

# The state of global tobacco control

## Implementation of effective measures is just beginning

A global effort to implement and enforce the MPOWER package of effective policies can reverse the tobacco epidemic and help countries build on their WHO Framework Convention on Tobacco Control commitment to protect the health of their people. To establish a benchmark and monitor future progress of worldwide tobacco control efforts, the *WHO Report on the Global Tobacco Epidemic, 2008* details the current status of tobacco control among Member States. This report shows what national governments have already done – and how much more needs to be done.

WHO sought information on the six MPOWER policies from all Member States. This was accomplished through reviews of country reports, analyses of original documents

(e.g. laws and regulations) and formal consultations on enforcement with in-country experts. For this first report, at least some data were available for 179 Member States and one territory, representing 99% of the world's population. Although every effort has been made to obtain valid, comparable data, this was the first such global attempt; gaps and inconsistencies will be addressed in future reports.

The primary finding of this first-ever systematic global assessment is that virtually every country needs to do much more to stop the tobacco epidemic. Although there has been progress in recent years, no government is fully implementing all key effective interventions — monitoring, smoke-free environments,

treatment of tobacco dependence, health warnings on packages, bans on advertising, promotion and sponsorship, and tobacco taxation. Many challenges lie ahead, but these challenges also present opportunities for country leaders to stop one of the worst health crises of modern times.

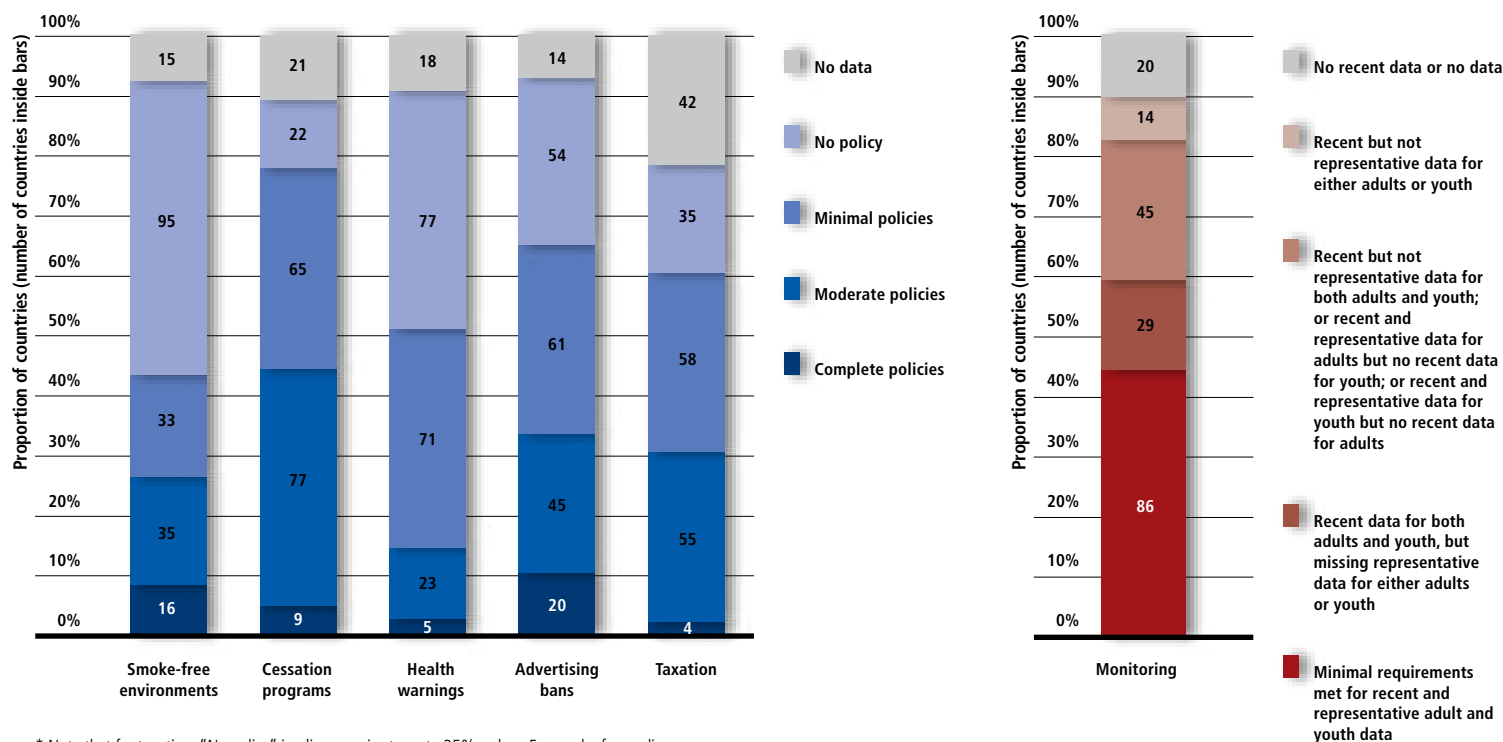
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Note that throughout this section, figures referring to the percentage of the world's population covered by any given policy are extrapolated from the population of the sample of countries for which responses to that particular question were obtained.



**Envision a tobacco-free world**

## THE STATE OF TOBACCO CONTROL POLICIES IN THE WORLD



\* Note that for taxation, "No policy" implies an excise tax rate 25% or less. For smoke-free policy, "No policy" means no smoke-free legislation or no smoke-free legislation covering either health care or educational facilities.

**The industry has consistently hidden product information on the ill effects of smoking, used the power of its advertising dollars to dissuade lay journals from reporting on smoking's health effects, and resorted to other methods to decrease information available to smokers.**

World Health Organization: The World Health Report 1999

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## More than half of countries do not have minimum monitoring information

Monitoring provides essential data that governments need to fight the tobacco epidemic. Comprehensive monitoring tracks tobacco use as well as public attitudes and knowledge regarding tobacco and allows governments to document the extent and nature of the epidemic, target groups for specific interventions, monitor the impact of various policies and improve policies as needed. For this first report, WHO assessed monitoring activities conducted at the country level through youth and adult tobacco use surveys.

Only 86 of 193 Member States have recent, nationally representative data for both adults and youths. More than half of the world's population lives in areas that lack even minimally adequate recent information on tobacco use. Monitoring systems are particularly weak in low- and middle-income countries; high-income countries are more likely to collect at least minimally adequate monitoring information (73% of countries) than are middle- (43%) or low-income (24%) countries. However, basic monitoring need not be expensive, and is within reach of virtually all countries.

In 44 of the 127 countries with recent and representative adult surveys, data were collected through international survey tools such as the World Health Survey or WHO's STEPwise approach to Surveillance (STEPS).<sup>109</sup> Out of these 127 countries, 25 have sub-national Global Youth Tobacco Survey data and 68 have national Global Youth Tobacco Survey data. This means that out of the 86 Member States with recent, nationally representative data for both adults and youths, one fifth of the countries generated their own data without any form of international support.

Much more comprehensive monitoring is necessary, especially among the 108 countries with no data at all or with old or unrepresentative national data. Initiatives such as the Global Adult Tobacco Survey, Global Youth Tobacco Survey and the WHO STEPS approach are critical for building tobacco surveillance capacity in most countries.

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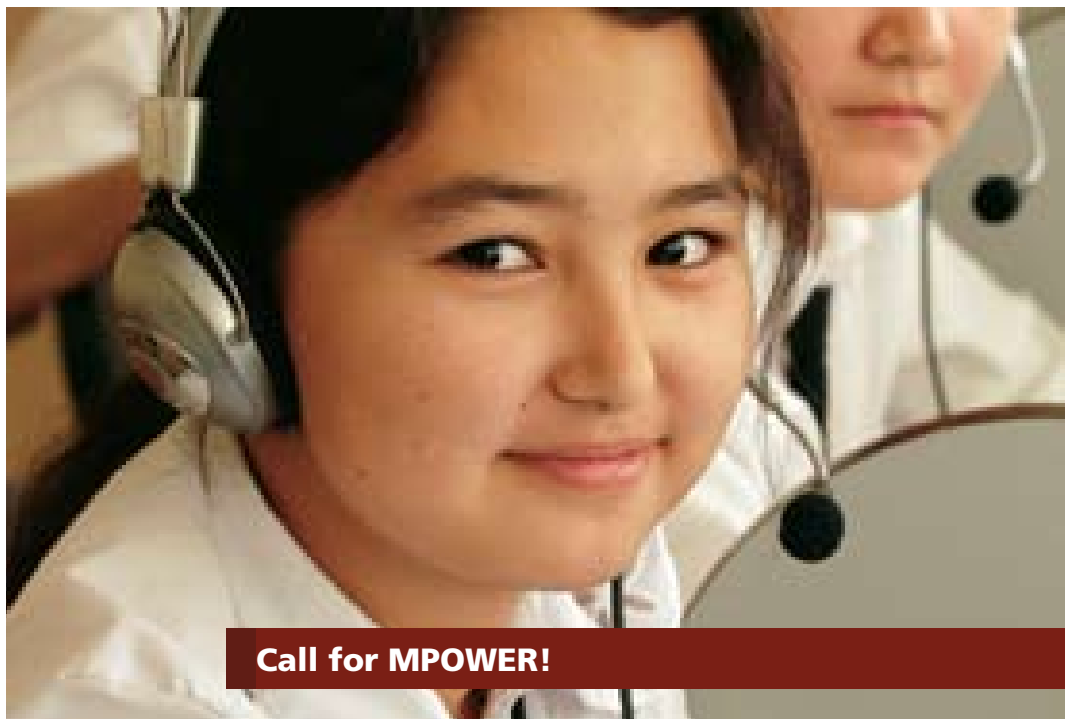
## Only 5% of the world's population is covered by comprehensive smoke-free laws

Smoke-free environments are crucial for protecting the health of smokers and non-smokers alike, as well as for sending a clear

message that smoking in public places is not socially accepted. Smoke-free laws protect workers from chemicals that cause cancer and change the way blood clots and flows to the heart, and they provide a strong incentive for smokers to quit. Only completely smoke-free places, without any indoor smoking areas and with effective enforcement, can protect workers and the public and also encourage smokers to quit. Exceptions make enforcement difficult and negate the effectiveness of smoke-free laws.

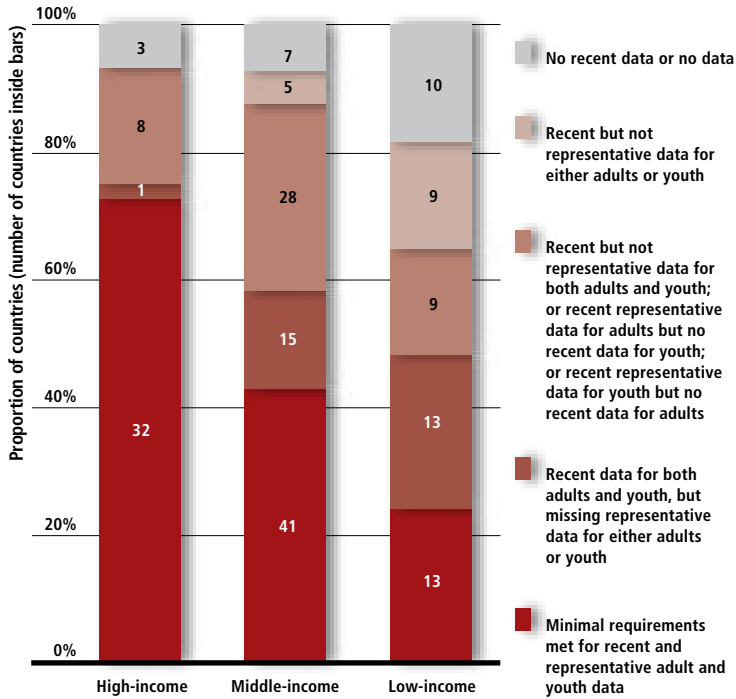
Although an increasing number of countries have passed legislation mandating smoke-free environments, the overwhelming majority of countries have no smoke-free laws, very limited laws or ineffective enforcement.

Protecting children and the sick should be a priority in any country, but 74 countries (more than 40% of the 179 countries and 1 territory reporting information about the status of smoke-free laws) still allow smoking in health-care institutions, and roughly the same number of countries still allow smoking in schools. As a result, almost half of the world's people live in countries whose governments do not protect them from second-hand smoke in hospitals, and about 40% of countries do not protect their

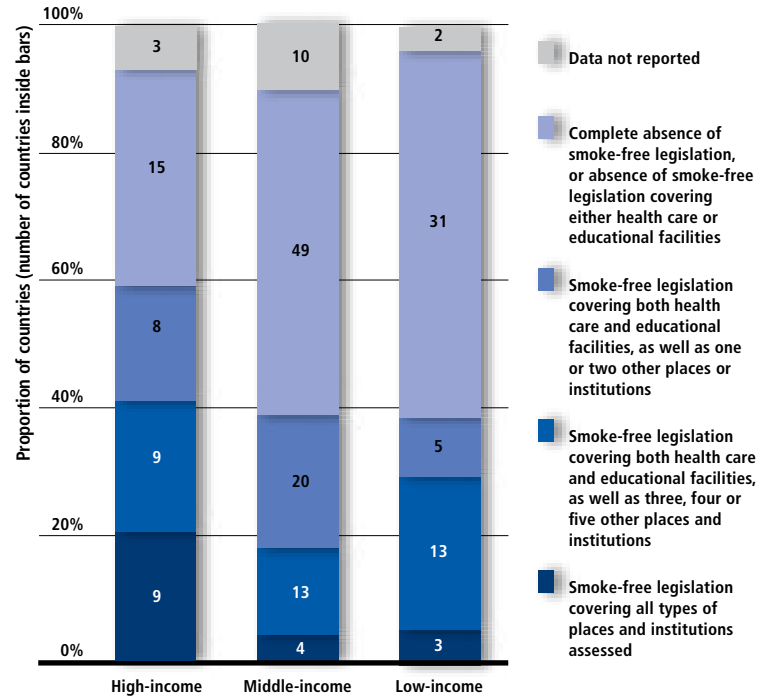


**Call for MPOWER!**

## MONITORING INFORMATION



## SMOKE-FREE LEGISLATION



**Within the total market, there are areas of strong growth, particularly in Asia and Africa. ...It is an exciting prospect.**

British American Tobacco internal document (1990)

children from second-hand smoke in schools. In total, 80 countries do not ban smoking in either schools or hospitals, or both, thereby failing to protect schoolchildren and/or the sick.

More than half of countries, accounting for nearly two thirds of the population of the world, allow smoking in government offices, workplaces and other indoor places. Consequently, most office workers worldwide are forced to breathe other people's tobacco smoke. Only 24 (13%) of the 179 countries and 1 territory protect restaurant workers from tobacco smoke; although any country can implement smoke-free laws, the proportion of high-income countries with smoke-free restaurants (12 of 41, 29%) is more than three times higher than the proportion of low- and middle-income countries (and one territory) with similar measures (12 of 139, 9%). Surveys in countries and regions that have banned smoking in dining and drinking establishments consistently show that these laws are extremely popular and that the vast majority of people would not want to return to an era of smoke-filled restaurants and bars.

Although protecting the right of non-smokers to clean air is within the means of all

countries, only 16 countries, representing just 5% of the world's population, have smoke-free laws that cover all institutions included in this assessment. Enforcement of smoke-free laws, as judged by an independent panel of five experts in each country, was almost uniformly low. Bans that purport to be comprehensive, but that are not well enforced, do not protect against second-hand smoke exposure. And minimal bans, even if well enforced, also do not provide significant protection.

Of the countries reporting smoke-free laws that are moderate or complete, only one third have even moderate levels of enforcement documented (scores of 3 or higher out of 10). Only four countries achieved a score of 8 or higher (out of 10 possible points) and only two countries – Uruguay and New Zealand – had both comprehensive smoke-free laws and an enforcement score of 8 or higher. Many countries with completely smoke-free environments are in Europe; independent evaluation of the enforcement level of smoke-free laws in Europe was not available for this report. Other countries have enacted comprehensive smoke-free laws, such as Uganda and Niger, although in many cases enforcement remains a challenge.

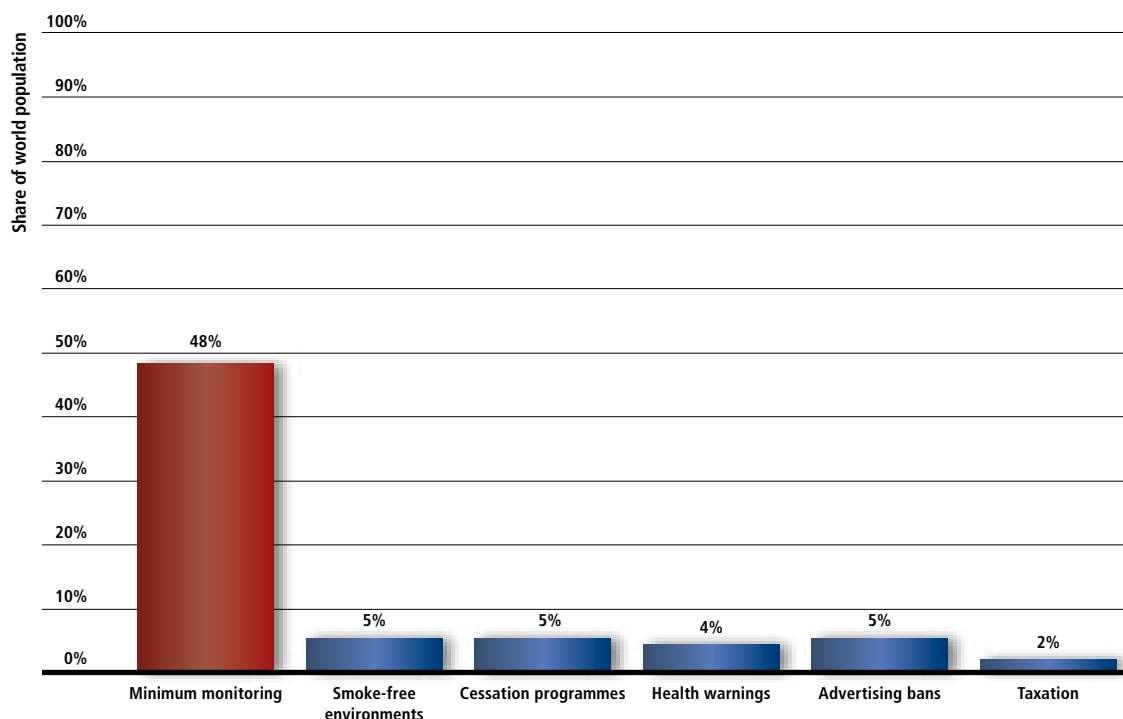
Some countries have made great strides protecting citizens from second-hand smoke. In March 2004, Ireland became the first country in the world to create and enjoy smoke-free indoor workplaces and public places, including restaurants, bars and pubs. Within three months, Norway's smoke-free legislation entered into force. Since then, these examples have been followed by many countries including Italy and Uruguay, along with many cities across the globe. Most people in Canada, Australia and the United States are protected by state or local smoke-free legislation.

While experience in Uruguay and elsewhere shows that any country or jurisdiction, regardless of resource level, can enact and enforce a complete smoking ban, only a small proportion of the world's population currently has meaningful protection from the dangers of second-hand smoke. Most high-population countries with large numbers of smokers do not effectively restrict smoking in public places. To prevent illness and death among workers and the general public, governments need to enforce existing smoke-free laws more effectively and enact and enforce comprehensive laws that protect all people from second-hand smoke.

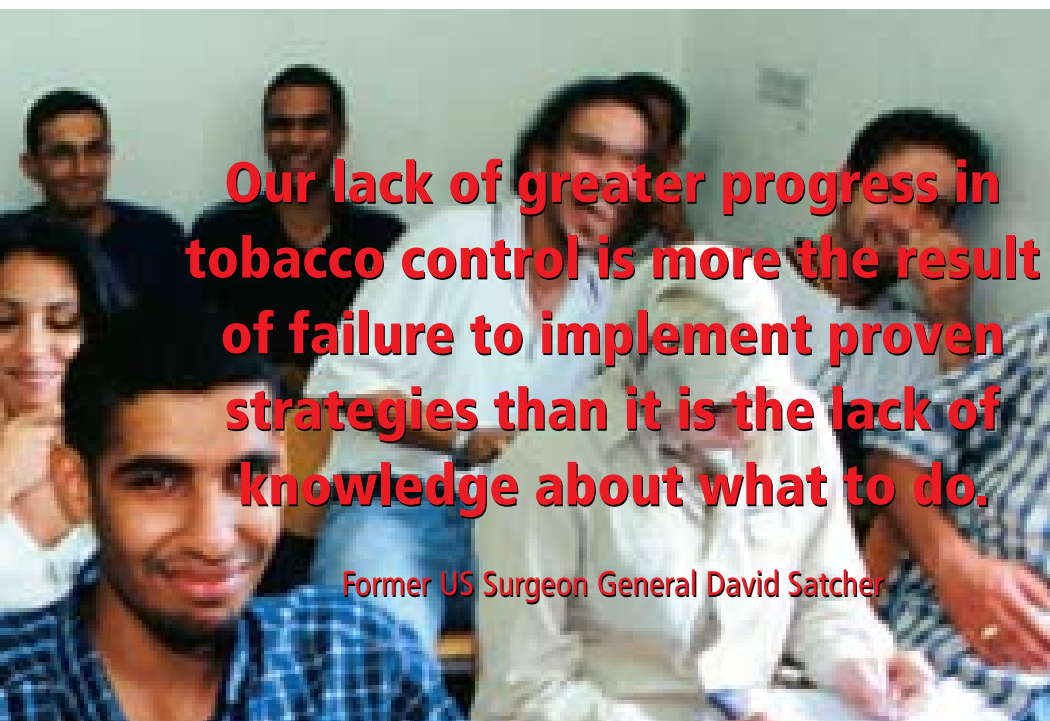


**You've got the power!**

## SHARE OF THE WORLD POPULATION COVERED BY TOBACCO CONTROL POLICIES



For the definitions of highest categories depicted here, please refer to the graph *The State of Tobacco Control Policies in the World* on page 43.



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## Few tobacco users get the help they need to quit

Many tobacco users want to quit to save their own lives and to protect the health of their families, but are unable to because of their addiction to nicotine. The vast majority of countries do not help tobacco users who want to quit. Currently, only nine of 173 Member State respondents offer the highest assessed level of support, which includes a full range of treatment and at least partial financial subsidies. These countries account for a mere 5% of the world's population – meaning that the remaining 95% do not have access to treatment for tobacco dependence.

There is a wide range of effective cessation services, including brief routine advice from health-care workers, quit lines, and medications made available through retail stores if not provided directly by either health-care or public health programmes. Currently, 22 countries offer tobacco users no help at all in the form of basic services such as counselling or pharmacotherapy. It is impossible for people to obtain nicotine replacement therapy at all in 39 countries, even if they have the means to pay for it themselves. Quit lines are fairly inexpensive and within the means of many

countries, yet only 44 countries, covering less than two fifths of the world's population, provide them.

The United Kingdom government implemented a comprehensive National Health Service Stop Smoking Service to provide counselling, support and medications to smokers who want to quit. In 2004, the National Health Service dispensed approximately two million prescriptions for nicotine replacement therapy, valued at about £44 million (about US\$ 90 million at 2007 exchange rates). An evaluation found that these cessation services reduce health inequalities, result in long-term quit rates of about 15% at 52 weeks (comparable to results of clinical trials) and are cost effective.<sup>110</sup>

In Brazil, the government began to fund smoking cessation treatment in 2004. Treatment includes brief advice by health-care staff and pharmaceutical products such as nicotine patches and bupropion provided at no cost to patients. Between 2004 and 2006, 22 of 27 Brazilian states helped around 50 000 smokers try to quit, of whom about 45% used medications and about 40% remained abstinent after four weeks. Brazil also has a government-sponsored quit line; its

telephone number must be printed on health warnings for all tobacco products as well as on advertising at retail outlets.<sup>111</sup>

Given the immense burden of illness and death caused by tobacco and the existence of effective treatment, cessation services should be included in government health-care services. While some types of cessation treatment are less expensive than others, all require government expenditure, which can be difficult for some countries to fund. Incorporating tobacco cessation into existing health-care programmes is a key part of the solution. Tobacco tax increases can fund cessation treatment that will save lives and greatly reduce the burden of disease and the economic loss caused by the epidemic.

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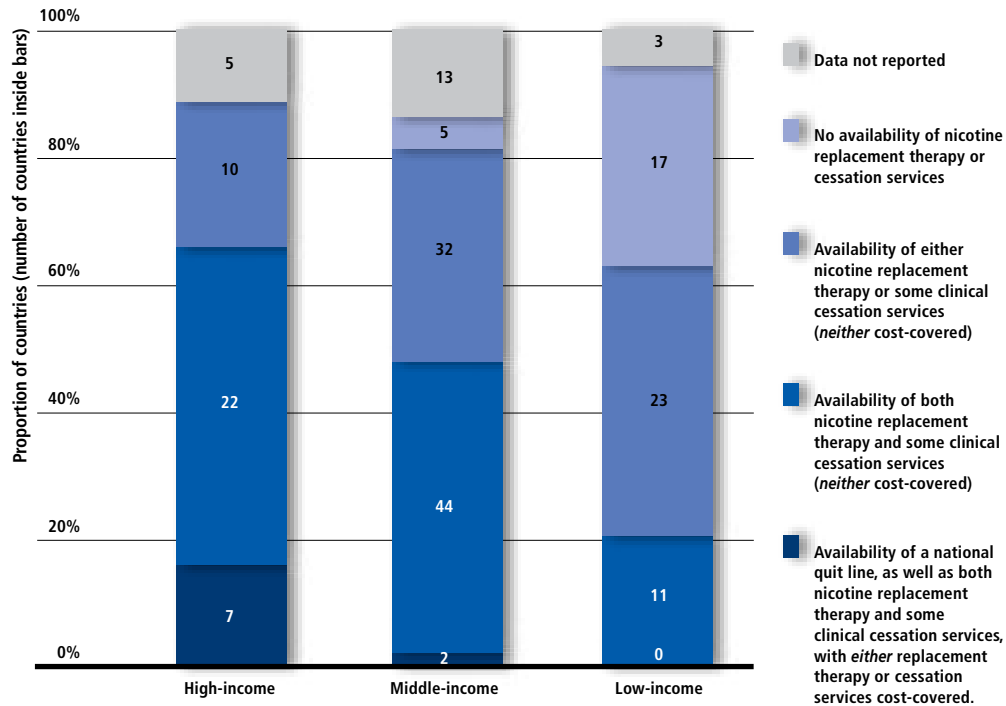
## Few countries have comprehensive pack warnings

Warning people about the harms of tobacco use is essential and can be achieved in many ways. This initial report on the global tobacco epidemic reviews countries' requirements for size and characteristics of health warnings on tobacco packs, which disseminate health information at no cost to government except



**The tide now favors tobacco control legislation**

## TOBACCO DEPENDENCE TREATMENT



**Tobacco causes 1 in 10 adult deaths worldwide.**

World Health Organization, The World Health Report 2002

for enforcement. Government action to prevent deceptive and misleading terms (such as “light” and “low-tar”) was also reviewed. Future reports will assess a wider range of public education measures, including public education campaigns.

Pack warnings should cover at least half of packaging display areas and feature rotating, pictorial warnings. Widespread use of effective warning labels would provide important knowledge about tobacco’s health threat and counter false information spread by the tobacco industry.

Weak health warnings on tobacco packs – or no warnings at all – continue to be the global norm. As a result, the least expensive way to convey the health risks of tobacco consumption to users and potential users is largely unused. Of the 176 countries that provided information on pack warnings, only 15 countries, covering 6% of the world’s population, require pictorial warnings (covering at least 30% of the principal surface area) on packs of cigarettes and other tobacco products, and only five countries, representing 4% of the world’s population, meet all criteria for pack warnings. These countries, which are in different regions and

have diverse social characteristics and income levels, show what can and should be done.

Of the countries that provided information, 77 do not mandate any warnings at all. There are 25 countries that require pack warnings covering less than 30% of the main display areas; most of these warnings are very small. Another 45 countries have warnings that cover 30% of the main display areas, and only 29 have warnings larger than 30% of the main display areas. Warnings are often weakly worded, vaguely stating that tobacco is bad for health but without mentioning specific diseases that it causes. Only 66 countries have laws that ban the use of deceptive tobacco industry marketing terms, such as “light” and “low-tar”, from tobacco packaging. More than 40% of the world’s population lives in countries that do not prevent the tobacco industry from using these and other misleading and deceptive terms.

Some countries have implemented effective pack warnings. Thailand requires that each pack of cigarettes include a pictorial health warning that covers at least 50% of both sides of the package. These startling pictorial warnings, which feature images of rotting teeth, blackened lungs and babies breathing

tobacco smoke, were mandated by the government despite threats of legal action from a tobacco company.

Countries can easily improve their policies by increasing warning sizes, strengthening the wording of warnings and including pictures. Countries that do not mandate effective pack warnings and do not prohibit deceptive and misleading terms fail to provide their populations with the most basic form of protection from a serious health threat – accurate information and protection from deception by the tobacco industry.

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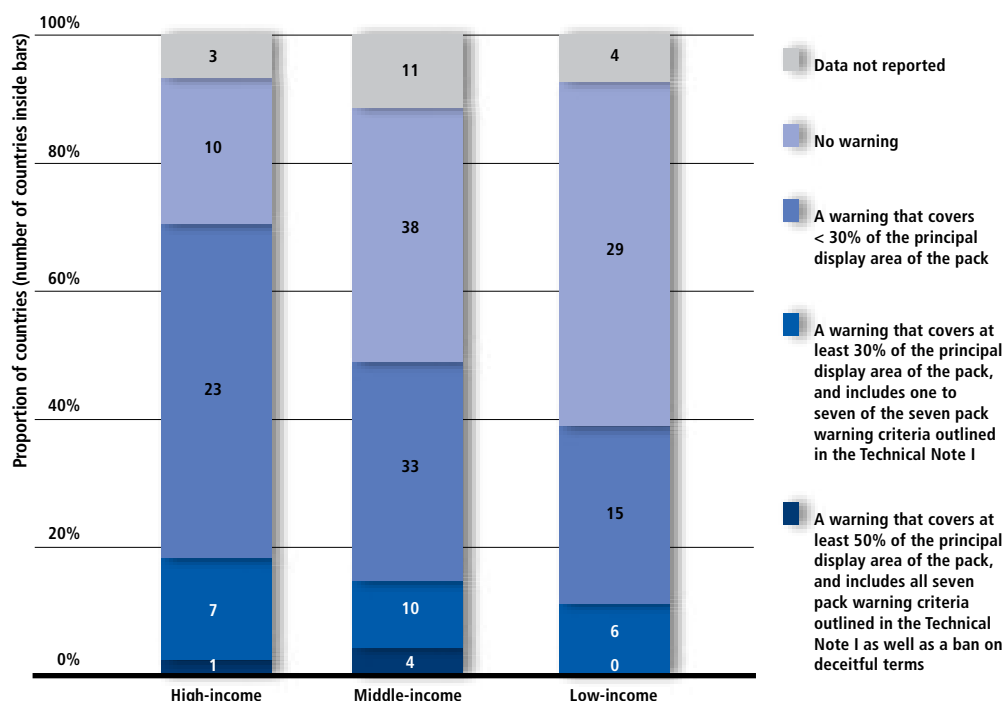
### **Few countries enforce bans on tobacco advertising, promotion and sponsorship**

For the global tobacco industry to survive and thrive, it must keep existing customers hooked and attract new customers to its addictive, deadly products. To accomplish this, it spends tens of billions of dollars a year on advertising, promotion and sponsorship. One of the most effective ways countries can protect the health of their people is to ban all forms of tobacco advertising, promotion and sponsorship – something few countries have done.



**Be on the winning team**

## HEALTH WARNINGS



**The graphic images, in combination with the health warnings and explanatory messages, are intended to increase consumer knowledge of health effects relating to smoking, to encourage cessation and to discourage uptake or relapse.**

Department of Health and Ageing, Australia (2004)

Only 20 of the 179 countries (and 1 territory) that responded to questions on advertising, promotion and sponsorship bans, representing just 5% of the world's population, have complete bans. Another 106 Member States have minimal or moderate bans on tobacco industry advertising, promotion and sponsorship, and 54 countries have no restrictions of any kind. Countries have enacted complete, moderate or minimal bans in roughly the same proportions regardless of their relative wealth, clearly showing that bans on advertising, promotion and sponsorship are within all countries' reach.

The assessment of a country's advertising ban is based on its laws on tobacco industry promotional activities and whether legislation applies to direct or indirect marketing. Direct marketing focuses on all forms of advertisements. Indirect marketing includes price discounts, product giveaways and sponsorship of sporting and entertainment events and festivals.

Many countries have legislation banning some advertising, promotion and sponsorship activities but do not enforce these laws consistently. Enforcement scores of 8 or higher (on a 0–10 scale) were reported by 30 of

58 countries with an expert assessment of enforcement for any form of direct advertising ban, and by 17 of 53 countries with an expert assessment of enforcement for any type of indirect promotional ban. Even when enforced, partial bans have limited impact, because tobacco companies simply reallocate spending to other marketing channels. If television advertising is banned, tobacco companies spend money on magazine and billboard advertising. If these forms of advertising are banned, the companies shift to event sponsorships, product discounts and giveaways.

Of the countries that provided data on direct marketing bans, two thirds ban tobacco advertising on local television. Although this is the most widespread of any restriction, one third of reporting countries still allow television advertisements – more than 40 years after they were first abolished by other countries. Advertising in local magazines and on billboards has been prohibited in only slightly more than half of countries. Less than half of countries ban other advertising practices. Bans on advertising in tobacco retail outlets are in place in almost one third of countries. Internet advertising is rarely controlled; only 26 countries report prohibiting online advertising.

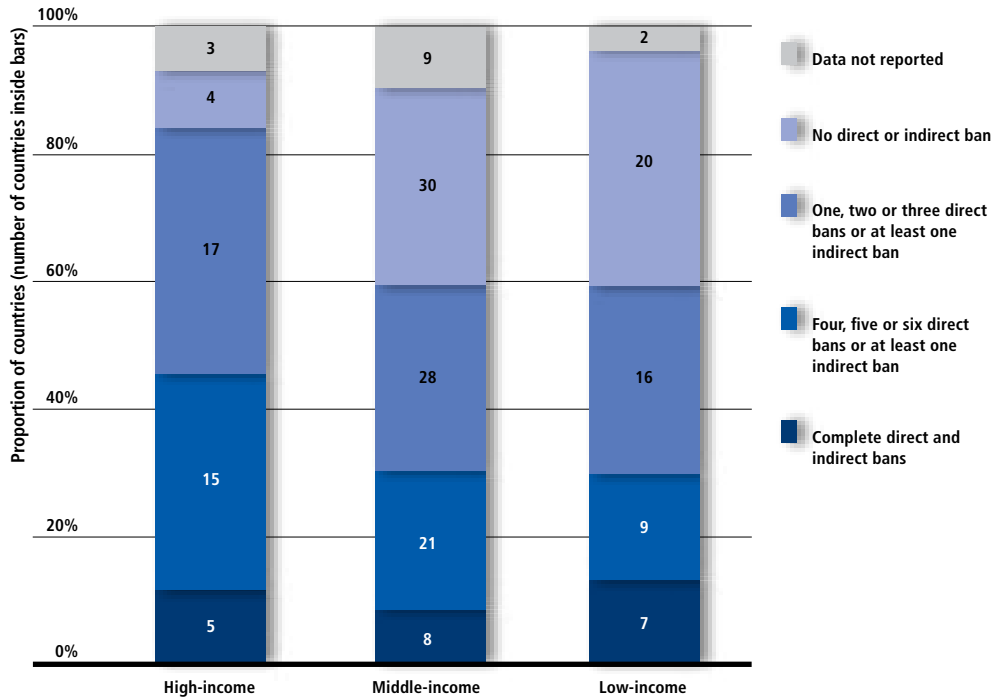
In the area of indirect marketing bans, only 75 countries, covering less than half the world's population, ban free distribution of tobacco products. One of the least used measures is a prohibition on the use of brand extensions – tobacco brands on other products such as clothing. Only one third of countries ban brand extensions. Only 59 countries, about one third of those reporting on this policy and covering only a third of the world's population, prohibit retail price discounts; these are designed to lure young people, who are most sensitive to price, into becoming addicted.

Much more remains to be done, but some countries show the way. Norway is in the fourth decade of its tobacco-advertising ban. The tobacco industry and its allies fought this ban for years, making many false claims along the way, such as that the ban would hurt the country's economy – a prediction that did not come true. The advertising ban appears to have helped decrease tobacco consumption, particularly among young people.<sup>112</sup>

Although many countries have implemented some restrictions on tobacco industry promotion, the restrictions are still incomplete in most of the world and, where present, are



## BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP



**... girls and women are both exploited and aggressively recruited by tobacco companies ... Cigarette ads promise emancipation, whereas in reality smoking is yet another form of bondage for women.**

Judith Mackay, Director of the Asian Consultancy on Tobacco Control

often poorly enforced. Expanding existing measures into comprehensive bans that prohibit all direct and indirect tobacco advertising, promotion and sponsorship should be the goal for every country's leadership.

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### Countries can save lives by raising tobacco taxes

Tobacco tax increases are the most effective way to reduce tobacco use, and also have the benefit of increasing government revenues. Although many countries have raised tobacco taxes, they remain low in the overwhelming majority of countries. With inflation and increased consumer purchasing power, cigarettes are becoming relatively more affordable, even in many countries where the tax accounts for a large proportion of the purchase price. Furthermore, in many countries, low levels of taxation on smoked tobacco products other than cigarettes (e.g. bidis and kreteks) and low prices for inexpensive brands of cigarettes reduce the potential health benefits of tobacco taxation and can undermine other tobacco control interventions. Countries could cut tobacco use significantly and save lives through higher tobacco taxes.

Among 152 countries that provided information, cigarette tax rates range from near zero to more than 80%. Most countries could increase taxes significantly. One quarter of countries report tax rates less than 25% of the tobacco retail price. Only four countries, representing 2% of the world's population, have tax rates greater than 75% of retail price. While more than four fifths of high-income countries tax tobacco at more than 50% of retail price, less than a quarter of low- and middle-income countries tax tobacco at 50% or more of retail price. This pattern is particularly disturbing given the shift in the epidemic from high-income countries to developing countries.

Increasing taxes in all countries is essential. Many are already raising taxes – without increasing smuggling or experiencing other negative economic impacts predicted by the tobacco industry. In South Africa, tobacco tax increases led to a doubling of the retail price of cigarettes and a large increase in tax revenues in the 1990s. During the same period, cigarette consumption declined dramatically; approximately 40% of the decrease was due to smokers quitting. The largest decreases were among young people and low-wage earners, those who reduce smoking most when prices increase.<sup>107</sup>

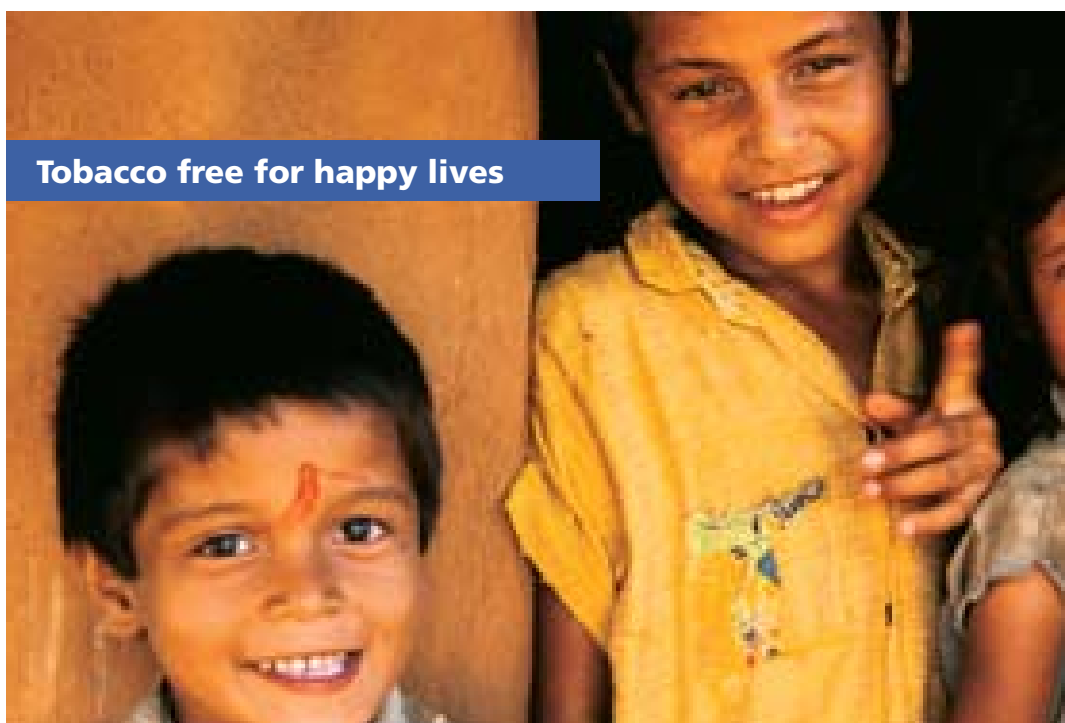
Increasing taxes is the most effective tobacco control measure. Higher taxes reduce consumption, lower health-care costs, help households save money by reducing tobacco use, and increase government revenues, which can help pay for tobacco control interventions and other policy priorities.

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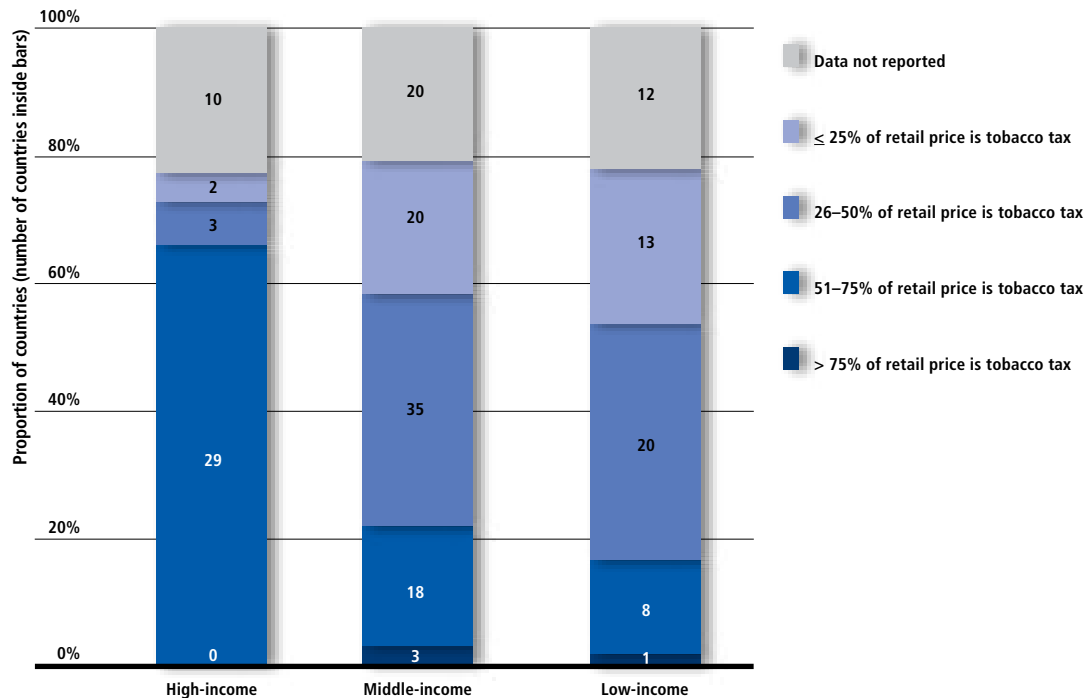
### Global tobacco control funding is inadequate

The lack of funding for the global fight against the tobacco epidemic is indefensible. The 89 countries that provided estimated tobacco control budgets spend US\$ 343 million per year – with 95% of this amount spent by high-income countries and nearly 90% spent by seven of these wealthy nations. In contrast, about 4% of the global total is spent by medium-income countries, and less than 1% is spent by low-income countries.

Tobacco tax revenues have significant potential to fund tobacco control activities, and the data demonstrate that there is considerable room for most countries to use currently available national resources to substantially increase tobacco control funding. A comparison of countries' total tobacco tax revenues with



## TOBACCO TAX LEVELS



**In developing countries, among poor families, the proportion of household expenditures used to purchase tobacco products can easily represent up to 10% of total household expenditures.**

Report of the Secretary-General, United Nations Economic and Social Council (2004)

their tobacco control expenses is revealing. Data compiled from 70 countries, covering two thirds of the world's population, show that aggregate tobacco tax revenues in these countries are more than 500 times higher than expenses for tobacco control activities.

Low-income countries with available information, having a population of two billion, collect US\$ 13.8 billion in tobacco tax revenues (about US\$ 7 per capita) and spend about US\$ 1.5 million for tobacco control (less than one tenth of one cent per capita), a ratio of more than 9100:1. Middle-income countries with available information, having a population of 1.9 billion, collect US\$ 52.7 billion (about US\$ 28.40 per capita) in tobacco taxes and spend about US\$ 12.5 million for tobacco control (just over half a cent per capita), a ratio of nearly 4200:1. High-income countries collect US\$ 110 billion total tobacco tax revenue

(about US\$ 205 per capita) and spend about US\$ 321.3 million on tobacco control for 536 million people (60 cents per capita), a ratio that is still indefensibly high – about 340:1 – but still much lower than the ratio in low- and middle-income countries.

Staffing levels of tobacco control programmes are equally dismal. Among the 174 countries that submitted data on staffing, 129 (75%) have a national/federal agency or technical unit with responsibility for tobacco control. No such agencies exist in 45 countries (25%). Of the countries that have established a tobacco control agency, 86 countries (67%) provided staffing data showing a total of about 604 full-time equivalent staff. However, a single country, Canada, accounts for 179 of those (30% of the global aggregate total), and five other countries account for another 153. That leaves 272 full-time equivalents for the

remaining 80 reporting countries, or about 3.4 full-time equivalent staff per country.

Overall, low- and middle-income countries reported an average of five staff per country, and high-income countries reported an average of 18 staff per country. Although several high-population countries with large numbers of smokers did not provide staffing data, these figures clearly show that many national governments could benefit from stronger commitment to tobacco control. An effective, well-staffed tobacco control programme can lead efforts to implement effective interventions that can reduce the number of tobacco users and save millions of lives.

## SUMMARY

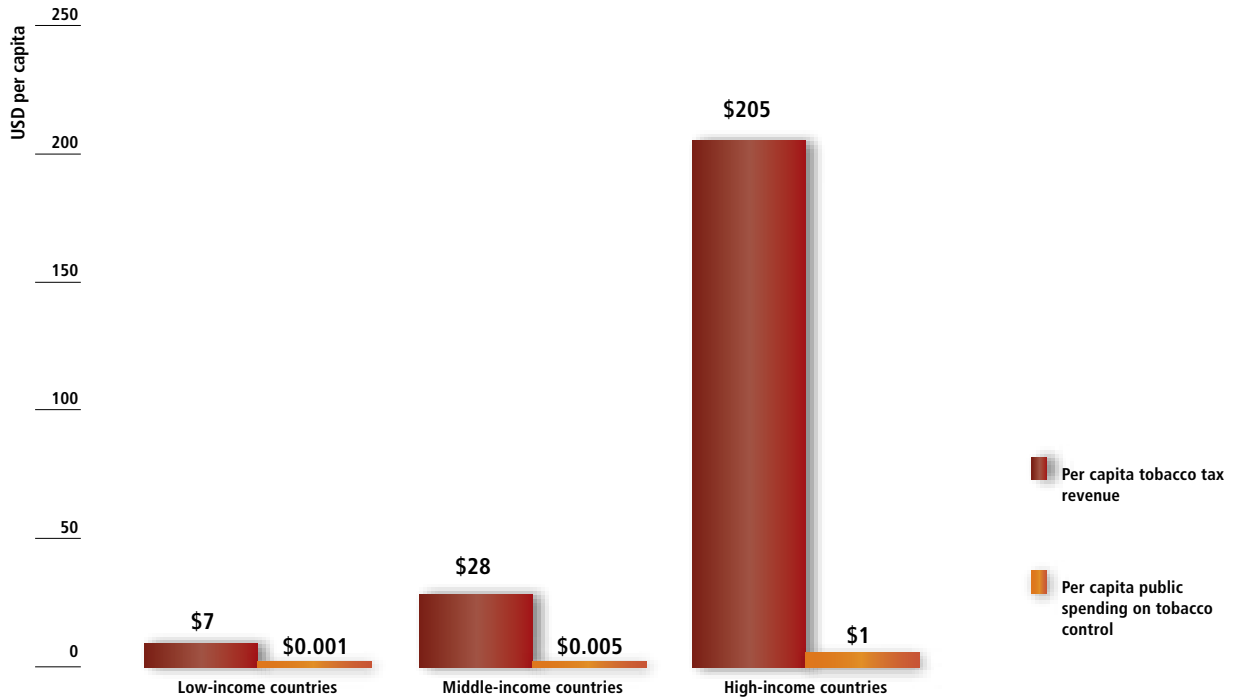
In summary, only around 5% of the world's population is covered by any one of the key interventions of effective advertising, promotion and sponsorship bans, smoke-free spaces, prominent pack warnings, protection

from deceptive and misleading advertising, promotion and sponsorship, and cessation support. Governments collect more than US\$ 200 billion in tobacco tax revenues and have the financial resources to expand and

strengthen tobacco control programmes. Further tobacco tax increases can provide additional funding for these initiatives.



## TOBACCO CONTROL IS UNDERFUNDED



Based on 70 countries that provided information on both tobacco tax revenues and expenditure for tobacco control.

**Tobacco control, rather than being a luxury that only rich nations can afford, is now a necessity that all countries must address.**

World Health Organization,  
Tobacco and Poverty: A Vicious Circle (2004)