

Review of Areca (Betel) Nut and Tobacco Use in the Pacific

A Technical Report



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Review of areca (betel) nut and tobacco use in the Pacific: a technical report.

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Executive summary

There is evidence to show that the frequency of betel nut use is increasing in the Western Pacific Region and that its use is more frequently associated with the chewing of tobacco. Betel nut chewing induces oral precancerous lesions that have a high propensity to progress. Betel nut itself has been classified as a Group 1 carcinogen (carcinogenic to humans) by the International Agency for Cancer Research (IARC). While it is clear that the use of betel nut alone is a threat to health, its combination with tobacco greatly increases an individual's risk of premature illness and death. In countries in the Western Pacific Region where this is observed, betel nut and tobacco chewing has become a significant public health problem.

With the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC), there has been increasing concern about the promotion of smokeless tobacco use. The groundwork for this report began in 2006 when the Tobacco Free Initiative (TFI), the Western Pacific Regional Office, commissioned the Secretariat of the Pacific Community (SPC) to review the use of betel (areca) nut and tobacco in the Western Pacific Region. This was followed in August 2010 by a meeting of national focal points in tobacco control from the countries that report high use of betel nut and tobacco. Proposed actions have been mapped and linked to the Regional Action Plan for the TFI in the Western Pacific Region (2010-2014). This document is envisioned as a supplement for countries that wish to highlight specific tobacco control indicators and actions related to reduction of smokeless tobacco use.

A major effort needs to be made to provide decision-makers with evidence of the serious harm caused by betel nut chewing, with and without tobacco. Community-based strategies are also needed to overcome cultural beliefs and practices that are barriers to sound public health measures that can save lives and prevent unnecessary suffering from oral cancer and other diseases.



Introduction

Use of tobacco is the leading preventable cause of death globally, killing up to one half of the people who consume it. The health, social and economic burdens of tobacco use -- in all of its forms -- are devastating. The increasing use of tobacco with areca nut, commonly referred to as betel nut throughout the Western Pacific, has played a significant role in the increased incidence of adverse health effects in many countries of the Western Pacific Region. In particular, studies have linked the high incidence of oral cancer in some western Pacific island countries to the concurrent use of betel nut and tobacco. This high incidence of oral cancer is associated with significant morbidity and mortality rates in some countries in the Region. The average worldwide mortality rate from oral cancer, based on a five-year cumulative mortality rate, is less than 50%; however, mortality rates as high as 67% and 80% have been reported for some countries in the Western Pacific Region.¹

It is now well-established that the habitual use of betel nut alone can lead to serious adverse health effects.² The use of betel nut with tobacco is increasing in many countries because of the aggressive marketing of tobacco products in combination with or alongside betel nut. Strong social norms also encourage the combination of betel nut and tobacco. Of particular concern is evidence that the use of betel nut and tobacco in some countries is increasing among youth and in some cases among women.³

In response to this growing health threat, the TFI commissioned the SPC to undertake a review of the use of betel nut and tobacco in the Western Pacific Region in 2006 and used the results to formulate the Regional Action Plan. In August 2010, the TFI convened in Manila, Philippines, bringing together international experts in tobacco control and focal points for tobacco from the countries in the Western Pacific Region that are known to have high prevalence rates of betel nut and tobacco use. The meeting provided participants with an opportunity to comment on and update the information contained in the review conducted by the SPC and to formulate recommendations to reduce the negative health consequences of betel nut and tobacco in the Region.

Those recommendations are presented in this addendum to the Regional Action Plan for the TFI in the Western Pacific Region (2010-2014). The full review, including current trends in betel nut and tobacco use in the Western Pacific Region, and a review of the current literature on the impact of betel nut and tobacco use on health, are included as appendices to this report.

The Regional Action Plan calls on Member States to formulate and strengthen national coordinating mechanisms and national action plans towards complete implementation of the WHO FCTC and sets targets and indicators for different levels of intervention. It contains both qualitative and quantitative indicators that are recommended to strengthen implementation of tobacco control strategies at the regional and country levels. These indicators have been used to map the specific action objectives in a *Platform for Action Towards the Control of Betel Nut and Tobacco Use*.

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