



# 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\$ 1670**

Total population

**1339.2 million**

Youth population  
(13–17 years)

**126.0 million = 9%**

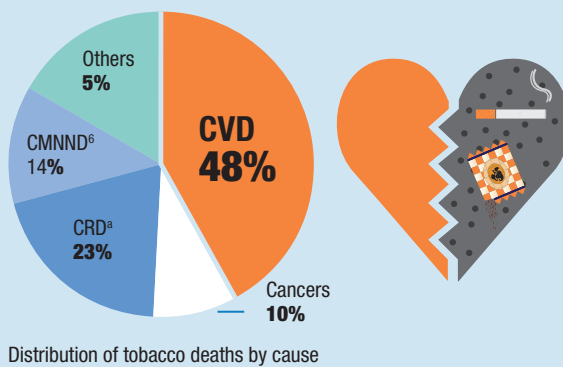
Economically productive  
population (30–69 years)

**560.1 million = 42%**

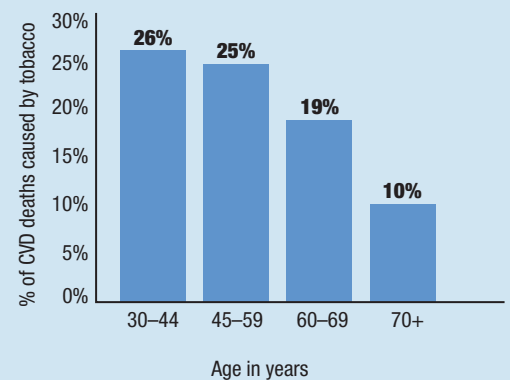
Tobacco<sup>1</sup> kills more than  
**1 million**  
people each year  
**9.5%**  
of all deaths



The most common way tobacco kills is  
from cardiovascular diseases (CVDs)<sup>2</sup>



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



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 disease
- 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

● Noncommunicable diseases ● Communicable, maternal, neonatal and nutritional diseases

CVD deaths caused by tobacco use  
**449 844 deaths**

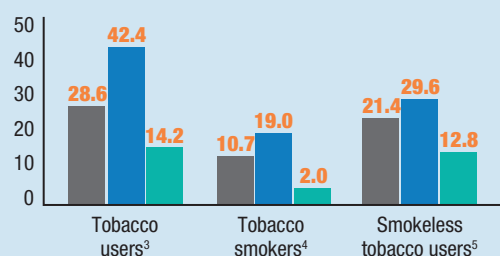
**16%** of all CVD deaths each year



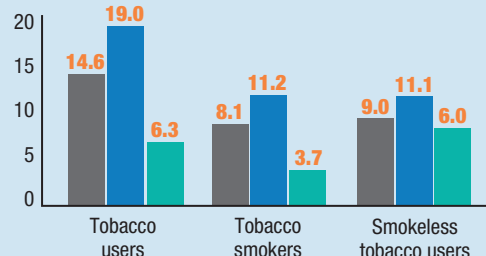
Tobacco control is essential for preventing and controlling deaths and disability caused by CVDs

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

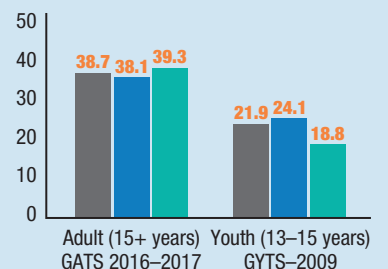
Current tobacco use among adults (%)  
(15+ years) GATS 2016–2017



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



Exposed to secondhand<sup>6</sup> smoke at home (%)



● Total ● Male ● Female



## Most people start early, increasing the risk of heart disease in younger people

Mean age at initiation of daily smoking: **18.7** 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

### Quit attempt by current <sup>7</sup>



Smokers

**38.5%**



Smokeless tobacco users

**33.2%**

### Users advised to quit tobacco use by healthcare provider <sup>8</sup>



Smokers

**48.8%**



Smokeless tobacco users

**31.7%**

### People who quit tobacco use



Former daily smokers <sup>9</sup>

**16.8%**



Former daily smokeless users <sup>10</sup>

**5.8%**

## 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:

- Tobacco use includes use of both smoked (*cigarette, bidis, cigars, cheroots, rolled cigarettes, tobacco rolled in maize leaf and newspaper, hukkah, pipes, chillum, chutta*) and smokeless (*betel quid with tobacco, khaini, tobacco lime mixture, gutka, oral tobacco, pan masala, snuff*).
  - Cardiovascular diseases include all the diseases of the heart and circulation such as coronary heart disease, angina, heart attacks and stroke (cerebrovascular disease).
  - 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.
  - 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.
  - 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.
  - A person passively exposed to tobacco smoke from other people using it around him/her.
  - Among current smokers and former smokers who have been abstinent for less than 12 months in the past 12 months.
  - Among those smokers who visited a healthcare provider in the past 12 months.
  - Among ever daily smokers, also known as quit ratio for daily smoking.
  - Among ever daily smokeless users, also known as quit ratio for daily smokeless users.
- a. CRD – chronic respiratory diseases; b. 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

#### Sources of data:

- Total population, youth population and population in economically productive age group: United Nations, Department of Economic and Social Affairs, Population Division. World population prospects: the 2017 revision (for the reference date as of 1 July 2017). New York: United Nations; 2017.
- Gross national income per capita 2016 (by Atlas method) and current country economic classification: World Bank, 2017. (<http://data.worldbank.org/data-catalog/world-development-indicators>, accessed 7 May 2018)
- Data on total and proportional deaths from CVDs, tobacco use and proportion of total tobacco deaths due to CVDs: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2016 (GBD 2016) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME): 2017(<http://ghdx.healthdata.org/gbd-results-tool>, accessed 7 May 2018).
- Data on total tobacco deaths: Jha P, Jacob B, Gajalakshmi V, Gupta PC, Dhingra N, Kumar R, et al. A nationally representative case-control study of smoking and death in India. *N Engl J Med*. 2008;358(11):1137–1147.
- Adult tobacco use prevalence secondhand tobacco exposure; mean age at initiation of tobacco use, and tobacco quitting data: Global Adult Tobacco Survey (2016–2017).
- Youth tobacco use prevalence and exposure to secondhand smoke: Global Youth Tobacco Survey (GYTS) 2009 ([http://www.searo.who.int/entity/noncommunicable\\_diseases/data/india\\_ncd\\_reports](http://www.searo.who.int/entity/noncommunicable_diseases/data/india_ncd_reports), accessed 7 May 2018).

#### Key references:

- United States Department of Health and Human Services. The health consequences of smoking: 50 years of progress: a report of the Surgeon General. Atlanta, GA: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
- Catlin MC, Deng R, Martinez RS, Sharma R, Grossblatt N. Secondhand smoke exposure and cardiovascular effects: making sense of the evidence. Washington (DC): Institute of Medicine of the National Academies; 2009.
- Gupta R, Gupta S, Sharma S, Sinha DN, Mehrotra R. Risk of coronary heart disease among smokeless tobacco users: results of systematic review and meta-analysis of global data. *Nicotine Tob Res*. 2018 [e-pub ahead of print]

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](mailto:ranim@who.int); Mr Naveen Agarwal, Surveillance Management Associate, Email: [agarwaln@who.int](mailto:agarwaln@who.int)