

Strengthening Nigeria's Fight Against Tobacco: Key Insights from a Multistate Initiative

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Introduction

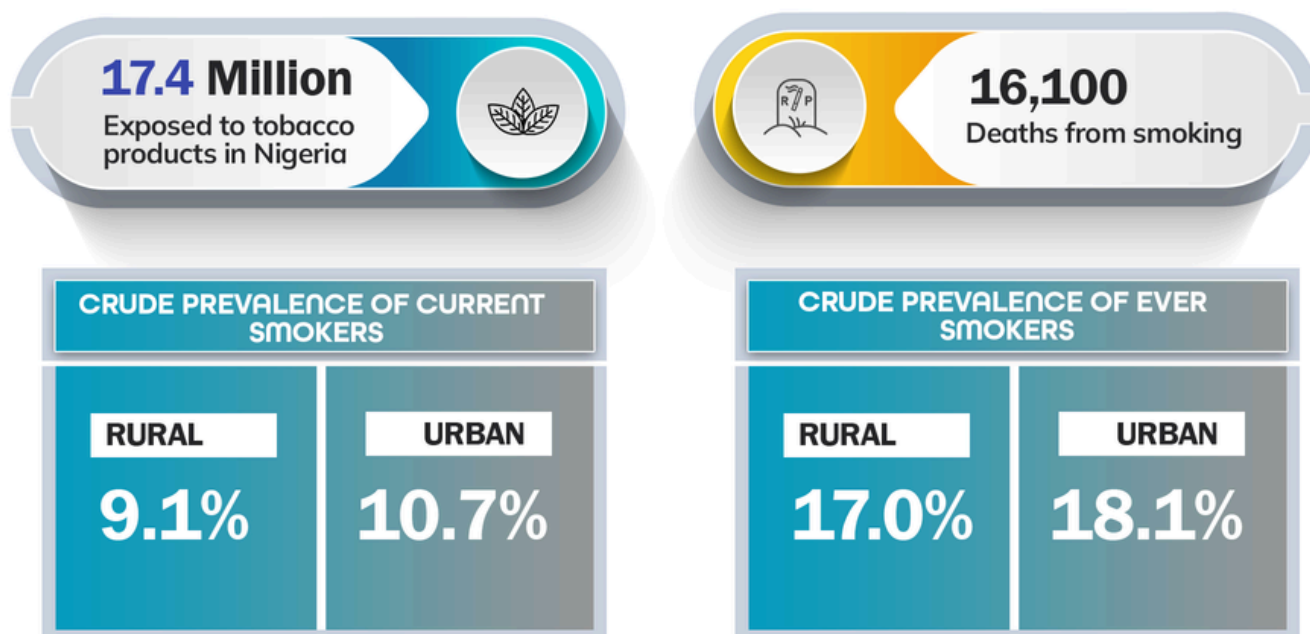
In 2023, a formidable coalition comprising the Centre for the Study of the Economies of Africa (CSEA), Cancer Research UK, Development Gateway, and the Federal Ministry of Health embarked on a groundbreaking multistate capacity development workshop on tobacco control to combat the global public health challenge posed by tobacco use. This programme took place in five Nigerian states, including the Federal Capital Territory (FCT): Oyo, Rivers, Enugu, Gombe, and Kano, bringing together stakeholders from diverse backgrounds. Their shared mission? To address the critical issue of tobacco consumption head on. This article delves into the crucial insights and solutions developed as a result of this collaborative endeavour, shining light on its potential to shape Nigeria's overall tobacco control landscape.

The Prevalence of Tobacco Use in Nigeria

Tobacco usage is a serious threat to public health, including cancer, heart disease, and respiratory illnesses. In Nigeria, tobacco usage remains a major public health issue in Nigeria, affecting millions of people exposed to its harmful effects. According to the World Health Organisation (WHO), Nigeria has one of the highest tobacco consumption rates in Africa, with an estimated 17.4 million individuals using or being exposed to tobacco products.

Tobacco use in Nigeria is a multifaceted issue that includes a range of products such as cigarettes, smokeless tobacco, and shisha. The prevalence of tobacco usage in Nigeria varies by demographic groups and regions. The Tobacco Control Data Initiative (TCDI), reports that smoking is a major public health concern in Nigeria, accounting for at least 16,100 deaths each year. BMC Public Health conducted a comprehensive review and meta-analysis of 64 studies and found that the pooled crude prevalence of current smokers in Nigeria was 10.4% and 17.7% for ever smokers. Men were more likely to smoke compared to women in both groups. There was significant variation across geopolitical zones, ranging from 5.4% (North-west) to 32.1% (North-east) for current smokers, and 10.5% (South-east) to 43.6% (North-east) for ever smokers. Urban and rural dwellers had relatively similar rates of current smokers (10.7 and 9.1%) and ever smokers (18.1 and 17.0%).

The estimated median age at initiation of smoking was 16.8 years. The Global Adult Tobacco Survey report for Nigeria shows that 4.5 million adults aged 15 years or older currently smoke (10.0% men and 1.1% women), while 6.4 million adults were exposed to second-hand smoke during visits to public places. While the prevalence of smokers may be declining in Nigeria, one out of ten Nigerians still smokes daily . There is a need for comprehensive measures and strict anti-tobacco laws targeting tobacco production and marketing.



[Advancing Tobacco Control in Nigeria: The TCDI Website – Development Gateway: An IREX Venture – Data and digital solutions for international development.](#)
[Current prevalence pattern of tobacco smoking in Nigeria: a systematic review and meta-analysis | BMC Public Health | Full Text \(biomedcentral.com\).](#)
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[Current prevalence pattern of tobacco smoking in Nigeria: a systematic review and meta-analysis | BMC Public Health | Full Text \(biomedcentral.com\).](#)
[Tobacco use, prevalence, pattern, and predictors, among those aged 15-49 years in Nigeria, a secondary data analysis \(tobaccoinduceddiseases.org\).](#)
[Current prevalence pattern of tobacco smoking in Nigeria: a systematic review and meta-analysis | BMC Public Health | Full Text \(biomedcentral.com\).](#)

Key Insights from the Multistate Initiative

The Case of Abuja (North Central Zone)

- 1. Facilitate Knowledge Transfer:** The participants committed to prioritise the transfer of knowledge and best practices from the federal to state levels, acknowledging the need of empowering state agencies to effectively execute tobacco control measures.
- 2. Commend Federal Contributions:** All of the participants agreed to recognise and applaud the significant contributions made by federal organisations, such as the Health and Finance Ministries, in driving tobacco control policies and initiatives forward. This highlights the shared commitment to strong federal actions in this area.
- 3. Collaborate on State-Level Challenges:** Participants acknowledged the huge challenges faced at the state level in tobacco control and have committed to working together on comprehensive efforts to solve these challenges through coordinated and targeted initiatives .
- 4. Joint Emphasis on Data and Research:** Participants emphasised the importance of data collecting and research in tobacco control for making evidence-based decisions at both federal and state levels.
- 5. Building Partnerships:** The crucial necessity of partnerships was widely recognised, especially engaging civil society and religious bodies to use their influence and presence in monitoring and implementation.

The Case of Enugu State (South East Zone)

- 1. Legislation and Policy:** Stakeholders aim to implement tablish comprehensive tobacco control laws that are consistent with federal standards but tailored to regional needs in order to effectively curb tobacco production, sale, and consumption.
- 2. Agricultural Transition:** Stakeholders seek to transfer tobacco farmers to alternative, commercially viable crops to diversify agriculture, protect health, and enhance food security.
- 3. Coordination and Point of Contact:** Stakeholders plan to appoint dedicated officers in key agencies to coordinate tobacco control activities and facilitate collaboration across involved parties.
- 4. Awareness and Advertising:** Stakeholders recognise the importance of raising public awareness and prohibiting all types of tobacco advertising in order to influence attitudes and behaviours towards tobacco.
- 5. Cessation Support:** Stakeholders recognise the need for cessation services like counselling and medicines to assist tobacco users in quitting
- 6. Monitoring and Reporting:** Stakeholders want to track progress and inform policies by conducting surveys and reporting on tobacco consumption .

7. **Funding and Resources:** Stakeholders want to allocate funds and mobilise resources to support the financial sustainability of tobacco control initiatives.
8. **Research and Evidence-Based Strategies:** Stakeholders recognise the importance of conducting research and adopting evidence-based strategies to inform and guide tobacco control efforts, ensuring that policies and interventions are effective and appropriate for local contexts.

The Case of Rivers State (South South Zone)

1. **Identifying Issues :** Identifying issues such as age of initiation, peer pressure, and perceived pleasure aids in understanding of root causes of smoking.
2. **Data for Advocacy:** Data helps advocacy by providing concrete facts that can lead to policy changes; however data quality and availability must also be addressed.
3. **Recommendations for Advocacy:** Based on data insights, advocates make actionable recommendations such as prohibitions, age limits, and discouraging house smoking. .
4. **Retailer Licensing:** Licencing retailers in Rivers State can help to curb illicit tobacco trade and make it harder for minors to obtain cigarettes. access.
5. **Tobacco Industry Interference:** Advocacy efforts must remain vigilant against tobacco industry interference through political manoeuvring and discrediting evidence.
6. **National Control of Tobacco Act:** Adopting comprehensive tobacco control laws provides a legal framework to regulate tobacco products, advertising, and sales to reduce smoking.
7. **Education and Information Dissemination:** Education ministries play a key role in public awareness campaigns to educate students and the general public about the dangers of smoking.
8. **Localization and Language:** Localising advocacy and messages in multiple languages and for different communities has increased the impact by making information relatable.

The Case of Oyo (South West Zone)

1. **Community Engagement and Education:** Policymakers viewed community engagement and education through awareness campaigns about the health risks of tobacco as being essential to gaining support for control policies.
 2. **Policy Advocacy:** Policy advocacy at state and federal levels to increase taxes, implement smoke-free regulation , and control advertising was deemed crucial to limiting tobacco usage.
 3. **Youth Empowerment:** Policymakers believe that targeting youth through empowerment programmes and education is considered necessary to prevent early tobacco addiction.
 4. **Smoke-Free Environments:** Enforcing smoke-free public spaces and workplaces was a key strategy to protect nonsmokers and motivate smokers to quit.
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5. **Cessation Services:** Establishing accessible counselling and cessation services would help smokers quit successfully.
6. **Data Collection and Research:** Data collection and research were prioritised to guide evidence-based policymaking through monitoring trends and evaluating interventions.

The Case of Kano (North West Zone)

1. **Tobacco Control Public Engagement:** Organise public dialogues to raise awareness about tobacco harm and get support for tobacco control measures.
2. **Empowering Rural Communities:** Increase grassroots advocacy and awareness in rural areas to address issues and promote healthier lifestyles.
3. **Involving Religious and Traditional Leaders:** Engage religious and traditional leaders in their roles and garner their support through interfaith dialogues.
4. **Leveraging Media and Government Agencies:** Collaborate with media and agencies to raise awareness about the dangers of tobacco smoking.
5. **Expanding Tobacco Control Legislation:** Advocate for the adoption and implementation of the Tobacco Control Act in the state, building on successful models like those in Ekiti, Lagos, and Oyo.
6. **Enhancing Enforcement:** Facilitate coordination among enforcement agencies to discuss and improve implementation of tobacco laws, while also implementing federal tobacco tax policies.
7. **Boosting Support for Cessation Centers:** Advocate for more financing for existing cessation centers in order to provide better help to those seeking to overcome addiction.

The Case of Gombe (North East Zone)

1. **Limited Awareness of WHO's MPOWER Framework and Tobacco Control Laws:** Participants lacked knowledge of WHO's MPOWER framework and applicable state tobacco control laws, indicating a need for more effective dissemination of guidelines and legislation.
2. **Data and Information Accessibility Challenges:** Data and information accessibility challenges at the state level hinder the development of evidence-based advocacy strategy by civil society organisations .
3. **Capacity Development Needs for CSOs and Government Agencies:** Through training initiatives, both CSOs and government agencies can improve their capacity for tobacco control advocacy and enforcement
4. **Constraints Affecting All MPOWER Items:** The identified constraints affect all MPOWER components, showing the interconnection of challenges that necessitate a comprehensive approach.
5. **Importance of Collaboration between CSOs and Government Agencies:** Collaboration between CSOs and government is essential for successfully implementing tobacco control as it allows for pooling resources, knowledge, and advocacy.

Challenges and Lessons Learned

The multistate workshops highlighted several challenges that need to be addressed to strengthen tobacco control efforts in Nigeria:

- 1. Limited Awareness of Policies and Guidelines:** In several states, stakeholders were unfamiliar with key tobacco control policies, legislation, and frameworks like WHO's MPOWER strategy. This highlights the need for more effective dissemination and capacity building around existing tobacco control tools.
- 2. Data and Research Constraints:** Many states face data accessibility challenges that limit evidence-based advocacy and policy making. Improved data collection and research are essential to inform tobacco control initiatives.
- 3. Resource and Capacity Limitations:** Stakeholders from several states emphasised the need for capacity building among both government agencies and civil society organisations involved in tobacco control. Continuous training and resourcing are critical.
- 4. Fragmented Efforts:** The workshops showed areas of misalignment and lack of coordination among stakeholders. Collaboration and unified strategies are key takeaways.
- 5. Industry Interference:** The tobacco industry's political manoeuvring and evidence discrediting remain as barriers. The key to overcoming this interference is to be vigilant and resilient.

The workshops highlighted common challenges but also reinforced important lessons:

- Comprehensive data supports an effective policy development and advocacy
- Awareness drives social and cultural change around tobacco
- Multi Sector collaboration optimises resources and impact
- Localising efforts resonates across Nigeria's diversity
- Capacity building for stakeholders is essential
- Federal-state coordination creates synergy.

Nigeria can make significant strides against the tobacco epidemic, by proactively addressing the challenges and applying the lessons learned. The workshops were an important step towards consolidating knowledge to guide strategies nationwide.

Conclusion

The multistate tobacco control workshops organised by CSEA, Cancer Research UK, Development Gateway, and the Federal Ministry of Health have set in motion a collaborative effort that has immense potential to accelerate Nigeria's progress against tobacco use.

The insights and strategies generated underscore the power of bringing diverse stakeholders together to pool knowledge and develop localised solutions that align with national policies. This model of multisector engagement can serve as a blueprint as Nigeria aims to meet its WHO tobacco control targets.

While challenges remain, the workshop insights provide a roadmap for awareness building, policy advocacy, strategic coordination, capacity development, and impactful collaboration.

Nigeria can overcome the severe burden of the tobacco epidemic by putting these insights into practice with support from political will and ongoing funding.

The work has only just begun. Initiatives such as these workshops are establishing the foundation for healthier communities, reducing occurrence of preventable diseases, and ensuring that generations of Nigerians are living free from tobacco addiction. The time for concerted action is now. By collaborating and consistently prioritising the primary goal of promoting the welfare of individuals, Nigeria has the potential to generate momentum and take a leading role in the regulation of tobacco.