

THE NIGERIA TOBACCO POLICY LANDSCAPE:

THE ROLE OF STATES IN TOBACCO CONTROL



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AUTHORS

Ezra Ihezue, Adeniran Adedeji and Augustine Iraoya.

ACKNOWLEDGEMENT

This report was prepared by the Centre for the Study of the Economies of Africa (CSEA). We would like to express our sincere gratitude to Cancer Research UK for their invaluable financial and technical support, which greatly contributed to the successful completion of this project.

The authors are grateful to Dr. Chukwuka Onyekwena and Drusilla David, for their invaluable technical and editorial contributions to the brief. Additionally, we extend our sincere appreciation to Mr. Michael Olaniyan who serves as external reviewer for the brief.

CITATION

This Policy Brief should be cited as Ihezue E., Adeniran, A., & Iraoya A. (2023). The Nigeria Tobacco Policy Landscape: The Role of States in Tobacco Control. The Centre for the Study of the Economies of Africa.



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1.0 INTRODUCTION

Tobacco consumption kills around 8 million people globally each year (WHO 2022), with Nigeria accounting for 29,000 deaths (Iraoya and Ihezue, 2022). The economic consequences of tobacco-related disease on the Nigerian economy are reported to be US\$1.71 billion per year, including both direct and indirect tobacco expenses (CSEA 2020). Tobacco smokers have a ten-year lower life expectancy than non-smokers (Center for Disease Control and Prevention, 2021). Thus, there is dire need to implement effective tobacco control policies to reduce the level of tobacco consumption



Tobacco control policy refers to the efforts made to reduce the impact of tobacco use on public health. This can include measures such as increasing taxes on tobacco products, implementing smoke-free laws, running anti-smoking campaigns, and providing support for people who want to quit smoking. In Nigeria, the government played a critical role in the country's tobacco control efforts by ratifying the World Health Organization's Framework Convention on Tobacco Control (FCTC), which commits the government to take appropriate measures to reduce tobacco use and its associated health effects. At the federal level, the government enforced tobacco control policies that apply to the entire country. The policies in this regard include higher taxes on tobacco products, Public smoking bans, regulations on tobacco advertising and sponsorship, and mandatory graphic health warnings on tobacco packages. Furthermore, the government allocated resources to support tobacco control programs and campaigns, monitor the impact of tobacco use and the effectiveness of tobacco control policies..

However, there have been modest reform efforts at the state level. Out of the 36 states in Nigeria, along with the Federal Capital Territory, only three states (Ekiti, Lagos, and Oyo) have successfully

implemented tobacco control laws thus far (Mamudu, Malau, Osaghae, Erameh, Okeke, Buhari, 2020). It is crucial for state governments in Nigeria to be actively involved in tobacco control efforts for two reasons. First, as the implementers of public health policies and regulations, state governments play a key role in enacting and enforcing tobacco control measures such as laws prohibiting smoking in public places, banning tobacco advertising, and regulating the sale of tobacco products. Secondly, the high health costs associated with tobacco use and related illnesses -place a significant burden on state governments, particularly in terms of providing healthcare services and treating tobacco-related diseases.



By implementing effective tobacco control measures, state governments can help reduce the burden of healthcare costs and improve public health outcomes.

This brief highlights the importance of state involvement in tobacco control efforts. It seeks to provide evidence-based recommendations through the **WHO MPOWER** framework on how state governments can effectively implement tobacco control policies and programs that will protect their residents from the harmful effects of tobacco use.

2.0 Nigeria Tobacco Policy Landscape

Nigeria's large population and its access to other markets in Africa make the country a major tobacco industry market in Africa.

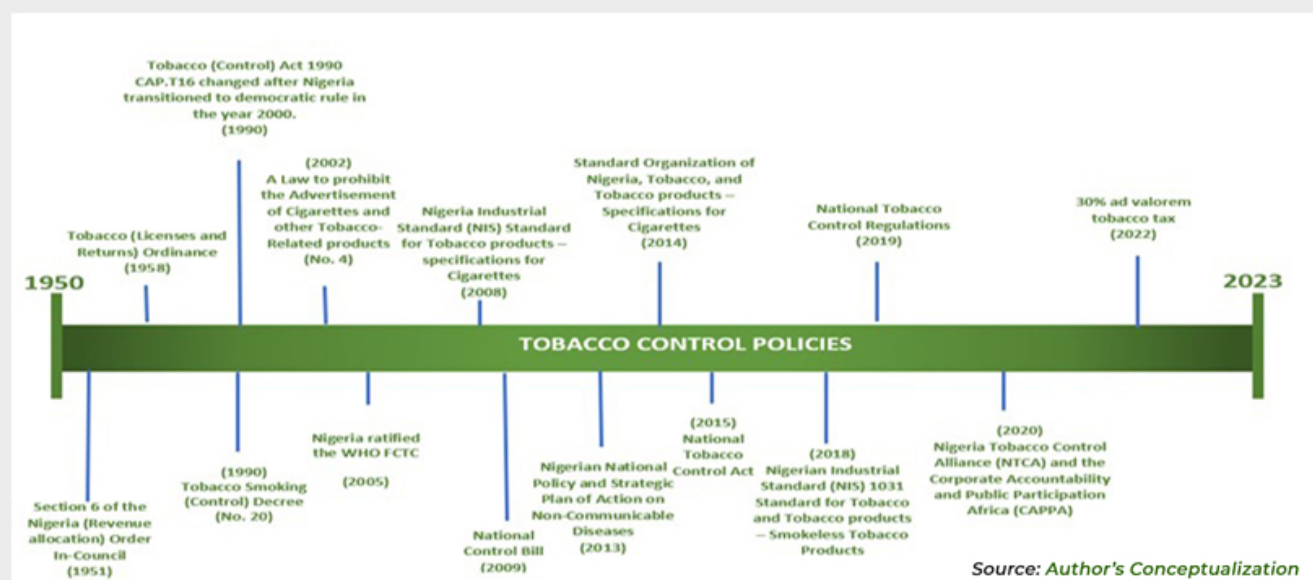
In the 1950s, Nigeria began to regulate tobacco, but the tobacco industry undermined these efforts consistently (Egbe et al, 2017). The first tobacco control legislation in Nigeria is Section 6 of the Nigeria (Revenue allocation) Order In-Council of 1951, followed by the Tobacco (Licences and Returns) Ordinance 1958 (Yusuf, n.d). After the colonial government, the first indigenous tobacco control law in Nigeria, Tobacco Smoking (Control) Decree 20, enacted in 1990, (Federal Republic of Nigeria. Tobacco (Smoking) Control Decree No. 20 1990) failed to achieve its objective due to ineffective implementation (Egbe, Bialous, & Glantz, 2017). The tobacco industry also blocked an attempt in 1995 to strengthen Decree 20 (Egbe et al, 2017).



After Nigeria returned to democratic rule in 1999, an attempt to pass another tobacco control law was made through the Tobacco Smoking (Control) Amendment bill in 2000. The bill aimed to convert Decree 20 into an Act. However, this attempt was unsuccessful, and the bill did not become law. In 2002, another attempt was made when the Cigarettes and other tobacco products bill was introduced, however, the bill did not pass as a result of the obstructive influence of the tobacco industry.

In the same year, the Advertising Practitioners Council of Nigeria published guidelines banning all forms of tobacco advertising in the media (Drope, 2011). In 2005, the year Nigeria ratified the WHO Framework Convention on Tobacco Control (WHO FCTC), the regulation of production, marketing and consumption of tobacco and tobacco products bill was introduced in the Senate house but was not approved. In 2007, an Abuja smoke-free policy was introduced by the minister of the Federal Capital Territory (Drope, 2011), banning smoking in public places.

There were no more legislative activities on tobacco control until 2008, when a member of the Senate Committee on Health introduced the **National Tobacco Control Bill (NTCB)**. Some strong public health provisions were made in the NTCB - a 100 percent smoke-free public places, banned advertising, promotion, and sponsorship, sales to under 18 years old and mandated health warnings on at least 50 percent of the total surface of cigarette packs. The Senate delayed action on the NTCB for two years after the hearing due to the influence of the tobacco industry (Agaku et al, 2012).



The National Assembly, however, passed the NTCB in March 2011 without establishing 100 percent smoke-free public places or banning advertising. The NTCB did not become law immediately because the President did not give his assent, however, it was signed into law in 2015 (Ogbebo, 2015). Also, in June 2019, the National Tobacco Control Regulations was passed. In the National Tobacco Control Regulations, several provisions of the **National Tobacco Act of 2015** have been implemented, including smoke-free places, tobacco advertising, promotion, and sponsorship, tobacco packaging and labelling, preventing tobacco industry interference, and tobacco product disclosure.

3.0 The Role of Federal Government in Tobacco Control in Nigeria

In Nigeria, the key actors in the tobacco policy space are the Federal Ministry of Health, and the Ministry of Finance. There is also a Tobacco Control Desk, a unit within Nigeria's Federal Ministry of Health responsible for coordinating and implementing tobacco control policies and programs. Its role includes developing and implementing strategies, collaborating with other agencies and partners, enforcing regulations, conducting research, and providing technical assistance to strengthen capacity for tobacco control.



The Federal Ministry of Health coordinates with other relevant agencies such as the National Agency for Food and Drug Administration and Control (NAFDAC), Standards Organisation of Nigeria (SON), and the Nigeria Customs Service to ensure compliance with international and national regulations on tobacco products. The Ministry of Health in Nigeria has been involved in implementing laws and regulations related to the production, sale, and marketing of tobacco products in several ways. Some examples include:



Implementing the **National Tobacco Control Act (NTCA)** of 2015, which regulates the production, sale, and marketing of tobacco products in Nigeria.



Collaborating with the **National Agency for Food and Drug Administration and Control (NAFDAC)** to enforce compliance with the NTCA and other regulations related to the sale of tobacco products.



Participating in the development of the **National Tobacco Control Strategy** and Action Plan, which outlines the measures that need to be taken to reduce the burden of tobacco-related illnesses in Nigeria.



Launching **public awareness campaigns** to educate Nigerians about the dangers of tobacco use and the importance of compliance with laws and regulations related to tobacco.

05



Collaborating with other government agencies, civil society organisations, and international partners to implement the provisions of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), which Nigeria has ratified.

06

Set up a multisectoral interdepartmental coordinating mechanism; National Tobacco Control Committee (NATOCC).

The **Ministry of Finance in Nigeria** plays a key role in implementing tobacco control policies through its role in **taxation and revenue collection**. The Ministry can raise taxes on tobacco products to make them more expensive and less affordable to consumers, which can in turn help reduce tobacco consumption. Additionally, the Ministry may also be involved in implementing measures to **curb illicit trade in tobacco products**, which can help ensure that tobacco companies pay their fair share of taxes and reduce the availability of cheap, smuggled cigarettes.

The Ministry may also work with its agencies and organisations like the Nigerian Custom Service and the Federal Inland Revenue Service to develop and implement policies aimed at reducing tobacco use in Nigeria.



4.0 The Role of the State Government

Nigeria operates a federal system of government, with power and responsibilities divided among the federal, state, and local governments. Each tier of government has its own distinct roles and responsibilities, which can impact tobacco control efforts in different ways. At the federal level, the government has the power to make and enforce laws related to tobacco control. The federal government also has the power to allocate resources and funding for tobacco control programs. At the state level, the government has the power to implement and enforce tobacco control laws passed by the federal government.

States may also pass laws on specific tobacco control policy areas that fall within their scope, such as smoke-free places, point of sale, etc. However, enforcement can be challenging due to limited resources and capacity, as well as competing priorities. Some states in Nigeria have taken steps to strengthen tobacco control, such as **Ekiti state** which has banned smoking in public places and levied fines for violations. At the local government level, the authorities are empowered to regulate the sale and distribution of tobacco products but typically depend on directives from the state government to effectively enforce these laws and regulate tobacco sales. **Effective tobacco control efforts in Nigeria** require both the federal and state governments to work together collaboratively. While the federal government had played a critical role in tobacco control efforts by creating and enforcing laws and allocating resources for tobacco control programs, overcoming the challenges in enforcing these laws and implementing programs require support from the state governments.



Protecting people from tobacco smoke: State governments can protect citizens from second-hand smoke by enacting laws that ban smoking in public places and enforcing these laws.

The state governments possess a unique understanding of their local context, they can offer additional resources and support to the federal government to implement and enforce **tobacco control laws**. By passing state-level laws and regulations that go beyond federal regulations, state governments can strengthen tobacco control efforts within their jurisdictions.

Thus, the **MPOWER tobacco control framework**, developed by the **World Health Organization (WHO)**, provides a roadmap for effective tobacco control efforts that can guide state governments in supporting the efforts of the federal government in tobacco control. The **MPOWER framework** consists of six proven strategies that can be implemented to reduce tobacco use and its associated harms. **These strategies include:**



Monitoring tobacco use and prevention policies: State governments can monitor tobacco use and its associated harms through data collection and analysis. This can help inform tobacco control policies and programs.



Offering help to quit tobacco use: State governments can support tobacco users in quitting by offering access to cessation services and treatment.



Warning about the dangers of tobacco: State governments can implement effective health warnings on tobacco products and advertising to raise awareness of the harms of tobacco use.



Enforcing bans on tobacco advertising, promotion, and sponsorship: State governments can enforce bans on tobacco advertising, promotion, and sponsorship to reduce the influence of the tobacco industry.



Raising taxes on tobacco: State governments can advocate for increase taxes on tobacco products to reduce tobacco consumption and generate revenue for tobacco control programs.

Figure 2:

MPOWER Framework



By adopting and implementing these strategies, state governments in Nigeria can support effective tobacco control efforts and reduce the harm caused by tobacco use. The following discussions shows how the **MPOWER framework** can guide state governments on steps to take towards **stronger tobacco control policies** and programs that protect the health of Nigerians and promote a healthier future.

1.

Monitor Tobacco Use and Prevention Policies



Monitoring tobacco use and prevention policies is key to tobacco control under the **MPOWER** framework by WHO. This involves tracking consumption trends and collecting data on prevalence and patterns among different groups. Reliable data helps identify high-risk populations and evaluate policy effectiveness. The current data on tobacco prevalence in Nigeria, Global Adult Tobacco Survey in 2012, only covers the state level and lacks information on local government. The State and federal governments could improve efforts through a variety of methods (Ferrence & Stephens, 2000; Ribisl, 2003; & Farrelly, 2009; WHO FCTC Article 16), including:

CONDUCTING STATE-LED SURVEYS:

Surveys can gather smoking data on prevalence, patterns of use, and attitudes. Outdated tobacco consumption and epidemiologic data hinder tobacco control policies in Nigeria (Adeloye et al, 2019). Without current data, it is difficult to understand the problem, design effective interventions, and evaluate policies. Insufficient funding and resources for tobacco control also make national surveys hard to sustain. To improve tobacco control, the state governments in Nigeria need a strong surveillance system, current research, and increased funding for effective interventions.

MONITORING MEDIA:

Media monitoring tracks tobacco-related content in media and evaluates the impact of tobacco advertising on smoking rates (Bala et al, 2017). By monitoring media, policymakers can evaluate the effectiveness of policies to limit tobacco-related exposure. It helps identify pro-tobacco messages and counter-advertising campaigns, which can help develop effective campaigns (Davis, 2008). Monitoring tobacco advertisements and content frequency in news and entertainment programming helps understand the extent of exposure to tobacco messages and their impact on public attitudes towards smoking and smoking rates.

PROHIBITING THE DISTRIBUTION OF FREE TOBACCO PRODUCTS TO YOUTH AND THE PUBLIC:

This is a measure that can be adopted by state governments to reduce the demand and smoking rates among youth. This includes banning free samples, giveaways, and promotions that provide free tobacco products, as well as limiting their distribution in any form. The goal is to prevent youth from being attracted to tobacco products and reduce their addiction to nicotine. This also reduces their exposure to tobacco advertising and promotion and decreases overall tobacco product accessibility.

REQUIRING TOBACCO RETAILERS TO HOLD A LICENSE TO SELL TOBACCO PRODUCTS:

This is a measure that the state governments need to adopt to control and regulate the sale of tobacco. This policy can include various requirements, such as age verification, regular inspections, and compliance with advertising and labelling regulations, aimed at reducing access to tobacco products for minors and preventing the sale of counterfeit or illegal products.

PENALIZING YOUTH FOR PURCHASING, USING, OR POSSESSING TOBACCO PRODUCTS:

: This is a deterrent measure often used to discourage youth from using tobacco products. It can involve imposing fines, community service, or educational programs for youth found using or possessing tobacco products. The primary objective is to prevent youth from becoming addicted to nicotine and enforce age restrictions on tobacco sales. It can also create a deterrent effect, decreasing the likelihood that young people may experiment with tobacco. When these policies are consistently enforced, they have the potential to effectively reduce commercial access to tobacco products among the public, particularly underage youths, and increase the monitoring level of tobacco consumption.

REQUIRING FACE-TO-FACE SALES OF TOBACCO PRODUCTS AND PREVENTING SALES VIA MAIL, TELEPHONE, AND INTERNET:

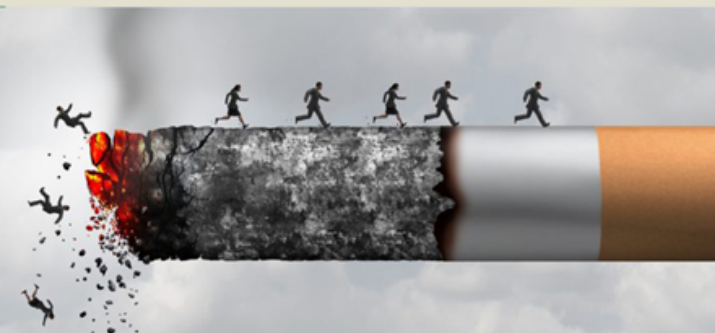
This is a strategy various state governments can employ to reduce youth access to tobacco by making it more difficult for them to purchase cigarettes online or through other non-face-to-face means. This policy is intended to prevent minors from using fake IDs or getting adults to purchase cigarettes for them.

LIMITING THE NUMBER, DENSITY, OR LOCATION OF TOBACCO RETAIL OUTLETS IN A COMMUNITY:

This is a measure that can be implemented to reduce tobacco product availability and smoking rates, especially among minors. State governments can achieve this by setting a cap on the number of tobacco retailers allowed in an area, restricting the proximity of retailers to schools or sensitive locations, or implementing zoning restrictions that prevent retailers from opening in certain areas. The aim is to decrease access and exposure to tobacco products, which can help to prevent smoking-related illnesses and reduce smoking rates.

2.

Protect People from Tobacco Smoke



To protect people from tobacco smoke, policies and laws limiting second-hand smoke exposure and public education about the dangers of smoking and benefits of not smoking are needed. This can include enforcing smoking bans in public places, and creating awareness campaigns for adults and children. Providing resources and support for smokers to quit also helps in protecting people from tobacco smoke.

The survey also showed that 18.4 million children are exposed to smoke in their homes and 27.6 million in public places, making Nigeria one of the top ten countries where children are most exposed to second-hand smoke.

The Nigerian government has implemented policies aimed at protecting people from tobacco smoke, including a ban on smoking in public places (National Tobacco Control Regulations, 2019), implementing higher taxes on tobacco products, and establishing the National Tobacco Control Act. The government has also launched public education campaigns to raise awareness about the harms of smoking and the benefits of quitting. These efforts demonstrate a commitment to reducing the burden of tobacco-related disease in Nigeria, although challenges remain in enforcing tobacco control policies and reducing the smoking rate.

To effectively support the efforts of the federal government, state governments must take action to protect their citizens from the harmful effects of second-hand tobacco smoke. This State practice is currently being championed by Ekiti State; Other States in Nigeria could adopt the policy. To do this, studies have revealed various measures state governments can adopt in reducing second-hand smoke exposure. Some of these measures include:

PLACING ABSOLUTE SMOKING BANS IN PUBLIC PLACES: LICENSE TO SELL TOBACCO PRODUCTS:

Legal restrictions are effective in reducing the demand and use of tobacco but quantifying the effects can be challenging. Absolute smoking bans in public places can have several benefits, including reducing second-hand smoke exposure and associated health risks, discouraging smoking, and promoting quitting, and reducing litter and fire hazards. Well-planned smoking restrictions as part of a holistic strategy have been successful in reducing public smoking. Workplace smoking restrictions have also been effective, with evidence showing a decrease in smoking prevalence of around 4% (Fichtenberg & Glantz, 2002), and possibly up to 10%, in smoke-free workplaces (Yurekli & Zhang, 2000; Ekpu & Brown, 2015).

PROMOTING EDUCATIONAL AND AWARENESS CAMPAIGNS ON TOBACCO

Educational and awareness campaigns on tobacco dangers can reduce smoking and second-hand smoke. State governments adopting strategies such as partnering with organizations, using social and digital media, launching targeted campaigns, and distributing educational materials can help reduce the tobacco use and its related health implications. Evidence shows that these campaigns should be part of a national and sub-national tobacco control program (Bala et al, 2017). Multimedia advertising can prevent young people from starting to smoke and help people quit, especially when combined with other interventions (Farrelly, 2017).

The Case of Ekiti State

The Prohibition of Smoking in Public Places Law was enacted by the Ekiti State government in 2012 to address the significant public health issue of smoking in the state. The law prohibits smoking in public places and has been implemented and enforced through public awareness campaigns, law enforcement officer training, and a task force responsible for monitoring compliance. The law has had a significant impact on reducing exposure to second-hand smoke, improving public health outcomes, and boosting the state's economy by making public places more attractive to non-smoking customers. The law has been successful in achieving its objectives.

SETUP LEGAL FRAMEWORKS AND REGULATIONS

State governments in Nigeria can play a critical role in protecting people from tobacco smoke by setting up legal frameworks and regulations that promote smoke-free environments. State governments can adopt and enforce tobacco control laws that ban smoking in public places, such as hospitals, schools, restaurants, and bars (Kong et al, 2022). The laws should also prohibit the sale of tobacco products to minors and require tobacco companies to display warning labels on their products (Wallack and Sciandra, 2019). Many states in Nigeria already have tobacco control laws in place, but they are not being effectively enforced. State governments can strengthen enforcement mechanisms to ensure compliance with the laws and hold violators accountable. Also, there is a need to increase levies and penalties on tobacco product consumption to reduce their affordability and discourage their use. In addition, State governments can monitor and evaluate their tobacco control programs to ensure they are effective in reducing tobacco use and protecting public health. This will enable them to make evidence-based decisions and adjust their strategies as needed.

The Case of Lagos State

The Lagos State Government enacted the Lagos State Regulation of Smoking Law in 2014 to regulate smoking in public places. LASEPA is responsible for enforcing the law and has conducted regular inspections of public places to ensure compliance. The regulations have led to a significant reduction in the prevalence of smoking in public places and increased public awareness of the dangers of tobacco use.

3.

Offer Help to Quit Tobacco Use



WHO's **MPOWER** initiative focuses on providing help to quit tobacco use, which involves access to cessation services and treatments, counselling, and support programs. These services can be made available through healthcare systems, workplaces, and community-based organizations. For effective smoking cessation, the WHO recommends a combination of medication and behavioural support. Nicotine Replacement Therapy (NRT) is a type of pharmacotherapy that helps reduce withdrawal symptoms and cravings associated with quitting smoking.

The Federal Government of Nigeria has made efforts to curb tobacco use, but as highlighted by Mamudu, et al (2020), there is currently no established program at the federal level to promote tobacco cessation. In view of this, it becomes imperative for state governments to take the lead in complementing federal efforts by strengthening structures that facilitate cessation of tobacco use by smokers. This is especially significant because tobacco cessation programs are more easily accessible when they are administered by state governments, who are primarily responsible for primary and secondary healthcare provision.

PROVIDE ACCESS TO STATE CESSATION SERVICES:

Legal restrictions are effective in reducing the demand and use of tobacco but quantifying the effects can be challenging. Absolute smoking bans in public places can have several benefits, including reducing second-hand smoke exposure and associated health risks, discouraging smoking, and promoting quitting, and reducing litter and fire hazards. Well-planned smoking restrictions as part of a holistic strategy have been successful in reducing public smoking. Workplace smoking restrictions have also been effective, with evidence showing a decrease in smoking prevalence of around 4% (Fichtenberg & Glantz, 2002), and possibly up to 10%, in smoke-free workplaces (Yurekli & Zhang, 2000; Ekpu & Brown, 2015).

CREATING PUBLIC AWARENESS CAMPAIGNS ON THE BENEFITS OF QUITTING TOBACCO TO LOCALS

Public awareness campaigns can motivate individuals to quit smoking by educating them about the health benefits of quitting and dispelling myths about smoking (CDC, 2019). These campaigns can take various forms, such as TV and radio ads, billboards, social media, or brochures (WHO, 2019). They can also highlight methods to quit, like nicotine replacement therapy, medication, and counselling services, and provide information on how to access these resources. It is crucial to ensure that these campaigns are culturally and linguistically appropriate and target the right populations.

4.

Warn About the Dangers of Tobacco



Warning about the dangers of tobacco use is an important aspect of the **World Health Organization's MPOWER initiative**, which aims to reduce the harm caused by tobacco use. Warning about the dangers of tobacco use is a key aspect of this initiative, as it helps to educate people about the negative health effects of tobacco use and encourages them to quit.

The **Nigerian government** has taken significant steps to warn its citizens about the dangers of tobacco use and to help smokers quit. The government has mandated **graphic warning labels on cigarette packages**, implemented mass media campaigns, conducted school-based education programs, restricted tobacco advertising and promotion, increased tobacco taxes, supported smoking cessation programs, and partnered with healthcare providers (**Tobacco Control Laws, 2022**). For instance, in **2019**, the Nigerian government mandated that cigarette manufacturers include graphic warning labels on cigarette packaging (**CSEA, 2022**). The graphic warnings cover **50%** of the packaging and include images of lung cancer, heart disease, and other smoking-related illnesses. These warnings are intended to communicate the health risks of tobacco use in a more powerful and effective way than text-only warnings.

There are several ways the state government can support warning about the dangers of tobacco use, including:

PUBLIC EDUCATION CAMPAIGNS AT STATE LEVEL

Governments and civil society organizations can launch public education campaigns to raise awareness of the risks of tobacco use and the benefits of quitting (Foreit, 2021). These campaigns can use a variety of mediums, such as television, radio, and print, and can target different groups, such as youth and adults. Educating smokers, non-smokers, and healthcare professionals about the dangers of tobacco use, the benefits of cessation, and effective ways of helping people quit can also help to raise awareness about the issue. Social media platforms can be used to disseminate information about the dangers of tobacco use and the benefits of quitting to reach a wider audience. These campaigns should be based on research evidence and designed to be culturally and socially appropriate to effectively reach the target population. In addition, the state government can implement regulations on the sale of cigarettes in packs to ensure that smokers are not only exposed to graphic warnings but also discouraged from buying single sticks.

5.

Enforce Bans on Tobacco Advertising, Promotion, and Sponsorship.



Enforcing bans on tobacco advertising, promotion, and sponsorship can reduce tobacco use and exposure to second-hand smoke. The **WHO Framework Convention on Tobacco Control (FCTC)** requires countries to implement comprehensive bans on these practices (WHO, 2019). These bans have been shown to be effective in reducing the number of people who start smoking and encouraging current smokers to quit. They also help to reduce the overall social acceptability of smoking and shift public attitudes towards a more negative view of tobacco use.

The Nigerian government has taken several measures to enforce bans on tobacco advertising, promotion, and sponsorship. These measures include implementing legislation through the National Tobacco Control Act, public education campaigns, signing onto the World Health Organization's Framework Convention on Tobacco Control and conducting surveillance to monitor tobacco industry activities. The government's efforts aim to raise awareness about the dangers of tobacco use and reduce its appeal to the public. However, there have been loose efforts in taking legal action against violators.

State governments can enforce tobacco advertising and sponsorship bans in a variety of methods, including:

IMPLEMENT INNOVATIVE TOBACCO MARKETING RESTRICTION

To implement innovative tobacco marketing restrictions, states can take various measures such as banning all forms of tobacco advertising, prohibiting tobacco companies from sponsoring events, prohibiting tobacco advert or promotion in cinemas and local media, restricting the display of tobacco products in stores, regulating online marketing, and increasing fines and penalties for violations (WHO, 2019). These strategies aim to limit the exposure of children to tobacco marketing, make tobacco products less appealing to them, and reduce the prevalence of smoking among young people (Flor, 2021; Semple et al, 2022).

The Case of Oyo State

The Oyo State House of Assembly passed the Oyo State Tobacco Control Law in 2017 which bans the sale of tobacco products to minors, and the sale of single cigarettes and prohibits smoking in public places. The Oyo State government implemented the law by conducting public awareness campaigns and working with law enforcement agencies to enforce it. The law has helped to reduce smoking in public places, protect minors, and reduce the number of people who start smoking at an early age. The law serves as a model for other states in Nigeria to follow.

6.

Raise Taxes on Tobacco



Raising tobacco taxes is a widely used strategy to reduce tobacco use and its harmful effects. It aims to decrease demand for tobacco products by making them less affordable and appealing, particularly to young people and those with lower incomes, while generating revenue for anti-tobacco campaigns and public health initiatives (WHO, 2021).

The Nigerian government has taken several measures to increase taxes on tobacco products to reduce tobacco use, which contributes to non-communicable diseases. These measures include a **20 percent** increase in excise duty on tobacco products, a tax stamps on tobacco products, and improved enforcement of tax collection and crackdown on illicit tobacco trade. For instance, in **2018**, the specific rate for each cigarette stick was **NGN 1 (equivalent to NGN 20 per pack of 20 sticks)**.

The specific rate increased to **NGN 2 per cigarette stick in 2019** and further increased to **NGN 2.90K per stick (equivalent to NGN 58 per pack of 20 sticks) in 2020, according to (PWC, 2021)**. These measures have led to increased revenue generation used to fund healthcare programs, including cancer treatment and prevention.

State governments in Nigeria cannot raise tobacco taxes but can advocate for increased federal tobacco taxes and work with the federal government to allocate a portion of the revenue generated from tobacco taxes to fund tobacco control initiatives at the state level.

Advocate for Increased Federal Tobacco Taxes

States can advocate for higher federal tobacco taxes by lobbying federal lawmakers and the Ministry of Finance, Budget, and National Planning (Tran & Hegner, 1998; Hudson, Kurti, Howard, Sanabria, Schroth, Hrywna, & Delnevo, 2021). This involves lobbying for tobacco tax provisions in national budgets and public health and tobacco control bills. States can collaborate with each other to create coalitions that have more influence when advocating for higher tobacco taxes. They can also work with stakeholders like health professionals and civil society organizations to promote the benefits of higher tobacco taxes. States can commission economic and public health research studies to support their advocacy efforts and raise awareness among policymakers and the public.

Collaborating with the Federal Government in Allocating Revenue from Tobacco Taxes to Fund Tobacco Control Initiatives

States can collaborate with the federal government to allocate a portion of the revenue generated from tobacco taxes to fund tobacco control initiatives at the state level. This can be done by engaging in dialogue with relevant federal agencies and policymakers to advocate for the inclusion of state-level tobacco control programs in national tobacco control policies and programs. States can also work to ensure that funds allocated to tobacco control at the state level are used effectively and efficiently by implementing strong monitoring and evaluation mechanisms. Furthermore, States can work to ensure that tobacco tax revenues are allocated equitably across different communities and populations. This can involve partnering with community organizations and conducting needs assessments to identify areas where tobacco control efforts are most needed.

Issue Licenses for retailers, and charge levies on tobacco retailers.

Persuasive Approach -

State governments can create incentives for individuals and businesses to support increased tobacco taxes. This can include tax credits for businesses that implement smoke-free policies or subsidies for low-income individuals who want to quit smoking. State governments can also implement special levies on tobacco products such as manufacturers and distributors levy or wholesalers and retailers' levy. This will lead to a reduction in smoking rates, lower healthcare costs related to smoking-related illnesses, and increased revenue for the state.

5.0 CONCLUSION

Tobacco consumption remains a significant public health issue in Nigeria, with a high number of deaths and economic losses associated with it. The Nigerian government has taken steps to combat tobacco use, including ratifying the World Health Organization's Framework Convention on Tobacco Control and implementing federal policies such as increasing taxes on tobacco products, banning smoking in public places, and regulating tobacco advertising and sponsorship. However, progress at the state level has been slow, with only a few states successfully implementing tobacco control laws.

The involvement of state governments in tobacco control is crucial, as they are responsible for implementing policies that directly impact their residents. Effective tobacco control policies and programs at the state level can help protect residents from the harmful effects of tobacco use. The **MPOWER framework** provides evidence-based recommendations for state governments to effectively implement tobacco control policies and programs.

It is essential for stakeholders involved in policy making and practices to pay more attention to research evidence and knowledge co-production to strengthen their efforts towards effective tobacco control in Nigeria. Furthermore, there is a need for increased public awareness campaigns about the harmful effects of tobacco use, particularly among women and young people. The concerted efforts of all levels of government, stakeholders, and the general public are necessary to combat the harmful effects of tobacco use and improve public health outcomes in Nigeria.

REFERENCES

- Adeloye, D., Auta, A., Fawibe, A., Gadanya, M., Ezeigwe, N., Mpazanje, R. G., & Adewole, I. F. (2019). Current prevalence pattern of tobacco smoking in Nigeria: a systematic review and meta-analysis. *BMC Public Health*, 19, 1-14.
- Agaku, I., Akinyele, A. & Oluwafemi, A. (2012). Tobacco control in Nigeria- policy recommendations. *Tob. Induced Dis.* 10, 8. <https://doi.org/10.1186/1617-9625-10-8>
- Hudson, S. V., Kurti, M., Howard, J., Sanabria, B., Schroth, K. R., Hrywna, M., & Delnevo, C. D. (2021). Adoption of Tobacco 21: a cross-case analysis of ten US states. *International journal of environmental research and public health*, 18(11), 6096.
- Bala, M. M., Strzeszynski, L., & Topor-Madry, R. (2017). Mass media interventions for smoking cessation in adults. *Cochrane Database of Systematic Reviews*, (11).
- CDC, (2019). Tobacco Myths. <https://www.cdc.gov/tobacco/sgr/2010/myths/pdfs/myths.pdf>
- Centers for Disease Control and Prevention. (2021). Smoking & Tobacco Use: Tobacco-Related Mortality.
- Tran, L., & Hegner, R. (1998). Increasing the federal cigarette tax: a means of reducing consumption?.
- Davis, R. M. (Ed.). (2008). The role of the media in promoting and reducing tobacco use (No. 19). US Department of Health and Human Services, National Institutes of Health, National Cancer Institute.
- Drope J. Tobacco Control in Africa: People, Politics, and Policies 2011. <https://www.idrc.ca/en/book/tobacco-control-africa-people-politics-and-policies>.
- Egbe CO, Bialous SA, Glantz SA. Avoiding. (2017). A Massive Spin-Off Effect in West Africa and Beyond: the tobacco industry stymies tobacco control in Nigeria. *Nicotine Tob Res.* 19(7):877–887.
- Ekpu, V. U., & Brown, A. K. (2015). The economic impact of smoking and of reducing smoking prevalence: review of evidence. *Tobacco use insights*, 8, TUI-S15628.
- Farrelly, M. C. (2009). Monitoring the tobacco use epidemic V: the environment: factors that influence tobacco use. *Preventive medicine*, 48(1), S35-S43
- Farrelly, M. C., Duke, J. C., Nonnemaker, J., MacMonegle, A. J., Alexander, T. N., , Zhao, X., ... & Allen, J. A. (2017). Association between The Real Cost media campaign and smoking initiation among youths—United States, 2014–2016. *Morbidity and mortality weekly report*, 66(2), 47.
- Federal Republic of Nigeria. Tobacco (Smoking) Control Decree No. 20 1990. 1990. <http://www.tobaccocontrollaws.org/legislation/country/nigeria/laws>.
- Tobacco Control Laws.



REFERENCES

- Tobacco Control Laws, (2022). Legislation by Country.
<http://www.tobaccocontrollaws.org/legislation/country/nigeria/laws>.
- Ferrence, R., & Stephens, T. (2000). Monitoring tobacco use in Canada: the need for a surveillance strategy. *Chronic Diseases in Canada*, 21(2), 50.
- Fichtenberg C.M., Glantz S.A., (2002). Effect of smoke-free workplaces on smoking behavior: systematic review. *British Medical Journal* 325:188-194.
- Flor, L. S., Reitsma, M. B., Gupta, V., Ng, M., & Gakidou, E. (2021). The effects of tobacco control policies on global smoking prevalence. *Nature medicine*, 27(2), 239-243.
- Foreit, A. J. (2021). Public Education Campaigns Reduce Tobacco Use.
- Gollust, S. E., Schroeder, S. A., & Warner, K. E. (2008). Helping smokers quit: understanding the barriers to utilisation of smoking cessation services. *The Milbank Quarterly*, 86(4), 601-627.
- House of Representatives, Federal Republic of Nigeria. Notice Paper for Tobacco Smoking (Control) (Amendment) Bill HB 59. 2000. <http://www.nassnig.org/document/download/7316>
- Iraoya, A., & Ihezue, E. (2022). Promoting an effective tobacco tax system to save lives and the environment. Centre for the Study of the Economies of Africa.
- Kong, G., Laestadius, L., Vassey, J., Majmundar, A., Stroup, A. M., Meissner, H. I., ... & Romer, D. (2022). Tobacco promotion restriction policies on social media.
- Mamudu M., Malau T., Osaghae I., Erameh A., Okeke A., Buhari O, (2020). Africa Tobacco Industry Monitoring (ATIM) Country Report: Nigeria 2020. Africa Center for Tobacco, The Union.
- Ribisl, K. M. (2003). The potential of the internet as a medium to encourage and discourage youth tobacco use. *Tobacco control*, 12(suppl 1), i48-i59.
- Semple, S., Dobson, R., O'Donnell, R., Abidin, E. Z., Tigova, O., Okello, G., & Fernández, E. (2022). Smoke-free spaces: a decade of progress, a need for more? *Tobacco Control*, 31(2), 250-256.
- Steliga, M. A. (2018). Smoking cessation in clinical practice: how to get patients to stop. In *Seminars in thoracic and cardiovascular surgery* (Vol. 30, No. 1, pp. 87-91). WB Saunders.
- Tobacco Control Data Initiative, (2022). Nigeria. <https://nigeria.tobaccocontroldata.org/en>
- Wallack, L., & Sciandra, R. (2019). Media advocacy and public education in the Community Intervention Trial to reduce heavy smoking (COMMIT). In *International Quarterly of Community Health Education* (pp. 205-222). Routledge.
- WHO FCTC Article 16. Sales to and by Minors.
https://fctc.who.int/docs/librariesprovider12/default-document-library/13.article_16.pdf?sfvrsn=a9d8f265_1&download=true



REFERENCES

WHO, (2019). WHO report on the global tobacco epidemic, 2019: offer help to quit tobacco use. World Health Organization.

WHO-Framework Convention for Tobacco Control Implementation Database. Nigeria: Senate Passes National Tobacco Control Bill. 12 May 2015.

<http://apps.who.int/fctc/implementation/database/groups/nigeriasenate-passes-national-tobacco-control-bill>

Winifred Ogbebo. Nigeria's Tobacco Control Law. A Toothless Bulldog. Leadership September 21, 2015. <http://leadership.ng/news/462049/nigerias-tobacco-control-law-a-toothless-bulldog>

World Health Organization (2022). Tobacco.

CSEA, (2022). Examining The Effectiveness of Health Warnings on Cigarette Packaging in Nigeria: A Modelling Study.

<https://cseaafrica.org/wp-content/uploads/2022/10/Cigarette-Packaging-in-Nigeria.pdf>

World Health Organization. (2021). WHO report on the global tobacco epidemic, 2021: addressing new and emerging products. World Health Organization.

Yurekli A, Zhang P., (2000). The impact of clean indoor-air laws and cigarette smuggling on demand for cigarettes: an empirical model. Health Economics, 2000, 9:159-170

Yusuf, A.S. (n.d). Tobacco Usage and Nigerian Laws.

https://www.yusufali.net/articles/Tobacco_Usage_And_Nigerian_Laws.pdf





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