Smokeless tobacco use by south Asians

Citation for published version:

Digital Object Identifier (DOI):
10.1016/S2214-109X(13)70021-4

Link:
Link to publication record in Edinburgh Research Explorer

Document Version:
Publisher's PDF, also known as Version of record

Published in:
The Lancet Global Health

Publisher Rights Statement:
Available under Open Access

General rights
Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.
Smokeless tobacco use by south Asians

Smokeless tobacco consumption is a major public health threat that affects many populations worldwide. Despite its widespread use and the substantial associated health risks, the issue of smokeless tobacco remains a neglected one.

Smokeless tobacco consumption is especially common in people of south Asian origin. At least one in four adults in India and Bangladesh regularly use smokeless tobacco. Smokeless tobacco is also popular in the south Asian diaspora—eg, one in five Bangladeshi women in the UK are regular users. The health risks associated with smokeless tobacco are similar to those associated with smoking with respect to oral, oesophageal, and pancreatic cancers, and stroke. Existing smokeless tobacco control policies in south Asian countries are either inadequate or poorly implemented—even after governments ratified WHO’s Framework Convention on Tobacco Control (FCTC). Taxes on smokeless tobacco remain low, cessation support is not widely available, and regulatory mechanisms either do not exist or are inadequately implemented.

A group of international experts, policy makers, civil society organisations, and donor agencies met on March 4–5, 2013, in York, UK, for a 2 day conference on Smokeless Tobacco and South Asians. The aims were to learn from the experiences of experts (policy makers, researchers, and civil society representatives) to identify policy and research gaps, and to propose key strategies to curb use of smokeless tobacco worldwide (panel). A recurring theme was the widespread failure to appreciate the scale of the problem posed by smokeless tobacco by health professionals, policy makers, and funding agencies, which has resulted in little progress being made to address the issue.

In addition to the effective use of existing mechanisms for cooperation, delegates proposed the establishment of a consortium to advocate for stronger FCTC-compliant policies to reduce use of smokeless tobacco, share best practice, and do research to address relevant knowledge gaps.

We declare that we have no conflicts of interest. The views expressed in this letter are solely those of the authors and do not necessarily represent the official positions of their respective organisations.

*Kamran Siddiqi, Prakash C Gupta, Vinayak M Prasad, Ray Croucher, Aziz Sheikh
kamran.siddiqi@york.ac.uk
Department of Health Sciences, University of York and Hull York Medical School, Heslington, York YO10 5DD, UK (KS); Healis-Sekhsaria Institute for Public Health, Mumbai, India (PCG); Prevention of Non-Communicable Diseases, World Health Organization, Geneva, Switzerland (VMP); Centre for Clinical & Diagnostic Oral Sciences, Institute of Dentistry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK (RC), and Centre for Population Health Sciences, University of Edinburgh, Edinburgh, UK (AS)


Panel: Five key recommendations from the Smokeless Tobacco and South Asians conference, March 4–5, 2013

• Improve surveillance of smokeless tobacco products, their composition, prices, production, marketing, distribution, illicit trade, sales, and consumption.
• Increase taxes on smokeless tobacco products (in line with cigarettes), to bring about a rise in price.
• Estimate price elasticity for smokeless tobacco products to quantify the effect of price change on consumption.
• Introduce a comprehensive ban on the manufacture, import, sale, and promotion of any new smokeless tobacco product and strictly regulate those that are already on the market; require a licence for all smokeless tobacco vendors, with strict application of relevant legislation and trading standards—eg, sale to minors.
• Offer appropriate cessation support to people who use smokeless tobacco and assess the effectiveness of cessation interventions.