INTRODUCTION

Globally, tobacco consumption is accountable for more than five million deaths each year which is greater than deaths occurred due to tuberculosis, HIV/AIDS and malaria put together.¹ Smoking prevalence is increasing in developing world. It is projected from current trends that tobacco will be responsible for ten million deaths per year by 2030, with 70% of deaths in the low-income countries alone.² Different health surveys conducted reveals high percentage of tobacco use in various forms in Nepal. A national survey conducted at the end of 2000 reported the proportion of males who ever smoked was 54% and 31.6% among females. This survey also reported the proportion of all respondents aged 15 and above who ever smoked was 42.6%.³ In 2002, a national survey suggested that the prevalence of smoking was 45% (males 58% and females 32%).⁴ According to National Demographic Health Survey conducted in 2006, nearly one third of males (32.5%) and 15.2% of females smoke cigarettes. While four in ten (38.2%) males used tobacco products other than cigarettes, this percentage was reported low among females (5%).⁵ The World Bank report (February, 2011) showed prevalence of smoking to be highest for Nepalese females (28%) in South Asia and is in the mid range for males (36%). The World Bank also shows that the prevalence of smoking in youth is among the highest (boys 13% and girls 5%) in Nepal.⁶ Varieties of tobacco products are used in Nepal in both smoking and smokeless forms. The smoking forms in Nepal are cigarette, bidi, hookah, sulfa and chillum or kankad. The smokeless tobacco products include surti, khaini, gutkha and paan. Dry tobacco-areca nut preparations such as gutkha and paan masala are also popular chewing form of tobacco.⁵

Policies and efforts for controlling tobacco use

According to a review article, Nepal is in "growth" stage of tobacco control efforts that means there is enactment of several policies but with equivocal national government and local support.⁷ There are various tobacco control measures implemented by Nepal that included banning of smoking in public places, banning of advertisements in print and electronic media, banning of smoking in public places, government offices and public transportation, levy tax on tobacco products and on import and customs for international brands of tobacco, mandatory health warnings on tobacco products and others.⁶ The National Health Education, Information and Communication Center (NHEICC) is the national focal point for tobacco control and has been carrying out policy and legislation formulation in line with the six policies recommended in the WHO Report on the Global Tobacco Epidemic 2008.⁵ In addition to this Nepal also signed the WHO's Framework Convention on Tobacco Control

(FCTC) on December 3, 2003 and ratified on November 7, 2006. Most recently, the Constituent Assembly of Nepal enforced the 'Tobacco Control and Regulation Act 2011' on August 7, 2011 and is still in its implementation phase.

This paper is an effort to explain situation in Nepal and activities for achieving the strategies set by FCTC for its parties and critique them.

Price and tax measures to reduce the demand for tobacco

Increasing price and tax on tobacco products is an important way of regulating tobacco use. The policy intention is to make tobacco less affordable by increasing the price which will discourage consumption. The World Bank concludes that raising tobacco taxes can help to reduce smoking among adults and young people, particularly in lower socio-economic groups.⁸ In this effort, Nepal was the first country in the South-East Asia Region to impose a dedicated levy on tobacco products as a health tax. The levy is used for treatment of tobacco related diseases (75%) and other amount is used for tobacco control activities.⁵ Although the revenue collected from tax is used for public health purposes, the tax amount has remained fixed over more than a decade now while money required for medical care has inflated.⁷ Current estimates show that Nepal imposes 29% tax on cigarette while the highest imposed in the South-East Region is 73% in Sri Lanka.⁹ However the taxation on other tobacco products is far less than cigarettes and hence easily affordable to the poor section of the people.¹⁰

The legislation of increasing tax on tobacco is relevant to tobacco control policy and is a very promising effort to reduce smoking rates. A study conducted to evaluate the pricing strategies of tobacco companies concluded that price related promotions are among the important marketing strategies of tobacco companies. So in order to achieve reductions in tobacco use and public health toll caused by tobacco, future tobacco control efforts that aim to raise prices and limit price-related marketing efforts are most likely to be important and effective.¹¹ Another study conducted in Taiwan to assess the health tax on cigarettes as a smoking control policy tool yields positive outcome in that it not only reduces cigarette consumption, but also reduces betel nut and alcoholic beverage consumption due to a synergistic relationship.¹²

Protection from exposure to tobacco smoke

Protection from exposure to tobacco smoke is an important strategy for controlling tobacco use. The policy intention is to eliminate the exposure to environmental tobacco smoke indoors, at works and in public places. Tobacco Control and

Regulation Act 2011 prohibits smoking and consumption of tobacco in public places, public transportation and certain workplaces. These includes government offices, educational institutions, airport, child welfare homes, orphanage, hermitage for old, public toilets, cinema hall, hotel, restaurant, stadium, departmental store, pilgrimage and religious places, public bus stand etc. Smoking in public places was banned by the Supreme Court verdict of 2006 and 2009. The Council of Ministers decided to ban smoking in May 1992 and in April 2010 in public places and workplaces.⁵

However, recent reports indicate a gap area that Nepal should work in order to strengthen this policy area. The WHO Report on the Global Tobacco Epidemic 2009 reports that there is moderate compliance of smoke-free policies in Nepal.¹³ The GYTS 2007 survey reports, nearly four out of every ten boys and three out of every ten girls had been exposed to Second hand smoke (SHS) at home. Nearly half of the boys and nearly two out of five girls reported that they had been exposed to SHS in public places.¹⁴

Packaging and labeling of tobacco products

Nepal has implemented strategies for packaging and labeling tobacco products with health warning. The policy intention is to make general public aware of the health consequences due to use of tobacco. Nepal mandates all tobacco companies to cover 75% of cigarette and other tobacco product packaging space with pictorial health warning on the packages, by the recently passed tobacco control bill.¹⁰ However, current evidence indicates a lack of specific graphic or pictorial warnings on bidi and khaini packets as well as lack specific guidelines for implementing this policy strategy.⁵

Education, Communication, training and public awareness

Nepal has strong strategies intended to decrease the smoking rates through education, communication, training and public awareness. The policy intention is to contribute to efforts to prevent smoking uptake in children and ensure that the individuals and community is well informed about. The rationale is to minimize the uptake of smoking in young by focusing on changing factors that are highly predictive, highly prevalent and highly amenable to change. Nepal has implemented educational and awareness activities on harmful effects by dissemination through the mass media including radio, television, FM, print media etc. Similarly children are made aware of the harmful effects of tobacco use through textbooks.⁵ Although there are training for school personnel to prevent youth tobacco use in Nepal, currently they are not enough and are not widely available or conducted.⁵

Tobacco advertising, promotion and sponsorship

Nepal has various strategies for tobacco advertising, promotion and sponsorship. The policy intention is to eliminate and discourage the promotion of tobacco products

by those in the tobacco trade and address harm by the positive portrayals of smoking in the media. It has been documented that exposure to cigarette advertising and promotion of smoking in the media is a strong factor in development of positive attitudes and smoking initiation in teenagers.¹⁵ According to some econometric studies in high-income countries, comprehensive bans on promotion reduced demand for tobacco by around 7%.⁸ In 2000, Nepal banned all tobacco advertisement in the print media, followed by a ban in place for two years in the electronic media including radio, television, FM, internet, email, interaction program, hoarding board, logo, writing etc.⁶ The new tobacco control act also has provisions for a ban on tobacco advertisement, promotion and sponsorship. Still the implementation of ban on tobacco advertisement, promotion and sponsorship is not effective due to lack of penalty and penal provisions for those who violate the order.⁵

Tobacco cessation

There are various activities that Nepal conducts to decrease rate of tobacco use through tobacco cessation. The policy intention is to offer help to quit tobacco use to those who are willing. Nepal has established tobacco cessation clinics in some of the health care facilities. In addition, a tobacco "Quit line" has been established in the Nepal Cancer Relief Society. Similarly Nicotine replacement therapy (NRT) is available on prescription in pharmacies.⁵ Also, Nepal has been participating annually in World No Tobacco Day and Quit-and-Win, the WHO supported international smoking cessation contest for adults.¹⁶ However there are gaps seen in the implementation of tobacco cessation efforts which includes inadequate training of health personnel on cessation, lack of better availability of tobacco cessation and toll-free telephone quit line. Also, Bupropion, the pharmacotherapy agent for NRT is not available in the country.⁵

Monitor tobacco use

Monitoring the use of tobacco is an important step in regulation of tobacco. The policy intention is to get updates related to the recent status of tobacco use and prevalence in the country that will be helpful in formulation tobacco control policies. In this regard, there was several health surveys conducted under the auspices of Global Tobacco Surveillance System (GTSS). These include Nepal Demographic and Health Survey 2006; Global Youth Tobacco Survey (GYTS) in the Central Development Region in 2001, in the Far Western Development Region in 2003 and on a national sample, 2007; Global Health Professions Students' Survey (GPHSS) in 2006; WHO STEPwise approach to non-communicable disease risk surveillance (STEPS), 2007; WHO Framework Convention on Tobacco Control reporting instrument submitted in 2006 and Global Tobacco Report (GTCR) issued yearly since 2006. However a lack of resources for surveillance and research was seen, which needs immediate attention.⁵

CONCLUSION

Tobacco use is a major public health problem in Nepal which is a major problem among Nepalese females (28%), highest for females in South Asia and highest in youth (boys 13% and girls 5%) in South Asian region. The burden of disease due to tobacco use is significant with an estimated 44 deaths due to tobacco related harms, each year. Nepal has strong policy and

strategies for tobacco control including regulating tax, protection from passive smoking, packaging and labeling of tobacco products, education and public awareness, tobacco advertising, promotion and sponsorship, tobacco cessation and monitoring tobacco use. However there are several gaps, which need to be addressed in order to improve the implementation of policies as well as to strengthen current strategies. These includes increasing tax on tobacco products in accordance with inflation rate; regulating compliance with smoke free policies; regulating policies related to packaging and labeling; increasing trainings and activities related to increasing public awareness; implementation of penalty for those who break the policy related to advertising and promotion of tobacco products; increasing availability of tobacco cessation programs and increasing research and surveillance in the area of tobacco control efforts.

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