

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

Kuwait

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
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Smoking prevalence

Kuwait is a high-income country, with an estimated population (ages 15 and above) of 1.7 million males and 1.3 million females in 2015 (2). A negligible percentage of the population worked in agriculture and 2.20% were unemployed in 2004 (3). Based on the most recent nationally representative survey, the 2010 World Health Survey, the current smoking rate (ages 18 and above) is 38.3% for men and 2.3% for women (4).

Tobacco control policies

Protect people from tobacco smoke

Based on the 2015 WHO report on the global tobacco epidemic (5), which includes data from 2014, Kuwait has smoke-free legislation covering health care facilities, education facilities and universities, government facilities, restaurants, and public transport, but none covering indoor offices. There are fines for violations on both the establishment and the patron. There are also funds dedicated for enforcement and a space for citizen complaints and investigations. However, subnational bans do not exist. No compliance score was given for 2014.

Offer help to quit tobacco use

According to 2014 data, Kuwait is classified at level 4 out of 4 for cessation programmes, with many services available that are cost-covered. Kuwait is considered to provide some cessation treatment in some health care facilities. There is a quit line and nicotine replacement therapy is available.

Warn about the dangers of tobacco

According to 2014 data, Kuwait is classified at level 3 out of 4 for health warnings. There have been four warnings approved by law, but they are missing some appropriate characteristics. Warnings are mandated to cover 50% of the front and rear of the principal display area, be rotating and include a photograph or graphic. They describe the harmful effects of tobacco use on health, are written in the principal language(s), and font size, font style and colour of health warnings are mandated. However, warnings do not appear on each package and any outside packaging and labelling used in the retail sale. Health warnings are considered at the second highest level. Government expenditure on tobacco control was US\$ 892 000. This is considered a mid-level tobacco control campaign.

Enforce bans on tobacco advertising, promotion and sponsorship

According to 2014 data, there are bans on direct tobacco advertising on national/international television and radio, local/international magazines and newspapers, billboards and outdoors, point-of-sale and the internet, and fines for violations of these bans. For indirect advertising, there are bans on the free distribution of tobacco products, promotional discounts, non-tobacco goods/services identified with tobacco brand names, brand names of non-tobacco goods/services used for tobacco products, and appearance of tobacco brands in television and/or film (product placement). There are fines for violations of indirect advertising bans. However, Kuwait does not have bans on tobacco displays at point of sale, appearance of tobacco products in television and/or films (non-product placement), sponsored events, tobacco companies/industry/other entities publicizing their activities, tobacco companies funding or making contributions to smoking prevention media campaigns including those directed at youth, and there is no requirement to present prescribed anti-tobacco adverts before, during, or after the broadcasting or showing of any visual entertainment. No compliance score was given for 2014.

Raise taxes on tobacco

In accordance with MPOWER policies, we consider the effect of increasing excise taxes (including ad valorem taxes or specific taxes directly on cigarettes) to 75% of the retail price. Value added tax (VAT) applies to all goods, not just cigarettes, but amplifies the effect of an excise tax on cigarette price. The change in excise taxes is first translated into the implied percentage change in price. The prevalence elasticity is applied to the percentage change in price to obtain the percentage change in prevalence. In Kuwait, a pack of cigarettes is 0.75 Kuwaiti dinars (US\$ 2.65), of which 34.72% is taxes (0.00% VAT, 0.00% excise taxes and 34.72% import duties) according to 2014 data.

Key findings

Based on current smoking rates of 38.3% among men and 2.3% among women, smoking-attributable deaths are predicted to be more than 345 000 (330 000 men and 15 000 women) of the 670 000 smokers alive today, and the numbers are likely to continue to rise each year in the absence of stronger policies.

- Increasing cigarette excise taxes from a current level of 0% to 75% of the retail price would prevent much youth smoking and reduce smoking prevalence by 13.5% within 5 years, increasing to 27.0% in 40 years, and ultimately avert almost 93 000 premature deaths.
- Comprehensive smoke-free laws are in place, but stronger enforcement is predicted to reduce smoking prevalence by 2.4% in 5 years, increasing to 3% in 40 years, and avert 11 900 premature deaths.
- A well-publicized and comprehensive cessation policy can reduce smoking prevalence by 2.5% within 5 years, increasing to 6% in 40 years, and avert 24 900 premature deaths.
- Strong health warnings can reduce smoking prevalence by 2% within 5 years, increasing to 4% in 40 years, and avert almost 16 000 premature deaths.
- A high-level mass media campaign is projected to reduce smoking prevalence by 5.5% in 5 years, increasing to almost 7% in 40 years, and avert over 26 000 premature deaths.
- A comprehensive marketing ban with enforcement is projected to reduce smoking prevalence by 2.5% in 5 years, increasing to 3.3% within 40 years, and avert more than 34 000 deaths.

Implementing the stronger set of policies suggested above, in line with the WHO FCTC, could reduce smoking prevalence by 27.0% within 5 years, by 35% in 20 years, increasing to 43.0% within 40 years. More than 148 000 deaths could be averted. A large tax increase accompanied by comprehensive marketing restrictions, strong health warnings, stricter smoke-free air laws, a comprehensive cessation programme, and a mass media campaign would reduce smoking prevalence about 40% 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 tobacco products other than cigarettes, such as smokeless tobacco, e-cigarettes and shisha (waterpipe). If tax increases and other policies are only directed at cigarettes, smokers may substitute to other tobacco products, which would offset some of the health gains from reduced smoking. If policies are also targeted toward the use of non-cigarette products, then substitution to these products may be reduced.

- Smoking prevalence data for Kuwait are from 2010.
- Mortality risks for smoking are based on studies for the United States of America.
- It does not include deaths from second-hand smoke exposure. In addition, there are costs associated with morbidity and productivity loss due to premature death.
- It has been developed to use data from the biennial WHO global tobacco epidemic reports. The tobacco control policy data are restricted to a specific set of policies and definitions. The model does not consider policies directed at cost-minimizing behaviour, enforcement against smuggling, product regulation and youth access.

References

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