

Elena KJOSEVSKA

THE HARMFUL EFFECTS OF TOBACCO USE - A CHALLENGE FOR INTERSECTORAL COOPERATION AT A LOCAL LEVEL IN THE REPUBLIC OF MACEDONIA

Context and meaning of the issue

Tobacco use in any form - smoking cigars, cigarettes or chewing tobacco, oral and nasal snuff, as well as exposure to passive smoking, leads to disease or premature death from more than 20 different diseases. Smoking tobacco is the greatest external, and therefore preventable, risk factor or cause of death from cardiovascular diseases and malignant neoplasms. Numerous studies confirm the link between an increased risk of diseases and the dose, the amount of cigarettes smoked and the length of the smoking period. It is widely accepted that almost half of the total number of regular smokers will die of tobacco-related diseases. Fifty per cent of these death cases will occur at persons under the age of 65. Namely, half of the tobacco-related deaths in smokers are a result of cardiovascular diseases (while two thirds of them are due to ischemic coronary heart diseases), but there are negative effects regarding occurrence of cerebrovascular diseases (stroke), occlusive change in peripheral arteries as well as occurrence of atherosclerosis.

The author is a professor at the Faculty of Medicine in Skopje, and Head of Department for health promotion, analysis and prevention of non-communicable diseases, Institute for Public Health of the Republic of Macedonia

Smoking is the cause of around 30% deaths due to malignant diseases, with 20% of cases of lung cancer being reported in smokers. The increase of the number of women who smoke cigarettes is recently reflected with increase in the number of cases and deaths from lung cancer. Smoking during pregnancy is associated with an increased risk of miscarriage, premature birth, low birth weight, mental and physical problems in the child's development. Negative effects in fertility in women and occurrence of impotence in men have also been proven.

There is a causal relationship between smoking and the incidence of cancer on many organs, including the upper respiratory tract, oesophagus, stomach, pancreas, colon, genitalia etc. The risk of a chronic obstructive disease is 5-8 times bigger in smokers than in non-smokers. Smoking affects both the quality and the length of life. It is estimated that a 35 – year – old woman who smokes will live 5 years less than a woman who does not smoke, while a same-aged man that smokes will live 7 years less than a man who does not smoke (1).

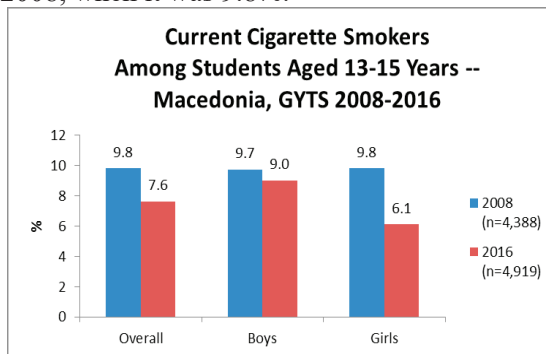
Unfortunately, the use of tobacco is increasing in many countries in Europe, especially in countries with low socioeconomic standards. Although in countries in Northern and Western Europe, smoking levels among men decrease, the prevalence rates increase among young girls. Increase in tobacco prevalence is recorded in the South-East European countries, where tobacco is one of the main factors for poor health among the population (2).

In the Republic of Macedonia, a large number of adults and children still practice risky behaviors and do not manage to reach their potential on healthy living and well-being. Namely, with age, the risky behavior prevalence increases in children of both genders, but there are many differences between girls and boys thereto, in behavior and in the way they make their choices, as well as differences among children from both ethnic communities, where children from Macedonian classes smoke more in comparison to children from Albanian classes. The prevalence of the first cigarette smoked at age 13 and earlier, among young people aged 11-15, is 12% for boys and 7% for girls (on average). The socioeconomic status does not have a major impact on smoking among students aged 15, i.e. both children from lower-income households and high-income households smoke (3). The 2015 EPSAD research (European School Survey Project on Alcohol and Other Drugs) (4) conducted among students aged 15 and 16, concludes that 38.4% of the students have tried and consumed cigarettes in their lifetime, in contrast to 1999 when the prevalence was 56.5%

Life experience with a cigarette:

1999	56,5%
2008	42,7%
2012	41.2%
2015	38,4%

5% became daily smokers at the age of 15, while 4% smoked their first cigarette under the age of 9. The Global Youth Tobacco Survey conducted in 2016 in the Republic of Macedonia (5) showed that 12.4% of students aged 13-15 use tobacco in any form, 10.9% of which smoke tobacco, while 7.6% smoke cigarettes. The prevalence of current cigarette smokers is lower compared to 2008, when it was 9.8%.



Source: WHO. Facts about Smoking, 2016

Unfortunately, there is an increase in the prevalence of smokers noted in adults aged 15-64, from 42.7% in 2002 to 46% in 2017, according to the Global Population Survey on the Use of Psychoactive Substance (6). The prevalence of smokers among youth aged 15-34 is high (40%), where 51.6% of people of that age reported that they have smoked during their lifetime.

Assesment of past policies in the Republic of Macedonia and possible solutions to upcoming challenges

The Republic of Macedonia, alongside the rest of the countries in South-Eastern Europe, launched programmes for reforms of the healthcare system that pose as challenges both in technical and political terms. There is increased emphasis on the need for coordinated action in all sectors, and the practice of numerous countries has shown that the reforms are more successful at a local level.

New threats to human health are constantly emerging as changes in

the social, cultural and economic life occur in the country and the region. Constant changes in living habits, followed by the emergence of new, dangerous influences of the business sector in terms of increased offer of tobacco products on the one, and the insufficient number and type of capacities that help create healthy lifestyles and behavior on the other hand, are challenging for the society and have wide impacts on the health of the whole population. Tobacco use as a type of risky behavior is widely spread, with global long-lasting consequences and an increased number of people and vulnerable groups affected. Identification and assessment of risks is also a new challenge for scientific research work. Even with the existing national policies, such as: the Law on Protection against Smoking, the Law on Tobacco and Tobacco Products, the Law on Audio and Audiovisual Media Services, the Strategy with an Action Plan, etc., the financial resources are often insufficient, regulations are not effective, public awareness of the threats to human health is still low, and the impact of the tobacco industry is very significant. The Tobacco Control Policy in the Republic of Macedonia has three main objectives:

1. Health promotion;
2. Protection of the citizens against tobacco use; and
3. Integrated systematic and gender-sensitive approach in policy-making on a national and local level that will fit the specific needs and rights of the citizens.

The institutional setup and the allocation of responsibilities still hold this complex activity disintegrated. This is reflected in the insufficient inclusion and coordination of various institutions and departments: The Ministry of Economy, the Ministry of Agriculture, Forestry and Water Economy, the Ministry of Education and Science, the Bureau for Development of the Education, Ministry for Local Government, Ministry of Health, the Institute for Public Health, 10 Centers for Public Health, the universities, the non-governmental sector, the media, the tobacco companies etc. Achieving a high level of proper behavior towards health requires strong links among public health, the healthcare sector and other sectors, the sector of education and science in particular. The public health sector should therefore play a key role in building a community of various partners and stakeholders that share similar goals and responsibilities.

Recommendations for new policies and implementation

The success of tobacco control efforts will depend on the political and financial commitment at a national, regional and local level. The Republic of Macedonia, as a member of the World Health Organization and a signatory to the Framework Convention on Tobacco Control (11), should follow and implement recommendations in the context of achieving the objectives of the European Framework Policy Health 2020 (12), that focuses on effective integrated strategies and interventions as a response to the continuous efforts of the largest health challenges in the Region and to support the continuous efforts in the fight for health for everybody and anybody. Moreover, as a member of the United Nations, the country must make efforts towards achieving the 17 Sustainable Development Goals by 2030, with special focus on the goal: “Improving the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as needed” (13).

The tobacco control policies at a local level should be comprehensive, and include measures for:

1. Building capacities through promotion of development of local action plans for smoking prevention in order to identify and react to the threats on the population’s health;
2. Developing a system of health-related information and conducting health profiles of the regions, which will enable people to receive information in order to make the right choice regarding their health;
3. Organizing trainings at a local level for quitting cigarette smoking and other forms of tobacco use;
4. Conducting projects in schools by the students and the teaching staff whereas the students will actively participate in their preparation and implementation, simultaneously gaining knowledge on the harmful effects of smoking;
5. Organizing campaigns at a local level for May 31 – World No Tobacco Day; and
6. Creating a telephone line at a local level with previous volunteer training for telephone counseling, supported by WHO or other international financial institutions.

Abstract

Tobacco continues to be the world's biggest killer, accounting for around 6 million deaths worldwide, and 1.6 million deaths in Europe annually. Numerous studies confirm the link between the increased risk of diseases and the dose, the amount of cigarettes smoked and the length of the smoking period. Smoking among women is increased, and there is an increase noted among youth with increased prevalence among younger adolescents. The smoke prevalence in the Republic of Macedonia is significantly increasing among 15 year-olds (5% being regular smokers), and another concern are the findings of the study on use of psychoactive substances at ages 15-64 regarding use of tobacco by 46% of the total population. More intensive implementation of measures should be considered in the comprehensive programmes designed for control of tobacco use, not only on a national, but on a local level as well; such as: conducting local action plans for smoking prevention, creating counseling telephone lines for smoking prevention, specific projects in schools through which, by active participation and work, students will gain knowledge on the harmful events of smoking and other forms of tobacco use. Prevention through education, communication, informational campaigns will increase awareness on the negative effect of tobacco on health. Implementing these measures should be financially and politically supported not only by the state bodies and the local self-government, but by the civil sector and the international community as well.

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