The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

May 2018

Tobacco is the leading single risk factor that causes the highest number of preventable deaths (almost 1.58 million deaths each year), cardiovascular diseases (CVDs) are the leading cause of death in the WHO SEA Region.

The most common way by which tobacco kills is by causing cardiovascular diseases (CVDs), including heart disease and stroke. The good news is that quitting tobacco use at any age reduces the risk of CVDs immediately.

This brief report highlights the fatal connection between tobacco and CVDs and is being launched on the occasion of ‘World No Tobacco Day’ 2018 with the campaign theme "Tobacco breaks heart". It is intended to increase commitment to tobacco control by increasing awareness of this fatal link between tobacco use and CVDs—the leading killer in most of the countries in the Region.
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The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region
Foreword by Regional Director

Tobacco continues to be a major public health problem in the WHO South-East Asia Region. With more than 246 million smokers and 290 million smokeless tobacco users, it is the single largest preventable risk factor for disease in the Region. The most common way by which tobacco kills is by causing cardiovascular diseases (CVDs), including heart disease and stroke, which are the leading killers in the Region.

Cardiovascular diseases account for almost 45% of all deaths related to noncommunicable diseases (NCDs), and hence their control would be central to the achievement of the Sustainable Development Goal (SDG) target that calls for a reduction in premature mortality from NCDs by one third by 2030. Given that almost half of all the 1.51 million tobacco-related deaths are from CVDs, effective tobacco control will be central to any efforts to reduce overall premature mortality from NCDs and achievement of the SDGs.

The good news is that quitting tobacco use at any age reduces the risk of CVD immediately. Establishing and strengthening cessation services as an integral part of national tobacco control programmes would thus be critical to reducing CVD-related disability and death among existing users, in addition to full implementation of the WHO Framework Convention on Tobacco Control (FCTC) to prevent initiation of tobacco use.

This brief report is being launched on the occasion of World No Tobacco Day 2018 with the campaign theme “Tobacco breaks heart”. It is intended to increase commitment to tobacco control by increasing awareness of the link between tobacco use and CVDs—the leading killer in most of the countries in the Region. It calls for urgent actions to accelerate national efforts and invest more resources to prevent and control tobacco use and strengthen multisectoral programmes for overall control of CVDs. Failing to do this would result in social, human and economic costs that will overwhelm our systems and economies, and challenge the Region’s ability to successfully pursue the 2030 Sustainable Development Agenda.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>CRD</td>
<td>chronic respiratory diseases</td>
</tr>
<tr>
<td>CVD</td>
<td>cardiovascular disease</td>
</tr>
<tr>
<td>ENDS</td>
<td>electronic nicotine delivery systems</td>
</tr>
<tr>
<td>GDP</td>
<td>gross domestic product</td>
</tr>
<tr>
<td>GYTS</td>
<td>Global Youth Tobacco Survey</td>
</tr>
<tr>
<td>GSHS</td>
<td>Global Student-based School Health Survey</td>
</tr>
<tr>
<td>HDL</td>
<td>high-density lipoprotein (cholesterol)</td>
</tr>
<tr>
<td>HNB</td>
<td>heat-not-burn</td>
</tr>
<tr>
<td>HTP</td>
<td>heated tobacco products</td>
</tr>
<tr>
<td>IHME</td>
<td>Institute of Health Metrics Evaluation</td>
</tr>
<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
</tr>
<tr>
<td>SEA</td>
<td>South-East Asia</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>STEPs</td>
<td>STEPwise approach to surveillance</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WHO FCTC</td>
<td>World Health Organization Framework Convention on Tobacco Control</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
</tbody>
</table>
While cardiovascular diseases (CVDs) are the leading cause of death in the WHO South-East Asia Region, causing more than 1 in 4 deaths (3.96 million deaths or 29% of all deaths), tobacco is the leading preventable risk factor causing the largest number of deaths in the Region – more than 1 in 10 deaths (1.51 million deaths or 11.6% of all deaths).

Tobacco kills in many ways, from cancer, chronic respiratory diseases, etc. but heart disease and stroke are the commonest ways in which tobacco kills people. Overall, 48% of the 1.51 million tobacco-related deaths in the Region are from CVDs.

Tobacco use in any form and exposure to other people’s smoke (secondhand exposure to tobacco) increases an individual’s risk of death from CVDs.

Tobacco smoking causes heart disease and stroke by raising serum triglycerides and lowering “good” cholesterol, making the blood more sticky, by causing thickening and narrowing of the blood vessels, damaging their lining and increasing the build-up of plaque.

CVDs among younger population (30–44 years) and especially among men is more likely to be caused by tobacco. While overall 19% of all CVD deaths are attributed to tobacco in the WHO South-East Asia (SEA) Region, almost 40% of all CVD deaths among 30–44-year-old males are attributable to tobacco.

More than 246 million people smoke tobacco and more than 290 million use smokeless tobacco. Helping these current users to quit tobacco through well-organized tobacco cessation programmes can help to avert a substantial number of CVD deaths as the risk of heart disease begins to fall as soon as a tobacco user quits.

Half of all cardiovascular deaths in South-East Asia occur prematurely in the economically productive age group of 30–69 years of age. Cardiovascular mortality in South-East Asia, especially premature mortality, has been increasing since the 1990s. Reducing mortality from CVDs through effective control of tobacco and other risk factors will be critical to achieve the Sustainable Development Goal (SDG) of reduction by one third of premature mortality from NCDs by 2030.
Regional context

The WHO SEA Region comprises 11 Member States with a total population of 1.9 billion accounting for about 26% of the total global population (1). There are no high-income countries in the Region. Only two countries, Maldives and Thailand comprising less than 5% of the total regional population, are classified as upper-middle-income countries. The rest of the countries are classified as lower-middle-income countries with the exception of Nepal and the Democratic People’s Republic of Korea, which are classified as low-income countries (2). Due to non-availability of recent data from Democratic People’s Republic of Korea, the regional estimates throughout the document are presented for 10 Member States excluding DPR Korea.

The leading cause of death and leading risk factor in WHO South-East Asia Region

While tobacco is the leading single risk factor that causes the highest number of preventable deaths, cardiovascular diseases (CVDs) are the leading cause of death in the WHO SEA Region.

As per estimates of the Institute of Health Metrics and Evaluation (IHME) in 2016, tobacco was estimated to be responsible for 1.51 million deaths or 11.6% of all deaths each year in the Region¹ — the highest number of deaths attributed to a single risk factor (3). Tobacco is deadly even for non-smokers, exposure to secondhand smoke (SHS) is estimated to be responsible for more than 250,000 deaths in the Region each year from heart disease, cancers and other diseases (3). Overall, this translates into more than 4000 people dying every day from tobacco use (smoked and/or smokeless) and secondhand exposure to tobacco smoke.

As a leading cause of death, CVDs were estimated to cause almost 3.8 million deaths (3.62–4.09 million deaths) or 27.9% all the deaths (~13.3 million) and 44% of all the NCD-related deaths (~8.6 million deaths) in the WHO SEA Region (3). Almost half of these deaths occurred in the economically productive years of 30–69 years of age.

How does tobacco kill? The relationship between leading cause of death and the leading risk factor

Tobacco use adversely affects almost every part of the body and kills a person prematurely from many causes (Fig. 1).

¹ Excluding DPR Korea
Fig. 1: Tobacco use damages every part of body

![Image of the human body highlighting various health risks associated with tobacco use.]

Source: Centers for Disease Control and Prevention, United States Department of Health and Human Services https://www.cdc.gov/tobacco/infographics/health-effects/index.htm#smoking-risks, accessed 7 May 2018

However, CVDs, including heart attack (ischaemic heart disease) and stroke (cerebrovascular disease), are the most common ways by which tobacco kills people in the WHO SEA Region as a whole (Fig. 2) and in almost all the countries in the Region except for Thailand (Table 1).

In the Region as a whole, almost half of all tobacco-related deaths (48%) are estimated to be from CVDs (Fig. 2), mainly ischaemic heart disease (29.4%) and stroke (15.3%). Chronic respiratory diseases (21%) and cancers (12%) are other important ways in which tobacco kills people.

Almost half of all the 1.51 million tobacco-related deaths each year in the WHO South-East Asia Region are due to cardiovascular diseases.

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2 3.3% other CVDs like cardiomyopathy, hypertensive heart disease etc. not shown separately in Fig. 2.
**Fig. 2:** Distribution of deaths due to tobacco in the WHO South-East Asia Region* by different causes, 2016

![Distribution of deaths due to tobacco in the WHO South-East Asia Region](image)


*Except DPR Korea

**Table 1.** How does tobacco kill? Percentage of deaths attributable to tobacco by different causes in the WHO SEA Region, 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>Cardiovascular diseases (%)</th>
<th>Cancers (%)</th>
<th>Chronic respiratory diseases (%)</th>
<th>Communicable, maternal, neonatal and nutritional diseases (%)</th>
<th>Others (%)</th>
<th>Total tobacco-related deaths N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>41.4</td>
<td>20.0</td>
<td>28.0</td>
<td>5.9</td>
<td>4.7</td>
<td>161 253 (100%)</td>
</tr>
<tr>
<td>Bhutan</td>
<td>41.8</td>
<td>13.9</td>
<td>25.3</td>
<td>13.2</td>
<td>5.8</td>
<td>221 (100%)</td>
</tr>
<tr>
<td>India</td>
<td>48.2</td>
<td>9.7</td>
<td>22.6</td>
<td>14.2</td>
<td>5.3</td>
<td>932 710* (100%)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>65.4</td>
<td>4.7</td>
<td>8.5</td>
<td>11.0</td>
<td>10.4</td>
<td>225 720 (100%)</td>
</tr>
<tr>
<td>Maldives</td>
<td>61.5</td>
<td>12.2</td>
<td>14.2</td>
<td>5.1</td>
<td>7.0</td>
<td>173 (100%)</td>
</tr>
<tr>
<td>Myanmar</td>
<td>31.6</td>
<td>27.7</td>
<td>25.3</td>
<td>9.1</td>
<td>6.3</td>
<td>65 651 (100%)</td>
</tr>
<tr>
<td>Nepal</td>
<td>53.2</td>
<td>7.6</td>
<td>21.0</td>
<td>12.5</td>
<td>5.7</td>
<td>27 137 (100%)</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>52.9</td>
<td>11.4</td>
<td>13.1</td>
<td>9.7</td>
<td>13.0</td>
<td>12 351 (100%)</td>
</tr>
<tr>
<td>Thailand</td>
<td>23.1</td>
<td>38.8</td>
<td>19.0</td>
<td>14.1</td>
<td>5.0</td>
<td>81 521 (100%)</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>53.1</td>
<td>11.6</td>
<td>14.8</td>
<td>14.5</td>
<td>6.0</td>
<td>739 (100%)</td>
</tr>
<tr>
<td><strong>SEA Region</strong></td>
<td><strong>48.1</strong></td>
<td><strong>12.2</strong></td>
<td><strong>20.9</strong></td>
<td><strong>12.5</strong></td>
<td><strong>6.1</strong></td>
<td><strong>1 507 475 (100%)</strong></td>
</tr>
</tbody>
</table>


* Some other studies (Data on total tobacco deaths: Jha P et al. A nationally representative case–control study of smoking and death in India. N Engl J Med.2008;358(11):1137–1147) using different sources of data have estimated more than 1 million deaths attributable to tobacco in India from direct tobacco use and exposure to secondhand smoke.

*Except DPR Korea
The cardiovascular risks attributable to tobacco smoking increase with the amount of tobacco smoked and the years of having smoked; however, the relationship is not linear (4). The risk is substantially increased by exposure to even low levels of tobacco smoke, as with exposure to SHS. In fact, smoking only about one cigarette per day incurs half the risk of developing coronary heart disease and stroke as smoking 20 cigarettes per day (5).

**Age and tobacco as a risk factor for cardiovascular diseases**

While tobacco increases the risk of CVDs in all age groups and in both men and women, it is a major risk factor for CVDs, especially among younger males (Fig. 3). This implies that cardiovascular deaths among the younger population and among men are more likely to be caused by tobacco. For example, in the Region, while overall tobacco use is responsible for 19% of all cardiovascular deaths, it is responsible for 31% of all cardiovascular deaths in the 30–44-year-old population (40% among men and 13% among women), and 21% of all cardiovascular deaths in 60–69 years age group (29% among men and 11% among women) (Fig. 3). This relationship between age and tobacco-attributable CVD mortality holds true individually in all the 10 Member States of the WHO SEA Region included in the analysis here (Table 2).

*Fig. 3. Percentage of all cardiovascular deaths attributable to tobacco in each of the age groups and by sex in the WHO SEA Region*, 2016


*Except DPR Korea*
Cardiovascular diseases in younger males are more likely to be due to tobacco.

Table 2. Percentage of cardiovascular deaths attributable to tobacco in different age groups by Member State

<table>
<thead>
<tr>
<th>Country</th>
<th>30–44 years (%)</th>
<th>45–59 Years (%)</th>
<th>60–69 Years (%)</th>
<th>70+ Years (%)</th>
<th>Overall (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>41.5</td>
<td>37.2</td>
<td>28.7</td>
<td>15.4</td>
<td>24.0</td>
</tr>
<tr>
<td>Bhutan</td>
<td>19.2</td>
<td>14.4</td>
<td>9.5</td>
<td>4.8</td>
<td>8.1</td>
</tr>
<tr>
<td>India</td>
<td>26.5</td>
<td>25.2</td>
<td>18.7</td>
<td>10.3</td>
<td>16.3</td>
</tr>
<tr>
<td>Indonesia</td>
<td>45.1</td>
<td>38.4</td>
<td>30.0</td>
<td>16.9</td>
<td>26.4</td>
</tr>
<tr>
<td>Maldives</td>
<td>45.3</td>
<td>39.3</td>
<td>28.6</td>
<td>19.0</td>
<td>23.9</td>
</tr>
<tr>
<td>Myanmar</td>
<td>33.6</td>
<td>32.6</td>
<td>27.8</td>
<td>18.3</td>
<td>23.7</td>
</tr>
<tr>
<td>Nepal</td>
<td>37.2</td>
<td>38.8</td>
<td>32.3</td>
<td>22.6</td>
<td>28.3</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>27.0</td>
<td>26.9</td>
<td>19.6</td>
<td>11.0</td>
<td>15.4</td>
</tr>
<tr>
<td>Thailand</td>
<td>41.6</td>
<td>33.9</td>
<td>24.2</td>
<td>12.0</td>
<td>19.1</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>46.1</td>
<td>38.7</td>
<td>30.0</td>
<td>17.1</td>
<td>24.3</td>
</tr>
<tr>
<td>SEA Region*</td>
<td><strong>30.7</strong></td>
<td><strong>28.1</strong></td>
<td><strong>21.0</strong></td>
<td><strong>11.7</strong></td>
<td><strong>18.7</strong></td>
</tr>
</tbody>
</table>


*Except DPR Korea

How tobacco use and secondhand exposure to tobacco is related to heart disease and stroke

Smoked tobacco

Smoked tobacco in any form (cigarettes, bidis, hukka, cigars, etc.) increase the risk of CVDs. Tobacco smoke contains over 7000 chemicals (4) and is divided into two phases: a particulate phase and a gas phase (6). The particulate phase of smoke contains nicotine, a highly addictive substance associated with an increase in heart rate, blood pressure and myocardial contractility (7). In addition, the aerosol residue (tar) in the particulate phase of smoke together with nicotine contributes to heart disease through the following pathways: inflammation, impairment of the endothelium (the
lining of the blood vessels), enhanced formation of clots and reduced level of high-density lipoprotein (HDL) cholesterol (4, 6, 8). The gas phase contains the poisonous gas carbon monoxide along with other gases. Carbon monoxide replaces oxygen in the blood, thereby reducing the availability of oxygen for the heart muscle and other body tissues (4, 9).

These pathophysiological effects of tobacco predispose both active tobacco users and passive smokers to the formation of atherosclerosis or narrowing of the arteries, leading to various types of CVDs such as ischaemic heart disease, cerebrovascular disease, peripheral artery disease and aortic aneurysm (Fig. 4).

*Fig. 4: Pathophysiological mechanisms of tobacco use leading to cardiovascular disease*


**Smokeless tobacco**

All tobacco products are inherently harmful, including smokeless tobacco. While some falsely believe that smokeless tobacco is “safer” than smoked forms of tobacco, smokeless tobacco contains over 2000 chemical compounds, including nicotine (4, 10–13). Heavy metals such as cadmium and other substances contained in smokeless tobacco products, and additives such as liquorice or punk ash, are reported to affect the cardiovascular system adversely (11). Smokeless tobacco may also cause heart disease...
by acutely elevating the blood pressure and contributing to chronic hypertension (14–16). Reviews of studies have found associations between smokeless tobacco use and fatal myocardial infarction and stroke (10, 12, 13, 17–19). Smokeless tobacco use remains very high in most Member States of the Region, with a few exceptions (Indonesia). In many Member States (e.g. in Bangladesh, India, Myanmar and Nepal) it is more commonly used than smoked tobacco (20).

**Electronic nicotine delivery systems**

Electronic nicotine delivery systems (ENDS), also known as e-cigarettes, vape pens, e-cigars or vaping devices, are battery-operated devices that heat a solution, or e-liquid, to generate an aerosolized mixture containing flavoured liquids and nicotine that is inhaled by the user (21). They also emit various potentially harmful and toxic chemicals that have known harmful health effects resulting in a range of significant pathological changes. Further, the mixture contains nicotine. The cardiovascular system is very sensitive to nicotine and these other chemicals, and the body experiences direct effects from ENDS (e.g. narrowing of the arteries, increased heart rate and blood pressure). Non-users, including children and young people, are at risk of CVD through secondhand vaping (22). Evidence so far suggests that ENDS generally contain fewer toxicants than cigarette smoke; however, it is presently unknown whether ENDS use translates into reduced cardiovascular risk in comparison with cigarette smoking.

**Heated tobacco products**

Heated tobacco products (HTP), also known as heat-not-burn (HNB) tobacco products, are battery-operated devices that heat tobacco to a lower temperature (up to 350°C) than when a conventional cigarette is burned, a process that occurs at around 600°C. This causes an aerosol containing nicotine and other chemicals, leaving the leaf material intact but depleted of volatile substances. Currently, there is no evidence to demonstrate that HTPs are less harmful than conventional tobacco products. All forms of tobacco use are harmful, and HTPs should be subject to policy and regulatory measures like all other tobacco products.

**The way forward**

Deaths from CVDs account for almost half of all NCD-related mortality, and the majority of these CVD deaths take place between 30 and 70 years of age. Preventing deaths from CVDs will be central to achieving the global NCD goal and SDG of reducing premature mortality from NCDs by one third by 2030.
Tobacco use is the second largest risk factor for CVDs, and is responsible for more than 19% of all CVD deaths in the WHO SEA Region. Tobacco control is thus critical for reducing CVD mortality.

Three core lines of action are suggested as a way forward.

Establish and/or strengthen national tobacco cessation programmes

There is a substantial body of evidence that suggests that quitting tobacco use reduces the risk of CVDs immediately. People of all ages who have already developed health problems, including CVDs related to tobacco use, can still benefit from quitting.

*Fig. 5: Beneficial health changes that take place on quitting tobacco with time lines*

- Within 20 minutes, the heart rate and blood pressure drop (25).
- Within 12 hours, the carbon monoxide level in the blood drops to normal (26).
Between 2 and 12 weeks, the circulation improves and lung function increases (23). 

One year after quitting smoking, the risk of coronary heart disease is about half that of a smoker (23).

Between 1 and 4 years after quitting smokeless tobacco use, the risk of death falls to nearly half that of a person who continues to use it (27).

Between 5 and 15 years after quitting smoking, the risk of stroke is reduced to that of a non-smoker (23).

Fifteen years after quitting smoking, the risk of coronary heart disease is that of a person who has never smoked (23).

However, despite the overwhelming evidence of the benefits of quitting, tobacco quit rates are low in most of the countries of the Region (Table 3), as the extremely addictive nature of nicotine makes it difficult for most people to quit without some form of assistance.

**Table 3.** Percentage of current smokers who have tried to stop smoking, been advised to stop smoking by the health-care provider, or are former daily users of smoked tobacco

<table>
<thead>
<tr>
<th>Country (year of survey)</th>
<th>Current smokers who have tried to stop smoking in the past 12 months (%)</th>
<th>Current smokers advised to stop smoking by a health provider in the past 12 months (%)</th>
<th>Former daily smokers (among ever daily smokers) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh (2009)</td>
<td>47.3</td>
<td>52.9</td>
<td>17.8</td>
</tr>
<tr>
<td>Bhutan (2014)</td>
<td>69.0</td>
<td>31.8</td>
<td>75.7</td>
</tr>
<tr>
<td>India (2016–17)</td>
<td>38.5</td>
<td>48.8</td>
<td>16.8</td>
</tr>
<tr>
<td>Indonesia (2011)</td>
<td>30.4</td>
<td>34.6</td>
<td>9.5</td>
</tr>
<tr>
<td>Maldives* (2011)</td>
<td>39.0</td>
<td>33.6</td>
<td>20.3</td>
</tr>
<tr>
<td>Myanmar (2014)</td>
<td>43.7</td>
<td>33.5</td>
<td>21.7</td>
</tr>
<tr>
<td>Nepal (2013)</td>
<td>26.0</td>
<td>22.3</td>
<td>20.2</td>
</tr>
<tr>
<td>Sri Lanka (2014)</td>
<td>51.8</td>
<td>35.0</td>
<td>34.4</td>
</tr>
<tr>
<td>Thailand (2011)</td>
<td>36.7</td>
<td>55.8</td>
<td>27.2</td>
</tr>
<tr>
<td>Timor-Leste (2014)</td>
<td>23.0</td>
<td>22.5</td>
<td>7.4</td>
</tr>
</tbody>
</table>

*Among those current smokers who visited a health-care provider in the past 12 months.

Sources of data: Respective years Global Adult Tobacco Surveys in Bangladesh, India, Indonesia and Thailand and respective years STEP surveys in the other countries.

na – not available; * The survey covered only the capital city of Malé, and hence the data are not representative of whole of Maldives.
Organized cessation programmes greatly increase the likelihood that a quit attempt will be successful. Article 14 of the WHO Framework Convention on Tobacco Control (FCTC) is concerned with the provision of support for reducing tobacco dependence and encouraging cessation (28). The “O” in the MPOWER package developed by WHO stands for “Offer help to quit tobacco use”. At a minimum, three primary cessation interventions are recommended to be included in a comprehensive tobacco control programme. These include: cessation advice at the primary health care level; quit lines; and pharmacological therapy, including nicotine replacement therapy. However, only one Member State – India—in the Regions has achieved the highest level of implementation in this key area. Cessation programmes are either non-existent or are in need of substantial strengthening in most of the Member States.

**Strengthen implementation of comprehensive tobacco control policies and programmes as outlined in the WHO FCTC**

Nearly half of all men and two in every five women in the WHO SEA Region consume some form of tobacco, putting them at high risk of CVDs and dying from them (29). Tobacco use starts early in the Region, in the early adolescence years. More than 10% of 13–15-year-old adolescent students in eight out of 11 Member States of the Region report using tobacco (29). More than half of all daily smokers aged 20–34 years initiated “daily” smoking before the age of 20 years (29). The youth are the target audience of the tobacco industry. Programmatic efforts must be boosted in all Member States to prevent people from initiating tobacco use.

- Support the implementation and enforcement of smoke-free laws in all public places and workplaces, including offices, restaurants, bars, casinos, hospitals and clinics, to protect people from the harmful effects of SHS (Article 8 of the WHO FCTC).

- Support the implementation of large pictorial health warnings and/or plain packaging on all tobacco products as a cost-effective method of informing tobacco users about the health risks of tobacco (Article 11 of the WHO FCTC).

- Promote the adoption of labels that warn about the CVD risks of tobacco according to the WHO FCTC guidelines for health warnings (Article 11 of the WHO FCTC).

- Promote the use of evidence-based mass media campaigns to raise awareness about the CVD risks of tobacco use and SHS exposure (Article 12 of the WHO FCTC).

- Enforce a comprehensive ban on all forms of advertising and promotion of all tobacco products (Article 13 of the WHO FCTC).
Combine effective tobacco control measures with other cost-effective interventions for CVDs

The major immediate risk factors for CVDs include behavioural risk factors (tobacco smoking, harmful use of alcohol, dietary patterns such as high levels of intake of dietary salt and transfats) and physiological risk factors (raised blood pressure, raised blood glucose and cholesterol levels, and high body mass index). Harmful use of alcohol causes 4.6% of all deaths in the Region, and almost one third of these deaths (33.4%) are from CVDs (30). Of the population aged 18 years and above, 14.7% is estimated to insufficiently active (31). The population-level salt consumption remains much higher than the recommended amount in most Member States of the Region (32).

Since almost 88% of all CVD deaths are attributed to preventable risk factors (3), strong tobacco control measures should be combined with other best buys for more effective control of CVDs. These include early detection and treatment of raised blood pressure and raised blood glucose and cholesterol levels, elimination of transfats in the diet, reduction in the intake of dietary salt, reduced harmful use of alcohol and creating opportunities for regular physical activity.
References


Country factsheets
The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region
The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

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

FACTSHEET 2018
BANGLADESH

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

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

CVDs are the number one cause of death, causing 277,942 each year (32.8% of all deaths), as well as of premature death

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

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

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

41.3 m current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs

Current tobacco use among adults (%) (15+years) GATS–2009

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

Exposed to secondhand smoke at home (%)
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>Quit attempt by current</th>
<th>Users advised to quit tobacco smoking by healthcare provider</th>
<th>People who quit tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers</td>
<td>Smokeless tobacco users</td>
<td>Smokers</td>
</tr>
<tr>
<td>47.3%</td>
<td>28.5%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Former daily smokers</td>
<td>Former daily smokeless users</td>
<td>47.9%</td>
</tr>
<tr>
<td>17.8%</td>
<td>5.0%</td>
<td>17.8%</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 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, hookah) and smokeless (arda, sada pata, gut).
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.
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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 abstinent 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.

**a.** CRD – chronic respiratory diseases; **b.** CMNN – communicable, maternal, neonatal, and nutritional diseases

**Sources of data:**


**Key references:**


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

For technical information, please contact: Dr Manju Rani, Regional Adviser, NCD and Tobacco Surveillance, Email: ranim@who.int; Mr Naveen Agarwal, Surveillance Management Associate, Email: agarwan@who.int
Heart disease and stroke are the commonest ways by which tobacco kills people

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

**FACTSHEET 2018 BHUTAN**

Heart disease and stroke are the commonest ways by which tobacco kills people in the WHO South-East Asia Region. The most common way tobacco kills is from cardiovascular diseases (CVDs)²

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

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

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
- Total: 24.8%
- Male: 33.6%
- Female: 13.6%

Current tobacco use among youth (%) (13–15 years) GYTS–2013
- Total: 30.3%
- Male: 39.0%
- Female: 22.3%

Exposed to secondhand smoke at home (%)
- Adult (18–69 years) STEPS–2014: 20.7%
- Youth (13–15 years) GYTS–2013: 16.3%
The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

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

Quit attempt by current smokers 7

Users advised to quit tobacco smoking by healthcare provider 8

People who quit tobacco use

<table>
<thead>
<tr>
<th></th>
<th>Former daily smokers 9</th>
<th>Former daily smokeless users 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>69.0%</td>
<td>31.8%</td>
<td>75.7%</td>
</tr>
<tr>
<td>38.4%</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, tans-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).
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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.

Sources of data:

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

The fatal link between tobacco and cardiovascular diseases (CVDs) in the WHO South-East Asia Region

CVDs are the number one cause of death, causing 2,751,972 each year (28.1% 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. Diarrheal diseases
4. Cerebrovascular disease
5. Lower respiratory infection

Top 5 causes of premature death (YLL—years of life lost)
1. Ischemic heart disease
2. Lower respiratory infection
3. Diarrheal disease
4. Chronic obstructive pulmonary disease
5. Cerebrovascular disease

Tobacco 1 kills more than 1 million people each year
9.5% of all deaths

CVD deaths caused by tobacco use
449,844 deaths
16% of all CVD deaths each year

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

The most common way tobacco kills is from cardiovascular diseases (CVDs)

Distribution of tobacco deaths by cause

CVD 48%
Cancers 10%
Others 5%
CMNND 14%
CRD 23%

Tobacco users
Tobacco smokers
Smokeless tobacco users

Current tobacco use among adults (%) (15+ years) GATS 2016–2017

Current tobacco use among youth (%) (13–15 years) GYTS–2009

Exposed to secondhand smoke at home (%)
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.

### 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, tans-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.

### Sources of data:

### Key references:

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

For technical information, please contact: Dr Manju Rani, Regional Adviser, NCD and Tobacco Surveillance, Email: ranim@who.int; Mr Naveen Agarwal, Surveillance Management Associate, Email: agarwaln@who.int
Heart disease and stroke are the commonest ways by which tobacco kills people

**FACTSHEET 2018**

**INDONESIA**

**Gross national income per capita**
(upper middle-income country)
US$ 3400

**Total population**
264.0 million

**Youth population**
(13–17 years)
23.4 million = 9%

**Economically productive population**
(30–69 years)
117.3 million = 44%

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**Tobacco**
225 720 people each year
14.7% of all deaths

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**The most common way tobacco kills is from cardiovascular diseases (CVDs)**

---

**CVDs are the number one cause of death, causing 558 736 each year**
(36.3% of all deaths), as well as of premature death

**Top 5 causes of overall death**
1. Ischemic heart disease
2. Cerebrovascular disease
3. Tuberculosis
4. Diabetes
5. Chronic obstructive pulmonary disease

---

**Top 5 causes of premature death**
1. Ischemic heart disease
2. Cerebrovascular disease
3. Tuberculosis
4. Diabetes
5. Neonatal preterm birth

---

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

---

**61.4 m current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs**

---

**Exposed to secondhand smoke at home (%)**
Adults (15+ years) GATS–2011: 78.4%
Youth (13–15 years) GYTS–2014: 87.7%
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

### Quit attempt by current smokers
- **30.4%**

### Users advised to quit tobacco smoking by healthcare provider
- **34.6%**

### People who quit tobacco use (former daily smokers)
- **9.5%**

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

<table>
<thead>
<tr>
<th>Help current tobacco users to quit tobacco for a healthier heart:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Quitting immediately reduces the risk of heart attack and/or stroke;</td>
</tr>
<tr>
<td>• Quitting helps even if a person has already had a heart attack and/or stroke, irrespective of his/her age;</td>
</tr>
<tr>
<td>• Train health providers to ask about tobacco use at each encounter with their patients and advise them to quit.</td>
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<th>Combine tobacco control with the following strategies for effective prevention of CVDs:</th>
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<tr>
<td>• Help people to reduce salt, sugar, tans-fat in their diet, reduce harmful use of alcohol and create opportunities for regular physical activity;</td>
</tr>
<tr>
<td>• Provide early screening and effective treatment for raised blood pressure and raised blood sugar levels.</td>
</tr>
</tbody>
</table>

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### Technical notes and key definitions:
- **1 Tobacco use includes use of both smoked (cigarettes, kretek, cigars, pipes) and smokeless (sirih, betel quid, tobacco leaf, tobacco leaf and betel nut mixture).**
- **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 abstinence 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.**

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

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### Sources of data:

### Key references:

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For more information refer to Website http://www.searo.who.int/ncs
For technical information, please contact: Dr’ Manju Rani, Regional Adviser, NCD and Tobacco Surveillance, Email: ranim@who.int; Mr Naveen Agarwal, Surveillance Management Associate, Email: agarwaln@who.int

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The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region
Heart disease and stroke are the commonest ways by which tobacco kills people

Gross national income per capita (upper middle–income country)
US$ 10380

Total population
436 000

Youth population (13–17 years)
28 000 = 6%

Economically productive population (30–69 years)
193 000 = 44%

Tobacco kills 173 people each year
15.3% of all deaths

The most common way tobacco kills is from cardiovascular diseases (CVDs)

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

CVDs are the number one cause of death, causing 444 each year (39.4% of all deaths), as well as of premature death

Top 5 causes of overall death
1. Ischemic heart disease
2. Cerebrovascular disease
3. Chronic obstructive pulmonary disease
4. Chronic kidney disease
5. Alzheimer disease

Top 5 causes of premature death (YLL—years of life lost)
1. Ischemic heart disease
2. Cerebrovascular disease
3. Chronic kidney disease
4. Chronic obstructive pulmonary disease
5. Congenital defects

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

76 100 current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs

Current tobacco use among adults (%) (15–64 years) STEPS–2011

Current tobacco use among youth (%) (13–15 years) GYTS–2011

Exposed to secondhand smoke at home (%)

The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region
Most people start early, increasing the risk of heart disease in younger people
Mean age at initiation of daily smoking: 17.8 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>Quit attempt by current smokers 7</th>
<th>Users advised to quit tobacco smoking by healthcare provider 8</th>
<th>People who quit tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.0%</td>
<td>33.5%</td>
<td>Former daily smokers 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former daily smokeless users 10</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, tans-fat in their diet, and create opportunities for regular physical activity;
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Technical notes and key definitions:
1. Tobacco use includes use of both smoked (cigarette, pipes, cigar, cheroots, cigarillos, water pipe) and smokeless (snuff, chewing tobacco, betel quid).
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8. Among those smokers who visited a healthcare provider in the past 12 months.
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10. Among ever daily smokeless users, also known as quit ratio for daily smokeless users.

Key references:

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For technical information, please contact: Dr Manju Rani, Regional Adviser, NCD and Tobacco Surveillance, Email: ranim@who.int; Mr Naveen Agarwal, Surveillance Management Associate, Email: agarwalm@who.int
Heart disease and stroke are the commonest ways by which tobacco kills people

GLOBAL INCIDENCE

Tobacco kills 87 472 people each year (23.4% of all deaths), as well as of premature death

CVD deaths caused by tobacco use
20 732 deaths
24% of all CVD deaths each year

Distribution of tobacco deaths by cause

Tobacco1 kills 65 651 people each year
17.6% of all deaths

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

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

Top 5 causes of premature death (YLL—years of life lost)
1. Cerebrovascular disease
2. Lower respiratory infection
3. Road injuries
4. Ischemic heart disease
5. Tuberculosis

The most common way tobacco kills is from cardiovascular diseases (CVDs)2

CVDs are the number one cause of death, causing 87 472 each year (23.4% of all deaths), as well as of premature death

The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

Gross national income per capita (lower middle-income country)
US$ 1190

Total population
53.4 million

Youth population (13–17 years)
5.2 million = 10%

Economically productive population (30–69 years)
23.4 million = 44%

Current tobacco use among adults (%) (25–64 years) STEPS–2014

Current tobacco use among youth (%) (13–15 years) GYTS–2016

Exposed to secondhand smoke at home (%)

0 10 20 30 40 50

Adult (25–64 years) STEPS–2014
Youth (13–15 years) GYTS–2016

0 20 40 60 80 100

Tobacco users
Tobacco smokers
Smokeless tobacco users

0 5 10 15 20 25 30

Tobacco users
Tobacco smokers
Smokeless tobacco users

0 10 20 30 40 50

Exposed to secondhand smoke at home (%)

Total
Male
Female

Communicable, maternal, neonatal, and nutritional diseases
Injuries
Noncommunicable diseases
The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

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

### Quit attempt by current smokers
- 43.7%

### Users advised to quit tobacco smoking by healthcare provider
- 33.5%

### People who quit tobacco use
- Former daily smokers: 21.7%
- Former daily smokeless users: 18.7%

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

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### Sources of data:


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### Key references:


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

For technical information, please contact: Dr Manju Rani, Regional Adviser, NCD and Tobacco Surveillance, Email: ranim@who.int; Mr Naveen Agarwal, Surveillance Management Associate, Email: agarwaln@who.int
The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

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

FACTSHEET 2018
NEPAL

Gross national income per capita (lower-income country)
US$ 730

Total population
29.3 million

Youth population (13–17 years)
3.4 million = 11%

Economically productive population (30–69 years)
10.6 million = 36%

Tobacco kills 27 137 people each year
14.9% of all deaths

The most common way tobacco kills is from cardiovascular diseases (CVDs)

CVD 53%

Distribution of tobacco deaths by cause

CVDs are the number one cause of death, causing 51 028 each year
(28.1% of all deaths), as well as of premature death

CVD deaths caused by tobacco use
14 432 deaths
28% of all CVD deaths each year

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

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

Top 5 causes of premature death (YLL–years of life lost)
1. Ischemic heart disease
2. Lower respiratory infection
3. Neonatal encephalopathy
4. Cerebrovascular disease
5. Chronic obstructive pulmonary disease

6m current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs

Current tobacco use among adults (%) (15–64 years) STEPS–2013

<table>
<thead>
<tr>
<th>Tobacco users</th>
<th>Tobacco smokers</th>
<th>Smokeless tobacco users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>30.8</td>
<td>31.7</td>
<td>30.7</td>
</tr>
<tr>
<td>14.1</td>
<td>14.0</td>
<td>14.2</td>
</tr>
<tr>
<td>18.5</td>
<td>18.6</td>
<td>18.4</td>
</tr>
<tr>
<td>27.0</td>
<td>27.1</td>
<td>27.0</td>
</tr>
<tr>
<td>31.3</td>
<td>31.4</td>
<td>31.2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Tobacco users</th>
<th>Cigarette smokers</th>
<th>Smokeless tobacco users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>7.2</td>
<td>7.3</td>
<td>7.2</td>
</tr>
<tr>
<td>6.5</td>
<td>6.6</td>
<td>6.5</td>
</tr>
<tr>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>6.8</td>
<td>6.8</td>
<td>6.8</td>
</tr>
<tr>
<td>3.0</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>16.2</td>
<td>16.2</td>
<td>16.2</td>
</tr>
<tr>
<td>19.7</td>
<td>19.7</td>
<td>19.7</td>
</tr>
<tr>
<td>12.3</td>
<td>12.3</td>
<td>12.3</td>
</tr>
</tbody>
</table>

Exposed to secondhand smoke at home (%)

<table>
<thead>
<tr>
<th>Adult (15–64 years) STEPS–2013</th>
<th>Youth (13–15 years)* GHS–2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>38.1</td>
<td>37.3</td>
</tr>
<tr>
<td>54.1</td>
<td>53.9</td>
</tr>
<tr>
<td>57.9</td>
<td>57.9</td>
</tr>
</tbody>
</table>

*people smoked in their presence

The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region
The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

Most people start early, increasing the risk of heart disease in younger people
Mean age at initiation of daily smoking: 18.2 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>Quit attempt by current smokers 7</th>
<th>Users advised to quit tobacco smoking by healthcare provider 8</th>
<th>People who quit tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.0%</td>
<td>22.3%</td>
<td>Former daily smokers 9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former daily smokeless users 10</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, tans-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, hukkah, cigars, pipes, cheroots, cigarillos) and smokeless (snuff, chewing tobacco, nasal snuff, khaini, surti, gutka).
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.
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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 abstinent 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:
5. Youth tobacco use prevalence and secondhand exposure among 13 – 15 year old population: Global School-based Health Survey (GSHS – 2015) and Global Youth Tobacco Survey (GYTS – 2011); http://www.searo.who.int/entity/noncommunicable_diseases/data/nep_ncd_reports accessed at 7 May 2018
Heart disease and stroke are the commonest ways by which tobacco kills people.

CVDs are the number one cause of death, causing 42,376 each year (34.5% of all deaths), as well as of premature death.

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

2.1m current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs.

### Gross national income per capita
- (lower middle-income country)
- **US$ 3780**

### Total population
- **20.9 million**

### Youth population
- (13–17 years)
- **1.7 million = 8%**

### Economically productive population
- (30–69 years)
- **10.1 million = 48%**

### CVDs in younger people are more likely to be caused by tobacco use
- **27%**
- **27%**
- **20%**
- **11%**

### Tobacco causes of death
- **12,351**
- 10% of all deaths
- CVDs are the most common way tobacco kills, from cardiovascular diseases (CVDs)

### Top 5 causes of overall death
1. Ischemic heart disease
2. Cerebrovascular disease
3. Diabetes
4. Alzheimer disease
5. Asthma

### Top 5 causes of premature death (YLL–years of life lost)
1. Ischemic heart disease
2. Self-harm
3. Diabetes
4. Cerebrovascular disease
5. Road injuries

### Tobacco use among adults (%)
- (18–69 years) STEPS–2014
- **Tobacco users**
- **5.3**
- **29.4**
- **16.8**
- **26.0**
- **45.7**

### Tobacco use among youth (%)
- (13–15 years) GYTS–2015
- **Tobacco users**
- **6.7**
- **3.7**
- **4.2**
- **5.3**

### Exposed to secondhand smoke at home (%)
- Adult (18–69 years) STEPS–2014
- **23.5**
- **29.2**
- Youth (13–15 years) GYTS–2015
- **13.4**
- **13.9**
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

Preventing and controlling sickness, death and disability from cardiovascular diseases

Help current tobacco users to quit tobacco for a healthier heart:
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Technical notes and key definitions:
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Key references:
The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

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

QUIT TOBACCO USE NOW - FOR A HEALTHIER HEART

FACTSHEET 2018
THAILAND

Gross national income per capita (upper middle-income country)
US$ 5640

Total population
69.0 million

Youth population (13–17 years)
4.5 million = 6%

Economically productive population (30–69 years)
37.9 million = 55%

Tobacco1 kills
81 521 people each year

18% of all deaths

Almost one-fourth of all tobacco-related deaths are from cardiovascular diseases (CVDs)2

Distribution of tobacco deaths by cause

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

Ischemic heart disease
Cerebrovascular disease
Lower respiratory infection
Alzheimer disease
Liver cancer

Top 5 causes of overall death

1 Ischemic heart disease
2 Cerebrovascular disease
3 Lower respiratory infection
4 Alzheimer disease
5 Liver cancer

Top 5 causes of premature death (YLL–years of life lost)

1 Ischemic heart disease
2 Road injuries
3 Cerebrovascular disease
4 Lower respiratory infection
5 Liver cancer

CVDs are the number one cause of death, causing 98 895 each year (21.9% of all deaths), as well as of premature death

CVD deaths caused by tobacco use
18 869 deaths 19% of all CVD deaths each year

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

14.6 m current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs

Current tobacco use among adults (%) (15+ years) GATS–2011

<table>
<thead>
<tr>
<th>Tobacco users</th>
<th>Tobacco smokers</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
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<td>Female</td>
</tr>
<tr>
<td>26.9</td>
<td>7.6</td>
<td>46.6</td>
</tr>
<tr>
<td>24.0</td>
<td>2.6</td>
<td>3.2</td>
</tr>
<tr>
<td>2.6</td>
<td>1.1</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Current tobacco use among youth (%) (13–15 years) GYTS–2015

<table>
<thead>
<tr>
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<th>Smokeless tobacco users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>15.0</td>
<td>8.1</td>
<td>21.8</td>
</tr>
<tr>
<td>14.0</td>
<td>7.1</td>
<td>20.7</td>
</tr>
<tr>
<td>2.7</td>
<td>4.1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Exposed to secondhand6 smoke at home (%)

<table>
<thead>
<tr>
<th>Adult (15+ years) GATS–2011</th>
<th>Youth (13–15 years) GYTS–2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.0</td>
<td>39.9</td>
</tr>
<tr>
<td>38.9</td>
<td>32.3</td>
</tr>
<tr>
<td>33.9</td>
<td>31.3</td>
</tr>
<tr>
<td>36.6</td>
<td></td>
</tr>
</tbody>
</table>

Noncommunicable diseases
Communicable, maternal, neonatal and nutritional diseases
Injuries

Top 5 causes of overall death

1 Ischemic heart disease
2 Cerebrovascular disease
3 Lower respiratory infection
4 Alzheimer disease
5 Liver cancer

Top 5 causes of premature death (YLL–years of life lost)

1 Ischemic heart disease
2 Road injuries
3 Cerebrovascular disease
4 Lower respiratory infection
5 Liver cancer

CVDs are the number one cause of death, causing 98 895 each year (21.9% of all deaths), as well as of premature death

CVD deaths caused by tobacco use
18 869 deaths 19% of all CVD deaths each year

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

14.6 m current tobacco users and a substantial number of people exposed to secondhand smoke are at increased risk of CVDs

Current tobacco use among adults (%) (15+ years) GATS–2011

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<tr>
<th>Tobacco users</th>
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<td>46.6</td>
</tr>
<tr>
<td>24.0</td>
<td>2.6</td>
<td>3.2</td>
</tr>
<tr>
<td>2.6</td>
<td>1.1</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Current tobacco use among youth (%) (13–15 years) GYTS–2015

<table>
<thead>
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<th>Tobacco users</th>
<th>Tobacco smokers</th>
<th>Smokeless tobacco users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>15.0</td>
<td>8.1</td>
<td>21.8</td>
</tr>
<tr>
<td>14.0</td>
<td>7.1</td>
<td>20.7</td>
</tr>
<tr>
<td>2.7</td>
<td>4.1</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Exposed to secondhand6 smoke at home (%)

<table>
<thead>
<tr>
<th>Adult (15+ years) GATS–2011</th>
<th>Youth (13–15 years) GYTS–2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.0</td>
<td>39.9</td>
</tr>
<tr>
<td>38.9</td>
<td>32.3</td>
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</tr>
<tr>
<td>36.6</td>
<td></td>
</tr>
</tbody>
</table>
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

Technical notes and key definitions:
1. Tobacco use includes use of both smoked (cigarettes, hand-rolled cigarettes, cigars, pipes and water pipes) and smokeless (snuff by mouth, snuff which had a component of tobacco by nose, chewing tobacco, and betel quid with tobacco).
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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.
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Sources of data:

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

QUIT TOBACCO USE NOW - FOR A HEALTHIER HEART

Gross national income per capita (lower middle-income country)
US$ 2060

Total population
1.3 million

Youth population (13–17 years)
0.2 million = 12%

Economically productive population (30–69 years)
0.3 million = 26%

**Tobacco** kills 739 people each year

13.4% of all deaths

**CVDs** are the number one cause of death, causing 1 615 each year (29.2% of all deaths), as well as of premature death

Top 5 causes of overall death

1. Ischemic heart disease
2. Cerebrovascular disease
3. Lower respiratory infection
4. Diarrheal disease
5. Neonatal preterm birth

Top 5 causes of premature death (YLL–years of life lost)

1. Lower respiratory infection
2. Diarrheal disease
3. Neonatal preterm birth
4. Ischemic heart disease
5. Congenital defects

CVD deaths caused by tobacco use

393 deaths

24% of all CVD deaths each year

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

400 000 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>Tobacco users</th>
<th>Total male</th>
<th>Total female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (18–69 years)</td>
<td>70.6%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Male</td>
<td>71.8%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Female</td>
<td>65.1%</td>
<td>33.1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Tobacco users</th>
<th>Total male</th>
<th>Total female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (13–15 years)</td>
<td>42.4%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Male</td>
<td>43.6%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Female</td>
<td>41.1%</td>
<td>23.6%</td>
</tr>
</tbody>
</table>

Exposed to secondhand smoke at home (%)

<table>
<thead>
<tr>
<th>Adult (18–69 years)</th>
<th>92.1%</th>
<th>94.6%</th>
<th>87.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>92.9%</td>
<td>94.1%</td>
<td>87.6%</td>
</tr>
<tr>
<td>Female</td>
<td>91.3%</td>
<td>93.3%</td>
<td>86.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (13–15 years)</th>
<th>66.9%</th>
<th>69.6%</th>
<th>62.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>68.1%</td>
<td>70.0%</td>
<td>62.2%</td>
</tr>
<tr>
<td>Female</td>
<td>65.7%</td>
<td>67.6%</td>
<td>61.0%</td>
</tr>
</tbody>
</table>
Most people start early, increasing the risk of heart disease in younger people
Mean age at initiation of daily smoking: 16.4 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>Quit attempt by current smokers</th>
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<td>23.0%</td>
<td>22.5%</td>
<td>People who quit tobacco use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former daily smokers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former daily smokeless users</td>
</tr>
<tr>
<td></td>
<td></td>
<td>29.7%</td>
</tr>
</tbody>
</table>

Preventing and controlling sickness, death and disability from cardiovascular diseases

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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 abstinent for less than 12 months in the past 12 months.
8. Tobacco use includes use of both smoked (cigarette, kretek, tobacco lulun, cigars or pipes) and smokeless (songe/chewing tobacco, mama malus, betel with songe/chewing tobacco).
9. 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.
10. Among ever daily smokeless users, also known as quit ratio for daily smokeless users.

Sources of data:
5. Adult tobacco use prevalence and secondhand exposure among 13–15 year old population: Global Youth Tobacco Survey (GYTS); Global Youth Tobacco Survey; STEPS – WHO STEPwise approach to noncommunicable disease risk factor surveillance

Key references:

For more information refer to Website http://www.searo.who.int/nts
For technical information, please contact: Dr Manju Rani, Regional Advisor, NCD and Tobacco Surveillance, Email: ranim@who.int; Mr Naveen Agarwal, Surveillance Management Associate, Email: agarwaln@who.int
Tobacco is the leading single risk factor that causes the highest number of preventable deaths (almost 1.58 million deaths each year), cardiovascular diseases (CVDs) are the leading cause of death in the WHO SEA Region.

The most common way by which tobacco kills is by causing cardiovascular diseases (CVDs), including heart disease and stroke. The good news is that quitting tobacco use at any age reduces the risk of CVDs immediately.

This brief report highlights the fatal connection between tobacco and CVDs and is being launched on the occasion of 'World No Tobacco Day' 2018 with the campaign theme “Tobacco breaks heart”. It is intended to increase commitment to tobacco control by increasing awareness of this fatal link between tobacco use and CVDs—the leading killer in most of the countries in the Region.

The fatal link between tobacco and cardiovascular diseases in the WHO South-East Asia Region

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