

Tobacco Epidemic and Development: The South Asian Experience



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Abstract

The tobacco epidemic creates devastating health, social, and economic impacts on countries. South Asia has been one of the main regions tampered in the vicious circle of poverty while suffering from the tobacco epidemic. The cost of tobacco appears as one of the main barriers in the region to achieve development. Therefore, reducing tobacco burden would help in achieving both health and development goals in the region.

Keywords: Tobacco epidemic; Development; South asia

Opinion

The population of South Asia is equivalent to 24.78% of the total world population, which is approximately one-fourth of the world total [1]. According to the country classification of the World Bank, Maldives is the only country in the upper-middle-income category in the South Asian region whereas Sri Lanka, India, Bangladesh and Bhutan are in the lower-middle-income category, and Afghanistan and Nepal are in the group of low-income countries. [2].

More than half of the people living in South Asia are living under the extreme poverty line, are also subjected to various health and social problems. Tobacco use has been one of the significant causes to increase health problems and poverty in this region. As Leslie Shepherd observed, 'the South Asia has about 170 million adult smokers and consist of 30 per cent of males and about 4 per cent of females [3]. As Samarasinghe stated, 'cigarette consumption is high in some countries in the South Asian region, with average annual use of 1440 cigarettes for every inhabitant in the Maldives, 620 in Nepal, and 560 in Pakistan' [4]. The higher tobacco prevalence indicates that the higher probability of being subjected to the health, social and economic detriments of the tobacco epidemic.

The cost of tobacco not only limited to the health but also having a detrimental impact on income and general well-being of the individual households and create additional cost on government health care facilities while directly impact on the productivity of a country's labour force due to the premature deaths attributed to tobacco-related diseases. Barraclough & Morrow [5], S John

[6] The Government must bear the healthcare burden, while the 'Big Tobacco' companies earn billions of dollars from selling these killing products Drope [7]. Amit Yadav and others observe that; the total economic costs attributable to tobacco use from all diseases in India in 2011 were estimated at US\$ 22.4 billion while tobacco caused to impoverish around 15 million people annually [8]. In this backdrop, reduction of tobacco prevalence is likely to increase health and well-being of people on the one hand and to lessen the tobacco burden on the governments on the other.

The total projected numbers of smokers in the South-East Asia region would increase only by 1 million from 2013 to 2025. However, when considering the projected population growth in the region, it is hardly possible to argue that the existing tobacco control policies will adequate to reduce the increasing tobacco burden in the South Asian region. More population provides a more sophisticated market for tobacco. Hence, the tobacco industry a particular has focus on the South Asian region as a better marketplace [9]. Consequently, the tobacco industry uses different marketing strategies to make tobacco products more appealing and, attractive targeting children and adolescents, particularly in the South Asian region [10-14].

Therefore, it is needed to have more stringent tobacco control laws as such plain packaging measures [15], tobacco-free places, higher tobacco taxation, mainly to prevent children and adolescents in the South Asian region from addicting to tobacco. Further, strict tobacco control policies would help to change attitudes and behaviours of current adult tobacco users in the

region. Undoubtedly, the reduction of tobacco burden will help the South Asian region to achieve health, social and economic development [16,17].

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