

**PERCEPTION OF NIGERIAN TOBACCO CONTROL LAW BY CONSUMERS OF  
TOBACCO PRODUCTS IN IBADAN, OYO STATE, NIGERIA**

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**ABSTRACT**

Tobacco use in any form has been identified for decades as a source of diseases and avoidable deaths all over the world. Cognizant of this fact, the Federal Government of Nigeria has, over the years, put in place successive laws to control the consumption of tobacco products. This study surveyed the awareness of tobacco control law by consumers of tobacco products; reasons for tobacco consumption; knowledge of harmful effects of tobacco consumption on smokers; adverse effects on non-voluntary smokers; willingness to quit smoking; and reasons for unwillingness to quit. Neutralization and Rational Action theories were used as the basis for the study while survey research design was adopted. Multi-stage sampling technique was adopted to select the eight wards in the two communities while simple random sampling technique was used to select four hundred and ninety-four participants for the study. The respondents completed standardised questionnaire which measured the constructs under study. Descriptive statistics were used to analyse the data collected. Among other findings, 103 (15%) of the respondents are aware that cigarette smoking can cause cancer while 85 (13%) are aware that non-voluntary smokers could develop heart diseases. A good number of the respondents 193 (41%) opined that tobacco warning messages are exaggerated; 209 (45%) – that the messages are distorted; 212 (45%) that the messages are boring. From the totality of the opinions expressed by respondents on the various issues covered by this study, it is obvious that many consumers of tobacco products are not aware of the measures put in place to curtail the consumption of tobacco products. To achieve the goal of safeguarding public health through tobacco smoking control, the paper recommends effective enforcement by the regulatory agencies and intensive awareness creation to educate members of the public on the health risks associated with consumption and exposure to tobacco products.

**Keywords:** tobacco, Nigerian tobacco law, smokers, anti-smoking messages, tobacco warnings

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## INTRODUCTION

Smoking is a major health problem threatening the lives of people of all ages (Demir, Karadenio, Demir, Karadeniz, Kaya, Yenibertiz, Taylan, Yilmaz, & Sen, 2015). The global tobacco epidemic, according to Peto and Lopez (2001), threatens the lives of at least one billion people. The World Health Organization (2004) indicated that the impact of smoking on developing countries could be particularly devastating when compared to developed countries. Moreover, the American Cancer Society (2005) stated that tobacco smoking among the youth is a public health concern because of the immediate and long-term health risks associated with tobacco use such as asthma, chronic cough, chronic obstructive airways disease, cancers and cardiovascular diseases.

The Centre for Disease Control and Prevention (2002) estimated the number of tobacco consumption-related deaths between 1950 and 2000 to be 70 million. According to the data released by the Centre in 2019, smoking leads to disease and disability and harms nearly every organ of the body and is the leading cause of preventable deaths (Centers for Disease Control and Prevention, 2019).

Studies have shown that non-smokers also suffer the health consequences of tobacco. Involuntary exposure to tobacco smoke puts non-smokers at a greater risk of diseases associated with smoking including sudden death syndrome in infants (Woodward & Langsen, 2001; Anderson & Cook, 1997; US Department of Health and Human Services, 2010). The World Health Organisation (2018) has predicted that if the current pattern of tobacco smoking among the youths continues, it would result in the death of 250 million

children and young people, most of them in developing countries. The Organisation further states that every year, more than eight million people die from tobacco use and that most tobacco-related deaths occur in low- and middle-income countries; areas which are the targets of intensive tobacco industry interference and marketing (WHO, 2019).

Governments in different countries are making efforts to control tobacco use. Jha, Musgrove, Chaplounka, and Yurekli (2000) observed that government responses to incomplete or erroneous information provided by tobacco industries with regards to the risks involved in tobacco consumption include: mass information campaigns, warning labels, and publicly-financed research to create better or more easily assimilated information. The report of Health Bridge (2009) contends that the passage of a strong comprehensive tobacco control law that bans all forms of promotion and sponsorship mandates, promotes smoke-free public places and workplaces, and places large clear pictorial warnings on tobacco packages is an essential step for protecting public health, the environment, and reducing poverty. However, this same report lamented that many laws passed are never properly implemented and thus fail to achieve the anticipated benefits.

The Nigerian Government has also taken steps to address the prevalence of tobacco use in Nigerian. For instance, the commitment of Nigeria was demonstrated through the signing and ratification of the World Health Organisation Framework Convention on Tobacco Control (WHO-FCTC) in 2004 and 2005 respectively (United Nations Treaty Collection, 2019). In addition, a one-time Nigeria's Minister of Health inaugurated

a multi-sectorial/inter-ministerial committee on tobacco control in Nigeria in June, 2006 (Kale, Olarewaju, Usoro, Ilori, Ogbonna, Ramanandraiibe, & Musa, 2012). Similarly, in 2016, the immediate past Federal Minister of Health inaugurated the National Tobacco Control Committee (NATOCC) to advise and make recommendations on the development and implementation of tobacco control policies, strategies, plans, programmes and projects in accordance with the World Health Organisation Framework Convention on Tobacco Control (WHO-FCTC), implementing guidelines and protocols with the overall aim of “safeguarding and protecting the health of Nigerians from the risks posed by the use of tobacco and tobacco products” (Tobacco Control Index, 2016). A further step to discourage tobacco consumption was the approval of increased excise duty rates on tobacco and related products by the Federal Government in March 2018. According to the then Minister of Finance, the new duty regime which followed all-inclusive stakeholder engagements by the Tariff Technical Committee of the Federal Ministry of Finance was to achieve a dual benefit of raising government’s fiscal revenues and reducing the health hazards associated with tobacco-related diseases and alcohol abuse (The Guardian, 2018).

The first statutory enactment to control the consumption of tobacco in Nigeria was the Tobacco Smoking (Control) Act 1990. This was repealed and replaced with the National Tobacco Control Act 2015 which has greatly widened the areas of control. Acts prohibited by the new Act include sale of tobacco or tobacco products to a person below 18 years of age; sale through mail, the Internet or other

online devices; false, misleading and deceptive labelling; smoking in the listed public places; advertising, promotion and sponsorship of tobacco and tobacco products; and sale without health warning on every packet of the product. As regards the last item, it is required that the warning shall cover not less than 50 percent of the total surface area of the package and shall be in English language. Stiff penalties ranging from huge fines, imprisonment, confiscation and destruction of the offending products are imposed.

This study is intended to ascertain the perception of tobacco control law by consumers in the study setting. The general objective of this study is to explore and evaluate the impact of Nigerian Tobacco Control Law on consumers of tobacco products in the city of Ibadan. The specific objectives are to identify the motives for smoking among tobacco consumers in Ibadan and examine the knowledge of respondents on the effects of second-hand smoke on non-smokers in Ibadan. Others are to examine the impacts of Nigerian Tobacco Control Law on indoor and public smoking in Ibadan and identify any other possible factors that impact cigarette smoking, cessation and control among smokers in Ibadan.

Given the socio-demographic characteristics of the respondents, the phrases “Nigerian Tobacco Control Law” and “Tobacco Law” are used instead of the National Tobacco Control Act 2015 which is the title of the current law. The latter phrase is considered too technical and legalistic for the respondents who cut across diverse social groups. At any rate, using the title of the new law might have been confusing to the majority of the respondents and would not have made any difference to the results of the study.

## STATEMENT OF THE RESEARCH PROBLEM

Tobacco smoking is a serious public health challenge. Adejuwon (2009) opines that smoking, other uses of tobacco and exposure to secondhand smoke constitute one of the most significant risk factors for premature and preventable deaths from cancer and other diseases across board in Nigeria. Statistics released by the World Health Organisation on the health effects of tobacco are startling. According to the Organisation, tobacco kills up to half of its users and more than eight million people each year; more than seven million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke, (WHO, 2002).

More than one billion people worldwide are smokers (Philips, 2010; World Health Organisation, 2002). Tobacco use is growing fastest in low-income countries due to steady population growth (Odey, Okokon, Ogbeche, Jombo, & Ekanem, 2012). Although there is no known direct link between population growth and tobacco use, Ham, Przybeck, Strickland, Luke, Bierut, and Evanoff (2011) suggest that people with low socioeconomic status tend to smoke cigarettes more heavily.

Governments in different countries are making efforts to control tobacco use. However, evidence shows that many laws passed are never properly implemented and thus fail to achieve the anticipated benefits (Health Bridge, 2009). Nigeria has been making efforts to control the consumption of tobacco and tobacco products. A prominent legislative effort in this regard is the enactment of the National Tobacco Control Act 2015 which

repealed and replaced the Tobacco Smoking (Control) Act 1990.

Some efforts have been made by the Federal Ministry of Health to ensure that the current Act achieves the set objectives. These include the inauguration of the National Tobacco Control Committee (NATOC) and Tobacco Free Nigeria. The aim of the 'Tobacco-Free Nigeria' is to educate Nigerians on the National Tobacco Control Act 2015, raise awareness on the dangers of tobacco smoking through social media and offline interactions to reach young Nigerians especially second-hand smokers who need to be aware of the ban on smoking in public places. Another step is the release of two sets of advertisements that illustrate the negative health effects of tobacco consumption including passive smoking. According to the Ministry, about 10% of the six million annual tobacco-related deaths are those of people who do not directly smoke a cigarette or use tobacco (FMOH, Undated).

Despite these efforts, some challenges and gaps still exist in the National Tobacco Control Act (NTCA). These include revision of textual health warnings and lack or inadequacy of pictorial health warnings on cigarette packs, poor taxation and the NTCA's lack of regulatory autonomy which has resulted in poor policy implementation (Udokanma, Ogamba, & Ilo, 2021). Consequently, the level of consumer awareness of the Tobacco Control Law has remained low as demonstrated by anti-smoking behaviours such as smoking in public places, poor response to tobacco smoking messages, exposure to secondary smoking and poor disposition towards government regulation of tobacco use. This state of affairs shows that the implementation techniques are yet to yield the desired results.

## SIGNIFICANCE OF THE STUDY

This study will provide information on the various dimensions of tobacco use among consumers in Ibadan. The study will facilitate better understanding of the impact of Nigerian Tobacco Control Law on consumers of tobacco products in Ibadan. It will contribute to the existing body of literature on public health generally and smoking and smoking hazards in particular. The findings of this study will also be useful for research, clinical practice, such as counselling and rehabilitation.

Additionally, this study will contribute to existing understanding and information on causes and effects of smoking. Such knowledge will provide a solid foundation for effective implementation of the Nigerian Tobacco Control Law.

## LITERATURE REVIEW

Tobacco smoking is by far the most popular form of smoking being practised by over one billion people worldwide (Philips, 2010; World Health Organisation, 2002). Tobacco use, according to Odey, Okokon, Ogbeche, Jombo, and Ekanem (2010), is growing fastest in low-income countries due to steady population growth. Similarly, Blecher and Ross (2013) contend that tobacco industries are increasingly turning to low- and middle-income countries, particularly Africa, Asia, and Eastern Europe because the use of tobacco has declined in high-income countries. The findings of a report by the Committee of Experts on Tobacco Industry as far back as 2000 concluded that tobacco companies engage in activities that slow and undermine effective

tobacco control programmes around the world at the expense of public health. They achieve this especially in developing countries by influencing agencies and representatives through well calculated strategies and tactics (WHO, 2000).

Jha, Musgrove, Chaloupka, and Yurekli (2000) contend that incomplete information about the risks of smoking leads to behaviour that smokers would not otherwise choose for themselves. In a similar vein, Weistein (1998) asserts that poorly informed smokers often underestimate the risks of their action. Also, Sweda and Daynard (1996) argue that the tobacco industry, like other industries, has no financial incentive to provide health information that would reduce consumption of its products. On the contrary, the industry has consistently hidden product information on the ill effects of smoking or actively misinformed smokers about tobacco-smoking associated risks.

Ekrakene and Igeleke (2010) categorise individuals into active smokers, passive smokers (second-hand smokers) and non-smokers. According to them, active smokers are those that voluntarily inhale tobacco smoke, while passive smokers are individuals who inhale smoke from tobacco products involuntarily. The non-smokers are individuals who do not inhale tobacco smoke whether voluntarily or involuntarily (Ekrakene & Igeleke, 2010). Paavola, Vartianinen and Haukkala (2004) note that most adult smokers begin to smoke or are already addicted to smoking before the age of 18. Furthermore, Baker (2007) laments that despite several warnings from medical professionals that smoking is hazardous to human health, many consumers are smoking more than ever.

In Nigeria, tobacco is used in many forms, varying from rolled cigarettes and shredded tobacco inserted into pipes for smoking to finely pulverized tobacco for inhalation referred to as snuff (Federal Ministry of Health, 2012). Odukoya, Odeyemi, Oyeyemi, and Updhyay (2013) submit that the prevalence of tobacco use in Nigeria among adults (12.3% males <1% in females) is generally lower than in more developed countries; however, its prevalence among the youths tends to be higher than among adults. Equally, Uguru, Mbachu, Ibe, Uguru, Odukoya, Okwuosa, and Onwujekwe (2015) assert that about 20 billion sticks of cigarette, valued at 200 billion Naira are consumed in Nigeria annually.

### **THEORETICAL FRAMEWORK**

Two major theories have been reviewed in this study; and these are neutralization theory and rational choice theory (Scot, 2010). The neutralization theory is employed to explicate the reasons behind the decision of some individuals to violate the National Tobacco Control Law which proscribes public smoking in Nigeria while the rational action theory provides explanations about why some individuals choose to consume tobacco products in spite of its attendant socio-economic and health hazards.

#### **NEUTRALIZATION THEORY**

This theory was developed by Gresham Sykes and David Matza in 1957. It provides explanations on how deviants justify their acts by developing some special sets of techniques to neutralize and temporarily suspend their commitment

to societal values thereby providing them with the freedom to commit unlawful acts. This theory argues that contrary to the popular notion that individuals who violate laws do so because they have sub-cultural values at odds with those held by members of conventional society; these individuals are, in fact, committed to the rules and laws of the society. According to the theory, though individuals who violate the law are committed to the rules and laws of society, they, however, make exceptions to these rules with rationalizations called neutralization techniques. These rationalizations are devices which deviants use temporarily to excuse or justify behaviour that runs counter to dominant normative standards of the society. Hence, through rationalizations, deviants do not hold a guilty conscience and/or have a negative self-image.

#### **RATIONAL CHOICE THEORY**

Rational choice theory (Scott, 2010) adopts a methodological individualist position to explain all social phenomena in terms of the rational calculations made by self-interested individuals (Scott, 2000). The basic premise of the theory is that the aggregate social behaviour results from the behaviour of individual actors, each of whom is making their individual decisions. According to rational choice theory, individuals must anticipate the outcomes of alternative courses of action and calculate that which will be best for them. Rational individuals choose the alternative that is likely to give them the greatest satisfaction (Heath, 1976; Carling, 1992; Coleman, 1973). The rational agent is assumed to take account of the available information, probabilities of events, and



potential costs and benefits in determining preferences and to act consistently in choosing the self-determined best choice of action. At its core, the theory opines that, when making a decision, people first weigh the likely positive benefits against likely negative consequences, and then base their choice on what they think will ultimately benefit them the most. The decision to use tobacco by an individual therefore could be a result of complex mixture of factors. Adejuwon (2009) found that individual characteristics, environmental, parental, biological, behavioural, psychological, cultural and social factors are associated with tobacco use and involuntary exposure to second hand smoke.

## METHOD

### Design

This study adopted descriptive survey research design. Focus was on awareness of tobacco control law, knowledge of the law and effect of the law on use of tobacco. A descriptive survey research design attempts to establish the range and distribution of some social characteristics (in this case awareness of Nigerian tobacco control law and knowledge of the law) and to discover how these characteristics may be related to certain behavior patterns or attitudes (again use of tobacco in this case). The research design was best suited for the study as it enabled these present researchers to describe the qualifications possessed by the employed demographics of the surveyed population. In this study, use of tobacco refers to how frequent a respondent consumes tobacco as well as the quantity of tobacco consumed.

### Setting

The setting of the study was Egbeda town and Bere-Mapo areas of Ibadan, Oyo State, Nigeria. Egbeda town is the headquarters of Egbeda Local Government, while Bere-Mapo area is situated in Ibadan North East Local Government of Oyo State with its headquarters in Mapo. The area covers 17 square kilometres (National Population Commission of Nigeria, 2006; National Bureau of Statistics, 2017). These two locations were selected because of their unique socio-geographical features which provided bases for studying and understanding the subject comprehensively. Bere-Mapo is an inner-city and core area of Ibadan that is predominantly occupied by the locals. Conversely, Egbeda town is in the peripheral part of the city that is composed of people of diverse ethnic backgrounds.

### Population

The estimated total population of Egbeda town and Bere-Mapo areas based on the 2011 population projections is 652,030. Egbeda Local Government Area had population density of 1,760.2 inhabitants per square kilometre as of 2011. It had a population of 283,643 in 2006 and a projected population of 336,200 in 2011. Egbeda's population grew by 3.46% between 2006 and 2011 (National Population Commission of Nigeria, 2006). Ibadan North East Local Government where Bere-Mapo area is located had a population density of 18,578.2 inhabitants per square kilometre as at 2011. It had a population of 266,457 in 2006 and a projected population of 315,830 in 2011 (National Bureau of Statistics, 2017). Adult residents of Egbeda town are mainly farmers and petty traders whereas adult residents of Bere-Mapo area are mainly petty traders

and artisans. Many younger residents of these areas attend schools mainly at primary and secondary levels.

### **Sample and sampling technique**

Four hundred and ninety-four respondents were sampled from both Egbeda and Bere-Mapo communities. The sample population had diverse socio-demographic attributes such as age, religion, ethnicity, marital status and socio-economic status. The gender-neutral approach was adopted considering the focus of the study which was on perception of Nigerian Tobacco Law by consumers of tobacco products irrespective of gender. The multistage sampling technique was adopted to pick participants from Egbeda town and Bere-Mapo community. The communities were stratified into wards (based on existing political ward delineations). Four wards were randomly selected from each of the two communities using a table of random numbers. The age range of respondents was expected to be between 18 and 60 years.

### **The survey**

The survey was carried out for approximately four weeks. Four field assistants were engaged and trained over a period of two days. All questions in the survey instrument were critically studied and pilot-tested.

### **Inclusion criteria**

The inclusion criteria encompassed being resident of the study community and falling within the age bracket of 18 and 60 years.

### **Instrument**

The instrument for data collection was structured and semi-structured 30-item

questionnaire, which consisted of demographic data as well as tobacco use and knowledge of tobacco control law. While some of the questionnaire items required "yes" or "no" responses, there were others that were open-ended. A 15-item 5-point Likert-type response sub-scale scale measured respondents' perception of anti-smoking messages.

### **Validation of instrument**

The study instruments were validated through a pilot study involving 48 respondents drawn from the study population. The validation yielded a Cronbach's Alpha of .14 and .77 for tobacco smoking and perception of anti-smoking messages respectively.

### **Procedure**

The researchers obtained ethical approval from the Research Committee of the Social Sciences and Humanities, University of Ibadan. The researchers administered the questionnaire individually on the respondents. Consent of each respondent was sought and obtained. All educated respondents were instructed to fill the questionnaire privately and to submit to the researcher(s) the same day or at the earliest mutually agreed convenient time. For the uneducated respondents, the researchers read out the questions and the listed answers without influencing the choice of the respondents. Furthermore, it is important to point out that a major challenge experienced during the process of data collection was the unwillingness on the part of some respondents to answer some questions in the designed questionnaires. Consequently, this brought about some discrepancies in the total of numbers of variables analyzed and presented.



However, in spite of this identified challenge, this study provided significant insight into the phenomenon of study.

### Data Analysis

The study utilised frequencies, simple percentages and charts for data analysis. The Statistical Package for the Social Sciences (SPSS) was used.

## RESULTS

The major results of this research are presented and discussed in this section. The major sub-themes covered are the

socio-demographic characteristics of respondents, reasons for smoking, the impacts of second-hand smoking on non-smokers and the impact of the Nigerian Tobacco Control Law on indoor and public smoking in Ibadan.

### Socio-demographic characteristics of respondents

Table 1 presents the socio-demographic characteristics of the respondents according to location, age, marital status, academic qualifications, job status, type of work, position at work, duration at vocation, monthly income and period of residence at location.

**Table 1.** Socio-demographic characteristics of the respondents

Variable	Frequency	Percentage
<b>Location</b>		
Egbeda Town	200	40%
Bere-Mapo Area	294	60%
<b>Total</b>	<b>494</b>	<b>100%</b>
<b>Age</b>		
18-30 years	151	31%
31-43 years	178	37%
44-56 years	94	20%
57-69 years	44	9%
70 years and above	14	3%
<b>Total</b>	<b>481</b>	<b>100%</b>
<b>Marital Status</b>		
Single	160	32%
Married	292	59%
Divorced	21	4%
Widowed	11	2%
Separated	10	2%
<b>Total</b>	<b>494</b>	<b>100%</b>
<b>Highest Academic Qualification</b>		
None	21	4%
Primary	89	18%
School-Cert/SSCE	210	43%
OND/NCE	65	13%
B.Sc/HND	78	16%
Post graduate	31	6%
<b>Total</b>	<b>494</b>	<b>100%</b>
<b>Job status</b>		
Not working	90	18%
Working	404	82%
<b>Total</b>	<b>494</b>	<b>100%</b>

**Table 1.** Socio-demographic characteristics of the respondents (*continued*)

Variable	Frequency	Percentage
<b>Type of work</b>		
Artisan	222	45%
Teaching	34	7%
Trading	82	17%
Civil servant	49	10%
Farming	16	3%
Professional	23	5%
Unemployed	68	14%
<b>Total</b>	<b>494</b>	<b>100%</b>
<b>Position at work</b>		
Owner of business	205	49%
Apprentice	69	17%
Partner	34	8%
Junior staff	31	8%
Middle level officer	37	9%
Senior staff	26	6%
Manager	13	3%
<b>Total</b>	<b>415</b>	<b>100%</b>
<b>Duration at Vocation/Work</b>		
1-10 years	240	56%
11-20 years	111	26%
21-30 years	54	13%
31-40 years	19	4%
41-50 years	8	2%
<b>Total</b>	<b>432</b>	<b>100%</b>
<b>Monthly income range</b>		
Less than #10,000	20	5%
#10,000-60,000	277	71%
#61,000-110,000	68	17%
#111,000-160,000	15	4%
#161,000-210,000	4	1%
#211,000 and above	9	2%
<b>Total</b>	<b>393</b>	<b>100%</b>
<b>Number of months you have lived in this location in the last three years</b>		
1-12 months	58	13%
13-24 months	190	42%
25-36 month	208	46%
<b>Total</b>	<b>456</b>	<b>100%</b>

Table 1 shows the demographic characteristics of residents in the study areas. In terms of age distribution of the respondents, 178 (37%) were between the ages of 31 – 43 years while 151 (31%) were between the ages of 18-30 years. As regards marital status, Table 1 shows that the majority of the respondents 292 (59%) were married while those who were single

constituted 160 (32%). The distribution of the highest academic qualification of the respondents shows that 210 (43%) were School Cert/SSCE holders and 89 (18%) primary school certificate holders. In terms of job status, the majority, 404 (82%) were in the working class category. The distribution of the respondents according to the type of work done shows

that 222 (45%) were artisans, 82 (17%) were traders and 68 (14%) were unemployed. As regards position at work, 205 (49%) operated personal businesses. In terms of years spent on present vocation, 240 (56%) had spent between 1 and 10 years.

Respondents' monthly income range shows that majority, 277 (71%) earned between 10,000 and 60,000 naira. In terms of years of residence at locations, 208 (46%) reported to have lived in their present abode between 25 and 36 months while 190 (42%), have lived there for 13-24 months. Reasons for smoking as reported by respondents include relaxation (138 responses; 33%) stress relief (132 responses; 32%) enjoyment (14%), achieving calmness (8%) and status symbol (12%). Types of tobacco products used by the respondents included cigarettes (395 responses; 82%), and snuff (89 responses; 18%). Specifically, the majority of the respondents (395; 82%) consumed cigarettes. This finding suggests the popularity of cigarettes among respondents. Reported number of cigarettes smoked daily ranged from 1-5 sticks (206 responses) through 1 packet (94 responses) to 11-19 sticks and 3-5 packets (both 5 respondents). The largest proportion of the respondents, 206 (59%) smoked 1-5 sticks of cigarettes per day, while 94 (27%) disclosed that they consumed 1 packet daily.

### The Impacts of Second-Hand Smoking on Non-Smokers

Respondents were also probed on the impacts of second-hand smoking on non-smokers. Findings indicate that smokers recognised the negative impact of their smoking behaviour on the health of non-smokers (Table 2).

### Respondents' Opinions on How Exposure to Cigarette Smoking Can be Risky

The opinion of the respondents on how exposure to cigarette smoking can be risky was also sampled. The distribution of their responses is presented in Table 2.

Table 2 shows that the majority, 271 (63%) believed that inhaling cigarette smoke can expose smokers and non-smokers to the risk of heart-related diseases.

### Impact of the Nigerian Tobacco Control Law on indoor and public smoking in Ibadan

Analysis was also carried out on respondents' opinions regarding the impact of the Nigerian Tobacco control law on indoor and public smoking in Ibadan as a way of determining its efficacy. Result showed that the majority of the respondents (59%) in the two selected communities were of the view that the Nigerian Tobacco Control Law had no impact on their indoor and public smoking behaviours, while the remaining 41% asserted that the law impacts on their smoking behaviours.

**Table 2.** Opinions on how exposure to cigarette smoking can be risky

Risks Associated with Exposure to Cigarette Smoke	Frequency	Percentages
By inhaling it you are prone to heart-related diseases	271	63%
The smoke causes cough/other diseases	78	18%
It can cause heart attack to an asthmatic patient	45	11%
It affects respiratory organs and tracts	36	8%
<b>Total</b>	<b>430</b>	<b>100%</b>

### Respondents’ Opinion on the Need for Government Regulation of Tobacco Use

Table 3 shows the respondents’ opinions distribution on the need for the government to regulate tobacco use.

Table 3 shows that the majority 123 (61%) wanted government to regulate tobacco use as a way of protecting the health of smokers and non-smokers. Six (4%) mentioned that government regulation of tobacco use will help in controlling the high prevalence of smoke-related diseases.

### Respondents’ Knowledge of the Existence of the Nigerian Tobacco Control Law

Information was sought on the respondents’ knowledge on the existence of the Nigerian Tobacco Law as a way of understanding their familiarity with its prescrip-

tions. The distribution of respondents’ opinions is presented in Figure 1.

It is clear from Figure 1 that most of the respondents 310 (64%) were aware of the existence of the Nigerian Tobacco Law compared to 177 (36%) respondents who were not aware its existence.

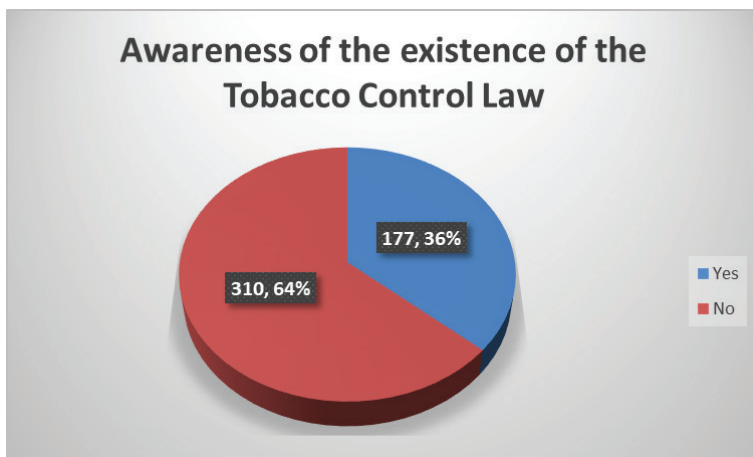
### Knowledge of the Nigerian Tobacco Control Law by respondents

The perspectives of the respondents were sought on the provisions of the Nigerian Tobacco Control Law (Table 4).

From the data shown in Table 4, the highest number of the respondents, 189 (41%) submitted that the law prohibits smoking in public places while a substantial proportion, 167 (36%) stated that the law proscribes smoking by people less than 18 years. Also, 169 (15%) mentioned

**Table 3.** Respondents’ opinions on why government should regulate tobacco use

Why Government Should Regulate Tobacco Use	Frequency	Percentage
To protect smokers’/non-smokers’ health	123	61%
To control air pollution of public places by tobacco smoke	61	30%
Because of high prevalence of smoke-related diseases	6	3%
To regulate the age of tobacco users	11	6%
Total	201	100%



**Figure 1.** Respondents’ Awareness of the Existence of the Nigerian Tobacco Control

that the law forbids indoor smoking while 37 (8%) maintained that the law prohibits smoking while driving. The conclusion from these responses is that the respondents are not sufficiently conversant with the provisions of the Nigerian Tobacco Law.

### **Respondents' Disposition towards Government Regulation of Public Smoking**

Responses on disposition towards government regulation of public smoking show that the majority (287) of the respondents (59%) oppose the regulation on smoking by the Nigerian Government, while 197 (41%) expressed support for it. It is not certain from the findings of this study whether peoples' disposition towards government regulation of public smoking is influenced by location.

### **Possible Factors that can Impact Cigarette Smoking, Cessation and Control among Smokers**

In order to understand factors that can impact on cigarette smoking cessation

and control, respondents were asked to indicate the best possible ways to quit. Table 5 presents the result of the analysis.

Table 5 shows that the highest proportion of the respondents, 127 (35%) believed that reducing the quantity of tobacco smoked daily can help to quit the habit while 93 (26%) suggested change of friends and environment.

### **Respondents' responses on whether tobacco warnings have effects on their smoking habit**

Investigation was also conducted on the effects that tobacco smoking warnings have on the respondents. The outcome of the analysis is depicted in Figure 2.

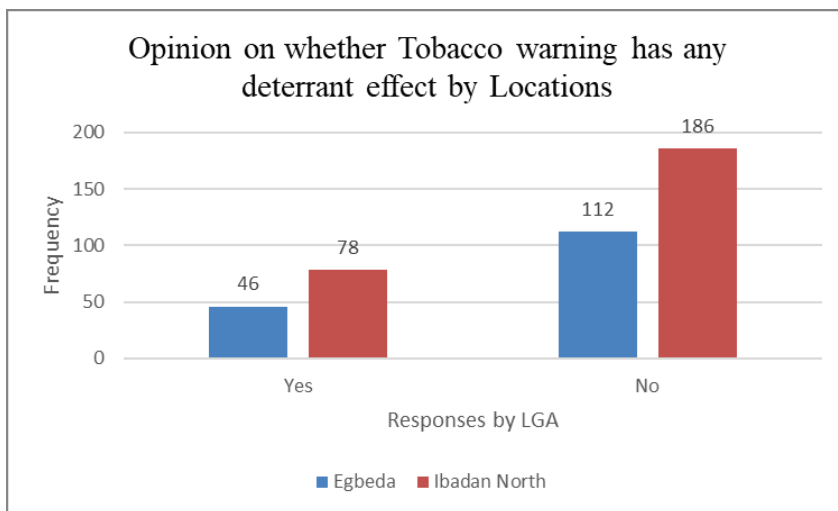
Figure 2 shows that tobacco smoking warning had no effect on the smoking habit of the majority of the respondents, 298 (65.4%) compared to 158 (34.6%) that claimed that it had effect. The implication of this finding is that majority of the smokers are not likely to be influenced by the warning to quit the habit.

**Table 4.** Respondents' opinions on the provisions of the Nigerian Tobacco Control Law

<b>Tobacco law in Nigeria by respondents</b>	<b>Frequency</b>	<b>Percentage</b>
Prohibition of smoking by people under 18 years	167	36%
Prohibition of indoor smoking	69	15%
Prohibition of smoking in public spaces	189	41%
No smoking while driving	37	8%
<b>Total</b>	<b>462</b>	<b>100%</b>

**Table 5.** Respondents' Opinions on Possible Ways to Quit Smoking

<b>Respondents' responses</b>	<b>Frequency</b>	<b>Percentage</b>
Reduction of quantity of tobacco smoked per day	127	35%
Change of friends/environment	93	26%
Counselling and rehabilitation	45	13%
Personal determination/self-discipline	51	14%
Smokers' education on the dangers of smoking	39	11%
<b>Total</b>	<b>355</b>	<b>100%</b>



**Figure 2.** Effects of Tobacco Warning on Respondents

**Respondents’ opinions on why tobacco smoking warning has no effect on their smoking habit**

There were four main reasons the participants gave as to why tobacco smoking warning does not have any effect on their smoking habit.

Ninety-nine (38%) of the respondents believed that the tobacco smoking warning is unnecessarily exaggerated. Eighty-seven (33%) indicated that they had no side effects since they had started smoking. Forty-three (16%) stated that it was mere propaganda, and 35 (13%) believed the warning was created to instil fear in people so as to discourage smoking.

**Respondents’ opinions on whether they are willing to quit smoking**

To determine the future smoking habits of respondents, opinions were sought on whether they were willing to quit smoking. Their submissions showed that the majority of the respondents, 268 (63%) were willing to quit smoking. Furthermore, respondents who were unwilling to stop the habit were asked the reason behind their decision. Eighty-eight

(44.3%) respondents were unwilling to quit smoking because they believed it is not a crime; 44 (24%) because they employ it to reduce anger and stress; and 31 (16.9%) claimed it has no side effects.

**Perception of Anti-smoking Messages**

Under the repealed Tobacco Smoking (Control) Act 1990, two sets of warning were required, namely, “The Federal Ministry of Health warns that tobacco smoking is dangerous to health”, and “The Federal Ministry of Health warns that smokers are liable to die young”. The new Act (National Tobacco Control Act 2015) does not specify any particular warning but gives the Minister of Health the mandate to prescribe a new set of warnings and messages after a period of 24 months. At present, the applicable warning is: “The Federal Ministry of Health warns that smokers are liable to die young”. This study reveals that this warning is conspicuously written on front and back sides of all packets of cigarettes sold in Nigeria. Respondents were asked to respond to the statements in Table 6 to ascertain the perception of smokers about anti-smoking messages.



The responses to the statements in Table 6 give a clear insight into respondents' perception of anti-smoking messages and indeed other matters related to the control of tobacco consumption. Among other things, the table shows that 265 (54%) agree that the warning emphasises health concerns about smoking while the majority, 271 (57%) agree that this message emphasises the need for smoking regulation. Curiously, a significant percent, 204 (43%) expressed the view that this message attacks the tobacco industry while 164 (35%) stated that the message

is exploitative and tends to manipulate feelings of smokers.

## DISCUSSION

This study surveyed the perception of Nigerian tobacco control law by consumers of tobacco products in Ibadan, Oyo State, Nigeria. The justification for the study was that many existing laws in Nigeria are not properly implemented and thus do not achieve the anticipated benefits. With particular reference to tobacco laws,

**Table 6.** Perception of Anti-smoking Messages  
"The Federal Ministry of Health warns that smokers are liable to die young"

S/N	Items	SD	D	U	A	SA	Total
1.	This message emphasises health concerns about smoking	23 (5%)	27 (6%)	33 (7%)	256 (54%)	134 (28%)	473 (100%)
2.	This message emphasises social aspect of smoking	42 (9%)	67 (14%)	80 (17%)	225 (48%)	59 (13%)	473 (100%)
3.	This message emphasises the need for smoking regulation	38 (8%)	43 (9%)	51 (11%)	271 (57%)	69 (15%)	472 (100%)
4.	This message emphasises that people who don't smoke don't fit in the social world	105 (22%)	145 (31%)	115 (25%)	66 (14%)	39 (8%)	470 (100%)
5.	This message attacks the tobacco industry	44 (9%)	100 (30%)	70 (15%)	204 (43%)	59 (12%)	477 (100%)
6.	I think this message is exaggerated	43 (9%)	115 (24%)	70 (15%)	193 (41%)	51 (12%)	472 (100%)
7.	I think this message is distorted	29 (6%)	110 (24%)	80 (17%)	209 (45%)	40 (9%)	468 (100%)
8.	I think this message is boring	41 (9%)	88 (19%)	77 (16%)	212 (45%)	51 (11%)	472 (100%)
9.	I think this message is exploitative	35 (8%)	111 (24%)	108 (23%)	164 (35%)	45 (10%)	463 (100%)
10.	This message is trying to manipulate my feeling towards smoking	42 (9%)	104 (23%)	104 (23%)	162 (35%)	47 (10%)	459 (100%)
11.	I feel manipulated by this message	66 (14%)	130 (28%)	71 (15%)	153 (33%)	43 (9%)	463 (100%)
12.	I think this advert is convincing	47 (10%)	119 (25%)	58 (12%)	209 (45%)	37 (8%)	470 (100%)
13.	I think anyone can find this message convincing	39 (8%)	111 (24%)	71 (15%)	217 (46%)	33 (7%)	471 (100%)
14.	I think anyone can be persuaded by this warning	48 (10%)	93 (20%)	72 (15%)	218 (46%)	40 (9%)	471 (100%)
15.	This advert is persuasive	44 (9%)	96 (20%)	64 (14%)	226 (48%)	40 (9%)	470 (100%)

despite the efforts to regulate this subject since the enactment of the repealed Tobacco Smoking (Control) Act 1990 and the current 2015 Act, gaps in implementation have continued to persist.

The survey was carried out for approximately four weeks. Data analysis of the study involved frequencies, simple percentages and charts for data analysis. The results of the study showed diversity in respondents' demographic characteristics. For instance, most of the respondents 423 (68%) were in the age range of 18-56; majority, 292 (59%) of the respondents were married; academic qualifications ranged from none to post-graduate; majority 404 (82%) were working; 277 (71%) within the income bracket of 10,000 - 60,000 naira while 240 (56%) have worked for between 1-10 years.

Reasons for smoking also varied among the respondents. Whereas many of them, 138 (33%) reported consuming cigarettes for the purpose of relaxation, a substantial proportion 132 (32%) indicated stress reduction as their reason. The remaining respondents gave other reasons ranging from enjoyment to status symbol. There is an important point to be made from respondents' diverse reasons for consuming tobacco and the location differences in the reasons given. Effective enforcement of Tobacco Law in Nigeria entails first knowing and appreciating people's various reasons for consuming tobacco. There is also a need to study, understand and deal with some socio-cultural and economic realities that promote tobacco consumption in various communities.

Tobacco products mostly used by respondents were snuff and cigarettes. Whereas 206 (59%) respondents reported smoking 1-5 sticks of cigarette daily, only 5 (2%), indicated that they smoked 3-5 packets

daily. In this sense also, there is a need for relevant government officials and other stakeholders in tobacco consumption regulation to routinely survey local communities with the aim of knowing tobacco products that are available in those communities and the chain through which those products are supplied to the communities. Knowing tobacco consumption patterns and socio-cultural and economic setup of communities will make tobacco consumption control more effective.

Respondents' opinion on impacts of second-hand smoking on non-smokers also varied with the majority reporting the impact to include cancer, lung disease or chronic cough. Respondents' opinions on how exposure to cigarette smoking can be risky also differed considerably. Most of them 271 (63%) reported that by inhaling cigarette smoke, one is prone to heart-related diseases. This result validates the position of rational choice theory that a rational agent is assumed to take account of the available information, probabilities of events, and potential costs and benefits in determining preferences and to act consistently in choosing the self-determined best choice of action.

With regards to the impact of the Nigerian Tobacco Control Law on their indoor and public smoking behaviours, 59 (59%) of respondents reported that it had no impact. Protection of smokers/non-smokers' health was the reason given by most respondents 123 (61%) in support of government's regulation of tobacco use. 310 (64%) of respondents were aware of the existence of the Nigerian Tobacco Law. This finding corroborates a tenet of neutralization theory which argues that contrary to the popular notion that individuals who violate laws do so because they have sub-cultural values at odds with

those held by members of conventional society; these individuals are, in fact, committed to the rules and laws of the society.

Most respondents opined that possible ways to quit smoking were reduction in the quantity of tobacco consumed daily, change of friends and environment; personal determination/self-discipline; counseling and rehabilitation; and education of smokers on the dangers associated with smoking. This result is in line with an element of rational choice theory which opines that individuals must anticipate the outcomes of alternative courses of action and calculate that which will be best for them.

Tobacco smoking warning generally had no effect on respondents' smoking habit. Among other things, the reasons adduced by respondents were that the tobacco smoking warning was unnecessarily exaggerated, no side effects experienced since the start of the habit; and that the warning is mere propaganda. This outcome buttresses a key proposition of neutralization theory which submits that deviants justify their acts by developing some special sets of techniques to neutralize and temporarily suspend their commitment to societal values thereby providing them with the freedom to commit unlawful acts.

### **CONCLUSION AND RECOMMENDATIONS**

The views of respondents summarised in the foregoing paragraph and other parts of this paper point to the need not only to educate tobacco consumers on the dangers of consuming the product but also support them to quit consumption. Tobacco smoking warning in Nigeria appears to be generally ineffective. Thus, there is a need to design, create and

publicise tobacco warning messages that are effective. Furthermore, from respondents' responses on reasons for unwillingness to quit smoking as expressed in Table 6, it is obvious that many smokers indulge in the habit due to insufficient critical awareness. This explains why a significant per cent (44.3%) should indicate that they were unwilling to quit smoking because they believe that "it is not a crime" and 16.9% that "it has no side effect".

Respondents strongly agreeing that anti-smoking message emphasises health concerns about smoking and going ahead to indulge in smoking suggests that such respondents have high risk-taking propensity with regards to smoking. This buttresses the need to address the risk-taking behaviour of tobacco consumers. Similarly, agreeing that anti-smoking message emphasises social aspect of smoking points to the need for understanding the social factors that promote smoking and formulating policies that deal with those factors. Responses on the need for smoking regulation suggest that individual smokers themselves recognise the need for regulation of this subject. Respondents who expressed the opinion that tobacco warning messages are exaggerated or distorted are likely to ignore or rationalise anti-smoking messages and indulge or continue to indulge in tobacco smoking. The response by a good number of respondents 212 (45%) that this message is boring points to the need to modify anti-smoking messages to make them more exciting, more appealing and more efficacious.

From the totality of the opinions expressed by respondents on the various issues covered by this study, it is obvious that more concerted efforts are required in order to achieve the goal of safeguarding public health through tobacco smoking control.

Effective enforcement by the regulatory agencies is essential. Above all, awareness creation in all its ramifications is a key element - awareness about offences and penalties under the current Tobacco Law, existing enforcement agencies and most importantly, health dangers associated with the consumption of tobacco products.

This study has implications on the impact of the Tobacco Law on consumers in Nigeria. A significant number of consumers is reasonably aware of the dangers of tobacco smoking. However, the said awareness does not result in a commensurate change in behaviour in terms of smoking cessation or reduction. The current state of affairs indicates that the implementation techniques are yet to yield the desired results. More tobacco consumers, especially second-hand smokers, need to be further educated through social media and offline interactions. Specifically, awareness should be created about the ban on smoking in public places.

Future research in this area should focus more on understanding psycho-demographic and other cognate variables that hinder effective implementation of Tobacco Law. Future studies should also improve on the limitations of this present study which includes relatively small sample size, narrow location coverage and research design which limited responses to only self-reports by respondents. Future research should equally seek to establish whether peoples' or respondents' location influences their disposition towards government regulation of public smoking.

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