



WORLD NO TOBACCO DAY 2021

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We must provide tobacco users the help they need to quit.

The 2021 edition of World No Tobacco Day makes a special request to smokers; “Commit to Quit”. This message is particularly timely, especially at a time when the world continues to struggle to contain the COVID-19 pandemic. The World Health Organization (WHO) notes that “available research suggests [smokers are at higher risk of developing severe disease and death](#)” from COVID-19. Committing to quit at this time not only helps to guarantee good health and the wellbeing of the population, but it will greatly reduce the enormous economic and social burdens governments currently undergo as a result of the pandemic.

The theme of this year’s World No Tobacco Day also provides us an opportunity to highlight the importance of tobacco cessation. Offering help to quit tobacco use, is one of six cost-effective and high impact measures that helps countries reduce demand for tobacco. These measures, known as [MPOWER](#) also include; monitoring tobacco use and prevention policies, protecting people from tobacco smoke, warning about the dangers of tobacco, enforcing bans on tobacco advertising, promotion and sponsorship, and raising taxes on tobacco. Unfortunately, despite being one of the most important MPOWER measures, offering help to quit tobacco has been identified as the most under-utilized of these measures.

Article 14 of the WHO Framework Convention on Tobacco Control (FCTC) promotes tobacco cessation awareness and support for tobacco dependence. However, the [WHO Report on the Global Tobacco Epidemic, 2017](#) detailed fewer than one in 10 middle-income countries, offering full cessation support. In Africa, only Senegal was highlighted. The [2019 edition of the report](#) notes that Sub Saharan African (SSA) countries have a poor record in implementing cessation initiatives. According to the report, smoking cessation support was offered in some primary healthcare facilities in 10 countries, but the cost was only partially covered in four countries and not covered at all in three countries. It also reveals that seven SSA countries have a national tobacco cessation strategy and 10 countries have national tobacco cessation clinical guidelines, but only four countries have national toll-free quit lines. South Africa’s quit line requires a very minimal “token of commitment”.

Several actions can be taken to step up cessation efforts in Africa. Shifting tobacco cessation counseling to lower-level healthcare workers, for example, will limit multiple demands placed on senior healthcare professionals, who are frequently overburdened and in short supply. Monitoring and evaluating tobacco cessation strategies and programs will help ensure that they are aligned to best practices. Ultimately, there is a need for existing healthcare systems to be strengthened to implement tobacco cessation promotion and tobacco dependence treatment initiatives.

African governments must also invest in promoting cessation, by developing evidence-based, cost-effective national strategies and guidelines, and allocating adequate resources for program's implementation. Free counseling must be provided for quitters, and mass communication initiatives that encourage quitting must be part of cessation programs. For optimal effect, governments must implement such programs in conjunction with other demand-reduction tobacco control policies, notably higher tobacco taxes, smoke-free spaces, bans on tobacco advertising, promotion and sponsorship, large pictorial health warnings on tobacco packages, and anti-tobacco mass media campaigns.

At a time when tobacco companies are investing massively in strategies and technology aimed at initiating young people to their products, we must not forget that the industry already has at least 1.3 billion people using its products, over 80% of whom are based in low-and-middle income countries. The tobacco industry sees a huge market in Africa and will no doubt continue to attempt to attract as many people to its products as possible. The industry is eager to inundate Africa with new products like e-cigarettes, misleadingly brandishing them as quit aids and harm reduction products. The World Health Organization is clear about this; evidence is still inconclusive, and e-cigarettes are often used along with one or more tobacco products, thereby making them quite harmful to human health.

World No Tobacco Day 2021 reminds us that our responsibility as tobacco control advocates is not only limited to keeping the industry at bay and making it pay for the damage it causes, but also ensuring that the approximately 20% of the world's population currently using their product get the help they need to renounce tobacco.

ABOUT THE COLLABORATING ORGANIZATIONS

African Centre for Tobacco Industry Monitoring and Policy Research (ATIM)

ATIM is an observatory created to monitor the tobacco industry on the continent and to ensure that it does not interfere with efforts by governments and world health bodies to implement tobacco control.

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African Tobacco Control Alliance (ATCA)

ATCA is a network of civil society organizations (CSOs) and non-governmental organizations (NGOs) dedicated to preventing a tobacco epidemic Africa. Present in 39 countries of the WHO Afro region, its members work to limit the detrimental impact of tobacco on the health and well-being of Africans.

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Centre for Tobacco Control in Africa (CTCA)

CTCA provides technical and institutional support to governments in Africa with policy formulation, legislation and enforcement of tobacco control. It also helps to build and sustain the institutional capacity for tobacco control. It offers technical, institutional and cross-sector support for tobacco control at national and regional levels.

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Framework Convention Alliance (FCA)

FCA works on the development, ratification and implementation of the international treaty, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). It is made up of nearly 300 organizations from over 100 countries.

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