

What tobacco control could do to the world

STAR HEALTH DESK

Policies to control tobacco use, including tobacco tax and price increases can generate significant government revenues for health and development work, according to a new landmark global report from World Health Organisation (WHO) and the National Cancer Institute of the United States of America. Such measures can also greatly reduce tobacco use and protect people's health from the world's leading killers, such as cancers and heart disease.

But left unchecked, the tobacco industry and the deadly impact of its products cost the world's economies more than US\$ 1 trillion annually in healthcare expenditures and lost productivity, according to findings published in *The economics of tobacco and tobacco control*.

Currently, around 6 million people die annually as a result of tobacco use, with most living in developing countries. The monograph examines existing evidence on two broad areas:

- The economics of tobacco control, including tobacco use and growing, manufacturing and trade, taxes and prices, control policies and other interventions to reduce tobacco use and its consequences; and
- The economic implications



of global tobacco control efforts.

"The economic impact of tobacco on countries, and the general public, is huge, as this new report shows," says Dr Oleg Chestnov, WHO's Assistant Director-General for Non-Communicable Diseases (NCDs) and mental health. Globally, there are 1.1 billion tobacco smokers aged 15 or older, with around 80% living in low- and middle-income countries. Approximately 226 million smokers live in poverty.

The monograph states that annual excise revenues from cigarettes globally could increase

by 47%, or US\$ 140 billion, if all countries raised excise taxes by about US\$ 0.80 per pack. Additionally, this tax increase would raise cigarette retail prices on average by 42%, leading to a 9% decline in smoking rates and up to 66 million fewer adult smokers.

The monograph's major conclusions include:

- The global health and economic burden of tobacco use is enormous and is increasingly borne by low- and middle-income countries (LMICs). Around 80% of the world's smokers live in LMICs.

• Demand reduction policies and programmes for tobacco products are highly cost-effective. Such interventions include significant tobacco tax and price increases; bans on tobacco industry marketing activities; prominent pictorial health warning labels and smoke-free policies.

• Control of illicit trade in tobacco products is the key supply-side policy to reduce tobacco use and its health and economic consequences. In many countries, high levels of corruption, lack of commitment to addressing illicit trade, and ineffective customs and tax administration, have an

equal or greater role in driving tax evasion than do product tax and pricing.

• Tobacco control reduces the disproportionate health and economic burden that tobacco use imposes on the poor. Tobacco use is increasingly concentrated among the poor and other vulnerable groups.

• Progress is being made in controlling the global tobacco epidemic, but concerted efforts are needed to ensure progress is maintained or accelerated.

• The market power of tobacco companies has increased in recent years, creating new challenges for tobacco control efforts. Policies aimed at limiting the market power of tobacco companies are largely untested but hold promise for reducing tobacco use.

Tobacco control is a key component of WHO's global response to the epidemic of NCDs, primarily cardiovascular disease, cancers, chronic obstructed pulmonary disease and diabetes. NCDs account for the deaths of around 16 million people prematurely (before their 70th birthdays) every year. Reducing tobacco use plays a major role in global efforts to achieve the Sustainable Development Goal of reducing premature deaths from NCDs by one-third by 2030.

DIETARY RISKS

Reducing dietary risks associated with NCDs



STAR HEALTH REPORT

Centre for Natural Resource Studies (CNRS), a forerunner of nature conversation NGO of Bangladesh recently launched a project titled "Reducing Dietary Related Risks associated with Non-Communicable Diseases in Bangladesh (RDRNCD)".

The research initiative will work to improve dietary habits by enhancing the consumption of less processed and more diverse food, increasing the consumer demand for nutritious vegetables and fruits and scaling up indigenous vegetables to reduce dietary related risks associated with non-communicable diseases in Bangladesh.

The research will be led by Centre for Natural Resource Studies (CNRS) in association with Institute of Nutrition and Food Science, Department of Sociology and Department of Public Administration of University of Dhaka; Bangladesh Agricultural Research Institute (BARI); University of Manitoba, Canada and Channel-i. International Development Research Centre (IDRC), Canada will fund the research project.

Research intervention area includes 16 Upazillas of 8 Districts in Khulna, Sathkhira, Moulvibazar, Sylhet, Sunamgonj, Sherpur, Jamalpur and Pabna. The goal is contributing to reduction of NCD risks among the population of Bangladesh.

HEALTH bulletin

A guide to COPD



How stress may increase risk of heart diseases and stroke

Heightened activity in the amygdala — a region of the brain involved in stress — is associated with a greater risk of heart disease and stroke, according to a study published in *The Lancet* that provides new insights into the possible mechanism by which stress can lead to cardiovascular disease in humans.

Smoking, high blood pressure and diabetes are well-known risk factors for cardiovascular diseases and chronic psychosocial stress could also be a risk factor.

The authors suggest a possible biological mechanism, whereby the amygdala signals to the bone marrow to produce extra white blood cells, which in turn act on the arteries causing them to develop plaques and become inflamed, which can cause heart attack and stroke.

The researchers note that the activity seen in the amygdala may contribute to heart disease through additional mechanisms, since the extra white blood cell production and inflammation in the arteries do not account for the full link.

Chronic Obstructive Pulmonary Disease (COPD) is a lung disorder that makes it hard to breathe. COPD tends to get worse over time, but catching it early, along with good care, can help many people stay active and may slow the disease.

What causes COPD?

About 90% of people with COPD are current or former smokers — and their disease usually appears after age 40. Secondhand smoke and exposure to environmental irritants and pollution also can increase your risk of COPD.

Symptoms of COPD

COPD can cause shortness of breath in everyday activities, wheezing, chest tightness, constant coughing, producing a lot of mucus (spu-

tum), tiredness and frequent colds or flu. Severe COPD can make it difficult to walk, cook, clean house, or even bathe. Advanced illness can also cause swollen legs or feet, weight loss, less muscle strength and endurance, headache in the morning and blue or grey lips or fingernails.

Treatment

Bronchodilators are medications that relax the muscles of the airways to help keep them open and make it easier to breathe. If bronchodilators don't provide enough relief, people with COPD may take corticosteroids. Steroids may also be given by pill or injection to treat flare-ups of COPD.

Pulmonary rehabilitation classes teach people ways to keep up with

their daily activities without as much shortness of breath.

If your cough and shortness of breath get worse or you develop fever, talk to your doctor. These are signs that a lung infection may be taking hold, and your doctor may prescribe medications to help knock it out as quickly as possible.

A small number of people with COPD may benefit from surgery. Bullectomy and lung volume reduction surgery remove the diseased parts of the lung, allowing the healthy tissue to perform better and making breathing easier.

How quitting smoking helps

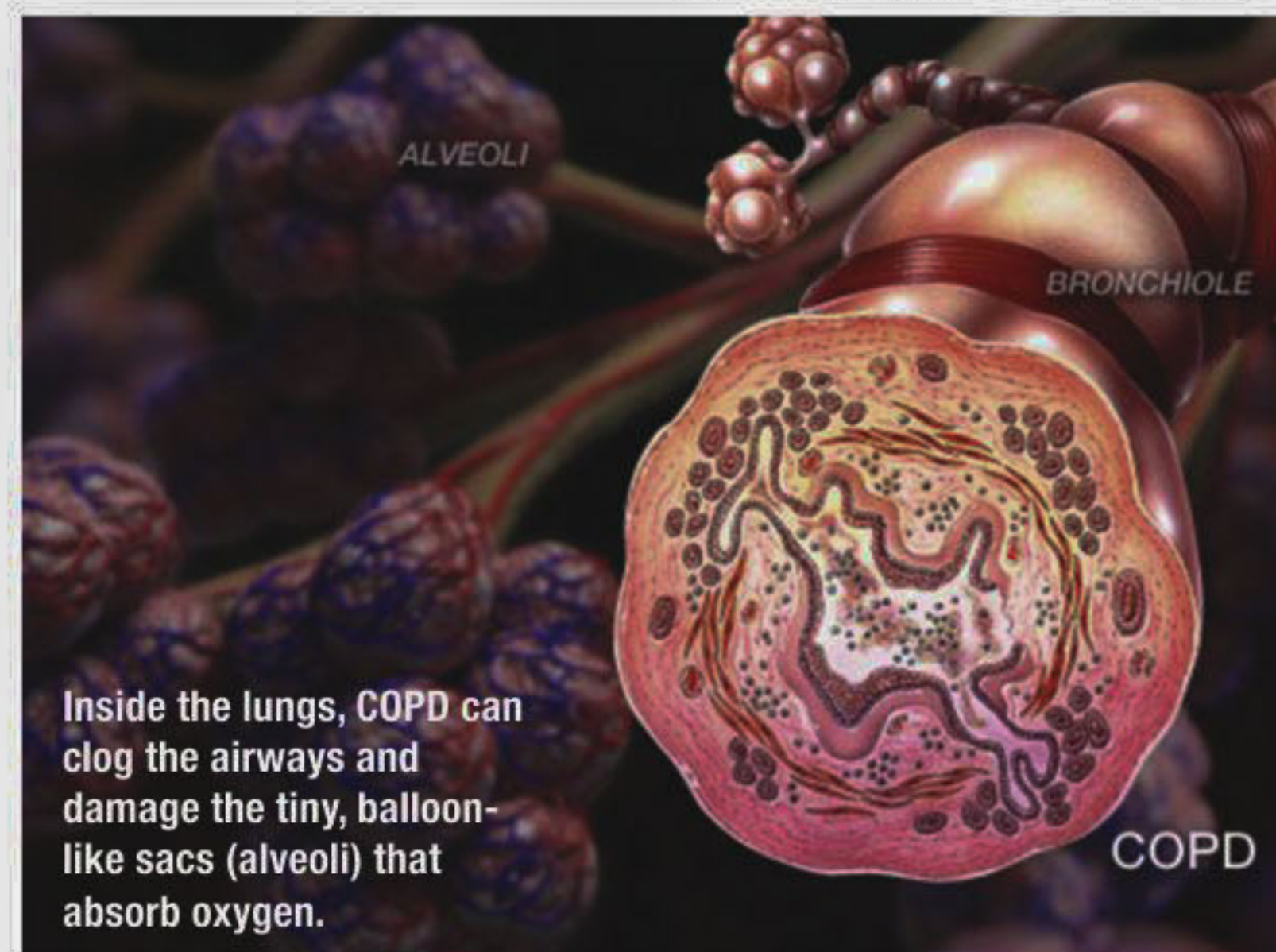
Smoking destroys the tiny hair-like cilia that normally repair and clean the airways — and harms the lungs in other ways, too. Quitting will slow or stop the damage, and is simply the most important step you can take for COPD.

COPD and diet

A healthy diet is important for people with COPD. Common guidelines include drinking 6-8 glasses of water daily; eating high-fibre foods; avoiding overeating and gassy foods such as fried foods or carbonated drinks, and eating 4-6 small meals each day.

Living with COPD

It is important to stay active, even if you feel short of breath. Avoid secondhand smoke, chemical fumes, and other lung irritants. Be sure to get vaccinated against the flu and pneumococcal disease. Wash hands frequently, and avoid hacking, sniffing people during cold and flu season.



Inside the lungs, COPD can clog the airways and damage the tiny, balloon-like sacs (alveoli) that absorb oxygen.



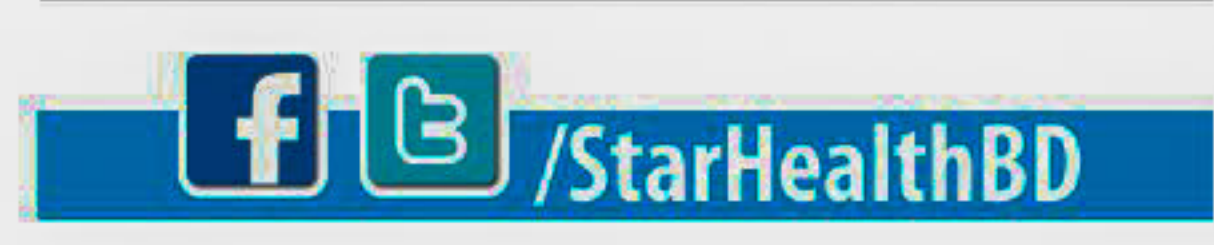
Voluntary blood donors honoured

STAR HEALTH REPORT

Quantum Foundation honoured the voluntary blood donors by awarding them in a formal ceremony held recently in the National Press Club auditorium, says a press release. More than 250 voluntary blood donors were awarded for their outstanding and continuous efforts made for saving many lives in need of blood transfusion.

Special guest of the ceremony, honourable Vice Chancellor of Bangabandhu Sheikh Mujib Medical University (BSMMU), Professor Dr Kamrul Hasan Khan spoke on the occasion. He said, "There is no alternative to blood for saving lives. Those who are involved in donating blood for this noble cause are the true heroes of our society. I congratulate the voluntary blood donors and Quantum Foundation for their dignified efforts."

8,42,197 units of blood has been supplied for the patients in need after the inception of the Quantum Foundation in 2000. With modern equipment installed since 2003, they are supplying 8 different components of blood for the different needs of patients. In this technique a single unit of blood can save 4 lives.



LET'S TURN OBESITY AROUND

NATIONAL OBESITY AWARENESS WEEK

9-15th January

Defining obesity

There are many ways in which a person's health in relation to their weight can be classified, but the most widely used method is body mass index (BMI).

BMI is a measure of whether you're a healthy weight for your height. For most adults, a BMI of:

- 18.5 to 24.9 means you're a healthy weight
- 25 to 29.9 means you're overweight
- 30 to 39.9 means you're obese
- 40 or above means you're severely obese

Serious health conditions

Being obese can also increase your risk of developing many potentially serious health conditions, including

- Type 2 diabetes
- High blood pressure
- High cholesterol and atherosclerosis (where fatty deposits narrow your arteries) which can lead to coronary heart disease and stroke
- Asthma
- Metabolic syndrome
- Gastro-oesophageal reflux disease (GORD) - gallstones
- Osteoarthritis
- Liver disease and kidney disease
- Pregnancy complications, such as gestational diabetes or pre-eclampsia (when a woman experiences a potentially dangerous rise in blood pressure during pregnancy)

Obesity reduces life expectancy by an average of 3 to 10 years, depending on how severe it is. It's estimated that obesity and being overweight contribute to at least 1 in every 13 deaths in Europe.

Treating obesity

The best way to treat obesity is to eat a healthy, reduced-calorie diet and exercise regularly. To do this you should:

- Eat a balanced, calorie-controlled diet as recommended by your GP or weight loss management health professional (such as a dietician)
- Join a local weight loss group
- Take up activities such as slow walking, jogging, swimming or tennis for 150 to 300 minutes (two-and-a-half to five hours) a week
- Eat slowly and avoid situations where you know you could be tempted to overeat

