The NCD Alliance

Putting non-communicable diseases on the global agenda

NCD ALLIANCE BRIEFING PAPER

NCDs, TOBACCO CONTROL AND THE FCTC

"The most urgent and immediate priority is tobacco control"
- *The Lancet,* April 2011

"Overcoming barriers to the implementation of the Framework Convention on Tobacco Control should play a central role"
- The Center for Strategic and International Studies, February 2011

The NCD Alliance is calling for accelerated implementation of the WHO Framework Convention on Tobacco Control:

- As a sustainable investment, with proven results, that will contribute to producing a healthier, more able and productive global population; in order to:
- Increase the benefits of investment already being made towards achieving the Millennium Development Goals.

Tobacco: a peril to health

Tobacco is so commonplace – globally, more than one-quarter of adults use it – that it easy to overlook how extraordinarily dangerous it is to human health and well-being. As the only risk factor common to the four major non-communicable disease (NCD) categories, tobacco use now causes 1 in 6 of all NCD deaths. Furthermore, up to 1 in 5 deaths from tuberculosis would be avoided if TB patients did not smoke. This means that more than 15,000 people lose their lives every day because they used tobacco, and this does not include the more than 1,000 who die daily from passive smoking. By 2015, WHO estimates tobacco will cause 6.4 million deaths a year. *See Figure 1*.

While these unnecessary deaths from tobacco are projected to decline by 9% between 2002 and 2030 in high income countries, unless we take stronger action now, they will double from 3.4 million to 6.8 million in low and middle income countries by 2030. *See Figure 2*.

Unlike malaria or dengue, where the vector is a mosquito, tobacco has a human vector in the shape of a wealthy, powerful, multinational industry. Tobacco industry revenue dwarfs the GDP of many countries and the industry has used its billions to aggressively market its products in low and middle income countries. As the world strives to reduce poverty, tackle the financial crisis, food insecurity and climate change, no country can afford the health, economic or environmental consequences of tobacco use.

Tobacco: a barrier to development

Tobacco use impedes economic and social development. One-half of smokers die from their tobacco use, and half of these deaths occur in economically productive middle years – from 35 to 69. In most low and middle income countries, it is the poor who smoke the most; consequently, it is the most vulnerable who bear the heaviest burden of poverty and disease from tobacco. In low income countries, purchases of tobacco can divert up to 10% of total household expenditures. Money spent on tobacco is money not spent on basic necessities such as food, education and health care. Tobacco use also deprives families of wages when breadwinners have chronic disease, and imposes catastrophic costs on them for medicine, hospitalisation and other medical care.

Unquestionably, tobacco use is a significant impediment to combating the "… major diseases that afflict humanity", as called for in the sixth MDG. Progress towards achieving other MDGs is also hampered by tobacco use, including goals on gender equity and maternal and child health. Although globally fewer women use tobacco than do men, especially in low income countries, they and their children are likely to be exposed to secondhand smoke, which is responsible for at least 600,000 deaths each year among non-smokers. Nearly half of these deaths occur among women and over a quarter among children under the age of five. Women often have little control over household finances and in those low income families where money is being spent on tobacco, the health and education of children, especially girls, can suffer.

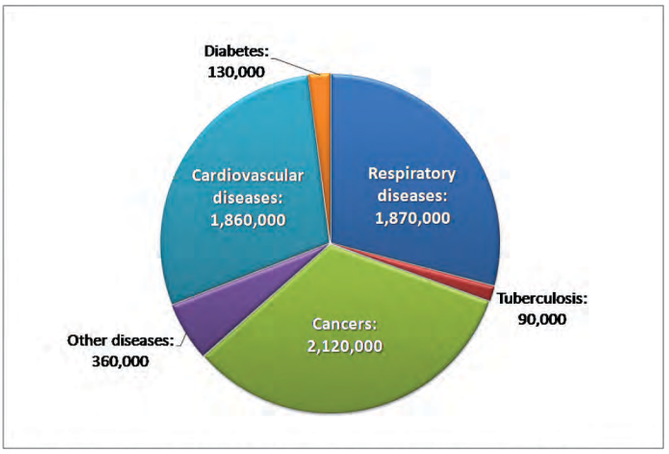

Figure 1. Tobacco use will cause 6.4m deaths a year by 2015 - 10% of all deaths.

FCTC: an evidence-based tool

A unique feature of the tobacco pandemic is that after more than half a century of research and analysis, we know how to reduce this burden. Not only that, but we have an internationally negotiated, legally binding package of evidence-based tobacco control measures, the WHO Framework Convention on Tobacco Control, to which more than 170 WHO Member States are Parties, accounting for more than 85% of the global population.

Effective tobacco control policies reduce NCDs: the incidence of cardiovascular and respiratory disease falls first, followed by cancer and other diseases. Health-care costs are reduced and productivity is increased. They can also generate significant government revenues. Increasing tobacco taxes does more than any other single measure, at least in the short term, to decrease tobacco use. Appropriately structured, tobacco taxes have the potential to pay for tobacco control, for action on other NCDs or for any other useful public purposes governments may choose.

Since its adoption at the World Health Assembly in 2003, the FCTC has played a major role in accelerating the adoption of effective tobacco control policies around the world. The academic literature on the effectiveness and cost effectiveness of tobacco control policies and interventions is extensive and scientifically rigorous. This accumulated knowledge, together with decades of experience of programme implementation, has been used to frame the FCTC's comprehensive package of policy and programme measures. The treaty emphasizes low-cost policy interventions with a proven, population-wide impact in all types of countries. It recognizes that the most effective interventions are mutually reinforcing and that a comprehensive strategy is required to reduce the global burden of disease caused by tobacco use.

Stepping up FCTC implementation

Significant progress in adopting evidence-based policy change has been made since the FCTC came into force in 2005. Before that time, only five countries had passed comprehensive smoke-free laws; now more than 60 countries around the world have adopted strong national or local smoke-free laws and some are already measuring rapid health benefits.

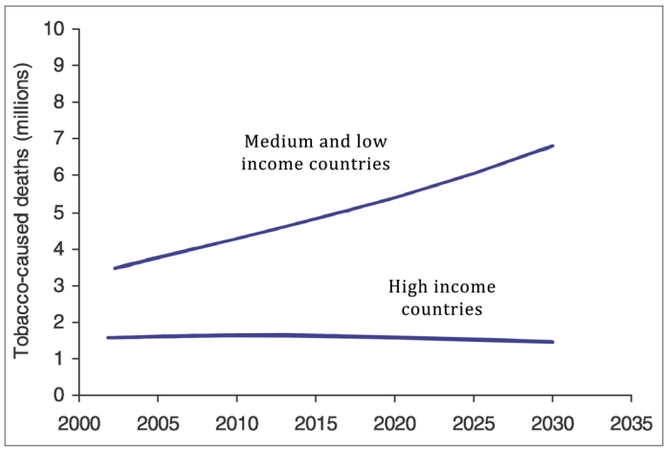

Figure 2. Deaths from tobacco set to double in low and middle income countries.

EVIDENCE FOR SOME KEY FCTC INTERVENTIONS

- Increasing tobacco price through taxation reduces tobacco consumption, discourages uptake of tobacco use by young people and motivates people to quit tobacco use while raising government revenues. Numerous studies in high income countries have shown that a 10% increase in cigarette price decreases consumption by about 4%. Available data indicates that consumption in low and middle income countries is even more responsive to price. For example, the estimated decreases would be about 5.5% in China, 5.2% in Mexico and 5.4% in South Africa. For tobacco products other than manufactured cigarettes, studies are comparatively rare, although similar effects have been found.
- Comprehensive bans on tobacco advertising, promotion and sponsorship are not expensive to implement and are effective in reducing consumption. They are particularly important in countries where smoking prevalence is low but rising.
- Smoke-free indoor workplaces and public places are highly effective at reducing exposure to secondhand smoke, and also substantially increase smokers' likelihood of quitting successfully., Health warnings on tobacco packaging are an inexpensive and easy way to educate existing (and prospective) smokers.
- Mass media campaigns have been rigorously evaluated and shown to be very effective at reducing both youth and adult tobacco use. Lower-cost interventions, such as working with journalists to generate favourable media coverage of tobacco control topics, have been used with success in many countries.
- Helping users to end their dependence on tobacco complements population-wide approaches to tobacco control. Policy approaches motivate tobacco users to try to stop. Proven interventions, such as brief advice from health workers on how to quit, can reach large numbers of tobacco users at very low cost. For those who cannot stop unaided, evidence-based treatments exist that are extremely cost-effective compared with treating tobacco-caused disease.

Since the adoption of FCTC guidelines on product labelling in 2008, the number of countries that have picture warning requirements for tobacco packaging has risen sharply and now stands at 39, with many more in the process of introducing large graphic warnings. *See Figure 3.*

Three clear steps for future progress:

- Increase investment in capacity for low and middle income countries
- Strengthen commitment and collaboration across government
- Stop tobacco industry interference with health policy.

Increase investment in capacity

All countries need the capacity to design policies well and enact them, and to enforce existing laws and regulations. The return on this investment is enormous and in some areas, immediate. Low and middle income countries account for 80% of the world's tobacco-related deaths but their spending on tobacco control equals only 1% of global spending reported by governments. Most national tobacco programmes are inadequately staffed and seriously under-resourced. To avoid the catastrophic human and economic costs of tobacco use, we must invest in putting effective tobacco control policy into place.

Strengthen commitment and collaboration across government

For some of the most effective tobacco control interventions, government departments other than the health department need to lead policy development or implementation. For example, tobacco taxation and illicit trade control are primarily the responsibility of the ministry of finance and customs, and for some countries, tobacco farming and manufacturing are the responsibilities of agriculture and trade ministries.

High level political commitment from all areas of government is necessary to honour the FCTC's undertaking "to develop and support, at national, regional and international levels, comprehensive multisectoral measures and coordinated responses" to implement strong tobacco control policies, reduce use and save lives.

STOP tobacco industry interference in health policy

The challenge of containing and eliminating NCDs is so great that all sectors of society must be involved, as recently articulated by WHO's High-level Meeting in Seoul. The private sector has an important contribution to make but there can be no compromise over the tobacco industry, which can play no part in determining policy on health.

Indeed, all countries that are Parties to the FCTC have agreed that there is a "fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests" and that their governments will act to protect these policies. Action to monitor and resist tobacco industry influence and interference in the policy-making process, and throughout implementation, is vital.

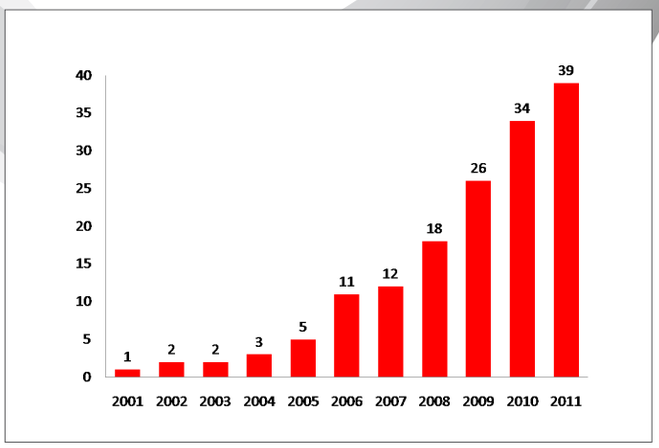

Figure 3. Countries/jurisdictions requiring picture warnings on cigarette packages.
Source: www.tobaccolabels.ca

"Global tobacco control can and should be the lead engine"

That is the conclusion of one of the world's pre-eminent public policy institutions, the Center for Strategic and International Studies, in its analysis of the potential of the UN High-level Meeting on NCDs (19-20 September 2011) to elevate NCDs onto the global stage. Many of the world's most knowledgeable scientists, key non-governmental organisations, and public health workers in low, middle and high income countries are already engaged in marshalling the data and proposing priority actions to make immediate and sustainable progress.

The Conference of the Parties, the governing body of the FCTC, highlighted the NCD Summit at its most recent meeting and called for the international community to accelerate FCTC implementation and mobilize additional development assistance to curb tobacco consumption.

As *The Lancet* has pointed out, the progress made on living standards in the last century are now "threatened by crises of our own creation". In the face of considerable global challenges on climate change, finance and food insecurity, we cannot fail to act to address a crisis we have the knowledge and tools to deal with – the crisis of NCDs.

WHAT IS NEEDED? A COMMITMENT TO:

At a global level

- Set a short-term global target, such as a 20% reduction in prevalence of tobacco use by 2016. This should be accompanied by ambitious but achievable national/regional targets, and the global target should be revised regularly
- Increase global spending on tobacco control, and in particular on FCTC implementation, to a specific target to be agreed between Member States
- Integrate FCTC implementation into the development assistance programmes and planning of UN, bilateral and multilateral development agencies
- Include tobacco control indicators in any successors to the Millennium Development Goals
- Encourage countries that have not yet done so to ratify the FCTC
- Protect public health policy from the vested interests of the tobacco industry.

At a national level

- Bring relevant government departments together with a strong political mandate to accelerate implementation of the FCTC
- Commit to raising tobacco excise taxes annually so that consumption declines
- Develop a national strategy to achieve ongoing and substantial consumption reductions from tobacco tax increases
- Integrate tobacco control into all relevant national plans for health, development and poverty reduction
- Identify resource and technical capacity needs for effective implementation
- Protect public health policy from the vested interests of the tobacco industry.

This policy brief was completed for the NCD Alliance by the FCTC working group, convened by the Framework Convention Alliance.
For a fully referenced version of this paper, visit, www.ncdalliance.org/tobacco or www.fctc.org

Front photo credit: World Lung Foundation