Introduction

The UK’s National Heart Forum (NHF) welcomes the opportunity to contribute to the development of the WHO’s Framework Convention on Tobacco Control (FCTC). There is well-established evidence that cigarette smoking is an important and entirely preventable risk for coronary heart disease (CHD). Strong international public health action on tobacco control will help to achieve the NHF’s goal of reducing the burden of CHD in the UK.

Background

The NHF is the UK’s leading alliance of over 40 national organisations working to reduce the risk of coronary heart disease (see annexe A). Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include several individual experts in the cardiovascular field. The alliance co-ordinates action to reduce coronary heart disease risk through information, education, research, policy development and advocacy.

The alliance receives subscriptions from its members and core funding from the Department of the Health and the British Heart Foundation. Individual projects are supported by grants from members and other grant-giving bodies.

The NHF is an active advocate of effective tobacco control through its members and participation in national and European networks including the UK Tobacco Action Network, the European Heart Network and the European Heart Health Initiative.

Smoking and coronary heart disease

It is estimated that the global death toll from smoking-related diseases (including CHD) will have risen to 10 million a year by 2030. Most of these deaths will occur in developing economies. The epidemic of cardiovascular disease that we have seen in developed economies now threatens many of the poorest countries of the world and rising smoking rates are an important contributing factor.

In the UK, 28% of adults smoke; around the average rate for the European Union. The decline in smoking prevalence since the early 1990’s, however, has been substantially less in the UK than that achieved in other EU member states such as Greece, Denmark, France, Sweden and Belgium. The government’s tobacco strategy for England, published in 1998, sets a target for reducing adult smoking to 24% or less by 2010.

Recent analysis of British data suggests that approximately 20% of male CHD cases and 17% of female CHD cases are attributable to current smoking, and might account for 14,000 men and 9,950 women suffering from CHD in the UK each year. This represents a substantial burden on the National Health Service and a heavy toll of preventable, premature death and ill health.
The same analysis shows that if age-specific relative risks are applied to the population, a reduction in smoking would have a higher proportional benefit among younger age groups and among the poorest classes in society where smoking rates are higher. Achieving the government’s target of smoking prevalence of 24%, the fall in CHD mortality would be approximately 10% for those aged 16 to 24 years.

Scope of the FCTC

The Framework should be concerned with tobacco control issues such as smuggling and advertising that cross national borders and which can be more effectively, and cost-effectively tackled through an international agreement. It should not reduce, relax or otherwise diminish existing tobacco control initiatives, regulations, laws or practices in any signatory country. It should seek to address the responsibilities of tobacco producing countries.

Process and resources for the FCTC

It is recognised that a Framework Convention will take time to develop, agree and implement. It is important that it should be progressively reviewed and strengthened to address changing practices of the tobacco industry.

The resourcing of the Framework needs to be more clearly defined, and the NHF supports the proposal for a multilateral fund with rules for procedure and criteria for funding. Specific resources must be made available to monitor the progress of the Framework.

The Framework must work effectively with the international agencies that influence tobacco trade and sales such as the World Trade Organisation. It could also have an important role to ensure that international aid does not promote the tobacco industry.

General objective for the FCTC

Tobacco smoking is a global health determinant requiring international co-ordinated action. Rising international smoking rates are contributing to an escalating burden of disease. The NHF would like to see the Framework set itself a challenging goal to prevent an increase in tobacco consumption in the next 2-3 decades.

Specific commitments of the FCTC

To contribute to a reduction in smoking-related diseases, including CHD, and as a basis for the development of the Convention’s protocols, the National Heart Forum would like to see the following specific commitments included:

- A worldwide ban on duty free sales and imports of tobacco.

- A worldwide ban on TV advertising of tobacco, and consideration of other new (transnational) media including the Internet. Such a ban should address indirect as well as direct advertising.
- A ban on tobacco sponsorship of televised events.
- A ban on any misleading information, imagery or product design. This would include branding such as ‘low tar’, ‘light’ or ‘mild’ (and other language or cultural equivalents) and the printing of tar yields on cigarette packs.
- Health warnings to be placed on all cigarette packs sold worldwide in the national language of the country in which it is to be sold.
- Regulation on the permitted ingredients in tobacco products.
- Comprehensive disclosure on cigarette packs of ingredients and toxic substances.

**Summary**

Effective international measures to control tobacco consumption will support national and local efforts to reduce smoking rates and protect more people, including children, from the threat of premature death or disability from coronary heart disease, cancer and lung disease.

While the introduction of the Framework is warmly welcomed, its development will take time and it is important that international organisations such as the WHO should be encouraged and supported to take action in the meantime on tobacco control. There is much that can and should be done to help transfer know how on tobacco control between countries worldwide and to help develop guidance to policy makers and legislators on different forms of legislation and their effectiveness.

**Annexe A**

**Member organisations of the National Heart Forum**

- Age Concern England
- ASH
- ASH Scotland
- British Association for Cardiac Rehabilitation
- British Cardiac Society
- British Dietetic Association
- British Heart Foundation
- British Medical Association
- British Nutrition Foundation
- Consensus Action on Salt and Hypertension (CASH)
- Chartered Institute of Environmental Health
- Child Poverty Action Group
- Community Practitioners’ and Health Visitors’ Associ
- Consumers' Association
- CORDA
- Coronary Prevention Group
- Design and Technology Associates (DATA)
Diabetes UK
Faculty of Public Health Medicine
Family Heart Association
Health Development Agency (formerly Health Education
Health Promotion Agency for Northern Ireland
King's Fund
National Association of Governors and Managers
NHS Confederation
Northern Ireland Chest, Heart and Stroke Association
Nuffield Trust
Primary Care Cardiovascular Society
Royal College of General Practitioners
Royal College of Nursing
Royal College of Paediatrics and Child Health
Royal College of Physicians of Edinburgh
Royal College of Physicians of London
Royal College of Psychiatrists
Royal College of Surgeons of England
Royal Institute of Public Health and Hygiene and the
Royal Pharmaceutical Society of Great Britain
SHARP (Scottish Heart and Arterial disease Risk
Society of Cardiothoracic Surgeons of GB & Ireland
Society of Health Education and Health Promotion
Society of Occupational Medicine
Sport England
Trades Union Congress
UK Public Health Association


\[2\] Department of Health: Smoking Kills 1998.
