

**WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2008**

**The MPOWER package**

**fresh and alive**

**mpower**



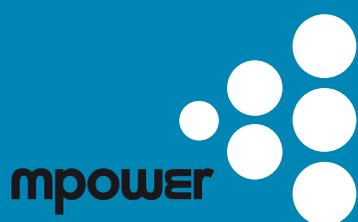
**World Health  
Organization**



**In the 20th century,  
the tobacco epidemic  
killed 100 million  
people worldwide.**



**During the 21st  
century, it could kill  
one billion.**



**M**onitor tobacco use and prevention policies

**P**rotect people from tobacco smoke

**O**ffer help to quit tobacco use

**W**arn about the dangers of tobacco

**E**nforce bans on tobacco advertising, promotion and sponsorship

**R**aise taxes on tobacco

**The six policies of WHO's MPOWER package can counter the tobacco epidemic and reduce its deadly toll.**

# **Six effective tobacco control policies can counter the epidemic.**

*WHO Report on the Global Tobacco Epidemic, 2008* is the first in a series of WHO reports that will track the status of the tobacco epidemic and the impact of interventions implemented to stop it.

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**World Health  
Organization**

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GLOBAL TOBACCO EPIDEMIC, 2008

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### ABBREVIATIONS

- AFRO WHO Regional Office for Africa
- AMRO WHO Regional Office for the Americas
- CDC Centers for Disease Control and Prevention
- EMRO WHO Regional Office for the Eastern Mediterranean
- EURO WHO Regional Office for Europe
- HQ WHO headquarters
- IMF International Monetary Fund
- LCU Local currency unit
- NCD Noncommunicable diseases
- NGO Nongovernmental organization
- SEARO WHO Regional Office for South-East Asia
- STEPS WHO's STEPwise approach to Surveillance
- US United States
- USD United States dollar
- WHO World Health Organization
- WPRO WHO Regional Office for the Western Pacific



## TOBACCO EPIDEMIC DEATH TOLL

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100 million dead in the 20th century

Currently 5.4 million deaths every year

Unless urgent action is taken:

By 2030, there will be more than 8 million deaths every year

By 2030, more than 80% of tobacco deaths will be in developing countries

One billion estimated deaths during the 21st century

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**Reversing this entirely preventable epidemic must now rank as a top priority for public health and for political leaders in every country of the world.**

Dr Margaret Chan, WHO Director-General

# WE MUST ACT NOW TO REVERSE THE GLOBAL TOBACCO EPIDEMIC AND SAVE MILLIONS OF LIVES

We hold in our hands the solution to the global tobacco epidemic that threatens the lives of one billion men, women and children during this century. In fact, tobacco use can kill in so many ways that it is a risk factor for six of the eight leading causes of death in the world. The cure for this devastating epidemic is dependent not on medicines or vaccines, but on the concerted actions of government and civil society.

This is a unique point in public health history as the forces of political will, policies and funding are aligned to create the momentum needed to dramatically reduce tobacco use and save millions of lives by the middle of this century. Reversing this entirely preventable epidemic must now rank as a top priority for public health and for political leaders in every country of the world.

The global consensus that we must fight the tobacco epidemic has already been established by the more than 150 Parties to the WHO

Framework Convention on Tobacco Control. Now, the *WHO Report on the Global Tobacco Epidemic, 2008* gives countries a roadmap that builds on the WHO Framework Convention to turn this global consensus into a global reality through MPOWER, a package of six effective tobacco control policies.

But countries need not act alone. WHO, with help from its global partners, is scaling up its capacity and is committed to supporting Member States as they implement and enforce the MPOWER policies. The *WHO Report on the Global Tobacco Epidemic, 2008* also enables WHO to present a unique and comparable set of country-specific data from around the world that will cast an intense spotlight on tobacco use, its impact on people and economies, and the progress countries are making to reverse the epidemic.

Prompt action is crucial. The tobacco epidemic already kills 5.4 million people a year from

lung cancer, heart disease and other illnesses. Unchecked, that number will increase to more than 8 million a year by 2030. Tragically, with more than 80% of those deaths occurring in the developing world, the epidemic will strike hardest in countries whose rapidly growing economies offer their citizens the hope of a better life. To the tobacco companies, these economies represent vast new marketplaces. This will result not only in large increases in illness and death, but also in less productive workforces and escalating avoidable health-care costs.

We cannot let this happen. I call on governments around the world to take urgent action to implement the policies outlined in the MPOWER package.

**Dr Margaret Chan**  
Director-General  
World Health Organization



# Summary

Tobacco is the single most preventable cause of death in the world today. This year, tobacco will kill more than five million people – more than tuberculosis, HIV/AIDS and malaria combined. By 2030, the death toll will exceed eight million a year. Unless urgent action is taken tobacco could kill **one billion people** during this century.

Tobacco is the only legal consumer product that can harm everyone exposed to it – and it kills up to half of those who use it as intended. Yet, tobacco use is common throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use.

Most of tobacco's damage to health does not become evident until years or even decades after the onset of use. So, while tobacco use is rising globally, the epidemic of tobacco-related disease and death has just begun.

But we can change the future. The tobacco epidemic is devastating – but preventable. The fight against tobacco must be engaged forcefully and quickly – with no less urgency than battles against life-threatening infectious diseases. We can halt the tobacco epidemic and move towards a tobacco-free world – **but we must act now.**

The WHO Framework Convention on Tobacco Control, a multilateral treaty with more than 150 Parties, was the first step in the global fight against the tobacco epidemic (see Appendix VI for status of the WHO Framework Convention). This treaty presents a blueprint for countries to reduce both the supply of and the demand for tobacco. The WHO Framework Convention establishes that international law has a vital role in preventing disease and promoting health.

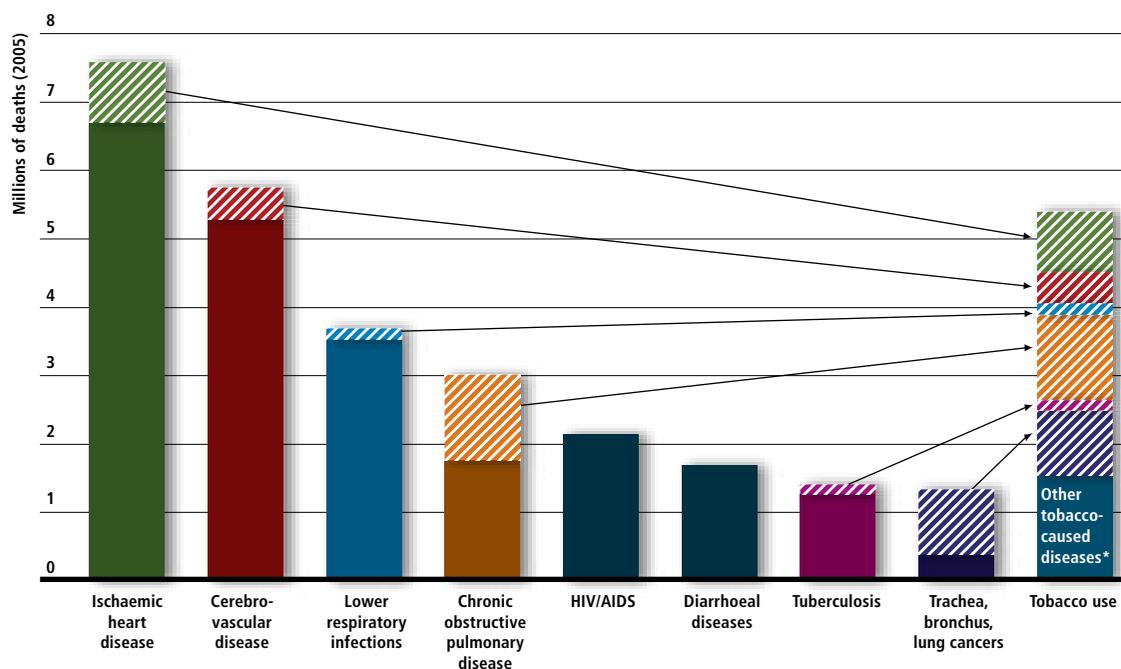
Parties to the WHO Framework Convention have committed to protect the health of their

populace by joining the fight against the tobacco epidemic. To help countries fulfil the promise of the WHO Framework Convention, WHO has established MPOWER, a package of the six most important and effective tobacco control policies: raising taxes and prices, banning advertising, promotion and sponsorship, protecting people from second-hand smoke, warning everyone about the dangers of tobacco, offering help to people who want to quit, and carefully monitoring the epidemic and prevention policies. These policies are proven to reduce tobacco use.

To support MPOWER, WHO and its global partners are providing new resources to help countries stop the disease, death and economic damage caused by tobacco use. When implemented and enforced as a package, the six policies will prevent young people from beginning to smoke, help current smokers quit, protect non-smokers from exposure to



## TOBACCO USE IS A RISK FACTOR FOR SIX OF THE EIGHT LEADING CAUSES OF DEATH IN THE WORLD



Hatched areas indicate proportions of deaths that are related to tobacco use and are coloured according to the column of the respective cause of death.

\*Includes mouth and oropharyngeal cancers, oesophageal cancer, stomach cancer, liver cancer, other cancers, as well as cardiovascular diseases other than ischaemic heart disease and cerebrovascular disease.

Source: Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Medicine*, 2006, 3(11): e442. Additional information obtained from personal communication with C.D. Mathers.

Source of revised HIV/AIDS figure: AIDS epidemic update. Geneva, Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO), 2007.

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

World Health Organization: The World Health Report 2003

second-hand smoke and free countries and their people from tobacco's harm.

**Monitor tobacco use and prevention policies.** Assessment of tobacco use and its impact must be strengthened. Currently, half of countries – and two in three in the developing world – do not have even minimal information about youth and adult tobacco use. Data on other aspects of the epidemic, such as tobacco-related disease and death, are also inadequate. Good monitoring provides information about the extent of the epidemic in a country, as well as how to tailor policies to specific country needs. Both global and country-by-country monitoring are critical to understanding and reversing the tobacco epidemic.

**Protect people from tobacco smoke.** All people have a fundamental right to breathe clean air. Smoke-free places are essential to protect non-smokers and also to encourage smokers to quit. Any country, regardless of income level, can implement smoke-free laws effectively. However, only 5% of the global population is protected by comprehensive smoke-free legislation. In most countries, smoke-free laws cover only some indoor spaces, are weakly written or are poorly enforced. Once enacted and enforced, smoke-

free laws are widely popular, even among smokers, and do not harm businesses. Only a total ban on smoking in public places and workplaces protects people from second-hand smoke and helps smokers quit.

**Offer help to quit tobacco use.** Most of the world's more than one billion smokers – about a quarter of all adults – are addicted. Many want to quit, but few get the help they need. Services to treat tobacco dependence are fully available in only nine countries, with 5% of the world's population. Countries must establish programmes providing low-cost, effective interventions for tobacco users who want to escape their addiction.

**Warn about the dangers of tobacco.** Despite conclusive evidence, relatively few tobacco users understand the full extent of their health risk. Comprehensive warnings about the dangers of tobacco can change tobacco's image, especially among adolescents and young adults. Graphic warnings on tobacco packaging deter tobacco use, yet only 15 countries, representing 6% of the world's population, mandate pictorial warnings (covering at least 30% of the principal surface area) and just five countries, with a little over 4% of the

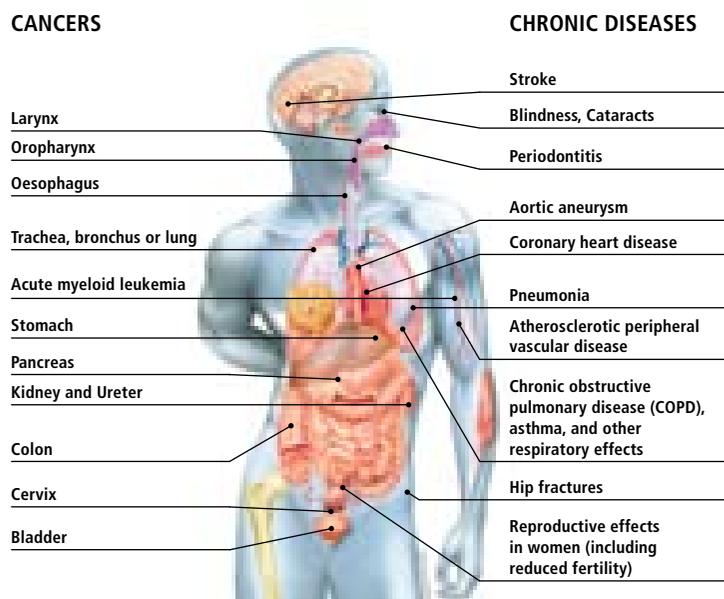
world's people, meet the highest standards for pack warnings. More than 40% of the world's population lives in countries that do not prevent use of misleading and deceptive terms such as "light" and "low-tar", even though conclusive scientific evidence – which has been known to the tobacco industry for several decades – shows that such products do not reduce health risks. This first report has not assessed public education campaigns, which, if hard-hitting, sophisticated and sustained, are highly effective. Countries such as Australia show what can be done with effective public education campaigns.

**Enforce bans on tobacco advertising, promotion and sponsorship.** The tobacco industry spends tens of billions of dollars worldwide each year on advertising, promotion and sponsorship. Partial bans on tobacco advertising, promotion and sponsorship do not work because the industry merely redirects its resources to other non-regulated marketing channels. Only a total ban can reduce tobacco consumption and protect people, particularly youth, from industry marketing tactics. Only 5% of the world's population currently lives in countries with comprehensive bans on tobacco advertising, promotion and sponsorship. About half the children of the world live in

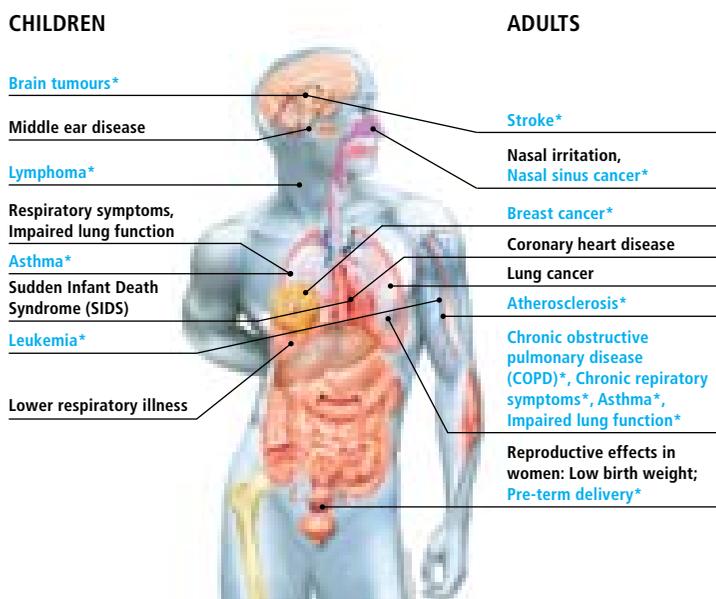


**Warn people about the danger of tobacco use**

## DISEASES CAUSED BY SMOKING



## DISEASES CAUSED BY SECOND-HAND SMOKE



\* Evidence of causation: suggestive  
Evidence of causation: sufficient

Source: U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General*. Atlanta, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004 ([http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2004/chapters.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/chapters.htm), accessed 5 December 2007).

Source: U.S. Department of Health and Human Services. *The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General*. Atlanta, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 (<http://www.surgeongeneral.gov/library/secondhandsmoke/report/fullreport.pdf>, accessed 5 December 2007).

**Tobacco is now the world's leading killer. We have the proven means to reduce tobacco use, but policy-makers are not yet applying these interventions.**

Michael R. Bloomberg, Mayor of New York City

countries that do not ban free distribution of tobacco products.

**Raise taxes on tobacco.** Raising taxes, and therefore prices, is the most effective way to reduce tobacco use, and especially to discourage young people from using tobacco. It also helps convince tobacco users to quit. Only four countries, representing 2% of the world's population, have tax rates greater than 75% of retail price. And although more than four out of five high-income countries tax tobacco at 51–75% of retail price, less than a quarter of low- and middle-income countries tax tobacco at this rate. A 70% increase in the price of tobacco could prevent up to a quarter of all tobacco-related deaths worldwide. A 10% price increase may cause a 4% drop in tobacco consumption in high-income countries and an 8% drop in low- and middle-income countries, with tobacco tax revenue increasing despite reduced consumption. Higher taxes can provide countries with funding to implement and enforce tobacco control policies and can pay for other public health and social programmes.

In countries with available information, tobacco tax revenues are more than 500 times higher than spending on tobacco control. For 3.8 billion people living in the low- and middle-income

countries for which information is available, total national tobacco control expenditure was only US\$ 14 million per year. In contrast, tobacco tax revenue for these same countries was US\$ 66.5 billion. In other words, for every US\$ 5 000 in tobacco tax revenue, these countries spent about US\$ 1 for tobacco control. Per capita expenditure on tobacco control in low- and middle-income countries with available information was less than one tenth of one cent and about a half a cent, respectively.

Although the dangers of tobacco use know no socioeconomic boundaries, the tobacco epidemic will cause the most harm to low-income households and countries. Most of the world's population lives in low- and middle-income countries where overall tobacco consumption is rising, but which have fewer resources to respond to the health, social and economic problems caused by tobacco use. The tobacco industry is increasingly targeting marketing and promotion to vulnerable groups in these countries.

The *WHO Report on the Global Tobacco Epidemic, 2008* documents the extent of the epidemic, details how MPOWER will reverse it and assesses the current status of global tobacco control. The report provides, for the



**Create healthy policies for your community**

first time, rigorous information on the status of effective tobacco control measures in almost every country. The report's appendices provide an in-depth view of the current tobacco control situation in different countries and identify gaps in information, data and policies that must be filled.

The MPOWER package provides tools to take action. What is needed now is the resolve by political leadership, governments and civil society in every country to adopt and enact these six policies that have been proven to reduce tobacco use and its resulting burden of disease and death. Citizens strongly support tobacco control measures, even in countries with high levels of tobacco use. In China, for example, the world's largest producer and consumer of tobacco, a recent survey found that most urban residents support establishing smoke-free public places, banning tobacco advertising, promotion and sponsorship, and raising tobacco taxes.

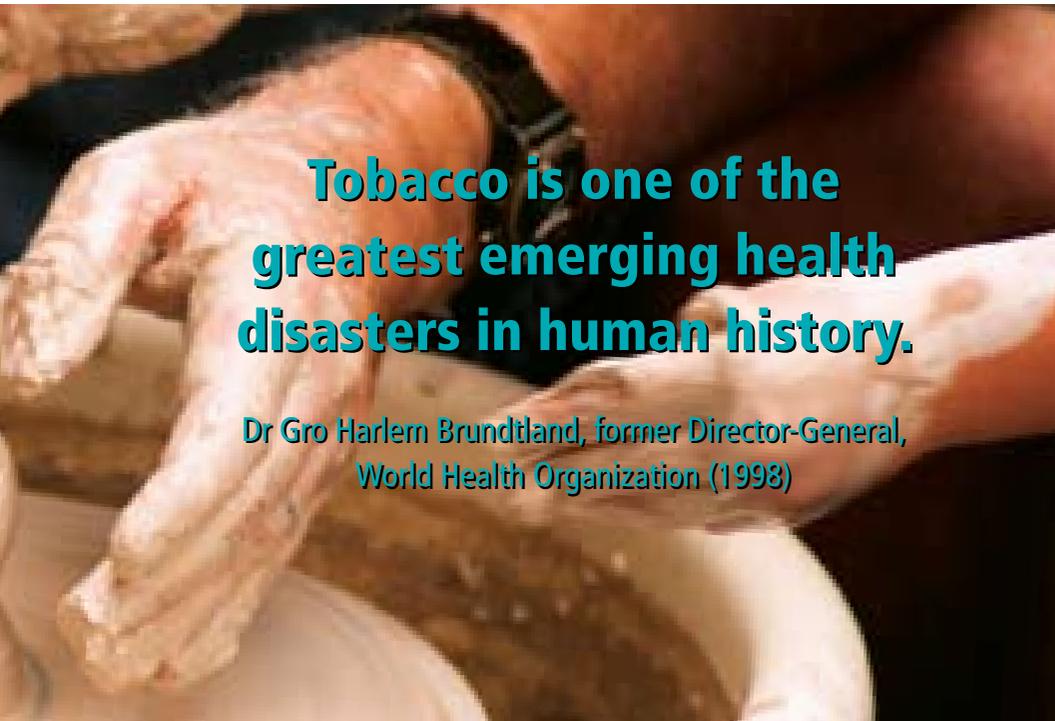
Tobacco control is not expensive. Tobacco taxes increase government revenues. Enforcement of smoke-free laws and advertising, promotion and sponsorship bans do not require large expenditure. Cessation services can be integrated into the general health-care system.

Public education campaigns require a separate budget – but governments currently take in more than 500 times as much from tobacco taxes as they spend on tobacco control; there is ample room to expand and strengthen activities, even if some additional resources are needed. Well-staffed national tobacco control programmes, with experts in legal issues, enforcement, marketing, taxation, economics, advocacy, programme management and other key areas, are affordable and needed but largely absent, particularly from low- and middle-income governments.

But global tobacco control is gaining momentum. The WHO Framework Convention has expanded to more than 150 Parties, and donors are supporting countries with new funding. Now, WHO is launching MPOWER to advance tobacco control among all Member States, allowing national and subnational governments to increase effective tobacco control and rise to the challenge of confronting one of the biggest public health threats the world has ever faced.

To counteract the tobacco epidemic, countries must have the political will to adopt and enforce MPOWER. Despite strong evidence of effectiveness of and public

support for tobacco control measures, only about one in five countries has fully implemented **any** of the key five policies – smoke-free environments, treatment of tobacco dependence, health warnings on packages, bans on advertising, promotion and sponsorship, and tobacco taxation – at a level that provides full protection for their populations, and not a single country has implemented all six at the highest level. If countries implement and enforce MPOWER, they can prevent millions of people from being disabled or killed by tobacco.



**Tobacco is one of the  
greatest emerging health  
disasters in human history.**

**Dr Gro Harlem Brundtland, former Director-General,  
World Health Organization (1993)**