THE BURDEN TOBACCO USE IN UGANDA

Outline

- Definitions
- Background
- The tobacco burden
- Factors contributing to the burden
- Why tobacco control
- The WHO FCTC
- Factors contributing to tobacco burden in Uganda Affordability of cigarettes
- Tobacco and Poverty
- Why partner with the media
- Types of media advocacy
- Tobacco and Health Inequality
- Reducing the burden
- Myths and Realities of Tobacco
- Conclusion

Definitions

- ARI-Acute Respiratory Infections
- GYTS Global Youth Tobacco Survey
- NCDs Non-communicable Diseases
- NEMA National Environment Authority
- TC Tobacco Control
- TI- Tobacco Industry
- UDHS Uganda Demographic Health Survey
- WHO-FCTC World Health Organization Framework Convention on Tobacco Control

Background

- Tobacco use is the leading cause of preventable death in the world
- Causes more death than HIV/AIDS, Malaria, TB, maternal mortality, homicides and accidents combined
- In the 20th century 100 Million died; 1 billion will die in 21st century
- Globally tobacco use is responsible for about 6
 million deaths every year, or one death every six
 seconds, and mostly in low and middle income
 countries (WHO)
- 600 000 (10%) die every day due to of exposure to

Background, Ctn'd

- Overall tobacco related disease contribute to 1 out of 10 adult deaths
- By 2030, death toll will rise to 10 million per year and 70% occurring in 3rd world countries like Uganda
- Tobacco use and exposure to tobacco smoke causes diseases including respiratory infections and cancers such as oral, lung, cancers and throat cancers
- According to WHO, about 6 million people die to tobacco use, and

Background, Ctn'd

- In Africa, there are about 400 adult deaths due to tobacco smoke every hour of every day
- Tobacco use imposes enormous public health and financial costs to African countries, costs that are completely avoidable
- •It happens in Uganda too

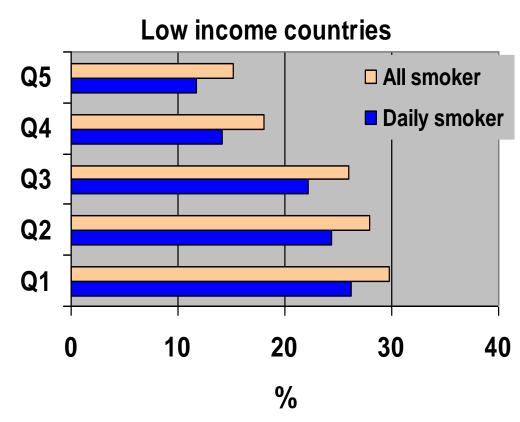
Tobacco and Health Inequality

The largest share of tobacco attributable disease burden is borne by low income households and less developed economies

- Higher prevalence rates
- Highest proportion of income spent on tobacco
- Poor knowledge of health risks from tobacco use
- Poor access to cessation services

By 2030, 83% of all tobacco attributable deaths will occur in developing countries

(Mathers et al. 2006)



Source: World Health Survey 2006

Q1: Lowest Income Group – Q5 Highest Income Group

Tobacco Burden/Prevalence in Uganda

- In Uganda, about 13,500 people die every year due to tobacco related illnesses
- 75% of all patients with oral cancers reported in Mulago hospital in 2008 had a history of tobacco smoking.
- NEMA 1998, reported acute respiratory infections (ARI) as 2nd leading cause of infant visits to health centers as result of exposure to tobacco smoke
- UDHS 2006 estimated that 22% males and 4% female adults are habitual smokers,
- GYTS 2010 stated that 15% of boys and 13% of girls in secondary schools start smoking annually

Tobacco Burden of tobacco ..., Ctn'd

- exposure to tobacco smoke remains one of the four main behavioral risk factors that contribute to NCDs, WHO global status report on NCDs 2011
- Tobacco takes an enormous toll in health care costs, loss of productivity
- Inflicts pain and suffering on smokers, passive smokers, and often the unseen silent victims and their families
- Article 39 of the 1995 Constitution of the Republic of Uganda, guarantees "... citizens' right to a clean and healthy environment ..."

Tobacco Burden..., Ctn'd

- Despite the existing National Environment (Control of Smoking in Public Places)
 Regulations of 2004, which prohibits tobacco smoking in public places, it is still being abused, there is limited enforcement and interventions being pursued by the relevant authorities to enforce the citizens' health right
- Millions of Cigarette butts which have less organic fibers and residually releases toxins into the environment are still discarded and littered everywhere

The BurdenTobacco and Poverty

- In 2010, Uganda had high household expenditure of Ushs 357 billion spent on tobacco products, which was more than government budget for health of Ushs 310 billion. Money spent on tobacco use crowds out expenditure on other necessary items of expenditure
- **Tobacco being a heavy feeder crop**, requires constant applications of fertilizers.
 - Dominated/controlled by tobacco industry . They often dictate how much to pay to farmers.
 - Tobacco growing areas are among the poorest in Uganda
 - Tobacco is extremely labour intensive 3000 hrs per hectare as against 298 and 265 for beans and maize;
 - Child labour is common in tobacco farming contributing low levels of education

Loss in Productivity

- Cost of loss in productivity is twice the amount spent on medical treatment.
- Current Studies at Uganda Cancer Institute (UCI)
 indicate expenditure of > 3 USD on a cancer patient,
 while Tobacco Industry contributes <1.0 USD
- 75% of cancer patients have a history of tobacco interaction
- 15-20% tobacco dependents among drug addicts young people/youth (15-35)

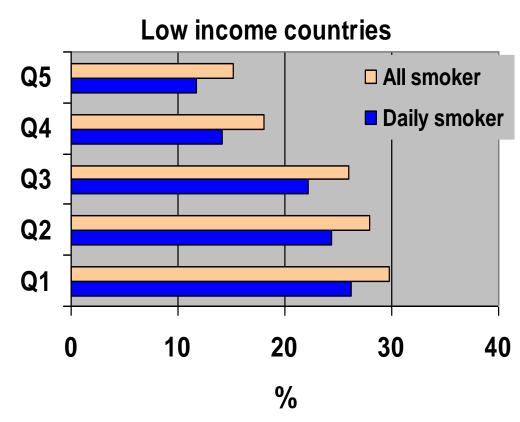
Tobacco and Health Inequality

The largest share of tobacco attributable disease burden is borne by low income households and less developed economies

- Higher prevalence rates
- Highest proportion of income spent on tobacco
- Poor knowledge of health risks from tobacco use
- Poor access to cessation services

By 2030, 83% of all tobacco attributable deaths will occur in developing countries

(Mathers et al. 2006)



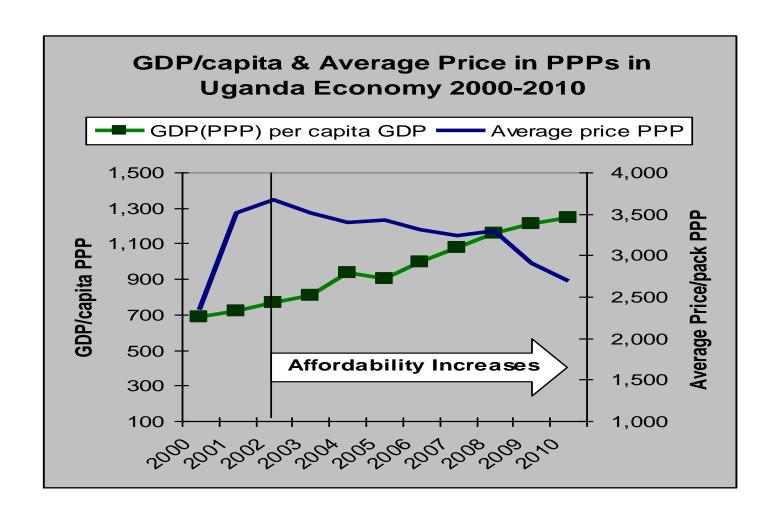
Source: World Health Survey 2006

Q1: Lowest Income Group – Q5 Highest Income Group

Factors contributing to the burden

- Accessibility anyone can access
- Affordability anyone can afford to buy
- Weak Laws no effective regulation
- Law levels of awareness among the general public
- Lack of alternative livelihoods
- Tobacco Industry Interference
- Addiction users get addicted

Affordability of Cigarettes in Uganda



Why tobacco control use in Uganda

- It has been proven that tobacco use negatively impacts on reproductive health, increases tuberculosis (TB) incidence and mortality
- is the single most risk factor for NCDs (heart diseases, neo-plasms, respiratory illness etc
- Its a silent epidemic which has been associated scientifically with many illnesses, hence taking centre stage in public health,
- requires resolute efforts to design and implement tobacco control policies and programs

WHO-FCTC

- Uganda signed and ratified the WHO-FCTC, the world's first public health treaty, in 2005 and 2007 respectively
- WHO-FCTC is an evidence based treaty that reaffirms the right of all people to the highest standard of health
- Was developed in response to the globalization of tobacco epidemic
- By ratifying the convention, Uganda committed to putting in place laws and policies to regulate use of tobacco products by the end of 2012 –that is five years after ratifying the WHO FCTC.
- WHO-FCTC brings together 176 countries including Uganda under a strong obligation to curb tobacco use 18 through a series of proven effective strategies

WHO-FCTC, CTN'D

The above measures will help

- Prevent potential users from starting
- Raise awareness for current users to try to
 quit Many will be successful in long term
- Keep former users from restarting
- Induce behavior change s among young people /youth

Reducing the Burden

- Comprehensive legislation
- Domesticating the WHO-FCTC
- Increasing awareness, education and sensitization
- Rehabilitation of those in the grip of tobacco addiction
- Others...

Myths and Realities

Myth 1

 Tobacco is crucial to a nation's economy – dire economic consequences such as job losses, fall in income, tax revenue plummets and trade surpluses affected (BOP). Decline in tobacco economic activity will entail a decline in the economy.

Reality

- Modest source of employment in most countries, (under 1%),
 and a few percent of total tax revenue.
- The industry exaggerates the employment numbers by including both expenditure and supplier induced employment numbers.
- Resources are redirected to other economic functions.
 Alternative economic activity will replace declining tobacco activity.
- TI doesn't pay tax. It imposes tax on tobacco farmers and collects it on behalf of government

Myths and Realities

Myth 2

 Specific TC policies will cause severe economic hardship in specific non-tobacco industries, for example, restaurants and hotels.

Reality

 Evidence available confirm that banning smoking in work places actually paid economic dividends. It eased problems associated with worker recruitment and retention and other costs such as cleaning and maintenance of equipment and facilities

Myths and Realities

Reality

 Extremely unlikely. Cigarettes face inelastic demand and rather results in increase revenue from tax increases. On smuggling and illicit trade the challenge is that the TI itself tolerate and actively encourage it as the industry benefits from increased sales associated with smuggling. Hardly any evidence of tax revenues declining with tax rates were increase exist.

Conclusion

- Tobacco sector benefits a few while impoverishing its core sector;
- The tobacco production and use leaves a great burden that requires a comprehensive legislation to address consequences;
- Everyone has a role to play in tobacco control
- Until we end tobacco use, more young people will become addicted, more people will become sick, and more families will be devastated by the loss of loved ones