WHO-EM/TFI/178/E

Effects of meeting MPOWER requirements on smoking rates and smoking-attributable deaths

Oman

This factsheet presents estimates of the effect of implementing MPOWER policies consistent with the WHO Framework Convention on Tobacco Control (WHO FCTC). The estimates are based on the *Abridged SimSmoke* model *(1)*.

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Smoking prevalence

Oman is a high-income country with a population of more than 2 million in 2011 *(2)*, of which 73.4% live in urban areas *(3)*. Based on the World Health Survey conducted nationwide in 2008, the current tobacco smoking rate (ages 18 and above) is 14.7% for men and 0.2% for women *(4)*. Based on data from other countries in the Region, we set the smoking rate for those aged 15–24 to half the rate of ages 25–34.

Tobacco control policies

Protect people from tobacco smoke

Based on the 2013 WHO report on the global tobacco epidemic *(5)*, which includes data from 2012, Oman had smoke-free legislation covering health care facilities, educational facilities and universities, and government facilities. There was no smoke-free legislation covering indoor offices, and no data for restaurants, pubs and bars, and public transport. Since 2007, educational facilities, universities and government facilities experienced a change in status. The compliance score was 9 out of 10, an increase from a score of 7 in 2007. Data on smoke-free policies were not reported in 2012.

Offer help to quit tobacco use

In 2012, there was no toll-free quit line with a live person to discuss cessation in Oman. Nicotine replacement therapy could be purchased in a pharmacy without a prescription, but it was not cost-covered. Bupropion and varenicline were not legally sold. Smoking cessation support was available in some health clinics or other primary care facilities and in some other places, but not in hospitals, offices of a health professional or in the community. No smoking cessation support was available in health clinics or other primary care facilities in 2007. National health insurance does not cover the cost of support in other places and data are not available for support coverage in health clinics or other primary care facilities. Cessation programmes were at the second lowest level in 2012.

Warn about the dangers of tobacco

In 2012, Oman had a law mandating that health warnings appear on tobacco packages and a requirement that they cover 50% of the package and be rotating and graphic. There was not this requirement in 2007. Oman did not have any national anti-tobacco mass media campaigns in 2011–2012. There was a national agency/technical unit for tobacco control and two full-time equivalent staff in 2012. Government expenditure on tobacco control was US$ 83 225 (32 000 Omani rials) in 2006. Health warnings were at the second highest level but mass media campaigns were at the lowest level in 2012.

Enforce bans on tobacco advertising, promotion and sponsorship

In 2012, Oman had bans on direct tobacco advertising on billboards and outdoors, which did not exist in 2007. However, there were no bans on direct tobacco advertising on national/international television and radio, local/international magazines and newspapers, point-of-sale and the internet. The compliance score of direct advertising bans was 9 out of 10. For indirect advertising, there was a ban on sponsored events which did not exist in 2007. However, there were no bans on the free distribution of tobacco products, promotional discounts, appearance of tobacco brands and products in television and films (product placement and non-product placement), non-tobacco goods and services identified with tobacco brand names, and brand name of non-tobacco products used for tobacco productstelevision. The compliance score of indirect advertising bans was 7 out of 10 for 2012. Advertising bans were at the lowest level in 2012.

Raise taxes on tobacco

WHO's comparable estimate for the price of a pack of 20 cigarettes of the most sold brand was 0.60 Omani rials for 2008 and 0.90 Omani rials for 2012; in terms of international dollars (purchasing power parity) the price increased from US$ 1.83 to US$ 2.58. WHO's comparable estimate for taxes as a percentage of retail price was 33.0% for 2008 and 22.0% for 2012; all taxes were import duties.

Key findings

The *Abridged SimSmoke* model for Oman estimates 205 000 smokers (203 000 men and nearly 2000 women) in 2010, and projects more than 102 000 premature deaths of smokers (more than 101 000 men and nearly 1000 women) alive in that year. Without proper implementation of MPOWER tobacco control policies, smoking prevalence rates will remain relatively stable and smoking-attributable deaths are likely to continue to rise.

- Increasing cigarette excise taxes to 75% of the retail price would prevent much youth smoking and reduce smoking prevalence by 15.5% within 5 years, increasing to 30.9% in 40 years, and ultimately avert about 32 000 premature deaths.
- Stronger enforcement of comprehensive smoke-free laws is predicted to reduce smoking prevalence by 13% in 5 years, increasing to 16% in 40 years, and avert more than 16 000 premature deaths.
- A well-publicized and comprehensive cessation policy can reduce smoking prevalence by 3.5% within 5 years, increasing to 9% in 40 years, and prevent more than 8800 premature deaths.
- Strong health warnings can reduce smoking prevalence by 6% within 5 years, increasing to 12% in 40 years, and prevent over 12 000 premature deaths.
- A high-level mass media campaign is projected to reduce smoking prevalence by 3% in 5 years, increasing to 4% within 40 years, and avert nearly 4000 premature deaths.
- A comprehensive marketing ban with enforcement is projected to reduce smoking prevalence by 5% in 5 years, increasing to 6.5% within 40 years, and avert more than 6500 deaths.

Implementing the stronger set of policies suggested above, in line with the WHO FCTC, could reduce smoking prevalence by 38% within 5 years, increasing to 48% within 20 years and 58% within 40 years. More than 65 000 premature deaths could be averted. The *Abridged SimSmoke* model incorporates synergies in implementing multiple policies. A large tax increase accompanied by comprehensive marketing restrictions, a comprehensive cessation programme and a mass media campaign would reduce smoking prevalence by about 46% by 2025, thus meeting the global target.

Limitations

Abridged SimSmoke has been developed based on an extensively validated simulation model, providing support for the estimates given above. However, the model has certain limitations.

- It does not consider shisha (waterpipe) and smokeless tobacco use. If tax increases and other policies are only directed at cigarettes, there may be a substitution to other forms of tobacco, which would counteract some of the health effects. In addition, if the newly implemented policies are targeted toward use of non-cigarette products, then substitution to these products may be reduced.

- Projections for Oman are based on smoking prevalence data from 2008 and population data from 2010. The model does not consider any additional initiation or cessation that would have occurred after that date in the absence of policies. Stronger policies have been implemented in recent years, which may have reduced the smoking rates.
- Relative risks are based on data from the United States of America and the United Kingdom, which are also high-income countries.

References

1. Levy DT, Fouad H, Levy J, Dragomir AD, El Awa F. Application of the *Abridged SimSmoke* model to four Eastern Mediterranean countries. Tob Control. 2016;25(4):413–21. doi:10.1136/tobaccocontrol-2015-052334 (http://tobaccocontrol.bmj.com/content/25/4/413, accessed 24 April 2018).
2. World population prospects: the 2015 revision. New York: Department of Economic and Social Affairs, Population Division; 2015.
3. World Factbook 2015. Washington DC: Central Intelligence Agency; 2015 (https://www.cia.gov/library/publications/the-world-factbook/, accessed 3 September 2015).
4. World Health Survey Oman 2008. Muscat: Director of Health Information and Statistics, Directorate General of Planning, Ministry of Health; 2012.
5. WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. Geneva: World Health Organization; 2013 (http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871_eng.pdf?ua=1, accessed 3 September 2015).