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Smokeless tobacco use by south Asians

Smokeless tobacco consumption is a major public health threat that affects many populations worldwide. Despite its widespread use and the substantial associated health risks, the issue of smokeless tobacco remains a neglected one.

Smokeless tobacco consumption is especially common in people of south Asian origin. At least one in four adults in India and Bangladesh regularly use smokeless tobacco.¹ Smokeless tobacco is also popular in the south Asian diaspora—eg, one in five Bangladeshi women in the UK are regular users.² The health risks associated with smokeless tobacco are similar to those associated with smoking³ with respect to oral, oesophageal, and pancreatic cancers,⁴ and stroke.⁵

Existing smokeless tobacco control policies in south Asian countries are either inadequate or poorly implemented—even after governments ratified WHO's Framework Convention on Tobacco Control (FCTC). Taxes on smokeless tobacco remain low, cessation support is not widely available, and regulatory mechanisms either do not exist or are inadequately implemented.

A group of international experts, policy makers, civil society organisations, and donor agencies

met on March 4–5, 2013, in York, UK, for a 2 day conference on Smokeless Tobacco and South Asians. The aims were to learn from the experiences of experts (policy makers, researchers, and civil society representatives) to identify policy and research gaps, and to propose key strategies to curb use of smokeless tobacco worldwide (panel). A recurring theme was the widespread failure to appreciate the scale of the problem posed by smokeless tobacco by health professionals, policy makers, and funding agencies, which has resulted in little progress being made to address the issue.

In addition to the effective use of existing mechanisms for cooperation, delegates proposed the establishment of a consortium to advocate for stronger FCTC-compliant policies to reduce use of smokeless tobacco, share best practice, and do research to address relevant knowledge gaps.

We declare that we have no conflicts of interest. The views expressed in this letter are solely those of the authors and do not necessarily represent the official positions of their respective organisations.

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- 2 Sprotson K, Mindell J. Health survey for England 2004: health of ethnic minorities—summary of key findings. London: Health & Social Care Information Centre, 2006.
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Panel: Five key recommendations from the Smokeless Tobacco and South Asians conference, March 4–5, 2013

- Improve surveillance of smokeless tobacco products, their composition, prices, production, marketing, distribution, illicit trade, sales, and consumption.
- Increase taxes on smokeless tobacco products (in line with cigarettes), to bring about a rise in price.
- Estimate price elasticity for smokeless tobacco products to quantify the effect of price change on consumption.
- Introduce a comprehensive ban on the manufacture, import, sale, and promotion of any new smokeless tobacco product and strictly regulate those that are already on the market; require a licence for all smokeless tobacco vendors, with strict application of relevant legislation and trading standards—eg, sale to minors.
- Offer appropriate cessation support to people who use smokeless tobacco and assess the effectiveness of cessation interventions.