

## Introduction

Jamaica is the largest island in the English speaking Caribbean and the third largest territory in the Caribbean flanked by the larger islands of Cuba and Haiti. The island covers an area of 11,244 square kilometres and is strategically placed as it is located 885 kilometres to the South of Miami and 145 kilometres to the south of Cuba with an organized telecommunications system and extensive air links to other Caribbean and Latin American regional territories, North America, Europe and other continents.

There exist 2 cities - Kingston on the South-east coast and Montego Bay on the North-west coast and the island is divided into 14 parishes. The total population is approximately 2,605,787 persons (2000), of which almost one third - 31% - and 40% is comprised of children and adolescents (0-14 years old) and (10-19 years old) respectively with an equal proportion of males and females falling within these categories<sup>1</sup>.

As stipulated in the WHO International Convention, Children pertains to 0-9 year olds, Adolescents to 10 - 19 year olds and Youth to 15-24 year olds.

A significant number of Persons/Individuals of all age groups throughout Jamaica and the world are adversely affected by tobacco use. Substance Abuse experts have discovered that Nicotine, a significant component of tobacco products, is an addictive drug as potent as cocaine or heroine. Tobacco dependence has thus been classified as a mental and behavioural disorder according to the WHO International classification of diseases, ICD-10 (Classification F17.2)<sup>2</sup>.

In addition, Cigarette smoking is the single largest preventable factor contributing to premature death, the burden of disease and disability and death in the United States and the world<sup>3</sup>. In the United States, it is responsible for approximately 5 million years of potential life lost per annum<sup>3</sup>. The major disease conditions due to tobacco use which definitely culminate in death are several Cancers and Coronary Heart Disease.

The disease status of Jamaica is similar to that of the developed world. Chronic Diseases, which include Cardiovascular Diseases (CVDs) and Lung Cancer are the principal causes of Mortality and Morbidity in Jamaica, accounting for 60% of the disease burden.

Cardiovascular Diseases are the main cause of death in public hospitals (27.5% of males and 33.8% of females in 2000) followed by Malignant Neoplasm (11.8% of males and 11.6% of females in 2000) and also rank among the ten main causes of hospital discharges. Incident rates for lung cancer are approximately five times higher for men than women (21.1 VS 3.9 per 100,000) as indicated by the Jamaica Cancer Register from 1978-1997. This difference is caused by the higher prevalence of cigarette smoking among men which results in more than 90% of their lung deaths.

In the Americas, between 122,000 to 209,000 persons die from exposure to Environmental Tobacco Smoke (ETS) annually. Exposure to Environmental Tobacco Smoke (ETS) has been proven by scientific evidence as definitely causing or strongly indicated as possibly causing Cancers and eighteen other major disease groups or conditions. The prevalence of tobacco smoking in Jamaican adults has been estimated

as 36% among males and 11% among females (15-49 years) as reported in a Risk Behaviour Survey (1993), these figures pertaining to persons who had ever smoked more than 100 cigarettes<sup>4</sup>. However, 14.6% was recorded as the prevalence of tobacco use among the Jamaican population (15-50 years) in another survey with more than 50% doing so 10-20 times and more per month<sup>5</sup>. From January to December, 1998 of the 597 persons who made appointments at the Detoxification Unit, UHWI, for multiple Substance Abuse, about 33% smoked tobacco.

The additional cost of treating tobacco-related diseases worldwide is more than US \$200 billion. This accounts for 6-15% of all annual health care costs in high income countries<sup>6</sup>. In Jamaica, the cost of treating tobacco-related illnesses in public and private health facilities since 1980 has been estimated as approximately US \$4.38 Billion<sup>7</sup>.

Data also show that, in the United States and throughout the world, tobacco use is initiated by most people while they are adolescents<sup>8</sup> and this is now being undertaken at an earlier age than previous years. In Jamaica, a survey conducted by the National Council on Drug Abuse indicated that adolescents, in particular, females, were initiating cigarette smoking at an earlier age in 1997 compared with 1987.

Young people are major 'risk takers'. As a result of the constant usage of tobacco products, a significant%age of deaths occur when smokers are in their most productive years - 35 years or older.

### **National and International Efforts to Address Tobacco Use**

Over the past 28 years, the Government of Jamaica and other member countries of CARICOM have been signatories to the many WHO and PAHO Resolutions developed to stem the use of tobacco products. The WHO and PAHO Plans of Action for the period 1988-1995 and 1996-2000 were also endorsed by the Jamaican Government.

### **Measures Implemented for the Prevention and Control of Tobacco Use**

Unfortunately, the measures executed to date have been diffuse and have not been linked to a comprehensive programme for the prevention and control tobacco use. They are as follows:

1. Ban on smoking in all health facilities which became effective on May 31, 1995 - No Tobacco Day (Award given to MOH by PAHO in 2001).
2. Voluntary imposition of the ban of Smoking on the national airline, Air Jamaica and the prohibition of Smoking in the two (2) International Airports.
3. Restriction of smoking in several private sector organizations
4. Cabinet gave approval in November 1996 for the introduction of legislation to:
  - Prohibit the advertisement of tobacco products on the Electronic Media - Radio and Television;
  - Prohibit cinema advertisement of tobacco products;

- Make it mandatory for all tobacco advertisements to carry the health warning of the Chief Medical Officer (approved under Cabinet Decision dated 25.11.96 and presently under consideration by MOH as part of the Public Health (Sale of Tobacco Products) Regulations 1999);
  - Prohibit the advertisement of tobacco products in any literature which is intended for minors. The Chief Parliamentary Counsel was requested to finalize the Regulations under the Broadcasting and Radio Re-diffusion Act as the Broadcasting Commission has signed off on the Television and Sound Broadcasting (Amendment) Regulations 1998. Similar instructions have also been given to the Chief Parliamentary Counsel regarding the Public Health Act.
5. Preferential premiums for non-smokers by some Insurance Companies.
  6. The imposition of a Special Consumption Tax on cigarettes yielding approximately \$1.28 billion (FY 1999 - 2000). GCT is also charged on this product.

### **Proposed Initiatives**

In 2001, a document specifying the Policy and Legislative measures which are critical for the full-scale establishment of a Programme for the Prevention and Control of the Smoking of Tobacco Products in Jamaica was submitted to the Council for Human and Social Development (COHSOD) for consideration and recommendation to the Cabinet of Ministers of Government.

In 2002, The Human Resources Council took the following decision, in view of the wide-ranging issues and their possible impact:

- a. The proposal should be submitted to a Joint Select committee of the Houses of Parliament for more extensive discussion;
- b. The Ministry of Health should seek the assistance of the Ministry of Finance and Planning to assess the impact that the proposed measures would have on the economy and outline measures for alternative employment and strategies to address the immediate revenue inflows;
- c. The initiatives to encourage the reduction of tobacco use would be supported and
- d. The Legislative Committee would be requested to examine and make recommendations on the appropriate levels of fines for the offences stipulated in the Submission.

The measures are outlined under Recommendations for a comprehensive Programme for the Prevention and Control of Tobacco Use.

In 2002, a paper on the economic implications of the implementation of these measures on the Jamaican economy and possible alternative employment and strategies was prepared by the Health Systems Improvement Unit of the Ministry of Health. However, this document has not been submitted to COHSOD for consideration as the decision has been taken that a Cost-Benefit Analysis of the Proposed Measures for the Prevention and Control of Tobacco use (inclusive of all health, economic and financial implications) in Jamaica will be undertaken in order that a more comprehensive analysis can be done.

### **The Global Youth Tobacco Survey**

In spite of the information available on Tobacco Use by children and adolescents (0-17 years) in Jamaica from the Adolescent Health and other Surveys, more precise and detailed data was required to provide a holistic picture of the extent of tobacco use in Jamaica. In the effort to address this problem, it was decided that Jamaica would take advantage of the opportunity to participate in the Global Youth Tobacco Survey (GYTS).

The GYTS is a global surveillance project of tobacco use among adolescents involving a school-based survey of 13 to 15 year olds conducted throughout the world to obtain country specific information regarding tobacco use in terms of Prevalence, % who started to smoke prior to age ten (10) and susceptibility to initiating cigarette smoking; Knowledge and Attitudes; Behavioural Norms and Deviation; Access and Availability; Environmental Tobacco Smoke; Smoking Cessation; Tobacco Promotion and Tobacco Use Prevention Education in relation to the School Curriculum.

### **Objectives of the GYTS**

The objectives of the GYTS are to understand the rationale regarding and more adequately assess the above-mentioned issues; document and monitor tobacco use by adolescents/youth

World wide and guide strategies, measures, programming, advocacy and other initiatives for the prevention and control of tobacco use at the national and international levels.