

MEDIA RELEASE NO.3

TOBACCO PRODUCTS AND SMOKING

Introduction

The **South African National Health And Nutrition Examination Survey (SANHANES-1)** was established by the Human Sciences Research Council (HSRC) as a population health survey that will be repeated regularly to address the changing health needs in the country and to provide a broader and more comprehensive platform to study the health and nutritional status of the nation on a regular basis.

The study, compiled by a research consortium comprising the HSRC and the Medical Research Council (MRC), was financed by the national Department of Health, the UK Department for International Development (DFID) and the HSRC.

SANHANES-1 provides critical information to map the emerging epidemic of non-infectious or non-communicable diseases (NCDs) in South Africa and to analyse the underlying social, economic, behavioural and environmental factors that contribute to the population's state of health. Data on the magnitude of and trends in NCDs, as well as other existing or emerging health priorities, will be essential in developing national prevention and control programmes, assessing the impact of interventions, and evaluating the health status of the country.

Methods

SANHANES-1 included individuals of all ages living in South Africa, except those living in educational institutions, old-age homes, hospitals, homeless people, and uniformed-service barracks. The study was conducted during 2012; 25 532 individuals (92.6% interview response rate) completed a questionnaire-based interview; 12 025 participants had a physical examination completed by a medical doctor, and 8 078 participants provided a blood specimen for biomarker testing. A biomarker is a measurable characteristic that reflects the severity or presence of the state of some disease.

This first round of SANHANES will provide baseline data of a representative sample of the population for future analysis over long periods of time (longitudinal surveys).

Key findings

Tobacco use

SANHANES-1 is the first nationally representative bio-behavioural study of tobacco products use in South Africa. This means that in this study:

- people firstly reported on their smoking behaviour and their use of other tobacco products; and
- secondly, had their reports checked by the use of a blood test called cotinine that measured both smoking and exposure to environmental tobacco smoke (ETS).

As a result we have a comprehensive picture of tobacco use across all nine provinces in young and old, male and female, urban and rural dwellings and in different ethnic groups.

Overall, 20.8% of participants had a reported history of ever having smoked tobacco:

- 16.2% were daily smokers
- 2.6% were ex-smokers
- 2.0% were less than daily smokers

The government's tobacco-control policy has had great success over the past 20 years in reducing adult smoking by half, from 32.0% in 1993 to 16.4% in 2012.

The tobacco data from SANHANES-1 will be critical in informing government tobacco-control policy in future, and in monitoring the effects of that policy on smoking behaviour, especially among young people and girls.

SANHANES-1 showed that overall, 6.7% of the population reported having ever used other tobacco products:

- 4.9% daily users;
- 1.8% less than daily users

According to the WHO, one tenth of the annual 6 million deaths caused by tobacco use worldwide occur among non-smokers who inhaled other people's cigarette smoke – so-called 'environmental tobacco smoke', or ETS for short. Smoking and exposure to ETS causes lung cancer, heart attacks and lung disease. Children are particularly vulnerable to ETS.

SANHANES-1 shows that ETS is a serious problem in South Africa. Although only 16.4% of adults were current smokers, 29.9% of adults revealed exposure to ETS by blood cotinine levels greater than 10ng/mL (ng is one billionth of a gram; mL is one thousandth of a litre). These concentrations can be measured in the blood and even small amounts of exposure to tobacco smoke in the environment can be detected in this way.

This occurs despite the current prohibitions on smoking in public places, which is an indication that children, women and men are being exposed to ETS at home and in public places, justifying legislation banning smoking in a car when a child less than 12 years old is riding in the vehicle.

Whilst there is a decrease in the prevalence of smoking in South Africa, the exposure to ETS as demonstrated by the cotinine levels, strongly suggests that there is an urgent need to protect the public by a 100% ban on smoking in public places, a measure supported by both smokers and non-smokers.

Currently there is a gap in the enforcement of the law that results in people being exposed to tobacco smoke in public places. The legislation, which proposes a 100% ban, needs to be expedited with clear specifications of where tobacco-vending machines may be placed, as at the moment vending machines can only be placed indoors in designated smoking areas. Unless this is done the bigger issue of a 100% ban will be delayed, resulting in continual exposure of the population to tobacco smoke in the environment.

SANHANES-1 shows that tobacco smoking varies among different groups in South Africa. For example, the proportion of coloured people who currently smoke tobacco (37.7%) is twice as high as the national average (16.4%).

Generally, women smoke less than men but the proportion of coloured women who smoke (33.2%) is nearly five times higher than among South African women in general (6.9%).

SANHANES-1 showed that the younger the smoker, the younger the age at which they started smoking. This suggests that the strategies of the industry to recruit smokers in adolescence are bearing fruit, and government needs to tighten its measures to protect young people from tobacco.

Among current smokers, the average number of cigarettes smoked per day was 8.5. The Northern Cape reported the highest average number of cigarettes smoked per day (13.6 cigarettes).

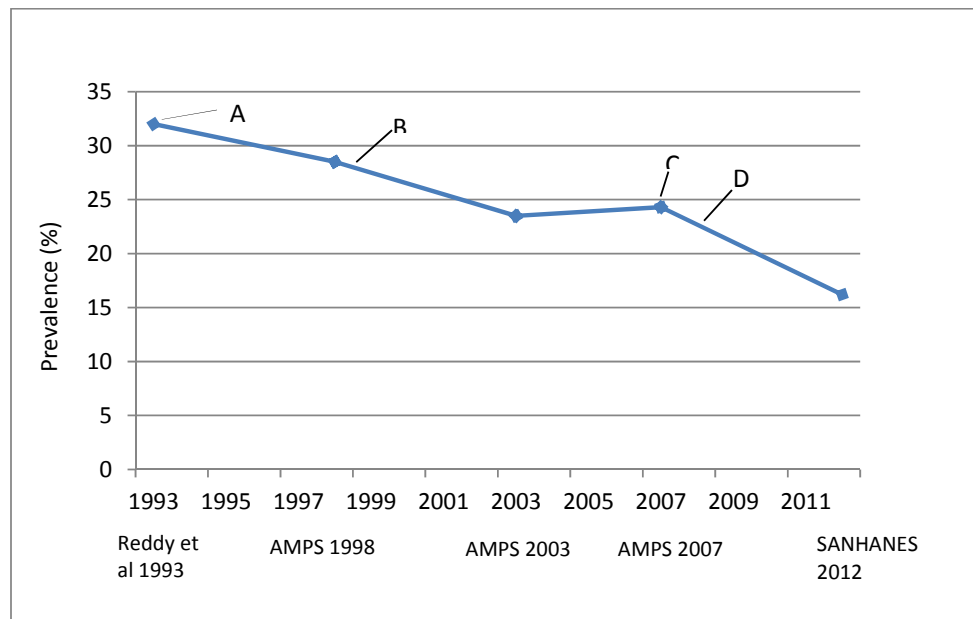
SANHANES-1 suggests that health-warning labels, which are part of South Africa’s tobacco control policy, have encouraged 49.4% of smokers to consider quitting. These labels have proven to be a strong form of health education over the past decade and should be continuously improved.

Among current smokers, 28.8% reported that they have been advised to quit the use of tobacco products, 48.1% have tried to quit, and 49.4% reported that the warning labels made them think about quitting. Among those individuals who were advised to quit, females reported a significantly higher rate of being advised to quit (38.7%) than males (26.1%).

Notes:

Tobacco usage in South Africa continues to be a serious preventable problem. The results of the SANHANES-1 showed that although current tobacco smoking rates have declined over the last two decades (Figure 1), the prevalence of tobacco smoking in the South African population was still substantial (16.4% of the population smoke currently). These smokers may continue to expose their families to second-hand tobacco smoke.

Figure1. Decline of tobacco use over the last 20 years in South Africa



A. Tobacco Products Control Act of 1993; **B.** Tobacco Products Control Amendment Act No 12 of 1999; **C.** Tobacco Products Control Amendment Act No. 23 of 2007; **D.** Tobacco Products Control Amendment Act No. 63 of 2008; AMPS = All media and Product Survey

Recommendations

On the basis of the present findings and the evidence that the existing regulations on tobacco use have had major success in reducing smoking in South Africa, the SANHANES-1 Study recommends the following:

THE END-GAME FOR TOBACCO USE IN SOUTH AFRICA?

- In view of the evidence that the profile of South Africans who smoke remains a large risk factor in non-communicable diseases, new regulations should be implemented and their impact be monitored in the next SANHANES survey:
 - (a) Reduced Ignition Propensity Cigarettes (Regulation No. 429)
 - (b) Smoking in Public Places and Certain Outdoor Public Places (Regulation No 264), and
 - (c) Display of Tobacco Products at the Point of Sale (Regulation No. R634)
- Public smoking regulations should be reviewed and enforced to ensure that the sale of cigarettes happened only in designated places with capacity to control under-age purchases.
- To effectively reach rural communities, the anti-smoking campaign needs to be intensified via radio and cellphones, given the high penetration of these forms of media in rural areas.
- Health-education programmes need to be accelerated for:
 - Schools
 - Pregnant women
- Health-education programmes need to be culturally and gender tailored for girls and boys, women and men, and need to be evidence-based and research-driven.
- Research in tobacco control needs to be accelerated

The HSRC remains available to support the Department of Health in the implementation of these recommendations.

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