

Letter to the Editor: Tobacco Use: Strategies for Prevention in Low and Middle-income Countries

Israel Oluwasegun Ayenigbara^{1,2}

¹Department of Health Education, School and Community Health Education Unit, University of Ibadan, Ibadan, Nigeria; ²Research Assistant at Boness Addictions Lab, Center on Alcohol, Substance Use, and Addictions, University of New Mexico, Albuquerque, NM, USA

Dear Editor,

In a recent article published in this journal, the authors identified tobacco use as a significant contributor to the increasing incidence of dental caries among people in Indonesia [1]. Tobacco use is currently a major global public health problem, causing the direct and indirect deaths of over 8 million people yearly. Over 80% of global tobacco users live in underdeveloped and developing nations, where the impact of tobacco use is the most severe [2]. Apart from numerous health consequences, such as malignancies, heart problems, stroke, dental problems, lung issues, diabetes, and long-term obstructive pulmonary issues, tobacco use is also a major causative factor of poverty and impoverishment among users, and the direct and indirect financial expenses of tobacco use significantly impact the health budgets of individual countries [2]. Given the wide-ranging consequences of tobacco use, there is a pressing need for an appropriate global public health prevention strategy.

Generally, strategies to prevent tobacco use should involve the appropriate and thorough monitoring of tobacco use and the implementation of policies aimed at its prevention; efforts to protect people from secondhand tobacco smoke; the timely availability of help for smoking cessation; frequent sensitization of the public regarding the deleterious consequences of

tobacco; implementation of bans on the advertisement, sponsorship, and promotion of tobacco products; and substantial increases in the taxation of tobacco products [2]. These strategies have been proven to be effective measures for tobacco use mitigation and should be adopted by low and middle-income countries. Studies have proven that significant taxation of cigarettes—the most commonly used tobacco products in the world—helped bring about massive reductions in the frequency of smoking, particularly among young adults and low-income earners [3]. Likewise, laws on smoke-free work environments, as well as restrictions aimed at the advertisement of tobacco products, have been effective in preventing tobacco use [4]. Older teenagers have higher chances of smoking than younger teenagers, but the earlier an individual begins to smoke or use any form of psychoactive substances, the higher the chances they become addicted to it. Meanwhile, male adolescents are more likely to smoke tobacco than their female counterparts [4]. Any viable tobacco use intervention should be school and community-based, with a specific focus on teenagers. These interventions should be targeted at delaying or reducing smoking initiation and other psychoactive substance use, as well as preventing modifiable causative factors and improving factors that protect teenagers against tobacco use [5]. Furthermore, community-based intervention programs, such as “Communities That Care” which was targeted at adolescents between 10 years and 14 years of age, showed significant reductions in the initiation of male cigarette use up to 9 years after the completion of the program. If properly implemented, the holistic implementation of tobacco prevention strategies will greatly help in preventing the direct and indirect impacts of tobacco globally, especially in low and middle-income nations where the burden of tobacco use is the heaviest.

Corresponding author: Israel Oluwasegun Ayenigbara
Department of Health Education, School and Community Health Education Unit, University of Ibadan, Post Office Street No. 022, Ibadan200284, Nigeria

E-mail: histrealite2647@gmail.com

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

CONFLICT OF INTEREST

The author has no conflicts of interest associated with the material presented in this paper.

ORCID

Israel Oluwasegun Ayenigbara

<https://orcid.org/0000-0002-0085-5493>

REFERENCES

1. Andayasari L, Mubasyiroh R, Nurlinawati I, Sufiawati I. Association between tobacco smoking and dental caries in the Indonesian population: results of a national study in 2018. *J Prev Med Public Health* 2023;56(4):357-367.
2. World Health Organization. Tobacco; 2023 [cited 2023 Aug 2]. Available from: <https://www.who.int/news-room/fact-sheets/detail/tobacco>.
3. Chaloupka FJ, Yurekli A, Fong GT. Tobacco taxes as a tobacco control strategy. *Tob Control* 2012;21(2):172-180.
4. Warner KE. Tobacco control policies and their impacts. Past, present, and future. *Ann Am Thorac Soc* 2014;11(2):227-230.
5. Adachi-Mejia AM, Carlos HA, Berke EM, Tanski SE, Sargent JD. A comparison of individual versus community influences on youth smoking behaviours: a cross-sectional observational study. *BMJ Open* 2012;2(5):e000767.