SmithKline Beecham Pre-Hearing Submission to the FCTC
Public Hearings, Oct 12-13, 2000

Supporting information

Organisation:
SmithKline Beecham plc

Scope of activities / mandate of the organisation:
SmithKline Beecham is one of the world’s leading healthcare companies. It
discovers, develops, manufactures and markets pharmaceuticals, vaccines, over-the-counter medicines and health-related consumer products.

Organisation’s interest in the FCTC process:
SmithKline Beecham markets a range of over-the-counter smoking control products and programmes in the US, Europe, Latin America, Australasia and China.

Source of funding:
Profit from the sale of our healthcare related products and services.

Statement

SmithKline Beecham markets a range of over-the-counter smoking control products and programmes in the US, Europe, Latin America, Australasia and China.

SmithKline Beecham is committed to inspiring and enabling smokers to quit, thereby reducing the death and disease caused by tobacco. We unequivocally support the goal of reducing the prevalence of, and ultimately eliminating, tobacco use in the world.

We acknowledge that there are many stakeholders in the tobacco control community, each of whom has a valuable and unique role to play. SmithKline Beecham contributes directly to one particular facet of comprehensive tobacco control efforts – the provision of proven safe and effective treatment. However, we appreciate and understand how all tobacco control efforts need to work together to achieve maximum benefit. We are committed to collaborating with governmental, non-governmental and other private sector organisations to achieve our shared goal of reducing tobacco-related death and disease.

We applaud the efforts of the WHO, its Member States and the NGO community to advance the Framework Convention on Tobacco Control. We further support the assertion that the protection and promotion of public health should provide the sole basis for any and all provisions in the FCTC. The world needs a strong, enforceable convention that supports governments in their efforts to protect and promote public health.

To be effective, the FCTC should, at a minimum, provide support and encouragement for national policies and multilateral measures that would stem the disastrous global public health epidemic occurring as a result of tobacco use. Nothing in the Framework Convention or related protocols should reduce, relax or in any other way diminish existing tobacco control initiatives, regulations, laws, or practices in any signatory country. The Convention should set a floor, rather than a ceiling, for national efforts.
Pioneering efforts around the globe have shown that comprehensive tobacco control efforts can reduce the prevalence of tobacco use, and important components within such comprehensive approaches are the promotion and support to encourage and help current smokers quit smoking. A mainstay of such efforts is the provision of tobacco dependence treatment, which includes (singly or in combination) behavioural and pharmacological interventions such as education, brief counselling and advice, intensive support, pharmaceuticals or other interventions that contribute to reducing and overcoming tobacco dependence in individuals and the population as a whole.

The vast majority of tobacco related premature deaths in the next 30 years will come from existing smokers. The evidence is clear that giving up smoking, even for lifelong smokers up to the age of 60 years, results in reduced morbidity and increased life expectancy. Stopping smoking before middle age avoids 90% of the risk of lung cancer

“Mortality in the near future and throughout the first half of the 21st century could be substantially reduced by current smokers giving up the habit. In contrast, the extent to which young people henceforth become persistent smokers will affect mortality rates chiefly in the middle or second half of the 21st century.”

In many countries, a significant majority of smokers want to quit and have tried to do so several times. Unfortunately, the majority have done so without the help of any form of treatment, which would have significantly increased their chance of success.

Tobacco products designed to initiate and perpetuate tobacco dependence and which cause disease and premature death when used as intended are minimally regulated, freely available and accessible around the world. In stark contrast, treatments clinically proven to help smokers escape their tobacco dependence are subject to stringent regulations and limited accessibility. This inequity must be addressed.

As such, SmithKline Beecham strongly advocates the inclusion of treatment as a fundamental component of the Framework Convention, supporting the availability, accessibility, and promotion of proven effective treatments for tobacco dependence and reducing barriers to the use of such treatments. In addition, we support the inclusion of a science-based Treatment Protocol within the Framework Convention.

Support for quitting can be embodied in several initiatives, including:

1. Restrictions on where smokers can smoke (e.g., smoke free public and work places);
2. Cigarette price increases;
3. Educational and advertising campaigns on both why to quit and how to quit; including (according to local marketing and attitudinal conditions) counter-marketing efforts to correct misperceptions held by smokers that “light” and “ultra light” cigarettes provide a meaningful reduction in risk); and
4. Availability, accessibility, and promotion of proven effective treatments for tobacco dependence.

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1 Peto R et al. Smoking, smoking cessation, and lung cancer in the UK since 1950: combination of national statistics with two case-control studies. 2000 BMJ;321:323-9
SmithKline Beecham strongly supports the efforts of the WHO to promote global health. It whole-heartedly endorses the goal of reducing tobacco’s toll as much as possible, as quickly as possible. It looks forward to a strong and far reaching Framework Convention, based solidly on facts and data, which will support governments in their efforts to curb this disastrous tobacco epidemic.