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Title: Public Health Response to the Dilemma of Tobacco Consumption in Jamaica

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Abstract

The World Health Organization estimates that chronic diseases from tobacco consumption affects non-smokers (600,000 persons) almost as equally as the consistent smokers (>1 million people) annually worldwide. This serious global health and human security issue has wreaked public health concern in Jamaica, whereby according to the Ministry of Health and the Pan American Health Organization studies, >56% cases resulted in death, thus impacted public health expenditure by 45% and places 6% demand on Gross Domestic Product.

This paper, which is an excerpt from my country project (PAHO/WHO's LIHP 201), aims to assess Jamaica's response to international cooperation in health (eg. WHO-FCTC, MDG, POSDCND); note the alignment to its National Development Plan – Vision 2030, and the Health Agenda of the Americas (2008-2017), as well as analyze the socio-medical impact of tobacco smoking in Jamaica.

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Stratified and snowball sampling methods were used to obtain qualitative information from desk reviews, while quantitative information were gathered via field research, targeting tobacco-related ill adult respondents and policy makers, during August to December 2011.

Similar to the number of discharged chronic disease cases from public hospitals, the findings of this research shows that cancer and COPD are the most prevalent, with no significant difference (40% and 41.7% respectively); and 62% individuals spending >30% of their income on health care. This paper provides scope in enabling novel insight to international adherence.

Introduction

This scholarly piece of work is an excerpt from my country project, entitled: "Enabling International Factors to Reducing Tobacco Consumption in Jamaica", which was presented as part of the successful completion of the Leaders in International Health Programme, PAHO/WHO 2011.

It is recognized that "tobacco consumption and exposure to tobacco smoke cause death, disease and disability. …..the smoke they[1] produced are pharmacologically active, toxic, mutagenic and carcinogenic"[1].

Evidence has shown that chronic disease from tobacco consumption affects non-smokers (600,000), almost as equally as consistent smokers (>1 million) on an annual basis worldwide[2]. In Jamaica, tobacco-related chronic diseases contributes to >56% deaths[3], and impacts public health expenditure by approximately 45%[4].

More than 1.1 billion people who form part of the 173 Parties (87% of the World's population), and who consented to the World Health Organization Framework on Tobacco Control (WHOFCTC) are being protected by approximately one tobacco control measures at the highest level [5]. The various levels of compliance by Jamaica, to the WHOFCTC will be ascertained later in this paper.

The aim of this paper is to assess Jamaica's response to international coorporation in health (WHOFCTC, Port of Spain Declaration on Chronic Non-Communicable Diseases) note the alignment to the country's National Development Plan – Vision 2030 and the Health Agenda of

[1] Tobacco and cigarette

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the Americas (2008-2017), as well as analyze the socio-medical impact of tobacco smoking in Jamaica.

Materials and Methods

This study utilizes a quantitative approach. Primary data in the form of a questionnaire, and secondary data from desk review were collected during the period August to December 2011. The data were analyzed using Statistical Package for Social Scientists (SPSS), version 18, as well as manual count. The units of analysis were 85 adults tobacco smokers and non-smokers with tobacco-related chronic illnesses, as well as, policy and health professional stakeholders. Interviews were conducted face to face and via telephone according to mutual convenience.

Stratified and Snowball sampling methods were used to obtain information via a 17-item, 2-page, close-ended questionnaire and a one-page nine-item interview guide. The former was administered to the 85 respondents, while the latter to the nine elite interviewees. The responses were treated with the strictest of confidence, and same was communicated as a commitment to the respondents prior to their participation in this study.

The instruments bore four overarching considerations, namely: demographic characteristics, international health cooperation, public health response and socio-economic impacts.

Results and Discussion

Tobacco use is one of the four behavioral risk factors which contribute to non-communicable diseases, and has socio-economic impact [6]; and as a result, the World Health Organization has charged key countries to effectively respond to such growing epidemic in order to reduce mortality [6]. Similarly, the Port of Spain Declaration on Chronic Non-Communicable Diseases charged the Caribbean heads of government to respond to strategically plan and put actions in place that would curtail high risk behaviours/factors that are contributors to NCDs and their complications"[7]. Despite, however, the World continues to experience approximately 1.1 billion individual smokers; 800,000 of whom are from Latin America and the Caribbean) [8], while Jamaica represents 14.5% smoking population among the 15-74 year olds[9].

Among the 85 respondents of this study, incidences of Cancer and Lung Chronic Obstructive Disorder are the most prevalent (40-41% respectively) when compared with cardiovascular disease (18%). There were smokers who experienced dual conditions of periodontal gum disease and lung cancer (5%); periodontal gum disease and cardiovascular disease (3%), and periodontal gum disease and COPD (3%). Coupled with these findings, the Ministry of Health's statistics has shown increase in the number of tobacco-related chronic diseases cases which have been

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discharged from public hospitals over a three-year period: 2006 (2,255), 2007 (3,000) and 2008 (3,893) [10].

These conditions impact micro health expenditure on average, by >30% of an individual's (62%) income. Some of these individuals had medical complaints (hypertension, diabetes and renal problems), which also compounded their tobacco-related illnesses. The dual conditions cost more than 50% of their income for treatment. At these levels it could constitute catastrophic health spending, thus placing them at extreme risk of not being able to meet their basic subsistence need without additional income support. It should be noted that all the respondents were employed, earning more than US$5.00 per day. Eighty two percent respondents reported being aided by health insurance (Sagicor, National Health Fund and Medecus Health). Despite, however, "expenditure for health care is radically and painfully real", says some of the respondents. These smokers also demonstrated that income elasticity was not a factor when making decisions for expending on their habit or for their health care needs. This reflects the nature of the demand for these goods – that is one being an addiction and the other being a perceived imperative. High combined spending on smoking and healthcare were found when compared with income.

None of the individuals with chronic illness reported having received cessation advice at the primary health care level. There was also no counseling at the primary, secondary or tertiary levels within the public health care system. This resulted in depression (61%), weight loss (32%) and others (7%).

The respondent's level of education did not determine their awareness regarding Government's modes of adherence to the various Articles under the WHOFCTC. In essence, not all the smokers were aware of the dangers of tobacco consumption despite their level of education. The majority of those who became aware during their period of smoking, attained secondary and tertiary education (16.1% and 13.8% respectively). This was followed by those who were oblivious and attained a similar level of education (9.5% and 8.1% respectively).

International heath cooperation - adherence to relevant Articles of the WHOFCTC is one of the national responses to curbing the impact of tobacco consumption. With regard to Article 12, the Government of Jamaica, the Heart Foundation of Jamaica, the Jamaica Coalition on Tobacco Control raise awareness through the civil society, and works in collaboration with advocacy groups on matters relating to the effects of tobacco on health and the environment. Through this medium, 39% of the respondents learned about the risk of tobacco consumption and being exposed to tobacco smoke. Of that amount, 9% refrained from consistent smoking because of the knowledge received.

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On the point of Article 11, the Government of Jamaica has employed partial adherence (33%) in relation to warning messages (in the form of text) at the principal display areas of the tobacco package. The WHOFCTC makes provision for no more than 30% [1]. A 50% compliance would make provision for warning picture labeling [1]. This would be in the interest of persons who are illiterate. Of the 85 respondents and the nine policy makers who were interviewed, majority (69 and 6 respectively) were of the view that full cooperation to this Article would make a positive difference regarding tobacco smoking. The others believed that adherence would not have made a difference. Twelve out of 22 of the respondents who stopped smoking over the last three years, was as a result of having noticed the warning texts which were pointed out to them during education campaigns.

However, a point of reservation which was aired by the key informants, were that the mixed signals by the Government, shows inconsistency with the various smoke-abstinence messages. Case in point is seen in Appendix 2. On a publicly demonstrated banner entitled "Carreras Youth Smoking Prevention Campaign", the logos of the Ministry of Education (Government), the Child Development Agency (Government) and Carreras (tobacco company) are displayed [11].

A pending public health response and mode of international health cooperation, is the country's soon-to-be compliance to Article 8 of the WHOFCTC. This Article makes provision for the "protection from exposure to tobacco smoke"[1]. Similar response was received from the respondents relating to Article 11, as indicated above. The English-Speaking Caribbean is experiencing the implementation of national laws relating to the protection of its population from tobacco smoke. Case in point: Partners of the Caribbean Community, Barbados and Trinidad and Tobago have adhered to Article 8 of the WHOFCTC, by enacting legislations regarding (i) the banning of cigarette sales to minor; the banning of smoking in public places; and (ii) Tobacco Control Act, respectively. It is imperative to note that these two islands form part of the 55% of the World's population that has covered one of the high level achievements of the WHOFCTC [5] – 5% being protected from smoke-free environments (see Appendix 1). The population of Barbados and Trinidad and Tobago also form part of the 739 million people who are protected by smoke-free laws - thus representing an increase of over 385 million since 2008 [5].

In keeping with the principle of the Health Agenda of the Americas (2008-2017), which encourages the reduction of risks and disease burden through "highly active health authorities in promoting healthy lifestyles and environments…….and policy changes that truly allow people to choose lifestyles that involve ……. not smoking" [12], Jamaica has in the Western and Southeast Regions of the island, Cancer Registries. In addition, a National Cancer Registry is in the process of being established, as it is recognized, consistent with the literature, that such key principle, as well as one of the country's major national health outcomes ("A health and stable population")[13], can only be supported by accurate data monitoring regarding NCDs, particularly those that are tobacco-related. It is imperative to note that this is a deficiency

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throughout many nations, and it is of utmost importance, as this is "a priority at the national and global levels……to improve the coverage and quality of mortality data, to conduct regular risk factor surveys at a national scale with standardized methods and to regularly assess national capacity to prevent and control NCDs [6].

Another public health response is Jamaica's robust health strategic planning (regarding NCDs) and cancer surveillance which has three components, namely: monitoring of risk factors, mortality, and health system response.

Conclusion

Despite Jamaica has not yet fully adhered to the respective international health agreements (eg the WHOFCTC), the strategic steps taken towards compliance has wreaked positive public health responses in relation to the cessation of tobacco consumption.

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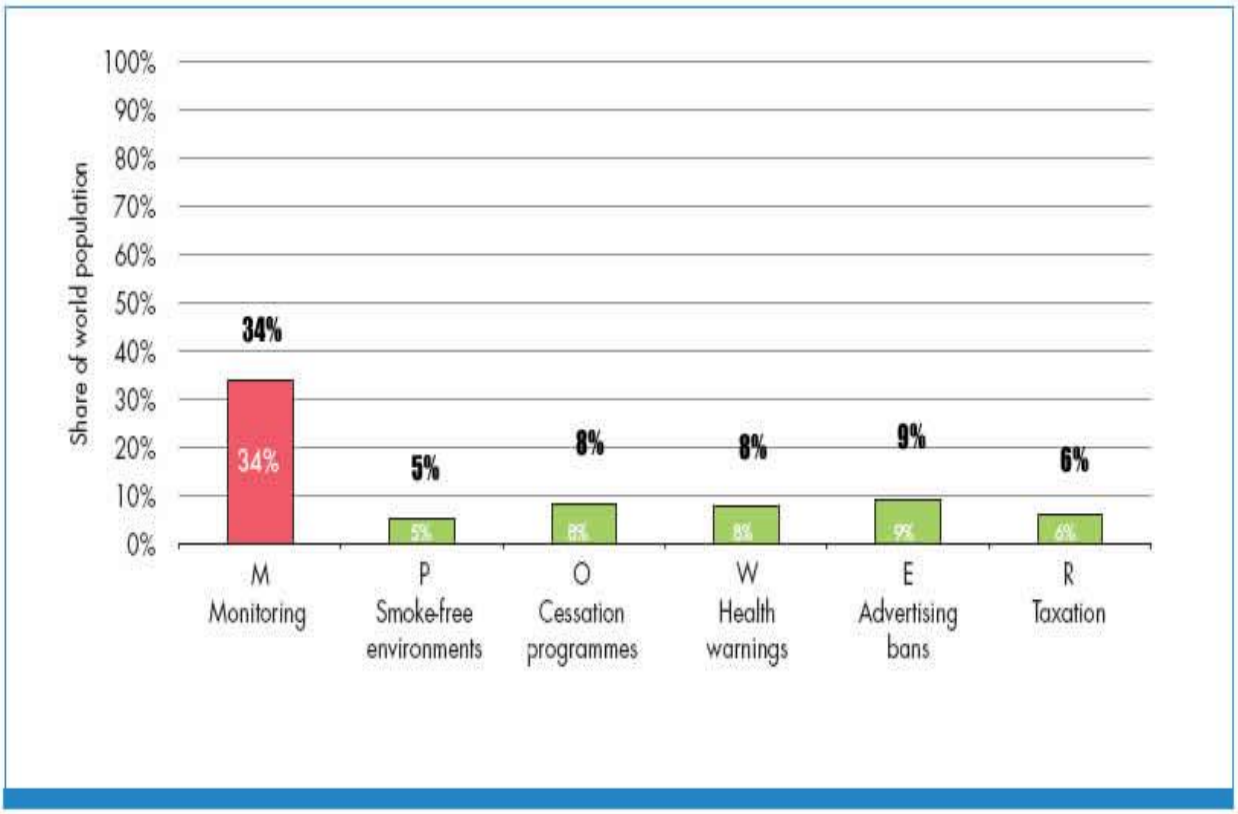
Appendix 1

Percentage World Population Covered by Tobacco Control Policies, 2008



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Source: World Health Organization (2011)[[6]

Appendix 2

Carreras Limited Banner

Source: Carreras Limited (2011)[11]

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