Member countries that ratified WHO FCTC are called ‘Parties to the Convention’. There are 181 Parties to the Convention including 180 countries and European Union. Strong research, and surveillance systems and programs are critical to the success of addressing the global SLT epidemic.

About 80% of the reporting Parties provided data on the prevalence of SLT use among adults. Nearly 93% of adult SLT burden is borne by low resource Parties.

Out of 12.2 million adolescent SLT users 82.5% live in Low resource parties i.e. LICs and LMICs.

There has been a progressive increase in the number of reporting Parties indicating that they have carried out research on the consequences of tobacco consumption. Parties report that their national epidemiological surveillance systems covering social, economic, and health indicators related to tobacco consumption are mostly limited to smoking products.

List of High Burden Parties for adult SLT use.

Criteria: No of users >=1 million or SLT use prevalence >=10 (either for male or female)


Challenges:

Not all Parties have conducted research on smokeless tobacco use among women and on effective smokeless tobacco dependence treatment programmes.

This data includes only available data in English language and thus reported data may be under represented.

Comparability of data is a big issue that can be resolved by utilising standard questions on SLT, and Parties do not implement periodic surveys.

Recommendations:

- Parties should establish sustainable resources for periodically monitoring the data on magnitude, patterns, economic and health consequences of smokeless tobacco products use.
- Parties should use standard protocol and methods for comparing data on SLT use within country and with other Parties.
- Parties should be ready for exchange of information with international partners by sharing the details of their research outcomes and monitoring results, in public domain.

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References:

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