

Economic Implications of Tobacco Usage on Sustainable Development in South and West African Region

JOSEPH, Afolabi Ibikunle Ph.D.

Department of Economics, Ajayi Crowther University, Oyo, Oyo State, Nigeria

Abstract:-National development and invariably regional development is a pre-requisite to sustainable development. However, the role of youth in sustainable development in any country cannot be downplayed especially in terms of labour supply, human capital development, future revenue generation and future hope of parent as a long run return. Incidentally, substance use such as cocaine, heroin, cannabis sativa, tobacco and in the most recent psychoactive drugs like benerlyne with codeine, toilet sneezing and shisha have become so rampant among the youth with their devastating health effect such as cancer, mental illness, psychosis, tuberculosis but more importantly, the negative social behavior and even death affects development. This paper therefore, examines the economic implications of tobacco use on sustainable development in South and West African. Applying the descriptive and situational analysis, the study reveals that tobacco use as well as tobacco – related deaths is on the increase and has devastating effects on the long run in reducing human capital and loss of revenue to the economy. The study therefore recommends that an outright ban of tobacco use in public place be enforced and high taxes be imposed on tobacco and related goods in order to reduce its massive consumption by youth.

Keywords: Tobacco, Youths, sub-Saharan, Sustainable Development, Human Capital

JEL Classification: I12, I15, I18

I. INTRODUCTION

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 7 million people a year. More than 6 million of those deaths are the result of direct tobacco use while around 890 000 are the result of non-smokers being exposed to second-hand smoke. It is the leading preventable cause of death and disability worldwide that kills half of its users worldwide of which about 1.1 billion of smokers are currently living in the world (World Health Organization 2018). Around 80% of the 1.1 billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest over 80% of these deaths occur in low- or middle-income countries. These countries bear almost 40% of the global economic cost of smoking from health expenditures and lost productivity, estimated at over US\$ 1.4 trillion (WHO, 2018; 2017). Today, the adverse health effects of tobacco are not limited to smokers (U.S. Department of Health and Human Services 2006, WHO, 2017). Globally, it has been

estimated that exposure to secondhand smoke is responsible for more than 600,000 deaths per year, including 166,000 deaths among children (Mohan, Lando & Pannerr, 2018).

The alarming rise in tobacco consumption and related deaths has turned the battle for tobacco control from one focused primarily on educating a skeptical public about tobacco's health threat to one involving public engagement on much broader fronts. However, while tobacco use has been declining in many developed countries, it continues to rise in many developing countries, and the public health toll of tobacco use is expected to rise in these nations in the decades to come (Mathers and Loncar 2006). Not only has the burden of tobacco use and tobacco-related disease and death shifted from high income countries (HICs) to low income countries(LMICs), but the tobacco use epidemic has become increasingly concentrated among the poor in countries in all stages of economic development. According to WHO, (2017), the burden of tobacco-related illness and death is heaviest in the less developed countries.

In response, the international community through the United Nations (UN) in September 2015 adopts the Sustainable Development Goals (SDGs). The SDGs are a set of 17 ambitious and precise goals to be achieved by 2030 for a better world in which both humans and nature are fully developed. Goal 3.A calls for strengthened implementation of the World Health Organization Framework Convention on Tobacco. The global burden of tobacco use is well known and so are the adverse health, economic, social and environment consequences of tobacco use. Tobacco has also been recognized as a threat to development, which is being emphasized through the theme of World No Tobacco Day 2017 (Ansara, Fred , Jason & Kaufmann. 2013; WHO, 2017)

However, despite the threats the rate of consumption and abuse of tobacco by youth is still on the increase even if they are the foundation of any sustainability. Government policies towards reducing these trends is not forthcoming as majority of the youth ignorantly depend on one form of drug or the other for their various daily activities such as social, educational, political and moral activities. Also, Government claimed that they derived revenue from taxes on tobacco and related products and that it serves as an avenue for the provision of employment. Also, the tobacco industry

continues to devote substantial resources and efforts to employing a range of tactics intended to interfere with the implementation of provisions of the WHO FCTC, including Article 6. In particular, they continue to promote misleading economic arguments, such as that increasing taxation on tobacco products will lead to increased illicit trade, a loss of jobs and lost revenues. The truth, however, is that tobacco control does not harm economies and the increased taxes create a win-win situation for public health and the economy, as revenues rise even as smoking rates fall, as we have seen, time and again, in the countries of the European Region (Ekpu & Brown, 2015; Pampel, 2008).

The question that one may then ask is that; Is tobacco consumption a blessing or a curse towards the attainment of Sustainable Development in the South and West African region? Based on the foregoing, this paper examines the economic implication of tobacco use for the attainment of sustainable development focusing on some selected Sub-Saharan African countries. Aside from the introduction, section 2 presents the methods and materials, section 3 presents the results while section 4 presents the policy implication of the results and section 5 concludes and recommends.

II. METHODS AND MATERIALS

This paper employed descriptive and situational analysis determine the projective economic implication of tobacco usage on West and South Africa region. However, one of the first problem affecting tobacco use control is the problem of data especially as can be related to tobacco related diseases and death issues. Emanating from the fact that data on tobacco

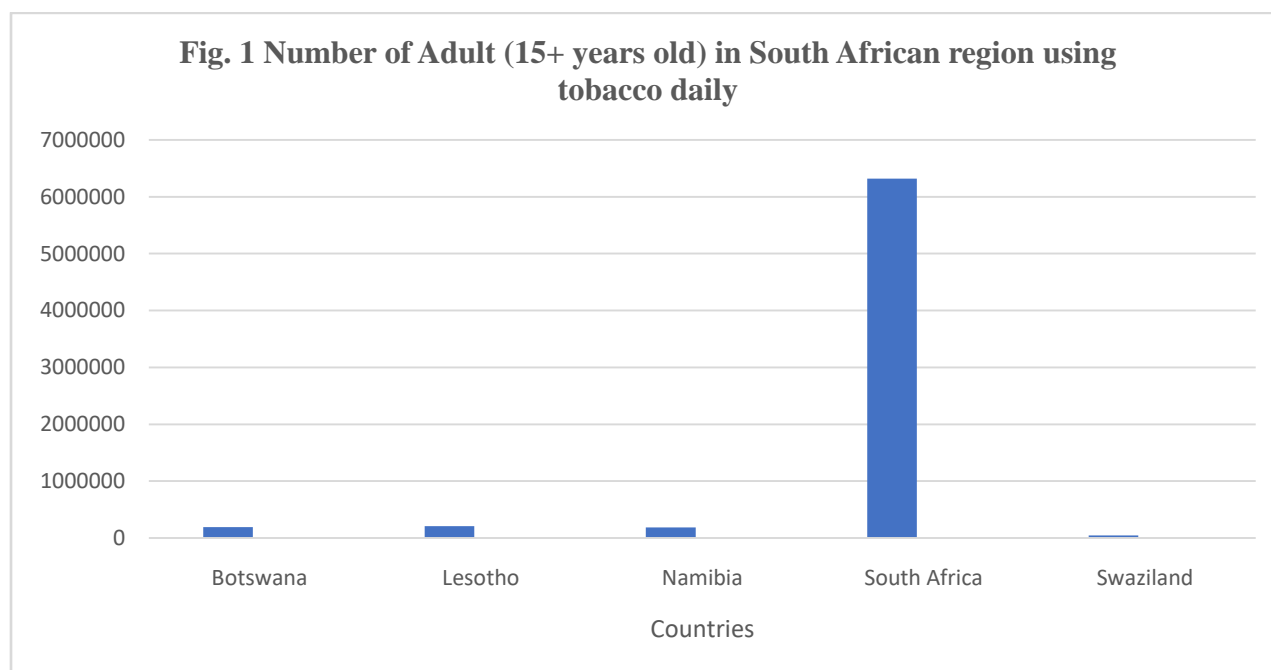
are not readily available in the literature, situational analysis for each of the country is examined. Although, some studies claimed a cumulative of 4% annual increase in the number of deaths from cigarette related diseases. The reliability of these is yet to be ascertained and so the outcome that emanate from the use of this kind of data may not be generalized.

A total of twenty sub-Saharan African countries were examined. The countries were divided into two regions namely; the South African Region and the West African region. The data used are the estimated tobacco related death cases in 2015, estimated percentage of death in 2016 for both male and female, number of people currently using tobacco daily (15+ age years), population and the population growth rate for each country. Data were sourced from the Tobacco Atlas 6th edition, computed and projected for each country for the period of 2016 to 2030. The computation was based on the 2016 percentage of death caused by tobacco on the total number of deaths in the year 2015 for each country based on the figure from Tobacco Atlas.

III. PRESENTATION OF FINDINGS

The presentation of the data obtained from the World Development Indicators and Tobacco Atlas 6th edition for all the selected countries in South and West Africa is presented below. The data were computed and projected and the figure are presented in this section. The trend analysis with the use of line graph in order to examine the projected movement of tobacco related death is also presented based on the situational analysis and were also discussed.

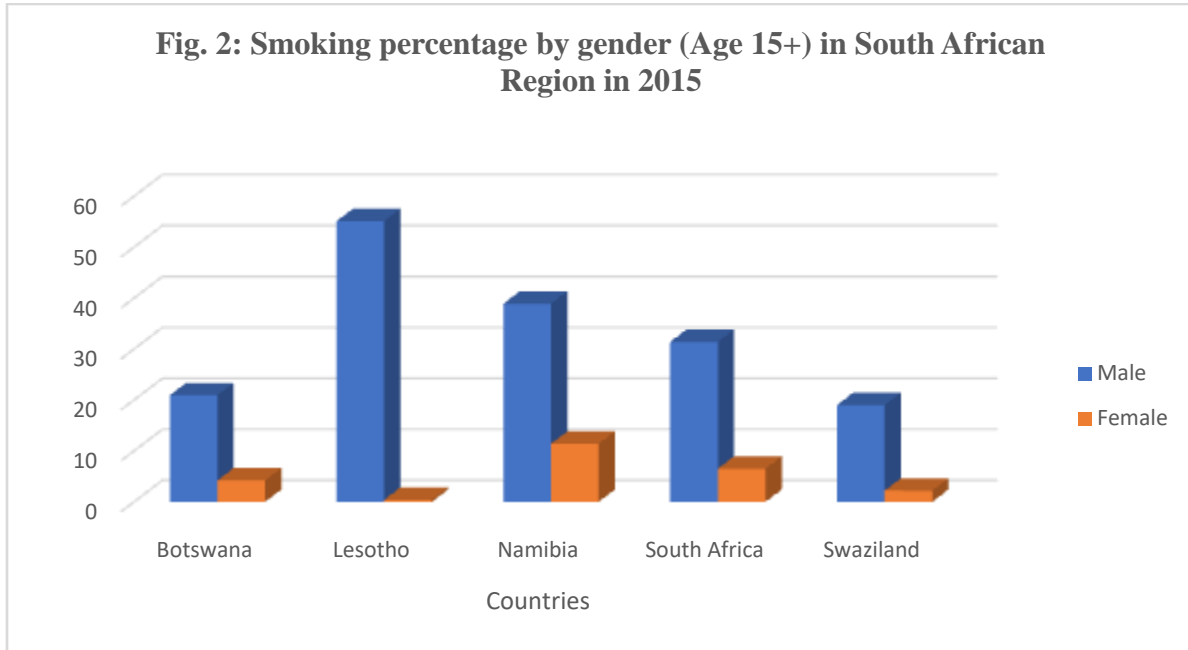
3.1 Consumption of Tobacco daily by adults age 15+



Source: Tobacco Atlas 6th Edition

The number of Adult 15+ age years currently consuming tobacco in South African region is presented in Figure 1 above. South Africa country recorded the highest number of adult age 15+ currently consuming tobacco. The value was

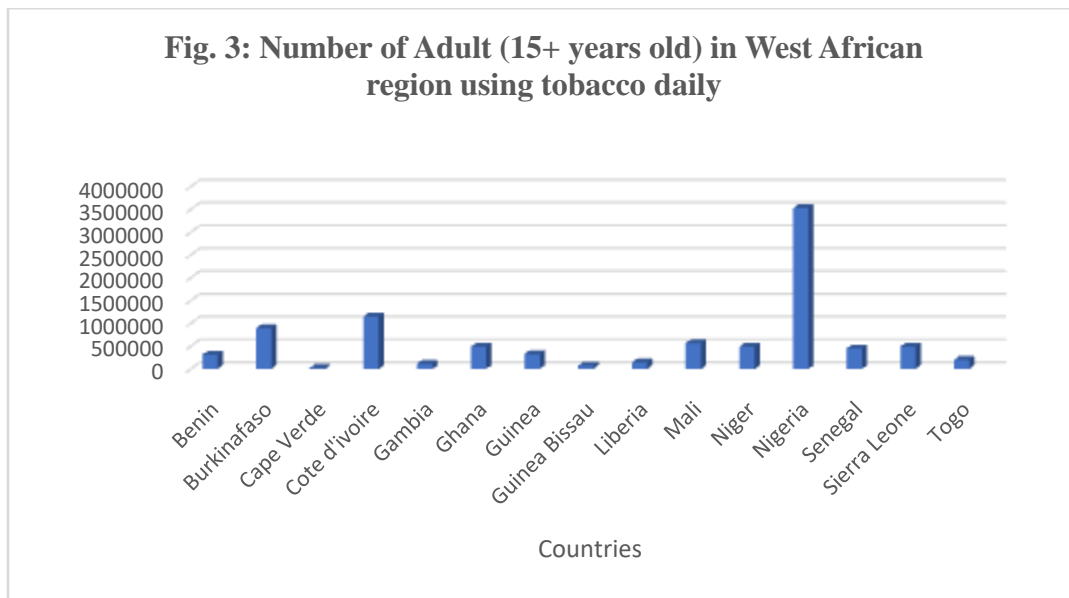
higher than all the total number of the remaining sub-Saharan countries in the South African Region. Lesotho recorded the next followed by Botswana. The least country in the South African region is Swaziland.



Source: Tobacco Atlas 6th Edition

In terms of gender, Figure 2 depicts the percentage of male and female that are smoking tobacco in 2015. Lesotho recorded the highest percentage of male in the South African region in 2015 followed by Namibia and South Africa. Although presently South Africa recorded the highest people currently using tobacco. The least country were Botswana and

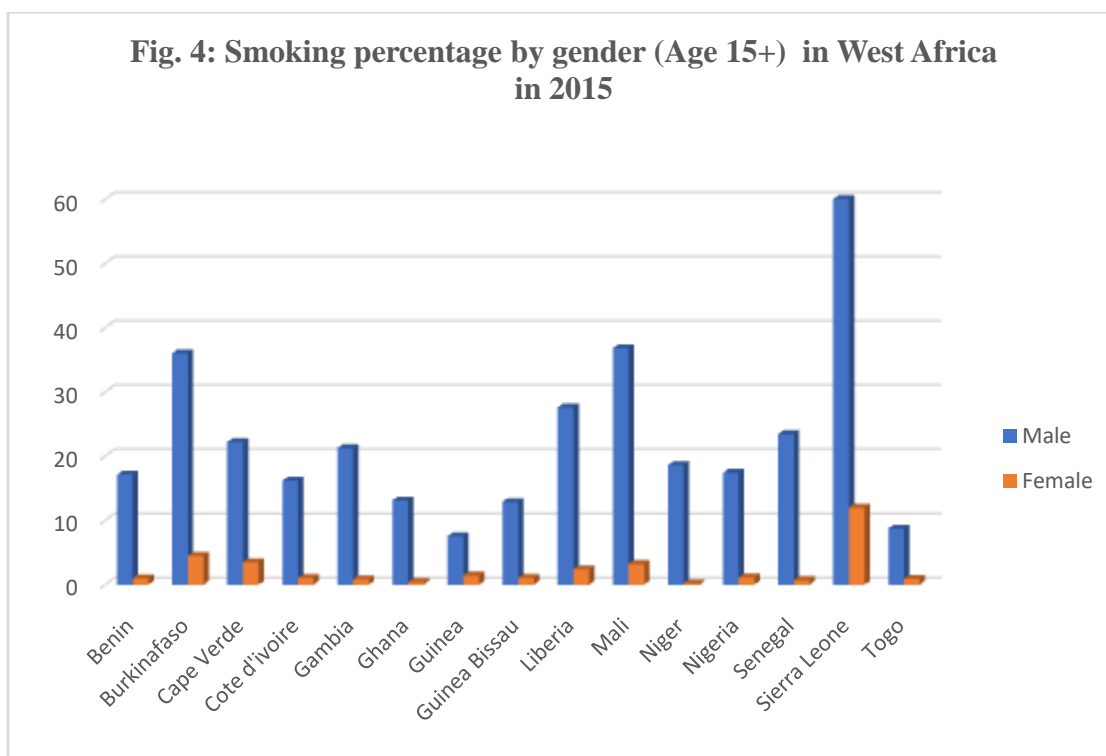
Swaziland. However, in terms of female consumption of tobacco in the South African Region, Namibia recorded the highest followed by South Africa and Botswana while Lesotho who recorded the highest male consumption has the least of their female consuming tobacco in 2015.



Source: Tobacco Atlas 6th Edition

Figure 3 shows the number of adult 15+ age years currently consuming tobacco in West Africa. From the chart Nigeria recorded the highest consumption of tobacco in the West African Region followed by Cote d’ivoire, Burkina Faso and

Mali. However, Cape Verde, Guinea Bissau, Gambia and Liberia recorded the least in the consumption of tobacco currently.



Source: Tobacco Atlas 6th Edition

Figure 4 shows that in terms of gender, Sierra-Leone recorded more male than any other West African countries in terms of consumption of tobacco by male. The record is followed by Mali, Burkina Faso, Liberia, Senegal and Zambia. In terms of

percentage consumption by female, Sierra Leone recorded the highest followed by Burkina Faso, Cape Verde and Mali. The least recorded in 2015 in terms of female are Niger followed by Ghana and Gambia.

Table 1: Projected death from tobacco related cases in South African Region (15+ age years) from 2015 to 2030

Country/ Years	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Total (2018 - 2030)
Botswana	1500	1753	2048	2393	2795	3266	3816	4459	5210	6087	7112	8310	9709	11344	13255	15487	93243
Lesotho	2500	2874	3305	3799	4368	5022	5774	6638	7632	8774	10088	11598	13334	15330	17625	20263	130245
Namibia	3000	3330	3697	4104	4556	5057	5614	6232	6919	7680	8526	9465	10507	11663	12948	14373	107644
South Africa	42100	48634	56182	64901	74974	86610	100051	115580	133517	154240	178178	205831	237776	274679	317309	366556	2310202
Swaziland	729	802	883	972	1070	1177	1296	1426	1570	1727	1901	2092	2303	2535	2790	3070	23929

Source: Tobacco Atlas 6th Edition

Note: Computation was based on percentage death caused by tobacco in 2016 and total death as at 2015

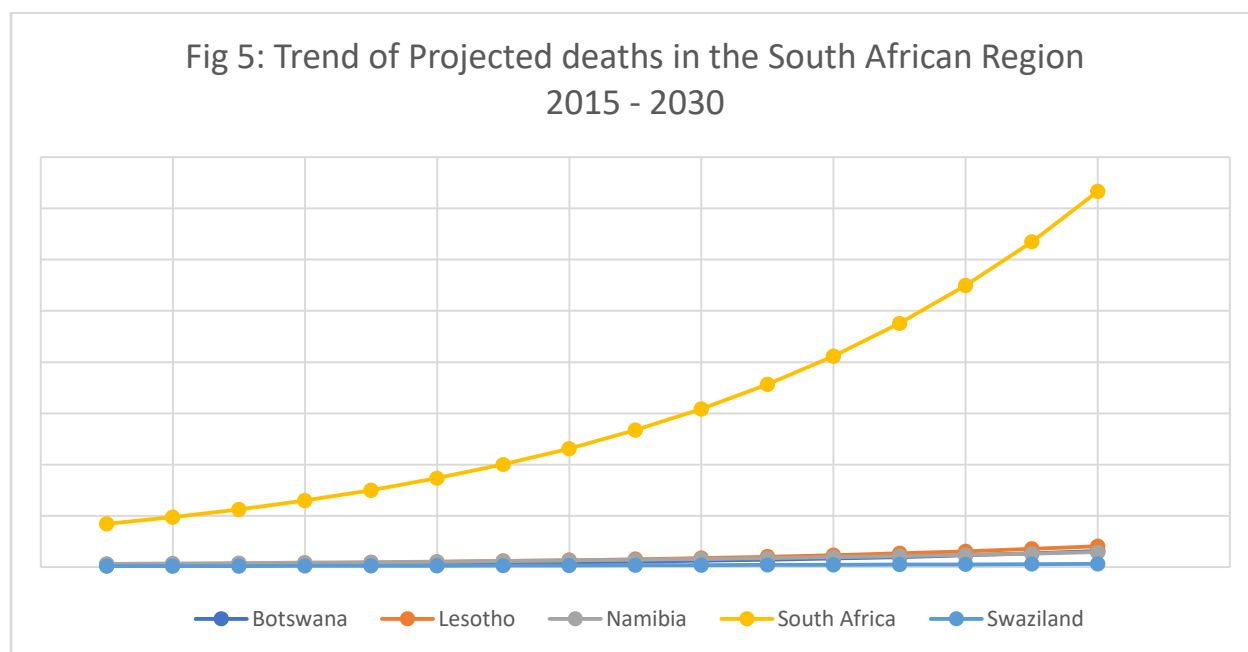


Figure 5 shows the death related cases to tobacco in the Southern African region. It is projected that South Africa will record the highest number of death cases caused by tobacco. This will be followed by Lesotho and Botswana in the year 2030. Swaziland will record the least deaths by the year 2030. For the period 2018 to 2030, however, it is projected that South Africa will record the highest tobacco related death with 2310202 followed by Lesotho (130245) and the Namibia

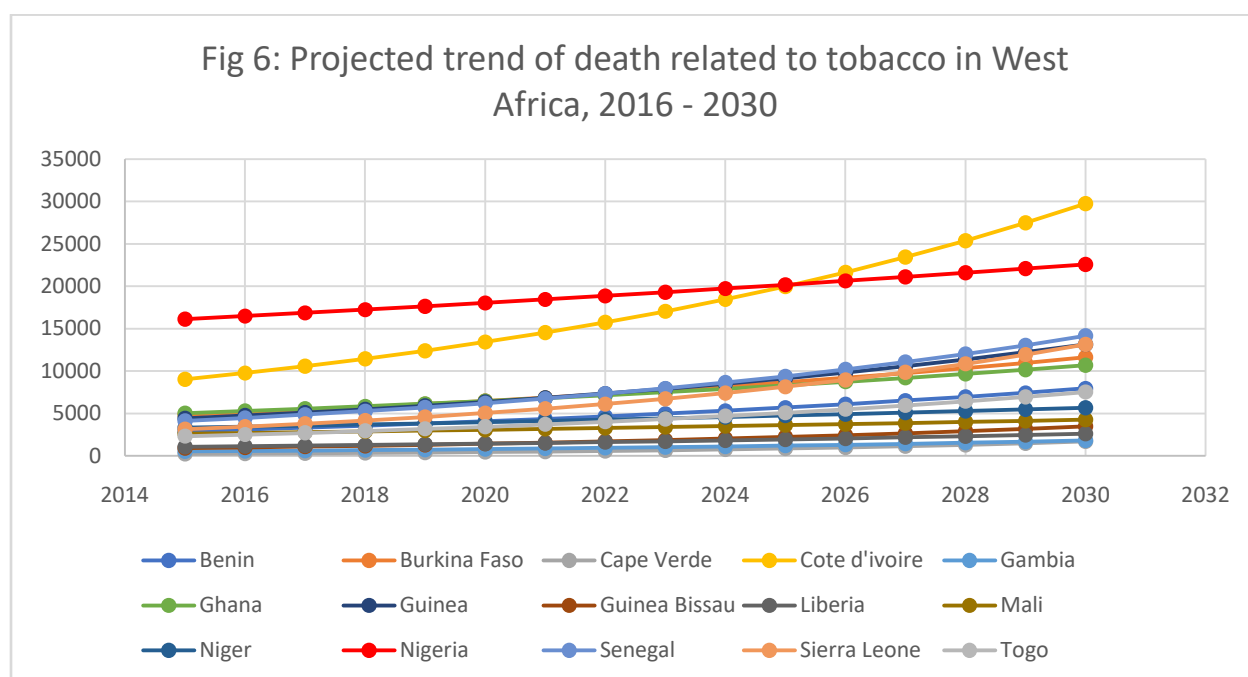
(107644). Swaziland is projected to have the least death with 2392. Looking at table 1 it is glaring that South Africa recording the highest death is due to the high rate of tolerance of tobacco in the region and the laxity in the government policies to curb the prevalence of the use even in the public places. The consumption is so wide that it affects even the female in the country. The projected number of deaths for all the countries has been on the rise.

Table 2: Projected death from tobacco related cases in West African Countries (15+ age years) 2018-2030

Countries/ Years	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Total
Benin	2900	3101	3316	3547	3793	4056	4337	4639	4960	5305	5673	6067	6488	6938	7419	7934	71156
Burkina Faso	4800	5091	5400	5728	6076	6445	6836	7251	7691	8158	8653	9178	9735	10326	10953	11618	108648
Cape Verde	208	239	274	316	363	417	479	551	633	728	836	961	1105	1270	1459	1677	10795
Cote d'Ivoire	9000	9746	10554	11429	12376	13402	14513	15717	17020	18431	19958	21613	23405	25345	27446	29721	250376
Gambia	500	544	593	646	703	765	833	908	988	1076	1172	1276	1389	1513	1647	1794	14710
Ghana	5000	5259	5531	5818	6119	6436	6770	7120	7489	7877	8285	8714	9166	9641	10140	10665	104240
Guinea	4400	4732	5089	5473	5887	6331	6809	7323	7877	8471	9111	9799	10538	11334	12190	13110	114253
Guinea Bissau	900	985	1077	1179	1290	1411	1544	1689	1848	2022	2212	2420	2648	2897	3170	3468	27798
Liberia	1042	1107	1176	1249	1327	1410	1498	1592	1691	1797	1909	2028	2154	2289	2432	2583	23959
Mali	2600	2686	2776	2868	2963	3061	3163	3268	3376	3488	3604	3724	3848	3975	4107	4244	45689
Niger	3300	3420	3545	3674	3809	3948	4092	4241	4396	4557	4723	4895	5074	5259	5451	5650	59769
Nigeria	16100	16467	16842	17226	17619	18021	18431	18852	19282	19722	20171	20631	21102	21583	22075	22578	257293
Senegal	4100	4453	4836	5251.37	5703	6193	6726	7305	7933	8615	9356	10160	11034	11983	13014	14133	117406
Sierra Leone	3100	3413	3758	4137	4555	5015	5522	6080	6694	7370	8114	8934	9836	10829	11923	13127	102136
Togo	2300	2489	2693	2914	3154	3412	3692	3996	4324	4679	5063	5479	5928	6415	6942	7512	63510

Source: Tobacco Atlas 6th Edition

Note: Computation was based on percentage death caused by tobacco in 2016 and total death as at 2015



Source: Author's (2018) projection from the projected results in table 2

Figure 6 shows the projected death from tobacco related cases in the West African Region from 2015 to 2030. As at 2015 when the projection was estimated, Nigeria recorded the highest cases of death from tobacco related cases (16100), followed by Cote d'ivoire (9000) and Ghana (5000). Cape Verde recorded the lowest with (208) followed by Guinea Bissau (900). By 2025, Cote d'ivoire is projected to outnumbered Nigeria. This is based on the fact that the percentage of deaths cases from male and female in the country is higher. The laxity of regulations in the sub-Saharan African countries also triggered this growth. Countries like Senegal too will have risen in the death cases related to tobacco and outnumbered many countries in the West African countries if the projection comes to pass.

However, in the west African Region, for the period 2018 to 2030 as shown in table 2 it is computed and projected that Nigeria will record the highest deaths related to tobacco with 257293 deaths followed by Cote d'ivoire (250376), Senegal (117406) and then the least deaths related to tobacco will be recorded in Cape Verde with 10795 death and Gambia 14710. The highest death recorded in Nigeria is based on the fact that tobacco use has been so rampant in Nigeria with laxity of policy in order to curb the continuous use. Growth in the population is also on the rise and this affects the population of the country.

IV. POLICY IMPLICATION OF FINDINGS

The Sustainable Development Goals (SDGs) are a United Nations initiative, formally adopted by the United Nations General Assembly on 25 September 2015 in a resolution entitled Transforming our world: the 2030 Agenda for Sustainable Development. They include 17 goals and 169

targets to be achieved over the next 13 years. Goal 3.A calls for strengthened implementation of the World Health Organization Framework Convention on Tobacco. The inclusion of this goal on the SDGs shows that tobacco stand as a threat to sustainable development.

However, the whole goal of sustainable development hinges on effective health of the citizen of the nation. Emanating from the findings, and if the projection comes to pass, it is glaring that tobacco related death cases will be on the increase and despite this, the level of consumption will also be on the rise. It is also projected that the percentage of death to the total population yearly will also be increasing years after years both regions. The economic implication of this phenomena can be evaluated from its impact on human capital deterioration, which of course is a core prerequisite for economic growth and sustainability. This has propensity to increase burden of morbidity, thereby reduces the quality of human capital and productivity. From the descriptive analysis and projection, it is shown that tobacco use will be one of the leading preventable causes of death, killing more people in both the West Africa and South African region every year. More than its enormous toll of disease, suffering and death, tobacco use will also burdens the global economy each year with loss of revenue and human capital development, high health-care costs, loss of productivity, environmental harm from cigarette litter and destructive farming practices as Land that are supposed to have been voted for the cultivation of food crops which is life sustained is now utilized for planting tobacco which eventually takes the life of its users.

V. CONCLUSION AND RECOMMENDATIONS

The projected results from the tables and the trend analysis presented shows clearly that tobacco usage will still continue to be on the rise in both West and South African region. From the findings, it is glaring that tobacco related deaths of the youths are on the increase and tobacco consumption is also on the rise in both South African and West African region. If these efforts go unchecked, and if current projections come to realization in these regions, attainment of sustainable development come 2030 may not be visible. This situation therefore calls for urgent efforts in reducing the prevalence of tobacco use by the youth in the countries. The study therefore recommends that, there is need to prioritize and accelerate tobacco control efforts as part of the responses to the 2030 Agenda for Sustainable Development by the government. The aim of the Agenda is to ensure that "no one is left behind". There is need for government to increase taxes on tobacco and related products, this will help reduce the rate of consumption by the youth and keep them healthy for the attainment of sustainable development come 2030. The nation and society should combat tobacco industry interference in political processes, in turn leading to stronger national tobacco control action. There is need for effective implementation of development strategies and plans that will ensure participation in national, regional and global efforts to achieve goals that prioritize action on tobacco control. There is need for effective contribution by individual youth to pursue a sustainable, tobacco-free world, either by committing to never taking up tobacco products, or by quitting the habit at will. Campaign by relevant stakeholders like Ministry of Health, Youth and Development, Environment and Woman Affairs on the negative impact of tobacco use must be carried out frequently. Stakeholders should engage in concerted efforts to target both in-school and out-of-school youths in tobacco

control strategies. Passive statement such as tobacco smokers are liable to die young is not enough caution but must be made strict. The government should also ensure that there is need to outrightly ban the consumption of tobacco in public places as this will help to reduce death by passive smokers.

ACKNOWLEDGEMENT

I wish to acknowledge the support I received from the UNODC.

REFERENCES

- [1] Ansara, D. L., Fred, A, Sunita ,K, Jason, H, and Rachel, K. (2013). *Tobacco use by men and women in 49 countries with Demographic and Health Surveys*. DHS Comparative Reports No.31. Calverton, Maryland, USA: ICF International.
- [2] Ekpu, V. U and Brown, A. K (2015) The Economic Impact of Smoking and of Reducing Smoking Prevalence: Review of Evidence (8), 1-35
- [3] Pampel, F (2008). Tobacco use in sub-Sahara Africa: Estimates from the demographic health surveys. *Soc Sci Med.* 66(8): 1772–1783. doi:10.1016/j.socscimed.2007.12.003
- [4] Mathers, C.D., and Loncar, D. (2006). "Projections of Global Mortality and Burden of Disease from 2002 to 2030." *PLoS Medicine* 3(11).
- [5] Mohan, P., Lando, H.A and Pannerr, S (2018). Assessment of Tobacco Consumption and Control in India. *India Journal of Clinical Medicine* <https://doi.org/10.1177/1179916118759289>
- [6] US Department of Health and Human Services (2006) Centers for Disease Control and Prevention and U.S. Department of Housing and Urban Development. *Healthy housing reference manual*. Atlanta:
- [7] WHO (2018) WHO report on the global tobacco epidemics 2017
- [8] WHO, (2017). Tobacco control for sustainable development. World Health Organization, Regional Office for South-East Asia. <http://www.who.int/iris/handle/10665/255509>
- [9] World Health Organization. 2011a. "WHO Report on the Global Tobacco Epidemic, 2011." Accessed November 20, 2011. http://www.who.int/tobacco/global_report/2011/en/