Inter Country and Expert Meeting on Smokeless Tobacco (SLT) Control Policy

16-18 August 2017

New Delhi, India

The meeting was organized by the WHO FCTC Secretariat, the Global Knowledge Hub on Smokeless Tobacco at the National Institute of Cancer Prevention and Research and the WHO Regional Office for South-East Asia. Considering the fact that about 9% of global use of smokeless tobacco and 90% of oral cancer is in the South East Asian region, the main purpose of the meeting was to learn from various experiences of different countries in terms of combating smokeless tobacco. In addition, it aimed at emulating the best practices and effectiveness of interventions in specific groups from countries practicing them as a measure of controlling SLT. The Parties wanted to look at and understand broadly the COP decisions on smokeless tobacco while at the same time making an attempt to facilitate SLT related policies and matters in relation to the WHO FCTC. This would make the Parties to arrive at a set of SLT prevention and control measures and interventions that can work in controlling the use of SLT in the region.

The first day involved all concerned parties giving some scientific presentations on the toxic contents and emissions in SLT products (in relation to Article 9 and 10 of WHO FCTC) and discussing and sharing experiences on specific measures of controlling and preventing SLT use. Parties also looked at the summary draft policy and contributed to its inputs. Parties added comments to the formulation of various policies being formulated regarding smokeless tobacco and listened to presentations on the progress made towards implementation of these policies, especially from countries where this is a serious case. In addition, all parties presented and discussed specific measures of controlling and preventing SLT use among different groups, taxation of SLT products (in relation to Article 6 of the Convention), ban on use and spitting of SLT products in public (Article 8). Mainly, the countries with high prevalence of SLT use are Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal and Sri Lanka. It has been noted that much emphasis is placed on tobacco control especially on taxation of tobacco products and other things, while in the region most of the tobacco being used is smokeless. As such, we might be fighting a losing battle. The COP decisions on smokeless tobacco products and other ongoing work under the COP mandate were presented by the FCTC secretariat.

The second day was dedicated to more exclusive, exhaustive and interactive sessions on various articles of the convention through presentations and discussions to come out with meaningful conclusions for formulating the recommendations, such as packaging and labeling of various products (Article 11), educating the masses on its dangers and many others.

Day 3 the morning session was allocated to the formulation of a set of policy recommendations on SLT control and ways for the effective implementation of interventions through expert group consultations on SLT. Thereafter there were deliberations for future perspectives, opportunities and anticipated challenges in implementation of SLT control by the director of the Knowledge Hub on SLT, the Secretariat, the Department of Health in India and then there were closing remarks.
These deliberations were echoed beyond the South East Asian region, which are to be disseminated widely in all FCTC regions. The South African Knowledge Hub represented by Prof. Ayo- Yusuf was asked to Chair the presentation session with other two Parties.

Some of the key observations were:

- Party implementation of FCTC provisions on SLT products, their promotion, trade and use seem to lag behind in comparison to cigarettes.
- SLT is not expressly referred to and/or is applicable to all national tobacco control laws, other related policies and any other programmatic document.
- Taxes on SLT products are still very low compared to cigarettes in most Parties. Tax administration is weak and tax evasion along the supply chain is rampant in many Parties. Parties capacity for testing contents of SLT products is inadequate.
- Standard operating procedures (SOPs) to test and measure exists only for limited constituents of SLT products. The applicability of article 9 and 10 (partial) guidelines to testing and measuring SLT products is incomplete.
- Low resource parties tend to have better implementation of Article 11 provisions on SLTs, while high resource parties implement them better on cigarettes.
- Absence of specific dimensions of HWs on SLT packages allows manufactures to make them inconspicuous; this problem is compounded by differences in size, quantity, shape and other package characteristics.
- SLT specific pictures in WHO health warnings database are limited; and these are not currently organized under the SLT category.
- Existing cultural practices related to SLT use present complex challenges for their control (e.g. offering betel tray with tobacco to monks (Sri-Lanka), offering tobacco during marriages (India)).
- Misconception of SLT as a beneficial for health is another big challenge for developing Anti-SLT information education and communication materials (IEC).
- Majority of Parties have no law prohibiting tobacco advertising, promotion and sponsorship (TAPS) at points of sale.
- Lack of availability, accessibility and affordability of cessation interventions specific to SLT.
- SLT use data is insufficient to monitor prevalence and establish trends.

Some of the recommendations were:

- There is a need for full implementation of the FCTC and improved enforcement of existing laws in relation to SLT.
- There is also a need to conduct periodic surveys to track population level trends in prevalence and health, economic and social consequences. In addition, there is also need for research on the effectiveness of policy interventions and public awareness campaigns to control SLTs.
- Economic research on the affordability and price elasticities of SLT products and health costs from their use is needed.
• The FCTC Secretariat, WHO FCTC GKH on SLT, WHO and other stakeholders of tobacco control should help Parties in increasing capacity for SLT control.
• More will also be drawn from the upcoming COP 8 in Cape Town on 7-9 March 2018.
• There is need for reviewing evidence of the efficacy and cost benefit analysis of SLT related cessation interventions including pharmacological interventions and alternative and tradition methods.

Being new to all of these, I paid a lot of attention to issues that affect the African Region and was in touch with Prof. Ayo-Yusuf who pointed out a few areas of concern that will be explored further once I move fully to Cape Town.