

Consumption and approaches to the regulation of nasvay

in the Commonwealth of Independent States



Abstract

Smokeless tobacco products present a complex and widespread challenge to public health but have so far received limited attention globally. In the WHO European Region, two populations have a longstanding tradition of smokeless tobacco use – people in Scandinavian countries, particularly Sweden, where snus is traditionally consumed, and those in central Asian countries such as Kyrgyzstan and Uzbekistan, where nasvay is the most widely used form of smokeless tobacco. This brief paper looks at smokeless tobacco use, specifically the use of nasvay, in the Commonwealth of Independent States. It considers the latest available smokeless tobacco prevalence data and specifies the available policy responses.

Keywords

EUROPEAN REGION
SMOKELESS TOBACCO
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Text editing

Alex Mathieson, Freelance Writer and Editor, Edinburgh, United Kingdom

Design

Studio 2M d.o.o., Zagreb, Croatia

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— **Key** messages

- ▶ Nasvay is a type of smokeless tobacco for oral use, which is produced and used mostly in central Asian countries.
- ▶ There is a paucity of evidence around the health effects of nasvay consumption and prevalence of its use, specifically in the Commonwealth of Independent States.
- ▶ Regulation of nasvay can be challenging, partly because of the informal nature of its production and trade, but also because of underestimation of the health risks associated with its use.
- ▶ Currently, Belarus, the Russian Federation and Turkmenistan are the only countries in the Commonwealth of Independent States to have prohibited production and sale of nasvay. Other countries use different approaches to regulation of smokeless tobacco products, including measures such as requiring health warnings on the packages of smokeless tobacco products and prohibition of their use in public places.

Introduction

Smokeless tobacco products present a complex and widespread challenge to public health but have so far received limited attention globally. Smokeless tobacco use is increasing in many countries of the world and constitutes the predominant form of tobacco use in some (1,2).

A variety of smokeless tobacco products is available globally, for both oral and nasal use. Smokeless tobacco products intended for oral use are sucked, chewed (dipped), gargled or applied to the gums or teeth, while fine tobacco mixtures are usually inhaled into the nostrils (3).

Most smokeless tobacco products contain over 2000 chemical compounds that are known to be hazardous, including nicotine, cadmium and tobacco-specific nitrosamines, with some identified as potent carcinogens (2,4). There is evidence that smokeless tobacco use can have devastating health effects, such as cancer of the oral cavity, oesophagus and pancreas, can contribute to the development of heart disease and chronic hypertension and, among other things, may increase risk of early delivery and stillbirth when used during pregnancy (1,2).

There is great diversity in smokeless tobacco products and their use patterns across the globe (4). WHO estimates that at least 367 million people aged 15 years and older used smokeless tobacco in 2017 (5). More males used smokeless tobacco products than females, and although this type of tobacco product is consumed in all WHO regions, the WHO South-East Asia Region has the largest number – 82% of all users worldwide (5). The average prevalence rate of smokeless tobacco use for both sexes in the WHO European Region in 2017 was 0.9% (males 1.6%, females 0.3%) (5).

Two populations in the European Region have a longstanding tradition of smokeless tobacco use: people in Scandinavian countries, particularly Sweden, where snus – a moist to semi-moist ground, oral smokeless tobacco product – is traditionally consumed, and those in central Asian countries, such as Kyrgyzstan and Uzbekistan, where nasvay is the most widely used form of smokeless tobacco (1). A detailed description of nasvay is provided below.

Some smokeless tobacco products are banned in the European Union (EU) (for instance, tobacco for oral use is banned in EU countries except for Sweden, which was granted an exemption in 1992) while others are allowed (1). The European Region is also very diverse regarding availability of policy measures aimed at regulating smokeless tobacco use. The EU Tobacco Products Directive, 2014/40/EU (EU TPD), for example, requires Member States to regulate labelling of these products (6). Very few countries in the Region address smokeless tobacco product use in public places and regulate products' content, such as use of additives and flavours (7).

This brief paper looks at smokeless tobacco use, specifically the use of nasvay in the Commonwealth of Independent States (CIS). It considers the latest smokeless tobacco prevalence data and specifies the available policy responses.

Product description

Nasvay is a type of smokeless tobacco for oral use that is produced and used mostly in central Asia. It has different names in the Region, including, nasybay, nus, nuts, nos, ice, nasyr, natsvay, anasvay, asmay and atmay. The product is known as naswar in Afghanistan and Pakistan.

Nasvay is dark green/brown in colour and is consumed by placement between the gum and cheek or under the tongue. It results in excessive salivation, thereby requiring periodic spitting of nasvay-coloured saliva.

Nasvay is a mixture, the key basic components of which are shredded tobacco – the source of nicotine – and the alkali calcium hydroxide (hydrated or slaked lime), which is added for better nicotine absorption into the bloodstream. Additional ingredients might include plant ash, vegetable oils such as cottonseed oil, and dried fruits and flavourings (like cardamom and menthol) to enhance the flavour. Some publications claim that animal excrement is also sometimes added (9,10). These ingredients are mixed with water and usually rolled into balls, which are then packed into small polyethylene bags for sale (1).

It is usually informally produced or home-made and the formulation is often determined by the learned recipe, local availability and cost of ingredients. Climatic conditions in central Asian countries allow the growing of tobacco leaf suitable for nasvay production, meaning that this type of tobacco has become a speciality of local farmers.

The nicotine content of nasvay is high and it has a pH level of around 10, optimizing the bioavailability of nicotine in the unprotonated form (11), which easily penetrates cell membranes in the mouth and thereby rapidly enters the bloodstream. This high concentration of nicotine, combined with its high absorption, ultimately leads to high levels of nicotine delivery to the brain and a high level of associated nicotine dependence. The high pH (alkaline) of the product also increases the absorption of various other toxic and carcinogenic substances² contained in nasvay (11).

There is a paucity of evidence around the effects of nasvay consumption and prevalence of its use in the CIS. Studies in CIS countries evaluating the effectiveness of measures aimed at reducing nasvay use are also limited.

Nasvay distribution

Nasvay is sold by weight, in bulk or packed in bags of 50–100 grams. No information is provided to the consumer on the contents of the product. It is usually sold in local markets, bazaars or through individual mobile traders. Sale of nasvay is illegal in Turkmenistan, Belarus and the Russian Federation, but it continues to be available on the black market. Information about confiscation of nasvay by police or customs is often published in media of the Russian Federation and Belarus (12,13).

1 Calcium hydroxide (traditionally called slaked lime) is an inorganic compound with the chemical formula $\text{Ca}(\text{OH})_2$. It is a colourless crystal or white powder and is obtained when calcium oxide (called lime or quicklime) is mixed, or slaked, with water. Calcium hydroxide is used in many applications, including in dental work, hair-care products, leather production, food manufacturing and others (8).

2 Other toxic and carcinogenic substances include carcinogenic nitrosamines *N*'-nitroso-*N*-nicotine (NNN), 4-(methylnitrosamino)-1-(3-pyridyl)-butanone (NNK), and 4-(methylnitrosamino)-1-(3-pyridyl)-butanol (NNAL), polycyclic aromatic hydrocarbons (PAH) which include benzo[*a*]pyrene and other carcinogenic PAH (11).

Prevalence of smokeless tobacco use in CIS countries

Data on the prevalence of nasvay use in CIS countries are scant. WHO data on consumption of smokeless tobacco does not distinguish between the different forms of products used in CIS countries (7), but data are available from specific population surveys undertaken in the CIS, such as the Uzbekistan health examination survey of 2002, the national epidemiological study of tobacco use prevalence in Kyrgyzstan in 2005, the Uzbekistan Social Research Centre population survey of tobacco consumption practices of 2006, the Kazakhstan national sociological survey of 2012, and cigarette and smokeless tobacco use in Tajikistan in 2015. According to grey literature, local experts and observations, it is likely that nasvay is the most prevalent smokeless tobacco product in central Asian countries.

Tables 1 and 2 show the prevalence of current tobacco-smoking and smokeless tobacco use in the CIS among adults and young people, based on the most recent WHO data (7).

Table 1. Prevalence of current tobacco-smoking and smokeless tobacco use among adults

| Country | Current tobacco-smoking (%) | | | | Smokeless tobacco use (%) | | | |
|---------------------------------|-----------------------------|--------|---------|----------------|---------------------------|---------|---------|----------------|
| | Male | Female | Total | Year of survey | Male | Female | Total | Year of survey |
| Armenia | 51.5 | 1.8 | 27.9 | 2016 | 1.8 | 0.0 | No data | 2005 |
| Azerbaijan ^a | 35.5 | 0.0 | 17.0 | 2015 | 0.2 | 0.0 | 0.2 | 2011 |
| Belarus | 46.6 | 8.6 | 24.0 | 2016 | No data | No data | No data | No data |
| Georgia | 57.0 | 7.0 | 31.0 | 2016 | 1.0 | 0.2 | 0.6 | 2010 |
| Kazakhstan | 42.4 | 4.5 | 22.4 | 2014 | 2.8 | 0.0 | 1.3 | 2014 |
| Kyrgyzstan | 48.2 | 2.7 | 25.7 | 2013 | 10.1 | 0.1 | 5.2 | 2013 |
| Republic of Moldova | 43.6 | 5.6 | 25.3 | 2013 | 0.1 | 0.0 | 0.0 | 2013 |
| Russian Federation ^a | 45.0 | 17.0 | 31.0 | 2016 | 1.0 | 0.2 | 0.6 | 2009 |
| Tajikistan | No data | 0.3 | No data | 2012 | No data | No data | No data | No data |
| Turkmenistan | 15.5 | 0.6 | 8.3 | 2013/2014 | 2.7 | 0.0 | 1.4 | 2013/2014 |
| Ukraine | 45.0 | 10.6 | No data | 2015 | 0.5 | 0.0 | 0.2 | 2010 |
| Uzbekistan | 26.8 | 1.4 | 14.4 | 2014 | 23.2 | 0.2 | 12.0 | 2014 |

^aAdult cigarette-smoking, current.

In all countries, tobacco-smoking prevalence in adults is higher than that of smokeless tobacco. Consumption of smokeless tobacco among adults is highest in Uzbekistan and Kyrgyzstan at 23.2% and 10.1% for men, respectively. Turkmenistan appears to have significantly reduced smokeless tobacco consumption over the last 15 years, probably due to tightened restrictions on nasvay sale and use that have been in force since 2004. Studies conducted in Turkmenistan in 1993 reported that 12% of adults used smokeless tobacco (1), which is 10.6% points higher than the 2013/2014 estimate (see Table 1). In all CIS countries that have data on smokeless tobacco use, prevalence was negligible among females.

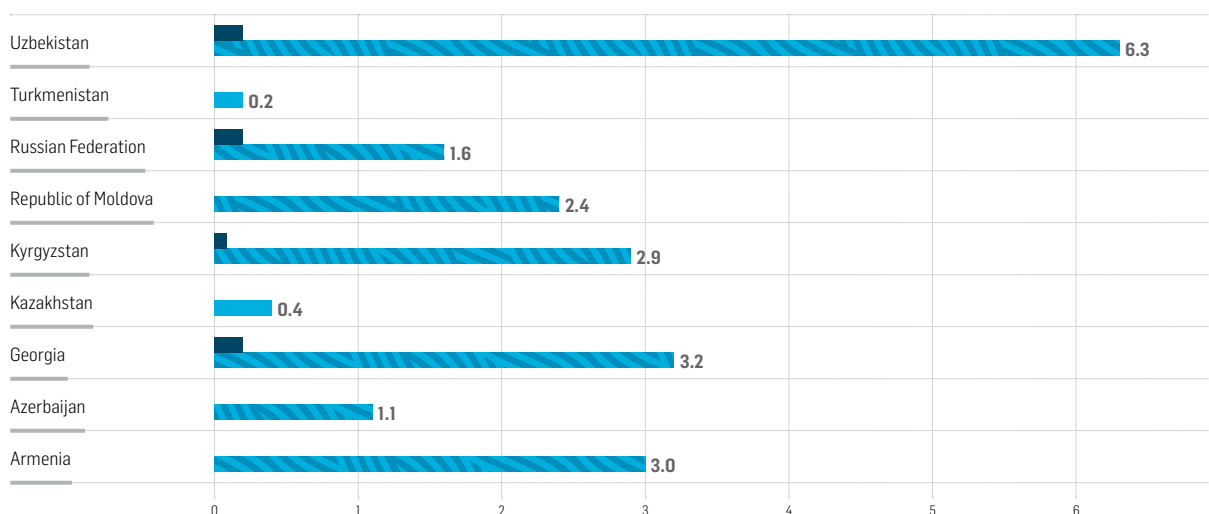
Table 2. Prevalence of current tobacco-smoking and smokeless tobacco use among children aged 13–15

| Country | Current tobacco-smoking (%) | | | | Smokeless tobacco use (%) | | | |
|---------------------|-----------------------------|-------|-------|----------------|---------------------------|---------|---------|-------------------|
| | Boys | Girls | Total | Year of survey | Boys | Girls | Total | Year of survey |
| Armenia | 5.0 | 1.0 | 3.0 | 2013/2014 | 6.0 | 3.0 | 4.4 | 2009 |
| Azerbaijan | 11.6 | 2.3 | 7.3 | 2016 | 2.4 | 1.1 | 1.8 | 2016 |
| Belarus | 9.5 | 10.1 | 9.8 | 2015 | 0.9 | 0.2 | 0.6 | 2015 |
| Georgia | 26.0 | 9.0 | 18.0 | 2015 | 5.0 | 3.2 | 4.4 | 2017 ^a |
| Kazakhstan | 3.9 | 2.3 | 3.2 | 2014 | 0.8 | 0.4 | 0.6 | 2014 |
| Kyrgyzstan | 12.3 | 4.5 | 8.2 | 2014 | 7.6 | 2.9 | 5.1 | 2014 |
| Republic of Moldova | 13.0 | 2.0 | 9.9 | 2014 | 2.2 | 2.4 | 2.0 | 2013 |
| Russian Federation | 17.0 | 13.3 | 15.1 | 2015 | 3.8 | 1.6 | 2.7 | 2015 |
| Tajikistan | 4.8 | 2.7 | 4.1 | 2014 | 2.0 | 1.4 | 1.8 | 2014 |
| Turkmenistan | 0.2 | 0.4 | 0.3 | 2015 | 0.2 | 0.2 | 0.2 | 2015 |
| Ukraine | 25.7 | 13.2 | 19.2 | 2015 | No data | No data | No data | No data |
| Uzbekistan | 14.2 | 13.9 | 14.0 | 2013 | 5.8 | 6.3 | 6.0 | 2013 |

^a Centers for Disease Control and Prevention (14).

According to the Global Youth Tobacco Survey, 5.1% of children aged 13–15 (7.6% of boys and 2.9% of girls) in Kyrgyzstan used smokeless tobacco. In Armenia, 4.4% of children aged 13–15 reported using smokeless tobacco (6.0% of boys and 3.0% of girls), making it more common than tobacco-smoking at this young age. Available data also show that the prevalence of smokeless tobacco use is higher among young people compared to adults in several CIS countries, including Azerbaijan, Georgia, the Republic of Moldova and the Russian Federation. Prevalence of smokeless tobacco use among girls in all countries (except Belarus, Tajikistan and Ukraine, for which data for either adults or young people are missing, making comparison impossible) was higher compared to those of adult females (Fig. 1). In Uzbekistan, more girls than boys used smokeless tobacco in 2013 (6.3% and 5.8% respectively).

Fig. 1. Prevalence of smokeless tobacco use among females (■) and girls (■) aged 13–15 (%)



The health effects of smokeless tobacco use

There is no safe form of tobacco and smokeless tobacco consumption. Both can have devastating effects on the health of users.

- ▶ WHO's International Agency for Research on Cancer classifies smokeless tobacco as a Group 1 carcinogen (15). A number of chemicals in smokeless tobacco have been found to cause cancer, of which the most toxic are tobacco-specific nitrosamines (TSNAs)³(16). In addition to TSNAs, smokeless tobacco contains such carcinogens as polonium-210 and polycyclic aromatic hydrocarbons.
- ▶ There is sufficient evidence that smokeless tobacco products cause addiction and cancer of the oral cavity, oesophagus and pancreas (1).
- ▶ Use of some forms of smokeless tobacco products is associated with increased risk of fatal ischaemic heart disease, fatal stroke and type 2 diabetes (1). A cohort study in Sweden, for example, found that smokeless tobacco use increases the risk of heart disease (17).
- ▶ Additionally, there is evidence that smokeless tobacco is a reproductive or developmental toxicant whose use during pregnancy leads to a higher risk of stillbirth, pre-term births and low birth weight (1).

Nasvay can be considered a dangerous form of smokeless tobacco, as it is composed of multiple harmful substances such as nicotine and carcinogenic nitrosamines, its production is uncontrolled, and composition in central Asian countries is not regulated (1,11). In Kyrgyzstan, for example, nasvay is usually home-made and there have been challenges in taxing the product due to considerations of the costs of tax administration and law enforcement, which would most likely exceed any revenues made (18). Distribution of nasvay is frequently carried out through illegal trade and it costs several times less than the cheapest pack of cigarettes, which makes it highly affordable for young people (19).

3 4-(Methylnitrosamino)-1-(3-pyridyl)-1-butanone (NNK) and N'-nitrosonornicotine (NNN) are the most abundant strong carcinogens in smokeless tobacco. Their uptake and metabolic activation in smokeless tobacco users have been clearly observed (15).

Regulation of smokeless tobacco

Regulatory treatments of smokeless tobacco globally include the following.

- ▶ The importation, manufacturing and sale of all forms of smokeless tobacco products have been banned in several countries, including Australia and Singapore. In the EU, oral tobacco (such as snus) has been banned since 1992 (except in Sweden), while chewable tobacco is allowed. A few non-EU countries, including the Republic of Moldova and the former Yugoslav Republic of Macedonia, have also banned the sale of smokeless tobacco products (20).
- ▶ Direct advertisement of smokeless tobacco products has been banned in more than 65% of countries globally. Promotion and sponsorship is prohibited in less than 60% of countries. Bans on advertising at point of sale and in international print media are the least notified regulations. In countries like India, exposure to advertising and promotion of smokeless tobacco products is higher than that for cigarettes (20).
- ▶ Prohibition of smokeless tobacco sale to minors (persons below legal age, commonly 18 years) is in place in 120 countries, with the European Region having the highest proportion of countries (80%) that include smokeless tobacco products under their ban (20).
- ▶ Globally, 27% of countries have large health warnings (50% size or more) on smokeless tobacco products (20), but there is huge variation among countries in size, coverage and content of health warnings. Text-only large health warnings on packages of smokeless tobacco products are required in 18 countries, including Canada and Turkey (20). In the EU, the packaging of smokeless tobacco products is required to display health warnings on the two largest surfaces of the pack and cover 30% of surfaces of the unit packet and any outside packaging. The proportion should be increased to 32% and 35% where a Member State has two or more than two official languages, respectively. Any Member State that wants to require graphic warnings and labelling requirements beyond what is specified in the EU TPD can do so (6).
- ▶ Taxes on smokeless tobacco products are imposed either as ad valorem or specific and vary significantly across Parties – from no tax of any kind on smokeless tobacco products in seven countries, including Yemen and Cameroon, to 72.4% in Sudan (20).
- ▶ Some countries (such as Belarus, Kazakhstan and Tajikistan) regulate the use of smokeless tobacco products in public places.

European Union

Certain types of smokeless tobacco products have been banned since 1992 in all EU countries except Sweden (Directive 92/41/EEC) (21). Prohibition was reaffirmed in the 2001 Tobacco Product Directive (Directive 2001/37/EC) (22) and then retained in the updated version of the EU Directive 2014/40/EU, which was adopted by the European Parliament on 26 February 2014 (6). The 2014 EU TPD governs the regulation of all tobacco products, including smokeless tobacco, and EU Member States are required to transpose the EU TPD into their national laws. The 2014 Directive specifically regulates labelling of smokeless tobacco products and requests Member States to place health warnings on the two main surfaces of the packaging of smokeless tobacco products.

Belarus

Presidential Decree No. 28 of 17 December 2002 is the primary law in Belarus regulating the production, distribution and consumption of tobacco products (23). The Decree bans the production and trade of nasvay. The Law of the Republic of Belarus No. 407-3 of 19 July 2016 further regulates the manufacturing, purchase, storage and transportation of smokeless tobacco products intended for sucking and chewing, and sets penalties for breaching these regulations (24).

Kazakhstan

The Code of the Republic of Kazakhstan on the public health and health care system stipulates that importation, manufacture, sale and distribution of tobacco products that exceed the maximum permissible levels of nicotine and tar determined by a public authority in the field of population sanitary and epidemiological welfare, as well as tobacco products for which there are no sanitary epidemiological requirements, are prohibited (25). Currently, establishing sanitary and epidemiological requirements lies within the competence of the Eurasian Economic Commission. The uniform sanitary epidemiological and hygienic requirements for the goods subject to sanitary and epidemiological supervision (control) adopted in 2010 specify requirements for cigarettes and tobacco raw materials (26). They define smokeless tobacco products as a tobacco product intended for sucking, chewing and snuffing and set rules regarding the use of additives and flavours.

Kyrgyzstan

According to the Law No. 175 "On protection of health of citizens of Kyrgyz Republic against harmful tobacco impact", adopted on 21 August 2006, smokeless tobacco products are defined as tobacco items that are introduced into an organism through inhaling, sucking, chewing or by other way, except for medications containing nicotine (27). Nasvay is further specified as a smokeless tobacco product made of the third-brand tobacco leaf with added ashes, lime and aromaticity. The law mandates that health warnings appear on commercial smokeless tobacco product packages and regulates direct and indirect advertising of tobacco products.

The Russian Federation

Article 19 of the Federal Law No. 15-FZ “On protecting the health of citizens from the effects of second hand tobacco smoke and the consequences of tobacco consumption” prohibits the wholesale and retail trade of nasvay and other types of tobacco (like snus) for oral use (28). The ban on nasvay sales was adopted in 2013, and the ban on snus and other forms of sucking tobacco at the end of 2015. The Administrative Offences Code establishes punishments for violations of these provisions of the Federal Law No. 15-FZ: for individuals, the rate is 2000–4000 roubles (US\$ 31.7–63.5); the rate for officials is 7000–12 000 roubles (US\$ 111.2–190.5); and for legal entities, the rate is from 40 000–60 000 roubles (US\$ 635.1–952.6) (29). Chewing tobacco remains legal in the Russian Federation.

In 2014, the Russian Federation initiated the preparation of the intergovernmental agreement in the framework of the Eurasian Economic Union (Armenia, Belarus, Kazakhstan, Kyrgyzstan and the Russian Federation) about restrictions on smokeless tobacco products. Ministries of health of the Member States of the Customs Union and Common Economic Space were requested to study the issue and prepare an international agreement on a ban on the production, importation and circulation of smokeless tobacco products on their territories (30).

Tajikistan

The Law “On restricting the use of tobacco products” adopted in Tajikistan on 2 January 2018 regulates the use of all types of smokeless tobacco products, including nasvay, which is defined as a mixture containing tobacco, alkali (lime or other substance) and other components, and which is used by placing under the tongue, between the lips and gums (31). The law requires pictorial health warnings to be placed on the packages of tobacco products and provides specific requirements for health warnings and information on the package. It also prohibits use of tobacco products, including nasvay, in public places.

Turkmenistan

Among central Asian countries in the WHO European Region, only Turkmenistan has comprehensively prohibited nasvay. The delegalization of the product, which was in demand from more than 12% of the population, was gradual. The country prohibited the use of nasvay in public places in 2004. In 2008, a presidential decree tightened the restrictions and the country has now completely banned production, importation, sale and consumption (32). The Administrative Code banned the importation of loose tobacco and tobacco-growing in 2016, making nasvay production even more complicated (33).

The Law “On protecting the health of citizens from the effects of tobacco smoke and the consequences of tobacco product consumption”, adopted in 2013, further regulates smokeless tobacco products, such as chewing and snuffing tobacco and snus. Under this law, each unit of consumer packaging of smokeless tobacco products, as well as the package insert, should have a pictorial health warning label (34).

Uzbekistan

The Law “regarding limiting the distribution and use of alcoholic and tobacco products”, adopted in 2011 (35), does not define smokeless tobacco products (including nasvay) specifically. It provides a definition of tobacco products as any product made of tobacco or tobacco substitutes, which includes all smokeless tobacco products. The law mandates that health warnings that cover 40% of the principle display areas (front and rear combined) appear on tobacco packages.

Table 3 provides a brief overview of regulatory measures for smokeless tobacco products implemented in CIS countries. Three countries (Belarus, the Russian Federation and Turkmenistan) have banned nasvay. Use of smokeless tobacco products, including nasvay, is prohibited in public places in Tajikistan. All countries considered here require placement of health warnings on the package of smokeless tobacco products, but there are differences in the percentages of the principle display areas that should be covered by the health warnings. Finally, all considered countries have national laws or regulations banning some or all forms of direct and indirect advertising of all tobacco products, including its smokeless forms.

Table 3. Key smokeless tobacco products regulatory provisions in CIS countries

| Country | Nasvay banned | Use of smokeless tobacco products in public places | Require health warnings on packages of smokeless tobacco products | Regulate smokeless tobacco advertising, promotion and sponsorship |
|--------------------|---------------|--|---|---|
| Belarus | Yes | Prohibited in some | No | Yes, some forms of direct and indirect advertising are banned |
| Kazakhstan | No | Prohibited in some | Yes, 40% of the principle display areas (front and rear combined) | Yes, some forms of direct and indirect advertising are banned |
| Kyrgyzstan | No | Not addressed | Yes, 40% of the principle display areas (front and rear combined) | Yes, some forms of direct and indirect advertising are banned |
| Russian Federation | Yes | Not addressed | Yes, 15% of the principle display areas (front and rear combined) | Yes, all forms of direct and indirect advertising are banned |
| Tajikistan | No | prohibited | Yes, percentage not specified | Yes, some forms of direct and indirect advertising are banned |
| Turkmenistan | Yes | Not addressed | Yes, percentage not specified | Yes, all forms of direct and indirect advertising are banned |
| Uzbekistan | No | Not addressed | Yes, 40% of the principle display areas (front and rear combined) | Yes, some forms of direct and indirect advertising are banned |

Sources: WHO (7); Government of Belarus (23); Government of Tajikistan (31).

Conclusions

- 1.** As with all other forms of tobacco consumption, smokeless tobacco use causes serious illness, disability and death, although these risks are less well documented than those associated with smoking conventional cigarettes. The WHO Framework Convention on Tobacco Control (WHO FCTC) requires Parties to protect human health by taking measures aimed at preventing and reducing the consumption of all tobacco products, including smokeless tobacco (36). Parties at the sixth session of the Conference of the Parties to the WHO FCTC agreed in 2014 to accelerate implementation of the Convention and emphasized the fact that smokeless tobacco products posed a genuine and fast-growing public health problem. Several Parties agreed that smokeless tobacco products should be regulated with the same rigour as traditional tobacco products, while others called for a comprehensive ban on existing and new smokeless tobacco products (37).
- 2.** WHO European regional data on tobacco are primarily focused on cigarette-smoking, and additional information on prevalence of smokeless tobacco use is needed. From the evidence available for CIS countries, smokeless tobacco prevalence among adults varies from very low in the Republic of Moldova (close to 0%) to 12% in Uzbekistan. Young people's use of smokeless tobacco varies from 0.2% in Turkmenistan to 6% in Uzbekistan.
- 3.** With reducing affordability of conventional cigarettes due to tobacco taxation in some CIS countries (7), there is a risk that consumers who currently smoke cigarettes will switch to using nasvay and other smokeless tobacco products. This should be carefully monitored and managed.
- 4.** Smokeless tobacco products should be regulated like all other tobacco products. In countries where use of smokeless tobacco is low, it might be appropriate to consider a pre-emptive comprehensive ban or other regulatory options to control smokeless tobacco production, turnover, importation and consumption. In countries where prevalence of nasvay consumption is high, such as Kyrgyzstan and Uzbekistan, regulation should be carefully managed. A stepwise approach might be considered, starting with prohibition of smokeless tobacco use in public places, followed by a total ban on its turnover, importation and consumption. The experience of Turkmenistan shows that this approach can lead to a reduction in the use of smokeless tobacco products.
- 5.** Demand-reduction measures for the effective control of nasvay need careful consideration. Conventionally used and recommended WHO FCTC measures, such as tobacco taxation and price increases, banning advertising, other forms of promotion, and sponsorship, a requirement for graphic warnings on packages and regulation of product content, are all likely to be less effective for nasvay compared to traditional tobacco products, such as cigarettes. Nasvay is usually home-made or made with no requirement for, or regulation of, product registration, and is distributed in areas and populations that are more difficult to reach and control.

- 6.** A ban on the turnover of nasvay is being considered by some CIS countries, including Kazakhstan, Kyrgyzstan and Uzbekistan, as part of broader action on strengthening tobacco-control measures in the Region. However, as of 2018, only Belarus, the Russian Federation and Turkmenistan have prohibited production and sale of nasvay. Regulation of nasvay might be difficult, partly because of the informal nature of its production and trade, but also because of underestimation of the health risks associated with its use. Strategies such as production of mass-media campaigns and dissemination of information about the harms of smokeless tobacco products, including nasvay, can further strengthen health literacy among populations.
- 7.** Effective surveillance and further evidence on the health effects and contextual factors relating to nasvay use are needed. Research into the composition of nasvay products and the economic cost to societies of its consumption would contribute to building a stronger case for its control and regulation in the Region. These data need to be produced by, and in collaboration with, the countries most affected by nasvay use, including Kyrgyzstan, Tajikistan and Uzbekistan.
- 8.** Sharing of experience, evidence and expertise among countries has become increasingly important for tobacco control at national, regional and global levels. Different approaches to regulation of smokeless tobacco products are observed in CIS countries, some of which focus specifically on controlling the use of nasvay. A development of the mechanism of knowledge-sharing might be beneficial to CIS countries and other countries in the WHO European Region.

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World Health Organization Regional Office for Europe

UN City, Marmorvej 51,
DK-2100, Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: eurocontact@who.int
Web site: www.euro.who.int