MPOWER

Six Cost-Effective Actions Endorsed by WHO to Reduce Tobacco's Deadly Toll

Tobacco is the **leading cause of preventable death** in the world.

Tobacco **kills**:

- 5.4 million people each year
- 100 million people in the 20th century
- If current trends continue, ONE BILLION people will die from tobacco use this century. The epidemic is *entirely preventable*.

WHO has identified 6 actions proven to reduce tobacco use and its deadly toll.

Monitor tobacco use and assess the impact of tobacco prevention policies

Protect people from secondhand smoke

Offer help to every tobacco user to quit

Warn and effectively educate every person about the dangers of tobacco use through:
- strong, graphic pictorial health warnings; and
- hard hitting, sustained mass media public education campaigns

Enact and enforce comprehensive bans on:
- tobacco advertising, promotion and sponsorship; and
- the use of misleading terms, such as "light" or "low tar"

Raise the price of all tobacco products by increasing tobacco taxes

The scientific evidence is **beyond dispute**.

We know how to reduce tobacco use and tobacco-caused death.

These actions are **affordable** and **achievable**.

Tobacco need not cause one billion deaths this century.

Policy makers **must act now**.

Monitor Tobacco Use and Prevention Policies

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With accurate data, problems caused by tobacco can be understood and resources effectively allocated for impact. Improvements must be made in national and international monitoring systems to inform and drive the allocation of resources to where they are most needed.

> "Strong national and international monitoring is essential for the fight against the tobacco epidemic to succeed."
> ***WHO, 2008***

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Article 20 of the FCTC requires parties to establish programs for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke.

KEY MESSAGES

- Monitoring data helps ensure that resources are allocated where they are most needed and will be most effective to reduce tobacco use and its deadly toll.

- Data from monitoring provides powerful evidence for advocates of strong policies.

- Monitoring systems must track:
  - Tobacco use and its deadly consequences;
  - The existence and effectiveness of policy interventions; and
  - Tobacco industry marketing, promotion and lobbying.

- Collaboration across partners and organizations is essential to ensure the timely dissemination of relevant information and the uptake and use of such information to drive decision making to reduce tobacco use.

- Basic monitoring need not be expensive and is within reach of virtually all countries.

Smoke-free Environments

One of Six Cost-Effective Actions Endorsed by WHO to Reduce Tobacco's Deadly Toll

Only 5 percent of the world's population is covered by comprehensive smoke-free laws.[1] More than half of countries allow smoking in government offices, workplaces and other indoor places.[2]

> "The evidence is clear. There is no safe level of exposure to second-hand tobacco smoke. Many countries have already taken action. I urge all countries that have not yet done so to take this immediate and important step to protect the health of all by passing laws requiring all indoor work-places and public places to be 100% smoke-free."
>
> Dr. Margaret Chan,
> Director-General, WHO,
> May 29, 2007.

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Article 8 of the FCTC guides parties on minimum standards for adopting and implementing effective smoke-free policies "providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places." Governments should build public support through educational campaigns, pass comprehensive legislation, and maintain public support through enforcement.

KEY MESSAGES

- Smoke-free laws help guarantee the fundamental right to breathe clean air for all.
- Smoke-free laws protect the health of workers and non-smokers and encourage smokers to quit.
- All countries regardless of income level can implement smoke-free laws effectively.

THE CASE FOR SMOKE-FREE ENVIRONMENTS

- **There is no safe level of exposure to tobacco smoke.**[3] Secondhand smoke contains at least 69 known carcinogens and is a major cause of disease, including many types of cancer and coronary heart disease.[4,5]
- **The only effective way to protect people is to provide 100% smoke-free air. Designated smoking rooms and similar approaches do not work.**[6] The international standard-setting body for indoor air quality concluded that ventilation and other air filtration technologies cannot eliminate the health risks caused by secondhand smoke exposure.[7]
- **Smoke-free laws help the economy and do not harm businesses like restaurants and bars.** A comprehensive review of all available studies on the economic impact of smoke-free workplace laws concluded that: "All of the best designed studies report no impact or a positive impact of smoke-free restaurant and bar laws on sales or employment."[8]
- **Smoke-free environments are popular.**[9] Where smoke-free laws have been introduced, they enjoy widespread public support. In 2006, Uruguay became the first country in the Americas to go 100% smoke-free. The ban won support from 8 out of 10 Uruguayans, including nearly two-thirds of the country's smokers.[10]

[1] WHO Report on the Global Tobacco Epidemic 2008: The MPOWER package. Geneva: World Health Organization; 2008. [2] Ibid, 46. [3] Ibid. [4] National Cancer Institute. Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine. Smoking and Tobacco Control Monograph No. 13. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 02-5074, October 2001. [5] Protection from Exposure to Second-hand Tobacco Smoke. Policy Recommendations. Geneva: WHO; 2007. Available from: http://www.who.int/tobacco/resources/publications/wntd/2007/who_protection_exposure_final_25June2007.pdf. [6] Ibid. [7] Samet J et al. ASHRAE position document on environmental tobacco smoke. American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE). Atlanta, GA: 2005. Available from: http://www.ashrae.org/content/ASHRAE/ASHRAE/ArticleAltFormat/20058211239_347.pdf. [8] Scollo M, Lal A, et al. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. Tobacco Control. 2003;12:13-20. Available from: http://www.tobaccoscam.ucsf.edu/pdf/ScolloTC.pdf. [9] Hilton S, Semple S, Miller BG, et al. Expectations and changing attitudes of bar workers before and after the implementation of smoke-free legislation in Scotland. BMC Public Health. 2007;7:206. Available from: http://www.biomedcentral.com/1471-2458/7/206. [10] Organización Panamericana de la Salud (Pan American Health Organization). Estudio de "Conocimiento y actitudes hacia el decreto 288/005". (Regulación de consumo de tabaco en lugares públicos y privados). 2006 Oct [in Spanish]. Available from: http://www.presidencia.gub.uy/_web/noticias/2006/12/informeo_dec268_mori.pdf.

Tobacco Cessation and Treatment

One of Six Cost-Effective Actions Endorsed by WHO to Reduce Tobacco's Deadly Toll

Among smokers who are aware of the dangers of tobacco, three out of four want to quit,[1] however 95 percent of the world's population do not have access to treatment for tobacco dependence.[2] Like people dependent on any addictive drug, it is difficult for most tobacco users to quit on their own and they benefit from help and support to overcome their dependence.

> "Current statistics indicate that it will not be possible to reduce tobacco-related deaths over the next 30-50 years, unless adult smokers are encouraged to quit."
>
> WHO Policy Recommendations for Smoking Cessation and Treatment of Tobacco Dependence, 2003

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Article 14 of the FCTC requires parties to endeavor to create cessation programs in a range of settings, including diagnosis and treatment of nicotine dependence in national health programs, establishment of programs for diagnosis, counseling and treatment in health care facilities and rehabilitation center, and collaboration with other countries to increase the accessiblity of cessation therapies.

KEY MESSAGES

- Three out of four smokers who understand the dangers of tobacco want to quit.
- Cessation services help smokers quit but are often unavailable.

THE CASE FOR CESSATION SERVICES

- **Cessation services help smokers quit.** It is difficult for most tobacco users to quit on their own and they benefit from help and support to overcome their dependence.[4]
- **An effective tobacco cessation program should include a range of treatment methods to adequately assist smokers in quitting:**
  - Integrating tobacco cessation into primary health care reinforces the need to stop using tobacco.[5,6]
  - Quit lines are inexpensive to operate, easily accessible, confidential and can be staffed for long hours.[7]
  - Pharmacological treatment such as nicotine replacement therapy has been shown to double or triple quit rates.[8]
- **Tobacco tax increases can fund cessation treatment that will save lives and greatly reduce the burden of disease.[9]**

[1] Jones JM. Smoking habits stable; most would like to quit. 18 July 2006. Gallup News Service. Available from: http://www.gallup.com/poll/23791/Smoking-Habits-Stable-Most-Would-Like-Quit.aspx. [2] WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva: World Health organization, 2008. [3] Ibid. [4] Solberg LI et al. Repeated tobacco-use screening and intervention in clinical practice: health impact and cost effectiveness. American Journal of Preventive Medicine. 2006;31(1):62–71. [5] West R, Sohal T. "Catastrophic" pathways to smoking cessation: findings from national survey. British Medical Journal. 2006;332(7539):458–460. [6] WHO: MPOWER. [7] Tobacco Advisory Group of the Royal College of Physicians. Nicotine addiction in Britain; a report of the Tobacco Advisory Group of the Royal College of Physicians. London, Royal College of Physicians of London, 2000. Available from: http://www.rcplondon.ac.uk/pubs/books/nicotine.

Warn About the Dangers of Tobacco

One of Six Cost-Effective Actions Endorsed by WHO to Reduce Tobacco's Deadly Toll

Tobacco is a deadly, addictive product. The extreme addictiveness of tobacco and the full range of health dangers are not fully understood or appreciated by the public.

> "Every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke."
>
> WHO FCTC Article 4.1

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Article 11 of the FCTC requires parties to use large, clear health warnings that should cover 50 percent of the principle display areas. The article also requires parties to implement effective measures to ensure that tobacco product packaging and labeling do not promote a tobacco product by any means that are false, misleading, deceptive, or likely to create an erroneous impression about its characteristic, health effects, hazards, or emissions. These include terms such as "light," "low tar," and "ultra-light."

KEY MESSAGES

- Tobacco is deadly and addictive.
- To ensure that the public is fully informed of tobacco's harms and to counter the seductive images of tobacco portrayed by the tobacco industry, it is essential to:
  - Place health warnings on all tobacco product packaging. Tobacco pack warnings should be clear, include graphic pictures of tobacco's harms and cover at least half of all outer product covering.
  - Launch tobacco control media campaigns and other counter advertising activities. Media campaigns must be hard hitting, sustained over significant amounts of time and effectively counter the tobacco industry's marketing and promotional tactics.
- Terms such as "light" and "low" are misleading and deceptive. Such products do not reduce risk.

THE CASE FOR WARNING ABOUT THE DANGERS OF TOBACCO

- **Health warnings encourage tobacco users to quit and young people not to start.** In Brazil, after the introduction of new picture warnings, 73% of smokers approved of them, 54% had changed their opinion on the health consequences of smoking and 67 % said the new warnings made them want to quit.[1]
- **Health warnings on tobacco products are guaranteed to reach all users.** Pack-a-day smokers are potentially exposed to the warnings over 7,000 times per year.[2]
- **Policies mandating health warnings on tobacco packages cost governments nothing to implement.**[3] Pictorial warnings are overwhelmingly supported by the public.[4]
- **Tobacco control media campaigns reduce tobacco use.** Hard hitting, intensive media campaigns using graphic images inform the public, reduce tobacco use, and increase quit attempts and cessation rates.[5,6,7,8]

[1] Costa e Silva VL. Presentation to EU Commission on enforcement of health warnings in Brazil. Brussels 2002. [2] Hammond D, Fong GT, McDonald PW, Cameron R, Brown KS. Impact of the graphic Canadian warning labels on adult smoking behavior. Tobacco Control. 2003; 12(4):391-395. [3] Ibid. [4] WHO report on the Global Tobaccco Epidemic, 2008: The MPOWER package. Geneva: World Health Organization,2008. [5] US Department of Health and Human Services, Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1989. Available from: http://www.cdc.gov/tobacco/sgr/index.htm. [6] Goldman LK, Glantz SA. Evaluation of antismoking advertising campaigns. JAMA. 1998;279:772-7. [7] Farrelly MC, Davis KC, Haviland L, Messeri P, Healton CG. Evidence of a dose-response relationship between "truth" antismoking ads and youth smoking prevalence. American Journal of Public Health. 2005;95(3):425-431.

Ban Advertising, Promotion and Sponsorship

One of Six Cost-Effective Actions Endorsed by WHO to Reduce Tobacco's Deadly Toll

The tobacco industry designs advertising campaigns featuring happy young people enjoying life with tobacco so they can get new, young tobacco consumers hooked, with life-long addiction.[1]

> "Tobacco addiction is a communicated disease — communicated through advertising, promotion and sponsorship."
>
> Dr. Gro Harlem Brundtland, former WHO Director General, 2001

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Article 13 of the FCTC requires a comprehensive ban on tobacco advertising, promotion and sponsorship within five years after ratification. National bans must also include cross-border advertising, promotion and sponsorship originating within a nation's territory.

KEY MESSAGES

- Tobacco marketing and promotion entice young people to use tobacco, encourage smokers to smoke more, decrease their motivation to quit.
- Tobacco marketing and promotion increase tobacco consumption and sales.
- Comprehensive, enforced advertising and promotional bans reduce tobacco use.
- Voluntary regulations are not effective as the tobacco industry often fails to comply.

THE CASE FOR BANNING ADVERTISING, PROMOTION AND SPONSORSHIP

- **Marketing falsely associates tobacco with desirable qualities.** The tobacco industry targets women and girls with aggressive and seductive advertising that exploits ideas of independence, emancipation, sex appeal and slimness.[2,3,4]
- **Tobacco advertising, promotion and sponsorship effectively impact youth.** For decades, tobacco companies have targeted youth as a key market, studied their smoking habits, and developed products and marketing campaigns aimed at them.[5] An RJ Reynolds document states, "Many manufacturers have 'studied' the 14-20 market in hopes of uncovering the 'secret' of the instant popularity some brands enjoy to the almost exclusion of others… Creating a 'fad' in this market can be a great bonanza."[6]
- **Comprehensive advertising bans reduce tobacco use.** National-level studies before and after advertising bans found a decline in tobacco consumption of up to 16 percent.[7,8,9,10] Advertising bans reduce tobacco use among people of all income and educational levels.
- **Partial bans have no effect on tobacco consumption.**[12] A study, based on date from 102 countries, found that per capita consumption fell by approximately 8 percent in countries with complete bans compared with 1 percent in countries without complete bans.[13] Partial bans usually do not include indirect or alternative forms of marketing such as event sponsorship that are particularly attractive to young people.[14,15]

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[1] WHO Report on the Global Tobacco Epidemic 2008: The MPOWER package. Geneva: World Health Organization, 2008. [2] Kaufman NJ, Nichter, M. The Marketing of Tobacco To Women: Global Perspectives. In Samet JM, Yoon S editors. Women and the Tobacco Epidemic: Challenges for the 21st Century [monograph on the Internet]. Canada: WHO; 2001 [cited 22 June 2007]. Available from: http://www.who.int/tobacco/media/en/WomenMonograph.pdf. [3] U.S. Department of Health and Human Services. Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, GA: Public Health Service, CDC Office on Smoking and Health; 1994. Available from: http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1994/index.htm. [4] Women, Girls, and Tobacco: An Appeal for Global Health Action [page on the Internet]. Center for Communications, Health and the Environment [cited July 19, 2007]. Available from: http://www.ceche.org/programs/tobacco/women/appeal.htm. [5] Perry CL. The Tobacco Industry and Underage Youth Smoking: Tobacco Industry Documents from the Minnesota Litigation. Archives of Pediatric and Adolescent Medicine. 1999;153:935-941. [6] William Esty, McCain JH. NFO preference share data—"youth" market. R. J. Reynolds Tobacco Company. March 8, 1973. Bates No. 501167049–7051. Available from: http://www.rjrtdocs.com. [7] Smee C,et al. Effect of tobacco advertising on tobacco consumption: a discussion document reviewing the evidence. London: Economic and Operational Research Division, Department of Health; 1992. [8] Country profiles. Fifth WHO seminar for a Tobacco-Free Europe, World Health Organization Regional Office for Europe, Warsaw, 26–28 October 1995. [9] Jha P, Chaloupka FJ. Curbing the epidemic: governments and the economics of tobacco control. Washington, DC: World Bank; 1999. Available from: http://www1.worldbank.org/tobacco/reports.htm. [10] Public health at a glance–Tobacco control. Why is reducing use of tobacco a priority? [page on the Internet] Washington, DC: World Bank; 2003. Available from: http://go.worldbank.org/AA4DNS07V0. [11] Borland RM. Advertising, media and the tobacco epidemic. In: China tobacco control report. Beijing, Ministry of Health, People's Republic of China, May 2007. [12] Saffer, H. Tobacco Advertising and Promotion. In: Jha P, Chaploupka F, editors. Tobacco Control in Developing Countries. New York: Oxford University Press, Inc.; 2000. p. 215-236. Available from: http://www1.worldbank.org/tobacco/tcdc.asp. [13] Ibid. [14] Willemsen MC, De Zwart WM. The effectiveness of policy and health education strategies for reducing adolescent smoking: a review of the evidence. Journal of Adolescence. 1999;22(5):587–599. [15] World Health Organization Regional Office for Europe. It can be done: a smoke-free Europe. Copenhagen: World Health Organization; 1990.

Raise Taxes on Tobacco

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Increasing the price of tobacco through higher taxes is the single most effective way to decrease consumption and encourage tobacco users to quit.[1] A 70 percent increase in the price of tobacco could prevent up to a quarter of all smoking-related deaths worldwide.[2]

> "The most effective way to deter children from taking up smoking is to increase taxes on tobacco. High prices prevent some children and adolescents from starting and encourage those who already smoke to reduce their consumption."
>
> World Bank, Curbing the Epidemic, 1999

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Article 6 of the FCTC recommends parties take into account tax policies and price polices as a part of their overall national health policy. WHO recommends all governments raise tobacco taxes. All tobacco products should be taxed similarly and need to be regularly adjusted for inflation. Taxes on cheap tobacco products should be equivalent to products that are more heavily taxed, such as cigarettes, to prevent substitution in consumption.

KEY MESSAGES

- ›› Raising tobacco taxes is the single most effective way to reduce tobacco use and save lives.
- ›› Higher tobacco taxes increase government revenues even with reduced consumption.
- ›› Tobacco tax increases are well accepted by the public.

THE CASE FOR RAISING TAXES ON TOBACCO

- **Higher tobacco taxes save lives.** Increasing tobacco taxes by 10 percent decreases tobacco consumption by 4 percent in high-income countries and by about 8 percent in low- and middle-income countries.[3,4] A 70 percent increase in the price of tobacco could prevent up to a quarter of all smoking-related deaths worldwide.[5]
- **Higher tobacco taxes help the young and the poor.** Youth and low income people are much more sensitive to the price of goods.[6] Tax increases help the poor stop using tobacco and allow them to reallocate their money to food, shelter, education and health care.
- **Higher taxes increase government revenue.** Tobacco tax increases do not reduce government revenues. Increasing tobacco taxes by 10 percent generally leads to increases in government tobacco tax revenues of nearly 7 percent.[7]
- **All tobacco products must be taxed.** All products must to be taxed at equivalent rates to prevent tobacco users from switching tobacco brands and types based on tax and price differences.

[1] WHO Tobacco Free Initiative. Building blocks for tobacco control: a handbook. Geneva: World Health Organization; 2004. Available from: http://www.who.int/tobacco/resources/publications/tobaccocontrol_handbook/en/. [2] Jha P, et al. Tobacco Addiction. In: Jamison DT et al., eds. Disease control priorities in developing countries, 2nd ed. New York, Oxford University Press and Washington, DC: World Bank; 2006: 869–885. Available from: http://www.dcp2.org/file/52/DCPP-Tobacco.pdf. [3] Ibid. [4] Chaloupka FJ et al. The taxation of tobacco products. In: Jha P, Chaloupka FJ, eds. Tobacco control in developing countries. Oxford, Oxford University Press, 2000:237–272. [5] Jha, 2006. [6] WHO Report on the Global Tobacco Epidemic, 2008: The mpower package. Geneva, World Health Organization, 2008. [7] Sunley, et al. The design, administration, and potential revenue of tobacco excises. In: Jha P, Chaloupka FJ, eds. Tobacco control in developing countries. Oxford, Oxford University Press, 2000:409–426.