

Position statement Maldivian Medical Association:

Graphical Health Warnings on tobacco packs and ban of sale of single cigarettes



Towards a Healthier Nation

The position of the Maldivian Medical Association (MMA) on requiring Graphical Health Warnings on tobacco packs and ban of sale of single cigarettes, based on current research evidence is as follows:

Based on the strong evidence that tobacco is highly toxic and addictive, is the leading cause of death and disease worldwide, is responsible for increasingly high tobacco related disease burden and economic burden in Maldives, together with the strong scientific evidence that Graphic Health Warnings (GHWs) on tobacco packaging and banning of sale of single cigarettes are effective and cost-effective in reducing tobacco use in all age groups with particular advantages for children and youth, and appreciating the commitment of the government of Maldives to control cancer and other non-communicable diseases, and the obligation of the country to implement effective tobacco control measures as signatory to the WHO Framework Convention for Tobacco Control (FCTC). Maldivian Medical Association is of the position that implementing regulations requiring Graphic Health Warnings (GHWs) on tobacco packaging and banning of sale of single cigarettes are essential public health measures that need urgent implementation to protect the health of our people, reduce the burden of disease and to raise the level development of our country.

We recommend that these measures are implemented in keeping with best practice guidelines such as WHO guidelines and those of countries based on the most current scientific evidence.

We urge relevant authorities that these evidence-based measures be implemented as soon as possible in view of the alarmingly high tobacco-related disease burden in our country.

The basis for our position and recommendations are outlined below.

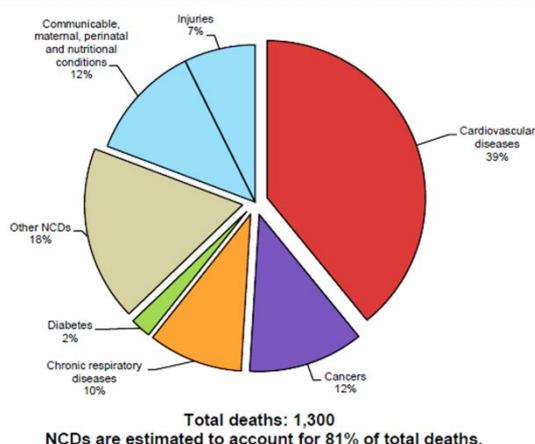
Why tobacco control?

Health reasons:

Tobacco is highly **toxic**, containing 7000 chemicals and 250 toxins of which 70 cause cancer. (CDC) Extensive research in several populations over the world has proven that tobacco **causes** a myriad of diseases and problems including non-communicable diseases, reproductive problems, psychological stress and dementia, lowering of immunity and poor wound healing and general health, and is *associated* with many more conditions. Tobacco is highly addictive, and not easy to quit. 70% of smokers want to quit but only 2-3% quit successfully without additional assistance. Tobacco causes *immediate damage* to health. The list is continuously increasing over the years. (US Surgeon General reports 2014) Tobacco is the *leading cause* of *preventable* deaths globally, accounting for 7 million deaths of which 850,000 are due to second-hand smoke. (WHO) Tobacco kills *prematurely*, particularly in the most productive years of life. (WHO, CDC)

In Maldives, 81% of deaths are due to non-communicable diseases. (WHO 2014) Of *all* deaths, 27% are estimated to directly due to tobacco. (WHO 2011) Tobacco is a major cause of all of the top non-communicable diseases in Maldives, cardiovascular disease (heart disease, stroke), cancer, chronic respiratory disease, diabetes and a large proportion of kidney failure. 80% of these are *preventable*. Of the estimated 1300 deaths annually (census 2016), it is estimated that tobacco accounts for 351 deaths every year, which means that someone in Maldives is dying directly due to tobacco almost *every day*! This includes all ages, from fetuses aborted in pregnancy and premature infants, to young people and adults. We have treated patients who smoked, as young as 25 years with heart attack, and 33 years with disabling stroke. Our doctors commonly see relatively younger people in their 50's suffering from stroke and kidney failure, generally diseases of older people. Cancer affects children and young people as well. The ICU beds are over-occupied by chronic respiratory disease, majority of which are preventable. It is disheartening to see the psychological trauma and prolonged suffering of these patients and their families.

Proportional mortality (% of total deaths, all ages, both sexes)*



Economic reasons:

Tobacco also causes **net economic loss** to nations. A World Bank research of 80 countries showed that the healthcare costs of treating tobacco-related diseases alone exceeded the net income from tobacco trade and manufacture plus taxes to the government. This is without costing for productivity losses due to illness and smoking. (World Bank 1999 to-date) Since then World Bank states that it does not provide financial assistance for any form of tobacco industry.

Later studies show that productivity costs due to smoking are massive.

The average productivity cost to the employer: \$5,816 per year per smoker from a Canadian study (Berman et al 2014)

In the United States, smoking-related illness in the United States costs more than \$300 billion each year, including:

- Nearly \$170 billion for direct medical care for adults
- More than \$156 billion in lost productivity, including \$5.6 billion in lost productivity due to secondhand smoke exposure (CDC)

In Maldives, tobacco-related diseases cost the country the highest expenditures to Aasandha, including cancer, cardiovascular disease and renal failure. Maldivians spent approximately Rufiyaa 1.1 billion on tobacco in 2016, estimated on imports and retail prices. The CIF value of tobacco imports in 2016 was 290 million, which goes out of the country to multinational tobacco industry and their agents. (Customs, HPA)

Sustainable Development Goals (SDGs): under SDG 3 (Health & Wellbeing) -> Control of NCDs -> Relative reduction of current tobacco use by 30% is one of the nine voluntary global targets to achieve.

Evidence-based methods for tobacco control:

Well-researched, scientifically sound, effective and **cost-effective** methods have been identified by WHO Framework Convention for Tobacco Control (FCTC) as MPOWER measures. Graphic health warnings on tobacco packaging and banning sale of single cigarettes are among these cost-effective interventions.

Graphic Health Warnings (GHWs)

One of the most effective and cost-effective methods of health awareness! Several researches show that GHWs are effective. (WHO review, 2009)

Tobacco packaging display areas are like “power walls” - a pack-a day smokers see the package (+warning) at least 7300 times a year! (WHO review, 2009)

- Who stand to benefit most from GHWs? (WHO review, 2009)
 - **Young people:** Children, adolescents, youth (especially)
 - reduced initiation of smoking,
 - also increased quitting at early age
 - **Smokers** of all ages – increased quit rates (leading to improved health and productivity), increased concern about their health
 - Less literate, poor, vulnerable (e.g. people with special needs) and marginalized populations
 - Non-smokers – GHWs increased smokers’ awareness about harm to children from their second-hand smoker, and reduced smoking indoors and near children.
 - GHWs benefit everyone of all ages. – overlap effects - by reducing smoking overall, non-smokers also benefit from reduction in second-hand smoke exposure.
- How GHWs work (WHO review, 2009):
 - Reduced initiation of smoking (in young people)
 - Increased quit rates
 - Induced smokers to worry about their health
 - Reduced smoking indoors and near children
 - Reduced advertisement of tobacco products (by seller at counters, and individuals)
 - Smokers less likely to use brand as a “badge”
 - Effective even when people use alternative containers to keep their cigarettes
 - The larger the graphic, the higher the effectiveness. WHO guidelines should be followed.
- Does not lead to business losses to majority of average businessmen (World Bank and international health experts in the field of tobacco control),
 - as effect of smoking reduction is gradual, not sudden, and no loss of jobs for these measures
 - tobacco is easily replaced by other goods and business avenues
 - and even more applicable to Maldives as there are no cultivators, and no businesses that are 100% dependent on tobacco for their income

GHWs - already Implemented in over 130 countries including almost all developed countries and all neighboring countries, except Bhutan, where tobacco import is illegal anyway. (Source: WHO)

Ban of sale of Single cigarettes

One of the **most effective** methods to protect those most vulnerable to become victims of tobacco:

- Young people: Children, adolescents, youth (especially) – reduces initiation of smoking among them
- Low-income groups and marginalized populations – helps quit as well as reducing initiation

How it works:

- Ensures that health warning is seen when sold in packages
- Reduces accessibility and affordability to these vulnerable groups, e.g. from the small “interval money” a child gets
- Increases the effectiveness of price hike from tax increases, thus encouraging more smokers to quit
- Does not hinder attempts to quit smoking
 - Research shows that buying single cigarettes has no difference on quit smoking behavior among adult smokers. i.e. buying single cigarettes does not help them to quit. (Thrasher et al. 2011)
 - Also, sale of single cigarettes hinders quitting smoking among young adults. (Stillman et al. AJP 2007).
 - Cutting down on smoking is not enough to reduce health risks, as current research shows there is no safe limit for the toxicity of tobacco. Even occasional smoking increases health risks. (CDC)
- Business implications – same as for GHWs.

Effective measures identified by WHO FCTC (MPOWER) – Supplementary Information

The WHO Framework Convention for Tobacco Control (FCTC) identifies and binds countries to implement effective tobacco control measures to protect the health of their people. Maldives is a Party to FCTC since 2005. Countries signatory to FCTC are required to implement ALL of these and report annually to WHO. The gains from implementing only one or two measures only may be small, and only implementing all of these result in significant reductions in actual tobacco use. Below are the main measures and the status of Maldives on achieving these.

M - Monitor tobacco use and prevention (Registration and Licensing for tobacco trade and products, maintaining and monitoring stats on tobacco sales, usage and disease burden)

P - Protect people from tobacco smoke (100% Smoke-free public places regulations) only partially - ours is a partial ban, therefore not effective

O - Offer help to quit tobacco use + prevent second-hand smoke exposure (Quit services) - available through health facilities in Male' and several atolls

W - Warn about the dangers of tobacco - (a) Graphic Health Warnings and plain packaging, packaging requirements and ban of sale of loose cigarettes and tobacco products) (b) media campaigns - “I Choose Life” campaign

E - Enforce bans on tobacco advertising (Total ban of direct and any form of indirect advertising and promotions, including at POS and informal methods) - under parent law but no regulation to penalize

R - Raise taxes on tobacco (upto 70% of retail price, including import duty, plus GST and all possible taxes) - partially, upto 58% of retail price

The Article 5.3 of the FCTC obligates governments to protect tobacco control policies from vested and commercial interests. It also prohibits any dealings with and funding from tobacco businesses. These legal obligations are also reaffirmed in the Tobacco Control Act 15/2010.

Maldives status or MPOWER implementation can be viewed online from the WHO Global Health Observatory by going to: <http://www.who.int/gho/database/en/> and go to -> *Country statistics* -> search for and go to *Maldives*, then under Maldives -> tab *Country profiles* -> *Tobacco control*

Direct link: http://who.int/tobacco/surveillance/policy/country_profile/mdv.pdf?ua=1

Summary of MPOWER measures

M	P	O	W	E	R		
MONITORING	SMOKE-FREE POLICIES	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2008
							YES

The legend explaining the colours in this table appears at the end of this document.

The methods used to derive all data in this profile are described in the technical notes of the WHO report on the global tobacco epidemic, 2017.

*Note: Deeper the blue the better the implementation. Grey = no information. This may have been missed as we did have “I Choose Life” campaign in 2015.

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