In continuation of its effort, the International Federation of Environmental Health (IFEH) is commemorating ‘The World Environmental Health Day (WEHD)’ on Monday, 26th September, 2016. This year's theme “TOBACCO CONTROL... A RESPONSE TO THE GLOBAL TOBACCO PANDEMIC” is coming at a time when, despite the various measures taken to reduce risks associated with Tobacco growing, preparation and consumption, the nicotine-rich leafy substance continues to enjoy patronage in Nigeria. All forms of tobacco use – cigarette; pipe; cigar which are smoked, chewable or smokeless tobacco, or snuff which gets sniffed through the nostrils are available in Nigeria. What is however not certain is the availability of e-cigarettes. This depends on some demographics including age; area of dwelling – rural/urban; economic status or just choice. This is despite the health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke. Astonishingly, even health workers including Physicians, Nurses, Environmental Health Officers are caught in the web of nicotine addiction. It is estimated that Tobacco use is responsible for a yearly six million deaths across the world which is likely to rise to over eight million deaths annually by 2030. The most-at-risk population being the low- and middle-income countries projected to record 80% of these high death rates.

Worried by the nasty development, the World Health Organization (WHO) put together the WHO Framework Convention on Tobacco Control (FCTC), which entered into force in February, 2005 as the cornerstone for effective global tobacco control actions. A veritable tool of the convention, Global Tobacco Surveillance System (GTSS), comprising of the Global Youth Tobacco Survey (GYTS), the Global Adult Tobacco Survey (GATS), and Tobacco Questions for Surveys (TQS), is being relied upon by the International Community to turn the tide against tobacco consumption and its attendant consequences on public health. GATS, provides opportunity for nations to formulate, track and implement sound tobacco control programmes. Nigeria, being a signatory to the convention keyed into the objectives of the well thought-out initiative by conducting its own GATS in 2012. The outcome of the survey is hereby reviewed as the toner for this year’s WEHD theme in the most populous black nation on earth.

The Global Audit Tobacco Survey (GATS) 2012 conducted by the Federal Ministry of Health in collaboration with the National Bureau of Statistics with support from some Development Partners reported that 4.7 million Nigerian adults from 15 years of age representing 4.6% of the total National population use smoked and non-smoked tobacco with some of them combining the two forms. Although the report signifies Age 15 as being adult, legally they cannot be regarded as adults but adolescents. Another parameter reported is the exposure to second-hand smoke (SHS) showing that an estimated 5.2 million adults in Nigeria were exposed to second-hand smoke at home, while non tobacco-smoking persons were exposed thus: 27.6% in restaurants; 9.0% in public transportation; 16.4% in government buildings; and 5.2% in health-care facilities. Although aware of the fact that Tobacco smoke is highly toxic...
and there is no safe level for exposure to SHS, health workers have been seen smoking in hospitals with some even exhibiting such a bad behaviour right inside the consulting room.

The report showed that there were 3.1 million current adult tobacco smokers in Nigeria 72% of who smoked manufactured cigarettes; while 28% others smoked hand-rolled cigarettes. On the other hand, some 0.6 million adults used other forms of smoked tobacco.

The report further stated that in the previous 30 days prior to the survey, 41.2% of Nigerian adults had noticed anti-cigarette information. Overall, 26.7% of smokers thought about quitting because they noticed a warning label on cigarette package. More than 80% of Nigerian adults believed that smoking causes serious illness. Furthermore, one-third of users of smokeless tobacco believed that smokeless tobacco causes serious illness.

The survey also discovered that more than 80% of Nigerian adults favoured increasing taxes on tobacco products. even though only 55% of tobacco smokers shared in this belief compared to almost 90% non-smokers who supported increase in tax. Regarding total ban on tobacco advertising, 9 in every 10 Nigerian adults supported, with the majority of those in support being non-smokers.

The report identified that the Nation accepted to regulate tobacco use with the enactment of the “Tobacco (Control) Act 1990 CAP, T 16” which prohibits smoking in specific places such as schools and Stadia. The Law also require that warning messages be carried on all tobacco products and sponsorship advertisement. The warning, resulting from the enforcement of this Law “The Federal Ministry of Health warns that smokers are liable to die young” as well as the latest “The Federal Ministry of Health warns that tobacco smoking is dangerous to health” appear not to be effective. This is because the print on cigarettes pack is hardly visible enough. The issue of visibility aside, most cigarette smokers do not read either due to negligence or inability to read and comprehend the message. Of course the latter being the most auspicious due to the fact that very many a smokers are not literate enough.

Over a quarter of a century since the enactment of the tobacco control Act, its impact remains a mirage. Take for example that despite the ban on smoking in public places, it continues unabated throughout the country. This is more so that so far only the federal capital city has instituted the ban even though there is failure of enforcement since implementation of the ban almost ten years later.

In line with FCTC Article 6, the report recommended increase of taxes payable by tobacco industry operators which will improve tobacco taxation, lead to effective increases in prices, reduction in consumption, and reduction in tobacco-related burden of disease and death. It is worrisome the report noted, the over-bearing influence of the tobacco industry upon policy makers impinging seriously on the implementation of the strategy for continuous tobacco tax increase. To corroborate this, evidence abounds that past Governments in complete negation of the protocols, offered tax relief to tobacco manufacturers on the flimsy excuse of promoting employment creation.

The Report ironically stated that among Nigerian adults, the tobacco use quit ratio was 36.2% of former daily adult smokers. Further disaggregated, the quit ratio was 33.4% in rural areas and 42.5% in urban areas. More surprisingly, quitting tobacco smoking had slight educational
influence as the quit ratio was highest for daily smokers with primary education or less which
stood at 41% and lowest for those with no education with 32%. Similarly, the survey reported
that almost half of smokers had tried to quit smoking in the past 12 months, and the majority of
them did it without any assistance. This finding is a matter of joy when juxtaposed with the
traditional belief that quitting smoking is a very daunting task even with professional guidance.
Evidence abound to the contrary that out 8 out of 10 smokers that quit smoking, relapse back
in a couple of months, weeks or even days.

Another key finding of the survey is that regarding expanding smoke-free policies to currently
unprotected public places. Among all respondents, the report says 91% preferred not allowing
smoking in restaurants. This signifies high level public support for implementing a more
comprehensive smoke-free policy. The ban of smoking in public places should be prioritized to
ward off the unintended SHS effect. This way non-smokers’ right to health will be adequately
safeguarded. This can be best achieved with the enforcement of the Anti-Tobacco Law vested
on Environmental Health Officers working in all the 774 Local Government Councils in the
Country.

The effort of civil society organizations (CSOs) in forging a strong partnership with government
in tobacco control programmes is well acknowledged by the GATS. Awareness creation on the
serious health, environmental, and economic hazards posed by tobacco use has been the
most prominent contribution of the CSOs the report acknowledged. The need though, to scale
this up should not be disregarded.

The findings of the GATS are indeed encouraging given the fact that the parameters
considered and the responses obtained show that Nigeria is on the positive path of tobacco
control. However, relying on surveys as indicator of progression may not be totally realistic. It
is necessary that the Federal Government goes a step further to properly institutionalise the
tobacco control framework by engaging state governments to key in to it. When states buy in
to the initiative, we would see a more elaborate networking that will embrace other aspects of
the convention to wit GYTS and TQS. Besides, incidence rather than prevalence should be of
most interest to public health authorities – the former being only obtainable through routine
means including cases reporting and indexing in health care facilities.

It is important to state that the FCTC as a whole is one of the few international protocols that
was widely accepted by respective United Nations member states which transcends beyond
the usual developed versus developing nations dichotomy. That Nigeria is party to it and has
even started its implementation is heart-warming. There is need for the country to assiduously
enhance the fight against tobacco use.

Nicotine addiction which is the major factor in tobacco use leads to impairment of human
health presenting as Lung cancer, erectile dysfunction, birth defects, heart attack and chronic
obstructive pulmonary disease. Ultimately, due to complications, usually lasting for years,
tobacco users die. Some tobacco users also develop blackish spots on the skin especially on
the palm, the foot and lip while some have very bad odour emanating from their breath and
body generally.