Heart disease and stroke are the commonest ways by which tobacco kills people

**FACTSHEET 2018**

**BHUTAN**

Gross national income per capita (lower middle-income country)
US$ 2510

Total population
808,000

Youth population (13–17 years)
73,000 = 9%

Economically productive population (30–69 years)
332,000 = 41%

**QUIT TOBACCO USE NOW - FOR A HEALTHIER HEART**

CVDs are the number one cause of death, causing 1,141 (29.4%) (29.4% of all deaths), as well as of premature death

Top 5 causes of overall death
1. Ischemic heart disease
2. Chronic Obstructive pulmonary disease
3. Cerebrovascular disease
4. Lower respiratory infection
5. Diabetes

Top 5 causes of premature death (YLL–years of life lost)
1. Ischemic heart disease
2. Lower respiratory infection
3. Neonatal preterm birth
4. Cerebrovascular disease
5. Other neonatal

CVD in younger people are more likely to be caused by tobacco use

92 deaths
8% of all CVD deaths each year

Tobacco control is essential for preventing and controlling deaths and disability caused by CVDs

More than 120,000 current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs

**Current tobacco use among adults (%) (18–69 years) STEPS–2014**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco users</td>
<td>24.8</td>
<td>13.6</td>
<td>33.6</td>
</tr>
<tr>
<td>Tobacco smokers</td>
<td>7.4</td>
<td>3.1</td>
<td>10.8</td>
</tr>
<tr>
<td>Smokeless tobacco users</td>
<td>19.7</td>
<td>11.0</td>
<td>26.5</td>
</tr>
</tbody>
</table>

**Current tobacco use among youth (%) (13–15 years) GYTS–2013**

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<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
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</thead>
<tbody>
<tr>
<td>Tobacco users</td>
<td>30.3</td>
<td>23.2</td>
<td>39.0</td>
</tr>
<tr>
<td>Tobacco smokers</td>
<td>16.5</td>
<td>8.6</td>
<td>26.3</td>
</tr>
<tr>
<td>Smokeless tobacco users</td>
<td>21.6</td>
<td>18.9</td>
<td>25.0</td>
</tr>
</tbody>
</table>

**Exposed to secondhand smoke at home (%)**

<table>
<thead>
<tr>
<th></th>
<th>Adult (18–69 years) STEPS–2014</th>
<th>Youth (13–15 years) GYTS–2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>20.7</td>
<td>20.7</td>
</tr>
<tr>
<td>Male</td>
<td>20.7</td>
<td>20.7</td>
</tr>
<tr>
<td>Female</td>
<td>20.7</td>
<td>15.3</td>
</tr>
<tr>
<td>Male</td>
<td>16.3</td>
<td>25.3</td>
</tr>
<tr>
<td>Female</td>
<td>14.4</td>
<td>16.3</td>
</tr>
</tbody>
</table>
Most people start early, increasing the risk of heart disease in younger people
Mean age at initiation of daily smoking: **18.9 years**

Despite strong evidence that quitting both smoked and smokeless tobacco helps to immediately reduce the risk of CVDs, FEW tobacco users are quitting, requiring more programmatic effort

<table>
<thead>
<tr>
<th><strong>Quit attempt by current smokers</strong></th>
<th><strong>Users advised to quit tobacco smoking by healthcare provider</strong></th>
<th><strong>People who quit tobacco use</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>69.0%</td>
<td>31.8%</td>
<td><strong>Former daily smokers</strong>&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>75.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Former daily smokeless users</strong>&lt;sup&gt;10&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38.4%</td>
</tr>
</tbody>
</table>

### Preventing and controlling sickness, death and disability from cardiovascular diseases

#### Help current tobacco users to quit tobacco for a healthier heart:
- Quitting immediately reduces the risk of heart attack and/or stroke;
- Quitting helps even if a person has already had a heart attack and/or stroke, irrespective of his/her age;
- Train health providers to ask about tobacco use at each encounter with their patients and advise them to quit.

#### Prevent people from starting tobacco use:
- Tobacco use starts early;
- Prevent them from starting tobacco use by fully implementing WHO Framework Convention on Tobacco Control: raising taxes; informing people of tobacco risk through tobacco package warnings and information campaigns; and imposing a comprehensive ban on tobacco advertising and promotion in any form.

#### Combine tobacco control with the following strategies for effective prevention of CVDs:
- Help people to reduce salt, sugar, trans-fat in their diet, reduce harmful use of alcohol and create opportunities for regular physical activity;
- Provide early screening and effective treatment for raised blood pressure and raised blood sugar levels.

### Technical notes and key definitions:

1. Tobacco use includes use of both smoked (cigarette, bidi, cigars, cheroots, cigarillos) and smokeless (snuff, chewing tobacco, betel quid).
2. Cardiovascular diseases include all the diseases of the heart and circulation such as coronary heart disease, angina, heart attacks and stroke (cerebrovascular disease).
3. Current tobacco user is defined as a person reporting use of any smoked or smokeless tobacco product daily or less than daily at the time of survey.
4. Current tobacco smoker is a person who reports smoking any tobacco product on a daily or less-than-daily basis at the time of survey.
5. Smokeless tobacco user is a person who reports the use of any smokeless tobacco product on a daily or less-than-daily basis at the time of survey.
6. A person passively exposed to tobacco smoke from other people using it around him/her.
7. Among current smokers and former smokers who have been absent for less than 12 months in the past 12 months.
8. Among those smokers who visited a healthcare provider in the past 12 months.
9. Among ever daily smokers, also known as quit ratio for daily smoking.
10. Among ever daily smokeless users, also known as quit ratio for daily smokeless users.

### Key references:


### Sources of data:


### Key definitions:

- **CVDs** – Chronic respiratory diseases; **CMNND** – Communicable, maternal, neonatal, and nutritional diseases

**GATS – Global Adult Tobacco Survey; GYTS – Global Youth Tobacco Survey; STEPS – WHO STEPwise approach to noncommunicable disease risk factor surveillance**

For more information refer to Website http://www.searo.who.int/nts

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