



HERD SPECIAL SERIES REPORT

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TOWARDS TOBACCO CONTROL:
WORLD NO TOBACCO DAY IN NEPAL

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BACKGROUND

The tobacco epidemic¹ is one of the biggest public health problems the world has ever faced. More than 7 million deaths occur from tobacco use every year. This figure is predicted to grow to more than 8 million a year by 2030 without intensified action. Tobacco use is a threat² to any person, regardless of gender, age, race, cultural or educational background. It brings suffering, disease, and death, impoverishing families and national economies.

According to the World Health Organization (WHO), tobacco kills up to half of its users. More than 6 million of those deaths are the result of direct tobacco use while around 890,000 are the result of non-smokers being exposed to second-hand smoke. Nearly 80% of the world's more than 1 billion smokers live in low- and middle-income countries.

In Nepal, the prevalence of tobacco smoking among persons 15 years and older is 11% in female and 37% in male in 2016. The percent of female tobacco smokers decreased from 26% while the male smokers have increased from 35%, as stated by 2016 Health SDG Profile³. Also, according to the WHO, a total of 16.2% youth and 17.8% adults use smokeless tobacco in Nepal.⁴

Despite this, there is inadequate smoking cessation support in the country and smoking cessation services are only available in some health facilities. Furthermore, services like toll-free telephone quit line/help line, nicotine

replacement therapy and materials are not available. The treatment of tobacco dependence is almost negligible.

The National Health Education, Information and Communication Centre⁵ (NHEICC) under the Ministry of Health, is responsible for planning, implementing, monitoring and supervising all the awareness raising, information, education and communication activities related to health programmes and services which includes tobacco cessation. The centre focuses on raising health awareness of the people as a means to promote improved health status. The centre also aims to intensify and strengthen action against tobacco use, both smoked and smokeless, excessive use of alcohol, unhealthy diets, and physical inactivity. Regulation is done through the Tobacco Control Act including tobacco product pictorial health warning Implementation; development of tobacco control strategic plan and regional orientation to Assistant Chief District Officers for tobacco control. At the district level, the centre has been conducting various awareness activities using IEC/BCC (Information Education Communication/Behavior Change Communication) materials on anti-tobacco and non-communicable diseases.

In response to the globalisation of the tobacco epidemic, on December 3, 2003 Nepal signed the WHO Framework Convention on Tobacco Control⁶ (WHO FCTC). The WHO FCTC is the first treaty negotiated under the auspices of WHO and is an evidence-based treaty that reaffirms

¹ <http://www.who.int/mediacentre/factsheets/fs339/en/>

² <http://www.who.int/campaigns/no-tobacco-day/2017/event/en/>

³http://www.searo.who.int/nepal/mediacentre/sdg_profile_nepal_2016.pdf?ua=1

⁴http://www.who.int/tobacco/surveillance/policy/country_profile/npl.pdf

⁵ <http://dohs.gov.np/centers/nheicc/>

⁶ http://www.who.int/fctc/text_download/en/

the right of all people to the highest standard of health. It represents a paradigm shift in developing a regulatory strategy to address addictive substances. In contrast to previous drug control treaties, the WHO FCTC asserts the importance of demand reduction strategies as well as supply issues.

Similarly, the Tobacco Product (Control and Regulatory) Act-2011 which bans smoking in public places, came into effect in Nepal in August 2011. It states that any person or firm if found breaking the law will be charged Rs 100 to 100,000 depending on the nature of the damage. There have been several challenges in terms of its enforcement.

In October 2014, the Government of Nepal made it compulsory for tobacco companies to dedicate at least 90 percent area on product covers to pictorial warnings portraying the hazards of tobacco consumption⁷. Before that the companies had dedicated 75% of the cover for pictorial warnings. After this decision, Nepal topped countries like India and Thailand who had biggest pictorial warning of 85% in the packets of tobacco products.

On March 14, 2017 the government enforced the provision of acquiring a license to sell tobacco and tobacco products⁸. With the implementation of the decision the outlets selling tobacco products must have the licence to do so. The decision was taken by the meeting of the Council of Ministers on January 19, 2017. The cabinet had endorsed the proposal presented by the Ministry of Health which had mentioned the adverse impact of consumption of tobacco and tobacco products on the people's health.

⁷<http://kathmandupost.ekantipur.com/printedition/news/2014-10-30/tobacco-firms-to-display-warnings-on-90pc-cover.html>

The decision is yet to come into practice. Article 11(6) of Tobacco Product (Control and Regulatory) Act-2011 provides a legal ground for the government to enforce the provision of a license for selling tobacco products. The Article 11(6) states that Government of Nepal may, if it deems necessary, make provisions of license for sale and distribution of tobacco products.

The government has also launched various anti-tobacco campaigns at different times including ban on advertising any type of tobacco products. Experts have also pointed that media has played a pivotal role in controlling tobacco products use.

Some of the other laws related to tobacco⁹ in Nepal are as follows:

- Tobacco Product (Control and Regulation) Act, 2010
- Directives for Printing and Labelling of Warning Message and Graphics in the Boxes, Packets, Wrappers, Carton, Parcels and packaging of Tobacco Products - 2068 [2011]
- Tobacco Products (Control and Regulation) Regulation - 2068 [2011]
- Tobacco Product Control and Regulatory Directive - 2014
- Directive on Printing Warning Messages and Pictures on Tobacco Product Boxes, Packets, Cartons, Parcels and Packaging Materials, 2014

⁸ <http://kathmandupost.ekantipur.com/news/2017-03-14/provision-requiring-license-to-sell-tobacco-products-comes-into-force-from-today.html>

⁹<http://www.tobaccocontrolaws.org/legislation/country/nepal/laws>

WORLD NO TOBACCO DAY

Since 1988, World No Tobacco Day is marked every year globally on May 31¹⁰ following the passing of the Resolution WHA42.19. The Member States of WHO created World No Tobacco Day in 1987 to draw global attention to the tobacco epidemic and the preventable death and disease it causes. The theme of this year is "Tobacco-a threat to development". The campaign demonstrated the threats that the tobacco industry poses to the sustainable development of all countries, including the health and economic well-being of their citizens. It has also proposed measures to promote health and development by confronting the global tobacco crisis. Themes of the World No Tobacco Day in previous years are:

- 2017 - Tobacco – a threat to development
- 2016 - Get ready for plain packaging
- 2015 - Stop illicit trade of tobacco products
- 2014 - Raise taxes on tobacco
- 2013 - Ban tobacco advertising, promotion and sponsorship
- 2012 - Tobacco industry interference
- 2011 - The WHO Framework Convention on Tobacco Control
- 2010 - Gender and tobacco with an emphasis on marketing to women
- 2009 - Tobacco health warnings
- 2008 - Tobacco-free youth
- 2007 - Smoke free inside
- 2006 - Tobacco: deadly in any form or disguise
- 2005 - Health professionals against tobacco
- 2004 - Tobacco and poverty, a vicious circle
- 2003 - Tobacco free film, tobacco free fashion
- 2002 - Tobacco free sports
- 2001 - Second-hand smoke kills
- 2000 - Tobacco kills, don't be duped
- 1999 - Leave the pack behind
- 1998 - Growing up without tobacco
- 1997 - United for a tobacco free world
- 1996 - Sport and art without tobacco: play it tobacco free
- 1995 - Tobacco costs more than you think
- 1994 - Media and tobacco: get the message across
- 1993 - Health services: our windows to a tobacco free world
- 1992 - Tobacco free workplaces: safer and healthier
- 1991- Public places and transport: better be tobacco free
- 1990 - Childhood and youth without tobacco: growing up without tobacco
- 1989 - Women and tobacco: the female smoker: at added risk
- 1988 - Tobacco or Health: choose health

HERD'S INITIATIVE IN TOBACCO CONTROL

Tobacco control has been one of the major areas of work of HERD. We undertake various research focusing on the areas of health policy, health systems development and health service delivery to inform tobacco control policies and programmes. In the given epidemiological transition between communicable and non-communicable diseases in Nepal, we have been collaborating with various departments and centers of the Ministry of Health to reduce the burden of tobacco related lung disease. Some of our major work in the field of tobacco control is as follows:

DEVELOPING AND IMPLEMENTING SMOKING CESSATION INTERVENTION IN NEPAL (2012-2014)

Preventing tobacco use and helping tobacco users to quit is beneficial for individuals as well as the health system of any country. Understanding this, with the funding from DFID, through COMDIS (research consortium), HERD collaborated with National Tuberculosis Centre (NTC) and NHEICC to conduct a 2 year study to assess the feasibility of a behavior change intervention within the Practical Approach to Lung Health (PAL) programme in 2 districts of Nepal: Kathmandu and Rupandehi. Within this programme, all patients in the selected primary health care centers with respiratory problems who smoked were given the counselling support by health workers to help them quit smoking. During counselling, health workers employed behavior change techniques, addressing factors such as maintaining willpower and motivation to give up smoking. Information Education and Communication (IEC) materials such as

flipbooks and leaflets were used to provide counselling to the patients.

Thirty Seven percent quit rate was achieved among smokers who received the intervention. The study showed that it is feasible to implement a smoking cessation intervention in primary health care centers, particularly if the intervention is targeted at those patients who are motivated to quit. The study also demonstrated that embedding smoking cessation within routine primary care is key to successful delivery with a need of effective reporting and supervision mechanisms within the health system.

THE SUPPLY CHAIN OF SMOKELESS TOBACCO IN NEPAL (2013)

In order to inform the design of a large multi-country study investigating the supply chain of smokeless tobacco, a feasibility study was undertaken in Nepal, Bangladesh and Pakistan to test the proposed research methods and refine the data collection tools for such a study.

The study aimed to assess the feasibility of conducting a large multi-country study on the production and supply chain of smokeless tobacco in South Asia. It consisted of interviews with members of the smokeless tobacco supply chain starting from the tobacco farmers, raw tobacco retailers, manufacturers, wholesalers and smokeless tobacco retailers. The questionnaires were tailored for each type of actor, asking questions about their customers; products; marketing practices; suppliers; and awareness and adherence to legislation. Study sites included four districts: Kathmandu, Bhaktapur, Dhanusha and Mahottari.

The feasibility study was successful in identifying and interviewing actors involved

in the supply chain of SLT, helping to build up a picture of the operation in Nepal. In addition to testing the feasibility, the study also provided valuable insights on the supply mechanism of smokeless tobacco from the point of farming to manufacture to retail. Starting from the point of contact of consumers, the actors in the supply chain of smokeless tobacco included retailers, wholesalers who sold to retailers, manufacturers, raw tobacco retailers and farmers. Information obtained from this study will be useful to inform a larger study, including identification of the best recruitment methods to use and how the data collection tools can be refined. A larger study using the tools and learnings from this could provide important intelligence for policy makers to control tobacco supply.

Apart from the research studies in the field of tobacco control, as a sub recipient of the global fund for Tuberculosis, HERD has also implemented the Practical Approach to Lung Health (PAL) component that consisted of 5 days training to health workers with a session on tobacco cessation among TB patients.

EXPERIENCES AND OPINIONS OF RESEARCHERS



SHRADDHA
MANANDHAR,
QUALITATIVE
RESEARCH OFFICER

The tobacco cessation in Nepal is going well and the government has been introducing laws to tackle the problem. Taxation is increasing, plain packaging is mandatory and advertising tobacco products is banned. Therefore, there is commendable

effort from the government's side in tackling "the tobacco epidemic". However, implementation has been a challenge. Recognising passive smoking as a serious health concern, the government has banned smoking in public places, such as restaurants. Smoking in public places is still a common sight. I have myself experienced several situations in restaurants, with only a handful having designated smoking zones.

Regarding cessation services, tobacco cessation is available at the primary health care setting ideally for the lung patients under the Practical Approach to Lung Health (PAL) programme. Health workers have been trained to provide behavioral support to lung health smokers who want to quit. However, monitoring and reporting of this component needs to be strengthened in order to make conclusions regarding its implementation and effectiveness.

From my experience of working in the area of tobacco cessation, I feel tobacco cessation component should be integrated within the national health programme. This needs to happen systematically: health workers' workload, reporting mechanism, and adequate infrastructure (privacy for counselling) and materials to aid behavioral support (guidelines for health workers, posters for awareness) need to be carefully considered. Another concern in Nepal is that Cigarettes as well as other tobacco products are easily available which conveniences smokers.

Tobacco use is widely recognized as a risk factor for major non-communicable diseases such as cardio-vascular diseases and lung health conditions. Strong implementation of existing laws, further advocacy and implementation of the strategies from the FCTC would help the government make marked progress in tobacco control in years

to come. Strategic approaches such as school health education to target adolescents to prevent taking up smoking may be more effective and cost-effective in tobacco control than intervening when people are already addicted to tobacco use. These interventions can help reduce the increasing burden of non-communicable diseases in Nepal.

SUDEEPA KHANAL, SENIOR MANAGER:
RESEARCH, MONITORING AND
EVALUATIONS



There is a growing interest in the area of Tobacco Control in low middle-income countries including Nepal. Several policies and strategies have been put in place by the government and several efforts have been made by the Ministry of Health as well to enforce the laws and policies. Despite this, the enforcement or implementation of these policies at the grass-root level remains a challenge. Though there is a greater realisation in MoH in the field of tobacco control, greater effort is needed to implement it at the health facility level. Various challenges exist which includes infrastructure, human resource (both skills and motivation) recording, reporting among others. As a member of HERD, I have been directly involved in implementing three projects related to tobacco control. Based on my experience I feel that there is a level of demand at the community level to implement tobacco control initiatives in the health facilities. Though there are some initiatives taken at different districts on tobacco control, they are not consistent. There is a need for awareness raising

programmes in the community to make them aware about the harmful effects of smoking. Also, tobacco control initiative should be embedded in the routine health care system. In addition to this, there is a need for coordinated efforts from various concerned authorities adapting a holistic approach for effective tobacco control effort in the country.

INSIGHTS FROM EXPERTS

Marking World No Tobacco Day 2017, experts today gathered at the event organized by National Health Education Information and Communication Centre (NHEICC).

GAGAN THAPA, MINISTER FOR HEALTH

Ministry of Health has envisioned to minimise the use of tobacco and to end it. The government now move to plain packaging



of tobacco products, smoking in public place will be banned and restricting selling tobacco by retailers. From the coming fiscal year, this will be monitored effectively.

Effective inter-ministerial collaboration is required especially with Ministry of Finance and Home Ministry. Community nurses will be deployed in government schools which will be expanded gradually throughout the nation. MoH will support in the capacity building of the nurses. If we can develop a nation for which alcohol and tobacco is socially unacceptable, we can raise a generation free of tobacco and alcohol use.

BADRI BAHADUR KHADKA, DIRECTOR
NHEICC



tobacco has been increasing.

World No Tobacco Day is being marked globally. This day has also helped us to highlight the roles of various individual and organization towards tobacco control. The use of

DR JOS VANDEALAER, WHO
REPRESENTATIVE TO NEPAL



According to me, apart from policies and strict regulations, there is also equal support required from the public level. Despite being aware of the hazards of tobacco, still the tobacco use has been increasing. It is high time that all individuals are required to play their part in tobacco control by firstly not using tobacco and protesting or being vocal when others do. Nepal is signed up to do all the right things, it has begun various campaigns. I hope the government can continue with the current efforts as well as strengthen implementation further. A Memorandum of Understanding was signed between MoH and PABSON. The memorandum of understanding represents commitment between the two parties to implement the five commitments part of the “Mero Barsa Abhiyan 2074” to be implemented in private schools. This is to ensure health as a prioritised in schools where effectiveness and impact can be significant.

JOSE LUIS CASTRO, DIRECTOR,
INTERNATIONAL UNION AGAINST
TUBERCULOSIS AND LUNG DISEASE

As per the WHO, about 200 million lives will be lost in this century and with an economic cost of over \$ 57 billion in China alone. The scale of this epidemic is catastrophic globally and the annual cost of tobacco use to the global economy now exceeds US\$1 trillion. Tobacco use not only affects the individuals but also affects families and communities in Low and Middle Income Countries (LMICs) globally. Tobacco use is not just a health issue but equally an economic issue, a human issue, an environmental issue and a developmental issue. On this day, The Union has urged the governments to take this same string view, and then act accordingly: protecting and promoting the health of citizens. A cultural shift is needed in this regard from governments to advance tobacco control particularly through increasing the tobacco taxes and holding the tobacco industry accountable. Furthermore, various associated ministries i.e. finance, agriculture, trade and health must work together in this.

BIJAYA SAMBAHAMPHE, CHAIR,
PRIVATE AND BOARDING SCHOOLS
ORGANISATION NEPAL (PABSON)

If we begin programmes from the school level it becomes very effective. PABSON commits to work in line with the spirits of the MoU for tobacco control. He also showed confidence that the empowering children with proper information will help reduce the number drastically.



BHIM ACHARYA, DEPUTY GENERAL,
DOHS



Currently the sight of people smoking in public places has decreased. Smoking zone and non-smoking zone has been separated in many public places. If

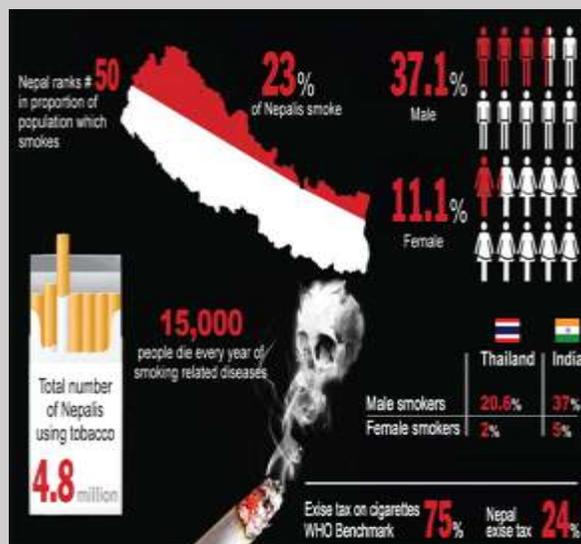
we can create a smoke free environment the next generation will not adopt this habit. It is not difficult to create a smoke free nation we all have to join hands and work a little harder.

MEDIA REPORTS

The Nepali media has also covered a number of stories on the occasion of World No Tobacco Day. Nepali Times presents the story of Laxmi Ghimire who lays exhausted at the oncology Ward in Bir Hospital after her sixth round of chemotherapy.¹¹ Laxmi started smoking since was sixteen and has also spent decades of her life cooking at smoky fireplace. She is now 61 years of age, her face is swollen and she wears a red scarf to cover her balding head. As per Nepali Times, despite having some of the strictest laws against smoking, the problem is still prevalent and the poor are suffering the most from the enforcements.

Public health experts in Nepal have focused mostly on diseases like diarrhea and TB over the past decades, but the burden of NCDs such as cancer is alarming and is accountable for almost 90% of all

hospitalisations according to the news report.



A survey in 2015 had revealed that 37% of men smoke and 15% of women in Nepal smoke and also nearly 1/3 of adult males use some form of smokeless tobacco. According to oncologist Bibek Acharya who is treating Laxmi claims that there is a direct relation between lung cancer and smoking. Nepal has the highest proportion of female smokers in the world with noticeable impact on maternal and child health.

Health Minister Gagan Thapa had called for pictorial warnings to cover 90% of cigarette packs in 2016. On the World No Tobacco Day, the government has vowed to enforce the regulation on tobacco companies in a bid to discourage the use of tobacco among public and all tobacco companies will be made to follow the regulations from the start of fiscal year 2017-2018.¹²

Furthermore, the MoH had announced that mid-March onwards tobacco products

¹¹ Nepali Times, In a Puff of Smoke, 26th May –1st June 2017

¹² EKantipur, Government Vows to Enforce Rule of Large Pictorial Warning on Packages, June 1, 2017.

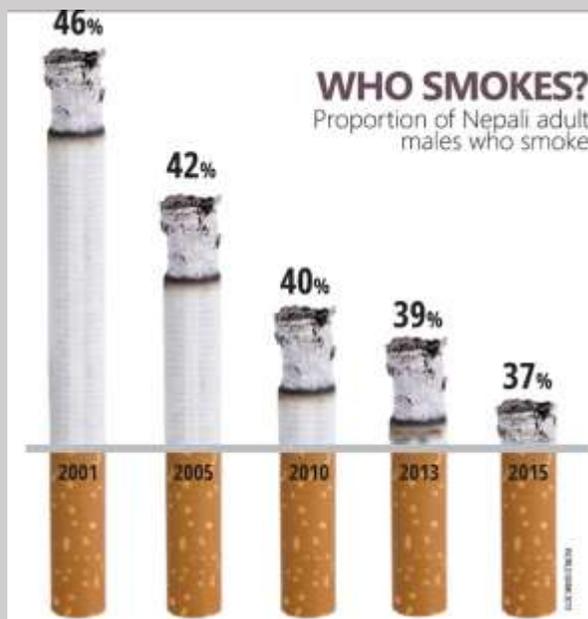
could only be sold in authorised shops. Nepal has plans to introduce plain cigarette packaging by 2018 and make the country free of tobacco by 2030. Ministries make laws and policies, but for enforcement other

Tobacco use is responsible for 15% of all deaths in men older than 30 years of age in Nepal and 2% deaths in women and has growing economic costs and lacks funding to fight the problem ¹³ Taxing tobacco is said to be the most effective way to get current smokers to stop or cut back, and to prevent potential users from getting addicted.

Nepal's tax rate of 28% is one of the lowest in South Asia compared to Sri Lanka (74%) and India (61%). Minister Thapa had also singled out tobacco tax as a main funding source for various new health projects, which is another reason that raising this should be a priority for him and his successors. Officials should also keep an open mind about electronic cigarettes, unlike many neighboring countries. Although the evidence base on e-cigs is still small, it appears increasingly likely that they are not as harmful as cigarettes, and can be useful to help smokers quit the habit.

According to The Southeast Asia Tobacco Control Alliance, the World Health Organization has declared tobacco a threat

to development to commemorate this year's World No Tobacco Day. Tobacco worsens poverty, damages health, and causes devastating social, economic, and environmental harms to the ASEAN community and the rest of the world. ¹⁴The Southeast Asia Tobacco Control Alliance (SEATCA) urges countries in the ASEAN region to invest in effective tobacco control now in their development programmes like increasing tobacco taxes to end poverty and save lives. In the ASEAN region where half of all adult men smoke and 10% (125 million) of the world's smokers reside, tobacco kills about 500,000 people per year.



Ms. Bungon Ritthiphakdee, the Executive Director of SETCA, claims that in addition to health harms and

productivity losses, tobacco is a threat to the attainment of the SDGs in the following ways:

- Growing tobacco takes away land from food production.
- Child labor in tobacco farms deprives children of education.
- Tobacco farmers are forced to make and pay interest on large loans and are paid very low prices by leaf buyers, keeping them in poverty and debt.

¹³ *Nepali Times, Fired Up Over Tobacco, 26th May –1st June 2017*

¹⁴ *Southeast Asia Tobacco Control Alliance, ASEAN Tobacco Control Resource Center, Tobacco threatens*

development- ASEAN countries must step-up tobacco control to save and improve lives.

- Tobacco farmers and workers (including children) are at risk of Green Tobacco Sickness (GTS) and other skin and respiratory diseases and cancer.
- Chemical fertilizers and pesticides in tobacco farming poison land and water sources.
- Curing tobacco leaves requires cutting of millions of trees for firewood annually.
- Toxic and non-biodegradable cigarette butts are a major land and marine pollutant.

WAY FORWARD WITH TOBACCO CONTROL

Tobacco is one of the most preventable causes of illness and death. In addition to the direct effects on individual's health, it leads to high health care cost for the individuals as well as the health system. There is high prevalence of tobacco use among adults and young population in Nepal. Smoking is increasing in Nepal and if it continues to grow and if appropriate actions are not taken it will become a major health problem in the future. Despite various tobacco control measures implemented in Nepal including banning of smoking in public places, banning of advertisement 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, the problem still widely exists in Nepal.

Anti-tobacco activities should be geared up to include a special focus on youth, and also

to reduce the consumption of smokeless tobacco. The interventions must be broad and should be oriented toward prevention, control and cessation of tobacco use. Increasing price and tax on tobacco products is an important way of regulating tobacco use in order to make tobacco less affordable by increasing the price which will discourage consumption. The World Bank states that raising tobacco taxes can substantially help to reduce smoking among adults and young people.¹⁵

There are various activities that Nepal conducts to decrease rate of tobacco use through tobacco cessation which offers help to quit tobacco use to those who are willing. 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 and the government needs to be more attentive towards this. Likewise, monitoring the use of tobacco is important in regulation of tobacco as it will be helpful in formulation of tobacco control policies and the government along with all concerned stakeholders need to be actively involved in this.

Nepal needs to implement the comprehensive tobacco control strategies aimed at smoking initiation that are outlined in the WHO's Framework Convention on Tobacco Control more effectively. These include: raising excise taxes in order to deincestivise smoking and raise revenue for tobacco control, implementing policies to protect their populations from second hand smoke, introduce laws and regulations that reduce the capability of the tobacco

¹⁵ World Bank, *Curbing the epidemic: government and the economics of tobacco control*, Washington

industry to use mass marketing strategies to promote use of their products, and laws/regulations that require vivid pictorial warnings on cigarette packages. Policy makers should adopt to legislation and rules to control tobacco use through a comprehensive and multi sectoral approaches.

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