

# **CATCH Approach for Smokeless Tobacco Cessation in the South-East Asia Region**

**A technical report on gaps, challenges and opportunities for  
smokeless tobacco cessation in five countries of the South-East  
Asia Region**



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## Abbreviations

CAM	complementary and alternative medicine
COP	Conference of the Parties
CSO	civil society organization
CSR	corporate social responsibility
DHS	Demographic and Health Survey
FCTC	Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GoI	Government of India
GYTS	Global Youth Tobacco Survey
IEC	information, education and communication
ITU	International Telecommunication Union
MoHFW	Ministry of Health and Family Welfare
RNTCP	Revised National Tuberculosis Control Programme
SLT	smokeless tobacco
STEPS	WHO STEPwise approach to surveillance
TFI	tobacco-free initiative
TSNA	tobacco-specific nitrosamine
WATI	web-assisted tobacco intervention
WHO	World Health Organization



## Introduction

Tobacco is one of the greatest threats to global health today. Use of both smoking and smokeless tobacco (SLT) is associated with increased risk of chronic and terminal diseases. These encompass periodontal diseases, oral and pharyngeal cancers, myocardial infarction, stroke, erectile dysfunction and problems in pregnancy, including stillbirth and low birth weight. SLT is an addiction for millions of people worldwide, and research indicates increasing use by young individuals in many countries. SLT consumption involves chewing tobacco, often along with betel quid (betel leaf, arecanut, lime and catechu), and this is one of the most common addictions globally, particularly in the South-East Asia Region. The 11 countries in the South-East Asia Region have over 290 million SLT users, which is nearly 80% of the global figure. SLT users outnumber the estimated number of smokers in the Region. In many countries, while the prevalence of smoking is decreasing, the use of SLT is on the rise. The heterogeneity of custom-made and traditional SLT products in the Region poses an additional challenge to their regulation and testing. SLT consumption has the potential of becoming a global threat of massive proportions based on its aggressive marketing strategy, attractive packaging, flavouring and affordability.

At its fourth session in November 2010, the Conference of the Parties (COP) to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) adopted guidelines for implementation of Article 14 of the Convention on "Demand reduction measures concerning tobacco dependence and cessation" (decision FCTC/COP4[8]).

These guidelines encourage countries to:

- strengthen or create a sustainable infrastructure which motivates attempts to quit usage of tobacco, ensure wide access to support for tobacco users who wish to quit, and provide sustainable resources to ensure that such support is available;

- identify the key, effective measures needed to promote tobacco cessation and to incorporate tobacco dependence treatment into national tobacco control programmes and health-care systems;
- urge parties to share experiences and collaborate in order to facilitate the development or strengthening of support for tobacco cessation and tobacco dependence treatment.

Unfortunately, tobacco cessation remains a weak point in tobacco control in the South-East Asia Region. Though there is clear scientific evidence that tobacco cessation interventions are highly cost-effective public health measures, countries of the Region have failed to optimally prioritize this issue so far. This assumes greater importance in case of SLT cessation initiatives that ought to take into account a complex set of factors in the Region such as culture, religion, gender, age, educational background, socioeconomic status and the special cessation needs of SLT users.

This study aims to understand the needs and challenges of SLT cessation in five identified countries of the South-East Asia Region – Bangladesh, Bhutan, India, Myanmar and Nepal – that have high prevalence of SLT consumption among adults and youth. The study strives to identify opportunities for taking this public health agenda forward in these five countries and to lay down specific priorities for action and intervention.

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