TOBACCO USE

It is estimated that there are 1.1 billion tobacco smokers worldwide.1 In 2013, high-income OECD countries accounted for around 200 million smokers, and non-OECD countries accounted for 900 million smokers. Tobacco use currently causes almost 6 million deaths per year. More than 5 million of those deaths are the result of direct tobacco use, while over 600,000 deaths are the result of non-smokers being exposed to second-hand smoke (including 170,000 deaths among children).2 Other types of tobacco use, such as chewing tobacco or snuff, cause additional cancer deaths.

TRENDS

The global prevalence of tobacco smoking among people age 15 years and older is estimated to have declined from 21% in 2000 to 20% in 2010.3 Globally, smoking prevalence declined in both men and women. Declines were largest for men in the high-income OECD countries, and in low-, middle- and non-OECD high-income countries in the European Region and the Region of the Americas (all with declines of around 10%) (Figure 6.11).

POSITIVE DEVELOPMENTS

Global action: The WHO FCTC has stimulated many countries to implement tobacco control measures. The WHO FCTC Secretariat, civil society and WHO have been instrumental in advocating for and operationalizing the FCTC into country tobacco control policies and programmes (Box 6.2).

Reducing demand in 2008, WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use, to assist countries with implementing selected WHO FCTC obligations. Known as MPOWER, these measures correspond to one or more of the demand reduction provisions of the WHO FCTC: monitoring tobacco use and tobacco control policies; protect people from tobacco use; offer help to quit tobacco use; warn about the dangers of tobacco; enforce bans on tobacco advertising, promotion and sponsorship; and raise taxes on tobacco.

Today, more than half of the world’s countries, representing nearly 40% of the world’s population – 2.8 billion people – has implemented at least one of these tobacco control demand reduction measures at the highest level of achievement (Figure 6.12). This progress more than doubles the number of countries and nearly triples the number of people covered since 2007.

Specific actions by countries: There has been steady progress in global tobacco-control efforts in recent years, both in terms of the number of countries protecting their people and the number of people worldwide protected by effective tobacco-control measures. By 2014, 49 countries had introduced comprehensive, smoke-free laws covering all public places and workplaces; 24 countries were offering adequate help to quit tobacco use; 42 countries had mandated large graphic warning labels on their cigarette packaging; 29 countries had a comprehensive ban on tobacco advertising, promotion and sponsorship; and 33 countries had taxes representing 75% of the price of a packet of cigarettes. These achievements were realized in the face of interference and threats from the tobacco industry. Success depends on high level political leadership in government and civil society support to champion tobacco control efforts.

CHALLENGES

Increasing use in some regions: Even though tobacco smoking prevalence is declining worldwide and in many countries, it appears to be increasing in the African Region and the Eastern Mediterranean Region.4 In the European Region, the Western Pacific Region and the South-East Asia Region, prevalence of tobacco smoking is still high and efforts must be intensified to reduce it. Other forms of tobacco use also need to be addressed.

Industry interference and industry tactics: The tobacco industry is fiercely challenging the implementation of pictorial health warnings and plain packaging in multiple countries, arguing that the packaging regulations impinge upon trademark and intellectual property rights. International trade and investment agreements are being used by the tobacco industry to challenge tobacco control measures in countries. New products, including Electronic Nicotine Delivery Systems (ENDS), and the growth in the use of existing products in new settings, such as water pipes, are presenting new challenges to tobacco control policymakers and regulatory bodies.

Illicit trade: Illicit trade is a significant challenge to the reduction of tobacco use. One in 10 tobacco products available worldwide has been illicitly traded. Contraband cigarettes not only reduce governments’ tax revenues, but are also more affordable to vulnerable populations such as youth and low-income groups. In some instances, illicit trade has been supported by tobacco companies as a way of getting a foothold in markets.

Farmers and agriculture: Supply reduction cannot be forced upon farmers who depend on tobacco crops for their livelihoods. However, economically viable alternatives should be exploited: tobacco growing is harmful to health in itself,5 and support needs to be available for farmers wishing to switch to alternative crops.

Equity: An analysis of the association between smoking prevalence and wealth within countries, using survey data from 2002 to 2004 in 48 low- and middle-income countries, found that current smoking was generally more prevalent in the poorer wealth quintiles, with the exception of women in some middle-income countries.6

STRATEGIC PRIORITIES

Tobacco control is a critical measure to achieve SDG Target 3.4 on reducing premature mortality due to NCD, being one of the leading risk factors for NCD. In addition, one of the health targets is specifically about tobacco control: “Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.”7

The MPOWER measures for tobacco control, in line with the WHO FCTC, are listed in the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020— including the most cost-effective interventions (“best buys”) for tobacco control.8 Evidence shows that the most cost-effective reduction measures for reducing tobacco use are: • reducing the affordability of tobacco products by increasing tobacco excise taxes; • creating by law completely smoke-free environments in all indoor workplaces, indoor public places and public transport; • alerting people to the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns; • banning all forms of tobacco advertising, promotion and sponsorship.

The measures are far more likely to be effective when implemented as part of a comprehensive approach, as envisaged by the WHO FCTC. Full implementation of the WHO FCTC involves adopting other demand reduction measures such as helping tobacco users to quit and regulating tobacco products. These provisions should be implemented via national tobacco control legislation and countries should ensure effective law enforcement. Integrating the implementation of the WHO FCTC with national health and development strategies and plans is also fundamental. Because tobacco control is a multisectoral issue, it requires an increase in multisectoral discussions and actions, including, for example, setting up and financing a functional multisectoral coordination mechanism, a focus on the relation between tobacco control and international trade or alternative livelihoods for tobacco farmers. When implementing the WHO FCTC, the infrastructures and capacities dedicated for broader tobacco control efforts should be integrated with other communicable and NCD programmes, such as for tuberculosis or respiratory diseases.