

Who Still Smokes? Designing the Tobacco End Game



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24 Feb 2017



**Vital
Strategies**

This lecture will cover

1. Who still smokes
2. Obstacles to tobacco control
3. End game scenarios/targets
4. How to achieve the Endgame
5. Focus on what works best
6. Lesson learned

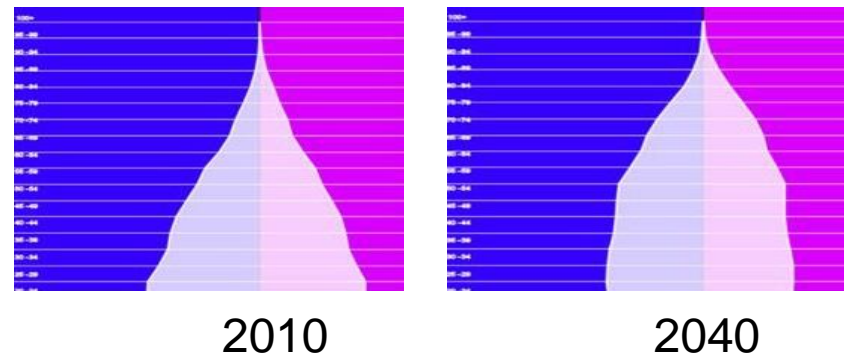
1. Who still smokes?

Tobacco pandemic increasing

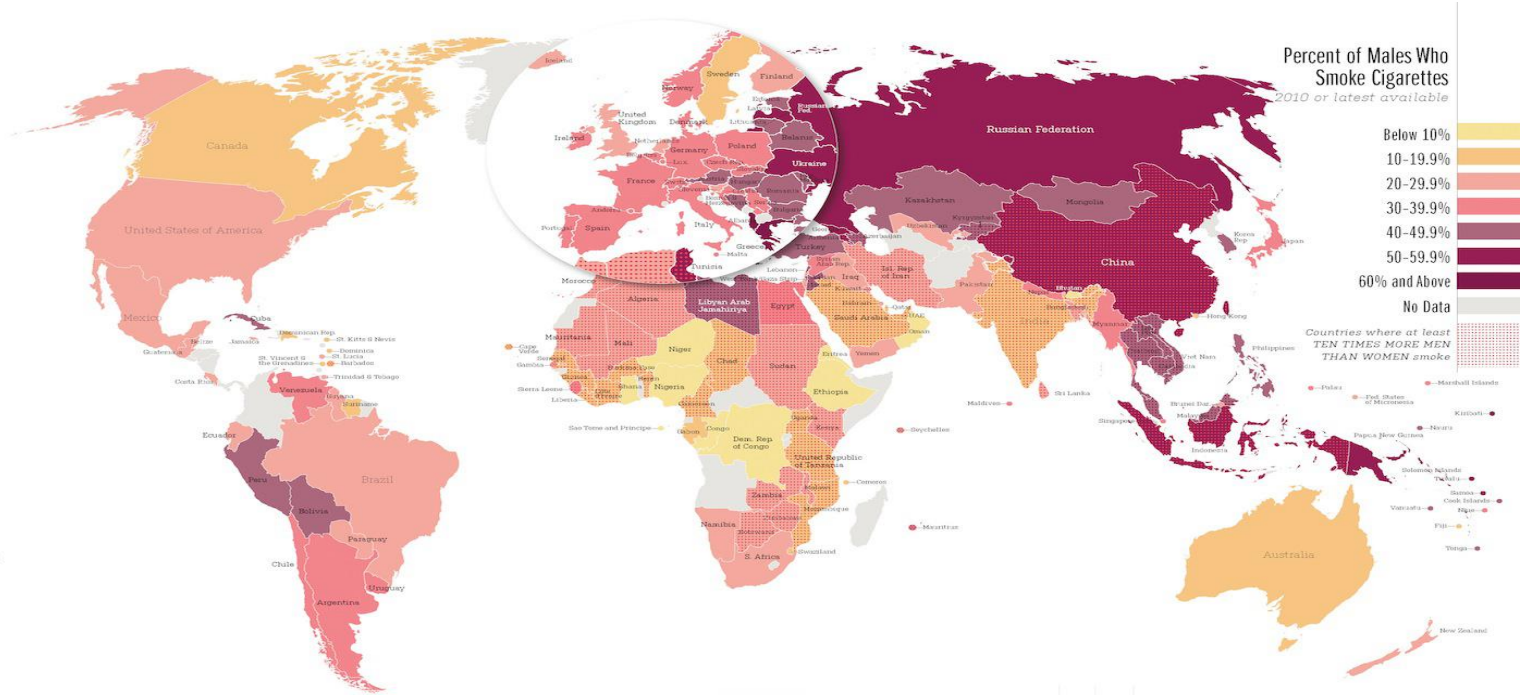
- More people in world 7b->9b in 2040
- More people living longer

Even if prevalence reduced, more:

- Smokers
- Disease and deaths
- Burden on health systems
- Jobs for farmers, manufacturers
- Tax for governments
- Profits for tobacco industry



Male smoking prevalence

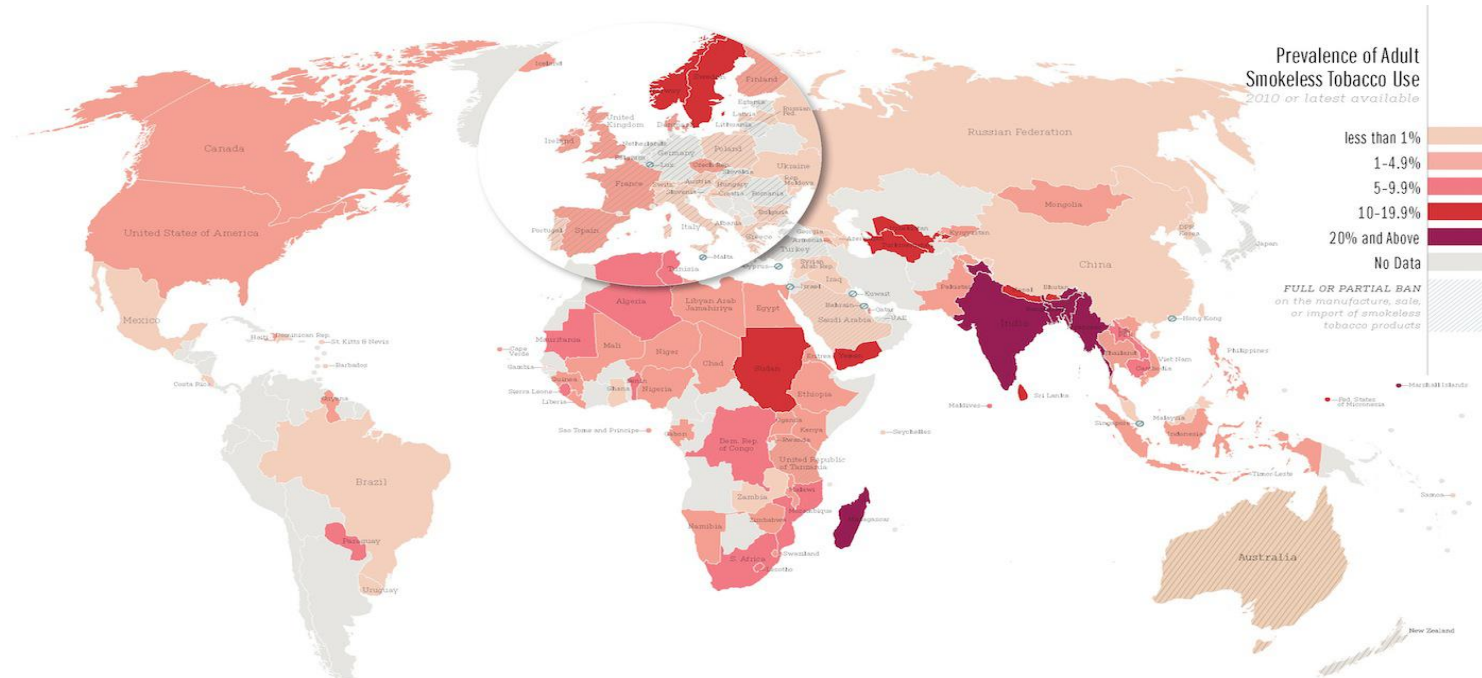


Female smoking prevalence



source: Tobacco Atlas 4th edition, tobaccoatlas.org

Smokeless tobacco



source: Tobacco Atlas, 4th edition; tobaccoatlas.org

Riskiest youth

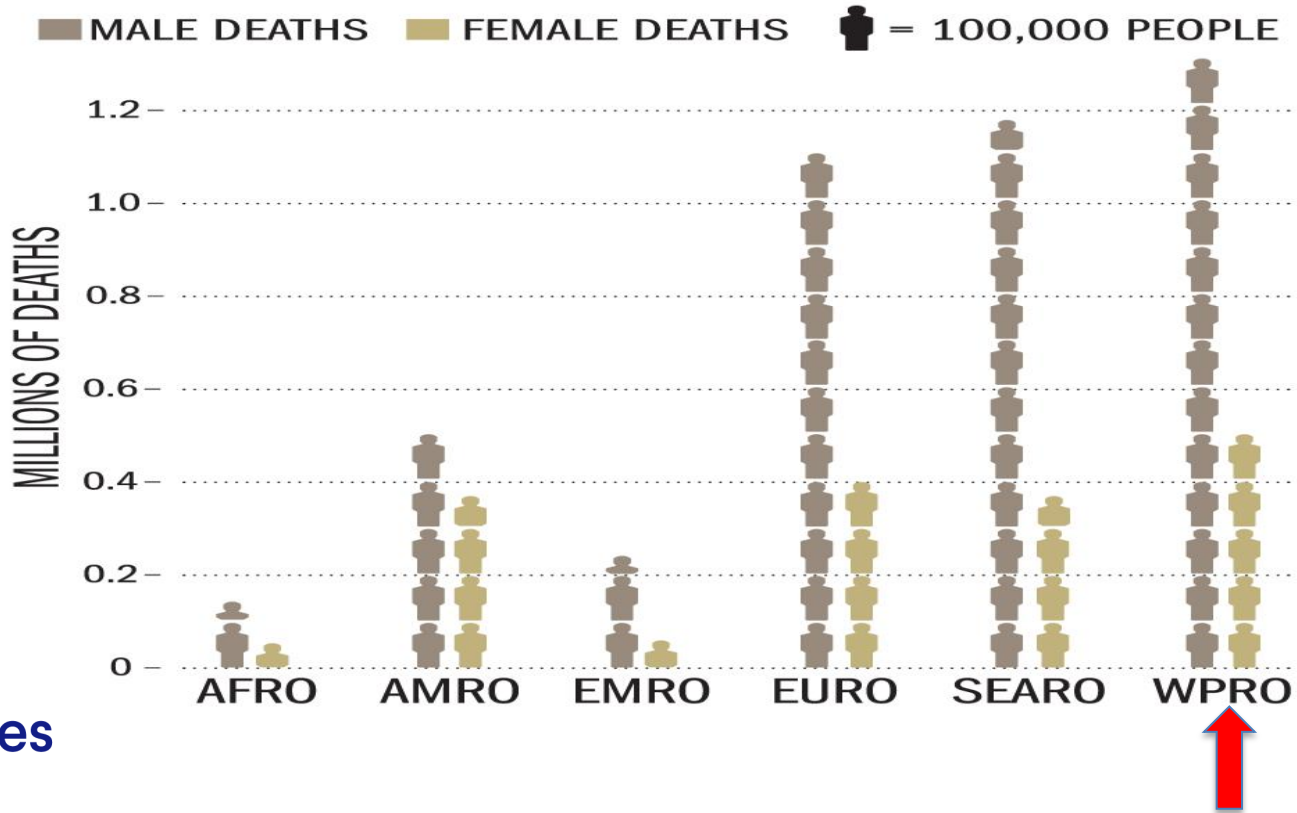


Health knowledge almost the same between smokers and non-smokers (or those to become so)... the main difference is whether youth think it is:

- a) cool or
- b) a dirty, dangerous and expensive habit

- Boys more than girls
- Less intelligent, less educated, lowest socio-economic class
- Youth whose parents smoke
- Experimenters of just ONE cigarette (delayed 3 years)

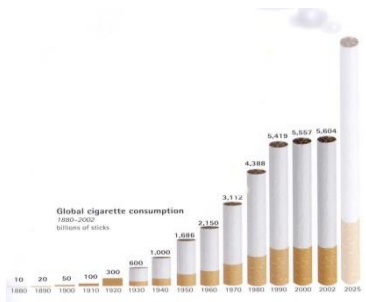
Smoking-Related Deaths by Region, 2010



Has tobacco control failed?

The tobacco epidemic increases in spite of:

- Centuries of knowledge
- Decades of research
- Action, progress in policy & public awareness
- Multiple World Health Assembly resolutions
- 16 World Conferences since 1967
- Many regional, national, sub-national meetings
- Regional action plans
- WHO FCTC (2005)
- UN High Level Meeting Summit on NCD (2011)



2. Obstacles to tobacco control



Obstacles to tobacco control similar globally



1. Lack of awareness of harm
2. Reluctance to intervene with “personal behaviour”
3. Preoccupation with other (health) issues
4. Misperceived economic concerns
5. No understanding of environmental consequences
6. Focus on curative medicine, not prevention
7. Lack of funds for research and intervention
8. Lack involvement by health professionals
9. Tobacco industry opposition: promotion, distortion of health and economic evidence, financial might, challenge/threats to governments; front groups

Global forms of Tobacco Industry Interference



1.

Manoeuvring to hijack the political and legislative process



2.

Exaggerating the economic importance of the industry



3.

Manipulating public opinion to gain the appearance of respectability



4.

Fabricating support through front groups



5.

Discrediting proven science and economic evidence



6.

Intimidating governments with litigation or the threat of litigation, or trade threats

1. Hijack political process



Manoeuvring
to hijack the
political and
legislative
process



Exaggerating
the
economic
importance
of the
industry



Manipulating
public
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Fabricating
support
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Discrediting
proven
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evidence



Intimidating
governments
with
litigation or
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Examples worldwide

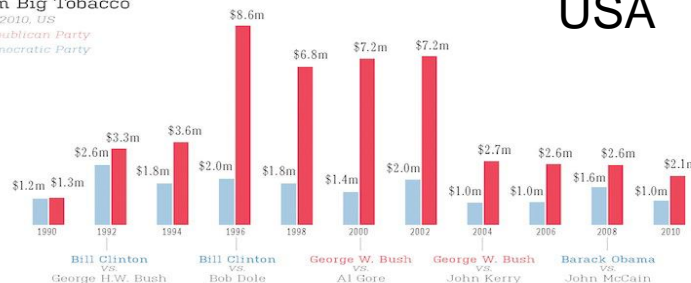


Pan-Africa: "The Secret bribes of Big Tobacco" BBC, 2015



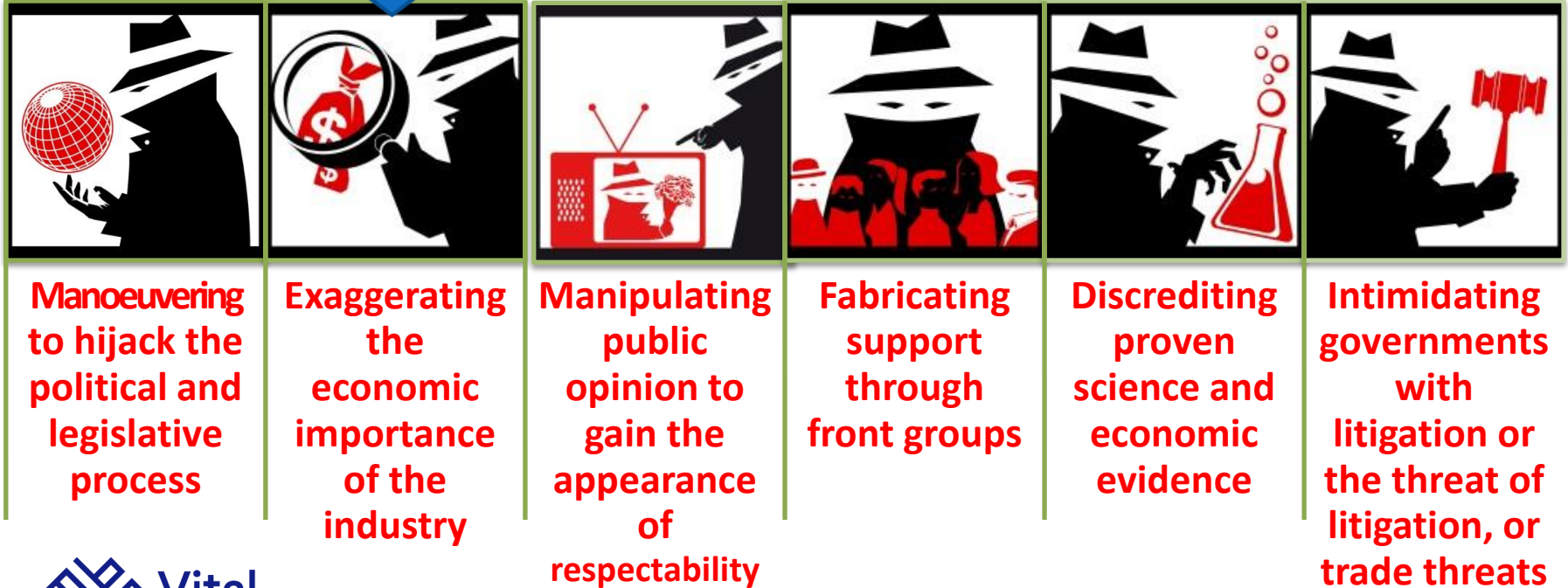
EU: 80 TI lobbyists; health 5

Total Federal
Election Contributions
From Big Tobacco
1990-2010, US
to Republican Party
to Democratic Party



USA

2. Mis-economics



Economic benefits: Africa



Malawi

In the early 1990s, a tobacco company consultant published a journal with articles criticizing the World Bank and the Organisation for Economic Co-operation and Development (OECD) who owned a share in the company. The journal stated that "the list of economic benefits of tobacco is a long one. *Tobacco-related deaths and illnesses are primarily problems of affluent societies.*" Philip Morris distributed thousands of copies of the journal.

"Industry: the list of economic benefits of tobacco is a long one"

But ask: Is Malawi wealthy?

3. CSR



**Manoeuvring
to hijack the
political and
legislative
process**



**Exaggerating
the
economic
importance
of the
industry**



**Manipulating
public
opinion to
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**Fabricating
support
through
front groups**



**Discrediting
proven
science and
economic
evidence**



**Intimidating
governments
with
litigation or
the threat of
litigation, or
trade threats**

Tl: Image management



Imperial Tobacco

“Recent attempts by large tobacco companies to represent themselves as socially responsible have been widely dismissed as image management.”

Gary Fooks et al., University of Bath, UK, 2011

China: Sponsor schools

China National Tobacco Corporation has sponsored at least 69 elementary schools and thousands of students are exposed daily to pro-tobacco propaganda, names and messages.

School signage reads

“Genius comes from hard work
Tobacco helps you be successful”

China

China National Tobacco Corporation has sponsored at least 69 elementary schools, and thousands of students are exposed daily to pro-tobacco propaganda, names, and messages. School signage reads: *“Genius comes from hard work / Tobacco helps you to be successful.”*



Liaise with universities, women's groups, Chambers of Commerce, 2016



Meet Victoria Chua, Public Affairs Manager at Philip Morris Asia Limited/Italian Chamber of Commerce

FUND CHARITIES

US charitable contributions from Altria, 47.2 US\$ millions, 2013

- Education
- Arts and culture
- Civic
- Employee programmes
- Environment
- Humanitarian aid
- Military Service support



CATEGORY/ PROGRAM	TOTAL AMOUNT	NUMBER OF GIFTS	AVERAGE GIFT PER ORG	FACT
MIDDLE SCHOOL EDUCATION AND SUPPORT (E.G. SUCCESS 360™)	\$25.40	78	\$0.33	78 different educational institutions and programs received funding
ARTS AND CULTURE	\$4.40	28	\$0.16	The Smithsonian Institution received funding
CIVIC	\$2.00	44	\$0.05	Two donations were to healthcare organizations
EMPLOYEE PROGRAMS	\$4.40	89	\$0.05	88 different organizations received funding through employee programs
ENVIRONMENT	\$2.80	15	\$0.19	Six charities in Virginia, a top tobacco-growing state, received funding
HUMANITARIAN AID AND MILITARY SERVICE SUPPORT	\$1.60	13	\$0.12	The American Red Cross and its Virginia chapter received funding
BUSINESS- DIRECTED GIVING	\$4.30	390	\$0.01	The Texas Conservative Coalition Research Institute received funding
IN-KIND GIVING	\$1.20	24	\$0.05	485 charitable events received wine donated by Ste. Michelle Wine Estates, of which Altria is the parent company
REGIONAL GIVING	\$1.10	115	\$0.01	6 chapters of the Boys & Girls Club received funding
TOTALS, IN MILLIONS	\$47.20	796	\$0.97	

Source: tobaccoatlas.org

CSR New forms with new products

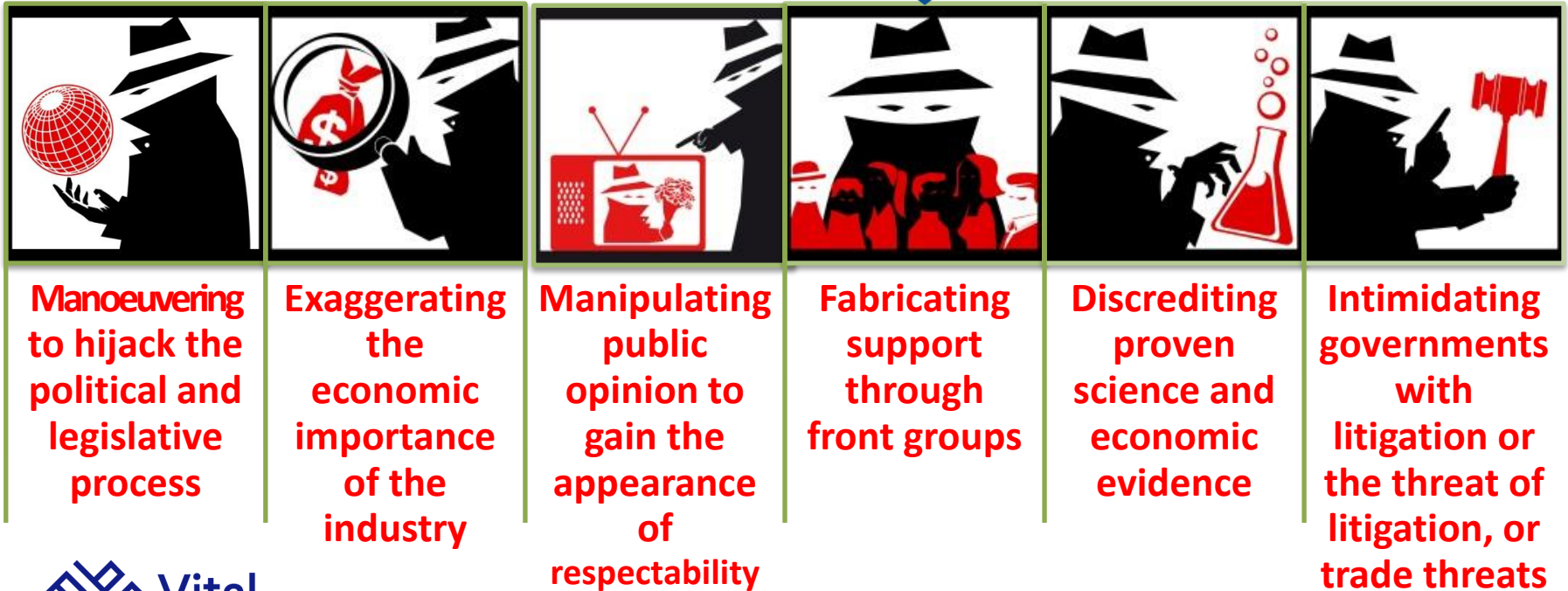
PMI: “We’ve developed breakthrough products for smokers...”



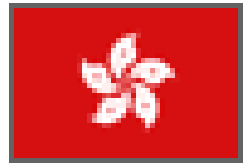
But...



4. Front groups



Industry-linked front groups



TI-funded groups active globally



ITIC is funded by Tobacco, Alcohol, Food and Oil industries

ITIC "Increasing tobacco tax leads to smuggling"

INTERNATIONAL TAX AND INVESTMENT CENTER
30 June - 2 July 2015
Brussels, Belgium

Confirmed Government/Think Tank Speakers

- Hon. Elena Razumova, Deputy Minister of Finance, Republic of Belarus
- Hon. Daulat Ergozhin, Chairman, State Revenues Committee, Ministry of Finance, Republic of Kazakhstan
- Dr. Natalia Kornienko, Head of Tax System Department, Gaidar Institute for Economic Policy, Russian Federation
- Hon. Oshmar Karsa MEP, Chairman, of the Delegation to the EU-Russia Parliamentary Cooperation Committee

Confirmed Expert Speakers

- Mr. Wayne Barford, Former Assistant Commissioner, Australian Taxation Office
- Dr. Sijben Cnossen, University of Pretoria; Erasmus University Rotterdam; and University of Maastricht
- Mr. Dave Hartnett, Former Permanent Secretary, Her Majesty's Revenue and Customs, United Kingdom
- Dr. Jeffrey Owens, Former Head, Centre for Tax Policy and Administration, OECD







Key Issues to be Discussed

- Regional Trade Blocs in a Global Economy:** minimizing conflict and polarization in a world of competing trade blocs; coexistence between the EU and the Eurasian Economic Union; the tax and trade nexus in economic policy making
- Indirect Tax Coordination:** the challenges of cross-border coordination within the EEC and between the EEC and neighboring countries on indirect tax issues such as VAT and excises
- The Challenge of Global Tax Issues:** OECD, FATF, and



5. Discredit science, economics



					
Manoeuvring to hijack the political and legislative process	Exaggerating the economic importance of the industry	Manipulating public opinion to gain the appearance of respectability	Fabricating support through front groups	Discrediting proven science and economic evidence	Intimidating governments with litigation or the threat of litigation, or trade threats

Paid to lie...

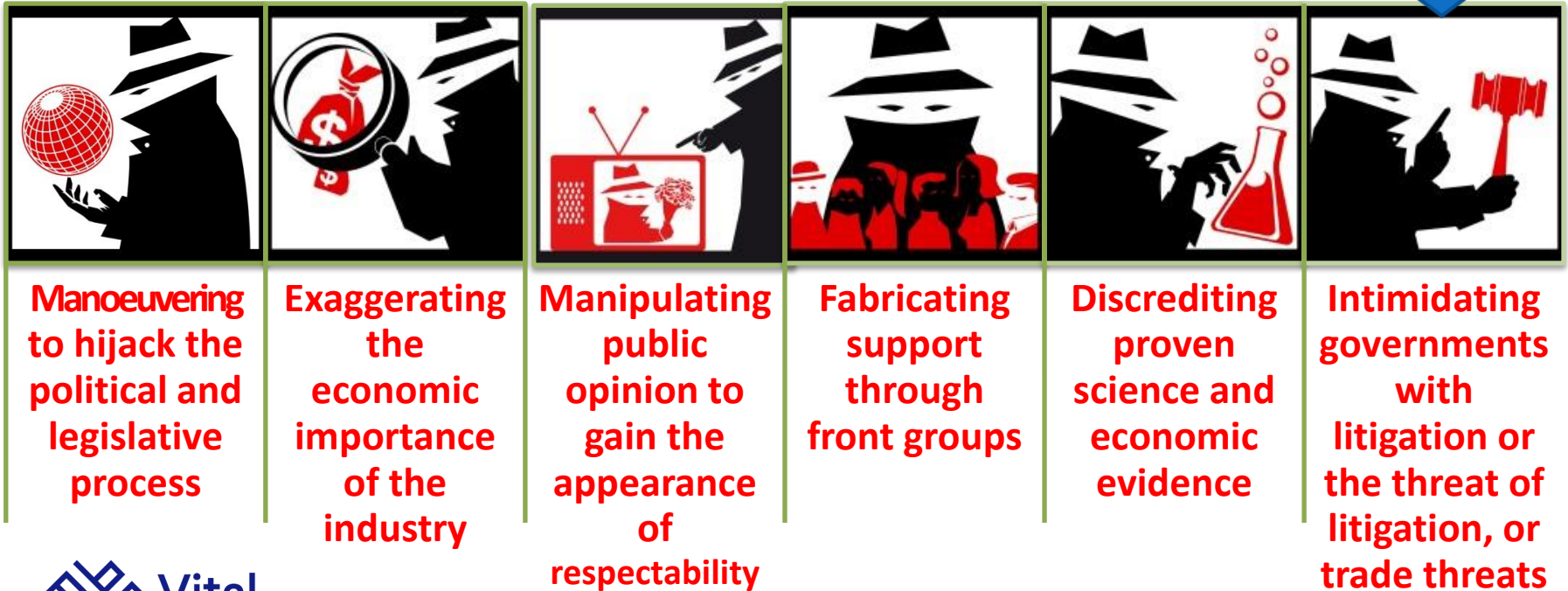
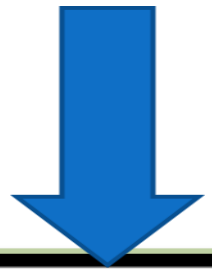
“Nicotine is not addictive”



Economic myths

Tobacco industry says	Health economists say
Tobacco control will lead to job and business losses for farmers, factory workers, retailers, the hospitality industry and other businesses, and governments	NOT TRUE
The creation of smoke-free areas will cause loss of income for restaurant owners.	NOT TRUE
TAPS bans will severely affect the advertising industry	NOT TRUE
Increasing tobacco taxes will harm the poor and increase illicit trade	NOT TRUE

6. Litigation, trade threats



Legal challenges

THE INDUSTRY SAYS:



“We will continue to use all necessary resources... and where necessary litigation, to actively challenge unreasonable regulatory proposals.”

.....Louis Camilleri, Chairperson and CEO, Philip Morris International, 2010

Yet, industry challenges dismissed



...by High Courts, Constitutional Courts, and Courts of Justices

e.g.

Australia, UK, France, the European Union, South Africa, Thailand, Uruguay...

- So why? Delay and intimidation**

Costs of trade challenges

- Typical cost to govts: US\$3-8 million
- As high as over US\$ 50 million
-  Regulatory chill effect, even if rarely successful



LEGAL CHALLENGES and TRADE THREATS TO TOBACCO CONTROL

2015 Bloomberg/Gates announced USD4m fund to support countries against trade threats

2012-2014 PERU

The Specialized Constitutional Court of Lima rejected the **BRITISH AMERICAN TOBACCO** Peru case against Congress, which challenged a ban on packages of less than 10 cigarettes. The Court observed that the WHO FCTC is a human rights treaty that ratifies the idea that economic freedoms should be limited in order to protect economic and social rights.

2012 URUGUAY

After several tobacco control laws, advocates of **PHILIP MORRIS INTERNATIONAL** challenged two additional regulations in 2009, including 80% graphic health warnings, as a violation of a bilateral investment treaty between Switzerland and Uruguay. They also challenged and lost in the domestic courts.

...agency, ANMSA, from implementing a ban on additives and flavorings, which was only marginally successful.

2011-2014 SRI LANKA

The Constitutional Court dismissed an appeal by **BRITISH AMERICAN TOBACCO** over using the Minister of Health claiming that the Tobacco Products Control Act was unconstitutional. This case involved person-to-person marketing techniques prohibited under a TAPS ban. The Court found that the hazards of smoking far outweigh the interests of smokers, and that South Africa is obliged to observe the WHO FCTC.

TOBACCO WHOLESALERS, which had challenged a ban on selling of tobacco products within 100 yards of any educational institution. Many cases have been brought against **gizika**. The Court of the State of El Salvador dismissed a challenge by **DISTRIBUTOR**. So the ban on **gizika** or **pan** masala containing tobacco.

2013 SRI LANKA

The Court of Appeal denied **CEYLON TOBACCO COMPANY'S** request to delay 80% graphic pictorial health warnings, but the court also ordered a reduction in the size of the warnings to 50%-60% of the pack.

2012 INDONESIA

TOBACCO MANUFACTURERS to stop the Minister of Public Health from implementing larger-sized packet warnings was ultimately denied. The Court accepted some challenges, but rejected a constitutional challenge by Indonesian tobacco farmers and industry workers to Indonesia's Health Law.

2014 PHILIPPINES

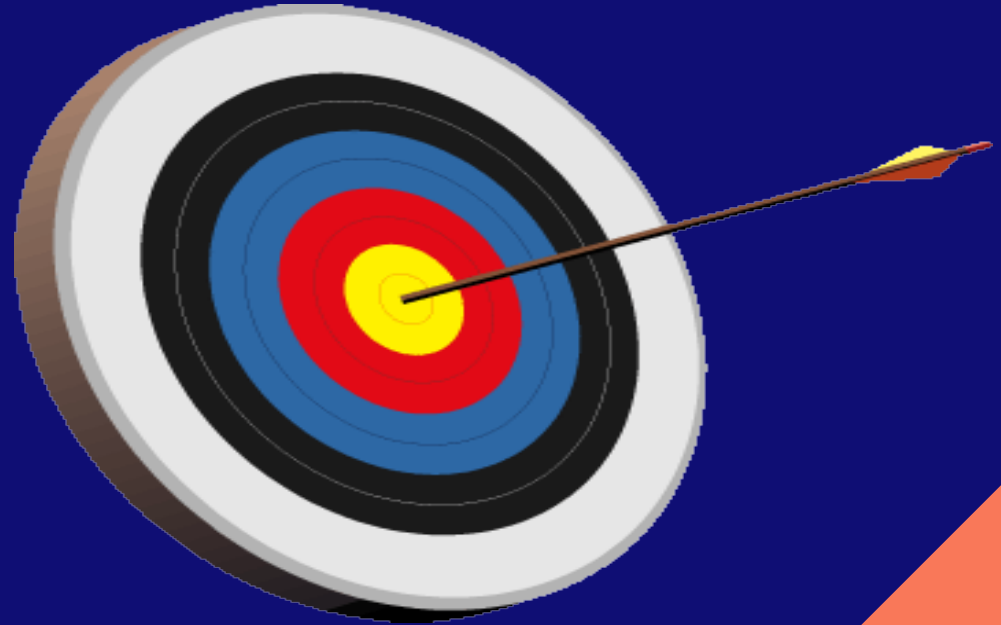
Various legal cases regarding jurisdiction over tobacco regulations, including graphic health warnings, TAPS bans and smoking bans are ongoing.

2011 AUSTRALIA

The Australian government is fighting challenges to its **Tobacco Plain Packaging Act**. One challenge is from **PHILIP MORRIS ASIA** using a bilateral investment treaty between Australia and Hong Kong. The other challenge is from several countries using the World Trade Organization.

TOBACCO ADMINISTRATION
HEALTH ORGANIZATION FRAMEWORK
ON TOBACCO CONTROL
TOBACCO ORGANIZATION
ADVERTISING, PROMOTION
STOPPING

3. Endgame, targets



I asked one of HK's 100 top business-people about targets...

incredulous

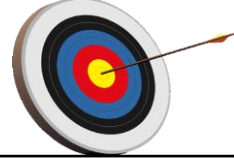
- He was incredulous that tobacco control has only recently developed targets.
- He said “Every aspect of our company operations are forecast.”

Why no tobacco targets up to now?

- Targets have been confined to process targets – getting a law passed, a tax increase, not prevalence targets.
- **Governments don't like targets in case they don't reach them.**
- Many health targets were impossible from the start, such as :
 - 1955 Global Malaria Eradication Programme;
 - 1998 Roll Back Malaria.
 - 1971 US War on Cancer – eliminate deaths by 2015.
 - 2001 Global Plan to End TB by 2016-2020.
 - 2014 UK Eliminate cancer deaths < 80 yrs by 2050...?

**MISSION:
IMPOSSIBLE**

Announced targets



Country	Target date	Target smoking prevalence	Whose target?
New Zealand	2025	5%	Government
Ireland	2025	5%	Government
Scotland	2034	5%	Government
Finland	2040	5%	Government
Malaysia	2025 2045	15% 5%	Government
UK			Government pending
Canada	2035	5%	NGO
Australia	2018	10%	Federal government
Japan	?	12%	Government
Singapore	2018	SF millennium generation	NGO
Pacific Islands	2025	<5%	WHO
HK	2022	5%	NGO

Principles: NZ SF by 2025



This will mean that:

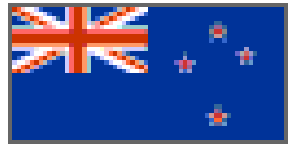
- Our children and grandchildren will be free from tobacco and enjoy tobacco free lives.
- Almost no-one will smoke (<5% prevalence).
- It will be very difficult to sell or supply tobacco.

It will be achieved by:

- Protecting children from exposure to tobacco marketing and promotion.
- Reducing the supply of, and demand for, tobacco.
- Providing the best possible support for quitting.



Identify responsibility: NZ



Responsibility and accountability for the goal should be shared between:

- Government
- The health services
- The tobacco control sector
- Communities

Structural choice: Raises questions for governments to decide:

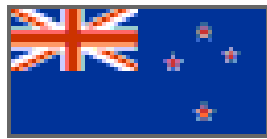


- Single agency responsibility (in bureaucracy)

or

- Cross-agency responsibility (across bureaucracy).





Announce interim goals



- Interim goals for current smoking are vital to monitor progress and focus efforts.
- Targets should be set for prevalence and for successful quit rates, e.g. in NZ, to reach prevalence rates below 5% by 2025, over 40,000 smokers need to quit successfully every year and no new smokers start.
- Failure to meet goals should result in more rigorous policies.

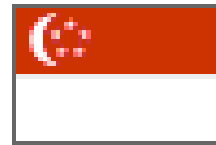
Identify specific goals, e.g. for NZ



- Plain packs by 2013.
- Smoke-free NZ/SF cars.
- Mandatory Registration all Tobacco Retailers.
- Specified Annual Tax increases.
- Govt publish guidelines for FCTC Art 5.3.
- Cessation support.
- Resourcing.
- Improved and wider availability of new quitting devices including NRT, pharmacotherapies.
- Tobacco Product Modification.
- Regulated use of high quality and effective e-cigarettes.
- Banning of duty free sales.
- Restrictions on the supply of tobacco products.



Singapore: 3 Endgame Strategies



Suggests combining 3 approaches into an integrated endgame strategy:

1. Harm reduction
2. The tobacco-free generation proposal (born post-2000).
3. Further implementation of WHO Framework Convention for Tobacco Control.

Scotland Endgame 5% by 2034

Government 5-year plan



1. Introduction
2. Targets for Tobacco-Free Scotland
3. Smoking and Health Inequalities
4. **PREVENTION** – creating an environment where young people do not want to smoke
5. **PROTECTION** – protecting people from SHS
6. **CESSATION** – helping people quit smoking
7. Monitoring and evaluation
8. Summary of Actions (46 such actions)

Note of caution re 5% target



- Tobacco is the world's leading cause of preventable premature death and is likely to remain so for decades to come.
- Thus, for many low and middle-income countries the 5% endgame scenario lies in the distant future.
- The industry will argue the proposed strategies could create large black markets, corruption, high illegal earnings, violence and/or organised crime.
- There may/will be challenges under global trade and investment laws, or under constitutional freedom issues.

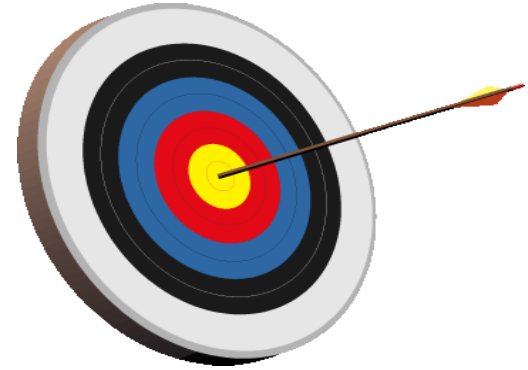
SDG/WHO target



A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ by 2025 from 2010

BUT at present rate of progress:

- Only 1/3 will meet target
- Final reduction will be 18% not 30%



4. How to achieve the Endgame

More of the same

OR

New ideas?

Tobacco endgame.

Dr Margaret Chan, WHO DG, 2013



1. **Be very precise in your definition** of what is meant by a tobacco endgame. We learned the importance of doing so when global goals were set for disease eradication or elimination. Progress towards any ambitious goal needs to be measured convincingly. Precise definitions help.
2. **Anchor endgame strategies in impeccable science.** Arguments for taking action need this water-tight support. Experience tells us that industry will challenge the science, distort the findings, or fund its own studies with a predictable bias. An impeccable scientific foundation is the best defence.
3. **Back up goals and strategies with solid feasibility studies.** This is another lesson from the eradication experience. Governments need to know what commitment to an ambitious goal really means in practical terms and what the likely pay-backs will be, for economies as well as societies. Good feasibility studies build confidence, and confidence inspires commitment.

Tobacco endgame

Dr Margaret Chan, WHO DG, 2013



4. Recognize the diversity of factors that drive the tobacco epidemic in different economic and cultural contexts. These contexts also create their own unique barriers to success. A diversity of endgame strategies, as opposed to a single global strategy, might be needed to accommodate these different contexts. Provision of a menu of strategic and policy options might be another wise way forward.

5. Be realistic. Your scientific programmes will consider how the drive for sustainable development and concern about NCDs can bolster support for tobacco endgames. Doing so is promising, yet also faces some challenges. **Concern about NCDs creates a receptive environment for tobacco endgames.** Time and time again, ministers of health from the developing world have told me that prevention of NCDs must be the cornerstone of their response. The costs and demands of chronic and acute care are beyond their reach. Prevention is the best option.

Dr Chan summary: full implementation of the WHO Framework Convention on Tobacco Control would deal the greatest single preventive blow to all of these diseases.

Continue more of the same: accelerate proven strategies



- Last 50 years: many remarkable changes, e.g.:
 - Bans on most tobacco advertising
 - Smoke-free public and workplace laws
 - Graphic pack warnings >100 countries
 - Plain packaging initiated in Australia

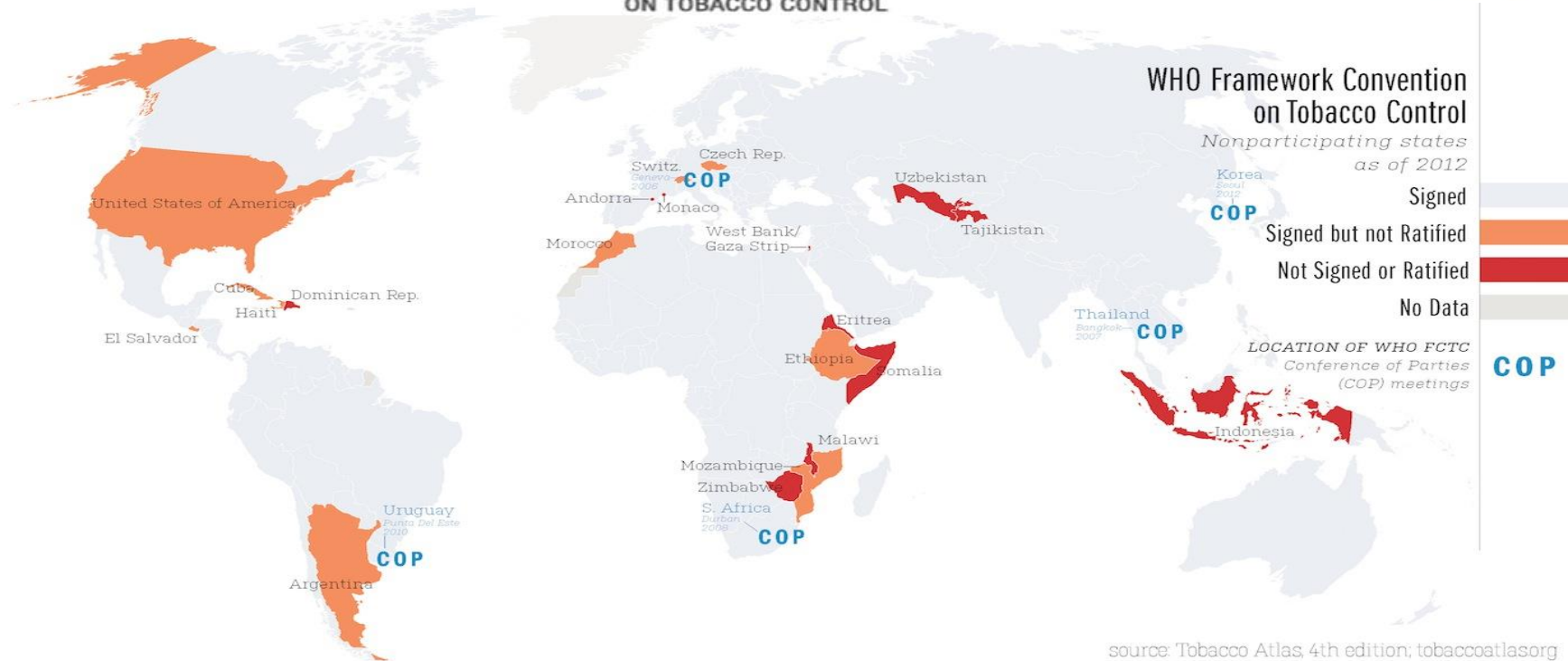


- **Full implementation of WHO FCTC is capable of reducing tobacco use far below current levels.**

IMPLEMENT



FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL



180 countries ratified



A powerful tool – the WHO FCTC uses international law for public health

Main provisions of the WHO FCTC

Regulation of:

- contents, packaging and labelling of tobacco products
- prohibition of sales to and by minors
- illicit trade in tobacco products
- smoking in work and public places

Reduction in consumer demand by:

- price and tax measures
- comprehensive ban on tobacco advertising, promotion and sponsorship
- education, training, raising public awareness and assistance with quitting

Protection of the environment and the health of tobacco workers

Support for economically viable alternative activities

Research, surveillance and exchange of information


Support for legislative action to deal with liability

WPRO still only
region with
100% ratification

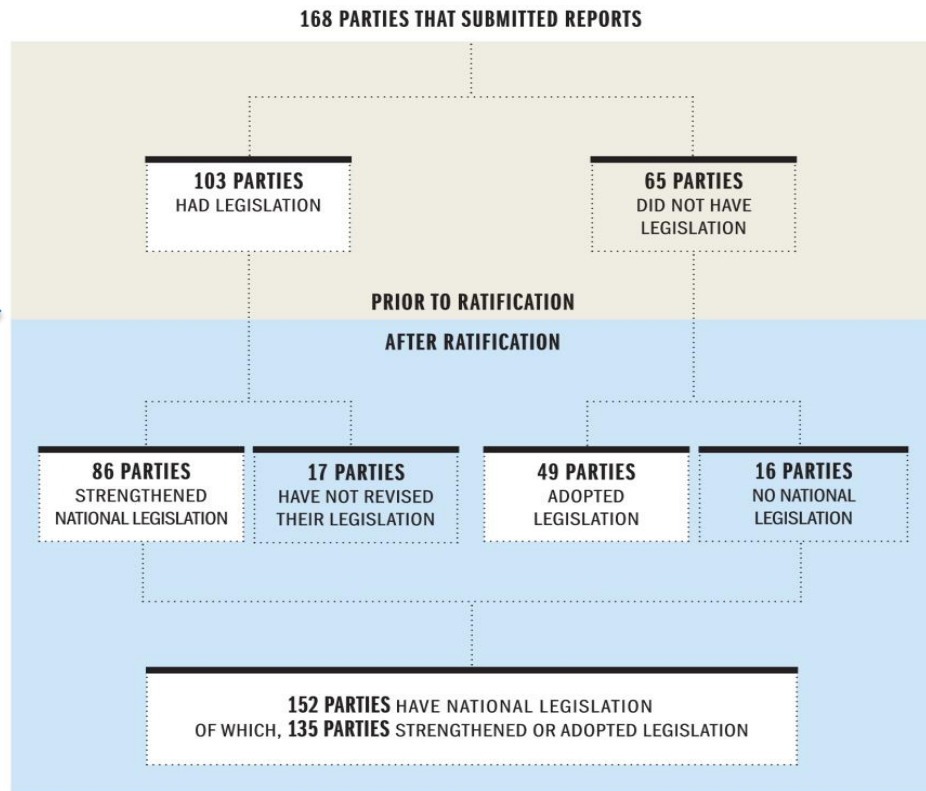
Before and after FCTC



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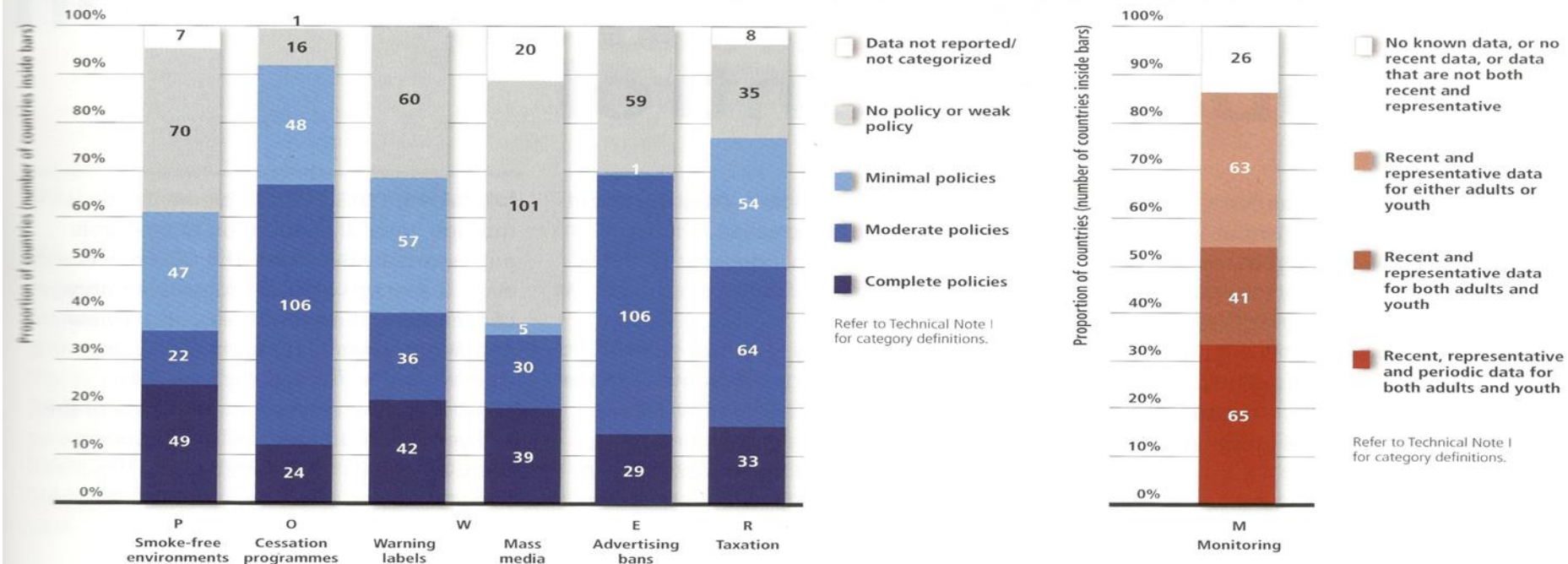
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Source: tobaccoatlas.org

But, ways to go...

THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2014



Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level; for the definitions of these highest categories, refer to Technical Note I.

New administrative measures



“The continuing scourge of tobacco-produced disease is unlikely to yield to today's evidence-based interventions.” Kenneth Warner, USA

► Endgame mechanisms:

- Harm reduction.
- Require reduction of nicotine to non-addicting levels.
- Prohibit possession of tobacco products by all individuals born 2000+
- Remove profit incentive from selling tobacco products.
- Impose 'sinking lid' on the supply of tobacco (decreasing quotas on sales/ imports).
- Outright abolition of commercial tobacco product manufacture and sale.
- Supply side options, eg alternative farming.
- Framing tobacco as development issue.
- Greater use of IT, following mobile quitting apps.



Either way – tax and cessation



**QUIT
SMOKING
OR DIE
TRYING.**

- The right regulatory framework has yet to be decided, and may differ from country to country.
- To reduce consumption among already-users, need to put much greater and immediate emphasis on:
 1. Price policies
 2. Cessation

5. Focus on what works best

Effect of meeting targets 2007-2010 on smokers & smoking-attributable deaths, by policy

Rank	M P O W E R	Policy in 41 countries	No smokers. Millions	Reduction in no. smokers. Millions	Reduction in SADS. Millions
1	R	Taxes (75%)	62	7	3.5
2	P	Smoke-free	85	5	2.5
3	W	Warnings	100	1.4	0.7
4	O	Cessation	30	0.8	0.4
5	E	Marketing bans	9	0.6	0.3
		Total	288	14.8	7.4



Echoed by tobacco industry “Scream test”



- **If the industry screams, the measure will be effective:**
 - Tobacco tax
 - Creating smoke-free areas
 - Bans on promotion
 - Large graphic pack warnings, and plain packaging.
- **If they ignore a measure, probably useless:**
 - School health education
 - Ban on sales to minors
- **Our research is done for us.**

1. Focus on what works best: TAX

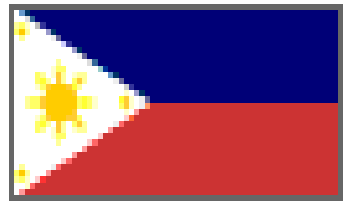


- A fiscal measure has the greatest single impact on smoking rates – simply put, raising the tobacco tax prices cigarette beyond the reach of children.
- And evidence is emerging that this is also true for alcohol.

TAX: Advocate for key actions



- Simplify tobacco tax collection
- Raise tobacco tax
- Use tobacco tax to fund tobacco control



TAX: Philippine 'Sin tax' 2013

- Tax on tobacco and alcohol
- **Simplified tax structure**
- Increased tobacco taxes by up to 340%
- **US\$ 1.6 billion revenues generated 2013**
- 85% earmarked as public health measure to fund an insurance Universal Health Care Programme, and smoking prevention

2. Smoke-free: Frame arguments for SF restaurants, bars



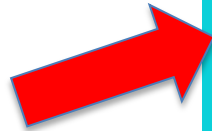
Frame:

- Economic benefit
- Worker protection

Hong Kong
Restaurant
Tax Receipts

Before ban and
2 years later:

↑ **31%**



3. Large, rotating graphic pack warnings

Smoking (Public Health Ordinance 2006)

All cigarettes sold in HK to display 50% warning messages in
Chinese & English

GPW ~ 100 countries



吸煙足以致命

焦油： 毫克 尼古丁： 毫克



吸煙可引致陽萎

焦油： 毫克 尼古丁： 毫克



吸煙禍及家人

焦油： 毫克 尼古丁： 毫克



吸煙引致肺癌

焦油： 毫克 尼古丁： 毫克



吸煙引致末梢血管疾病

焦油： 毫克 尼古丁： 毫克



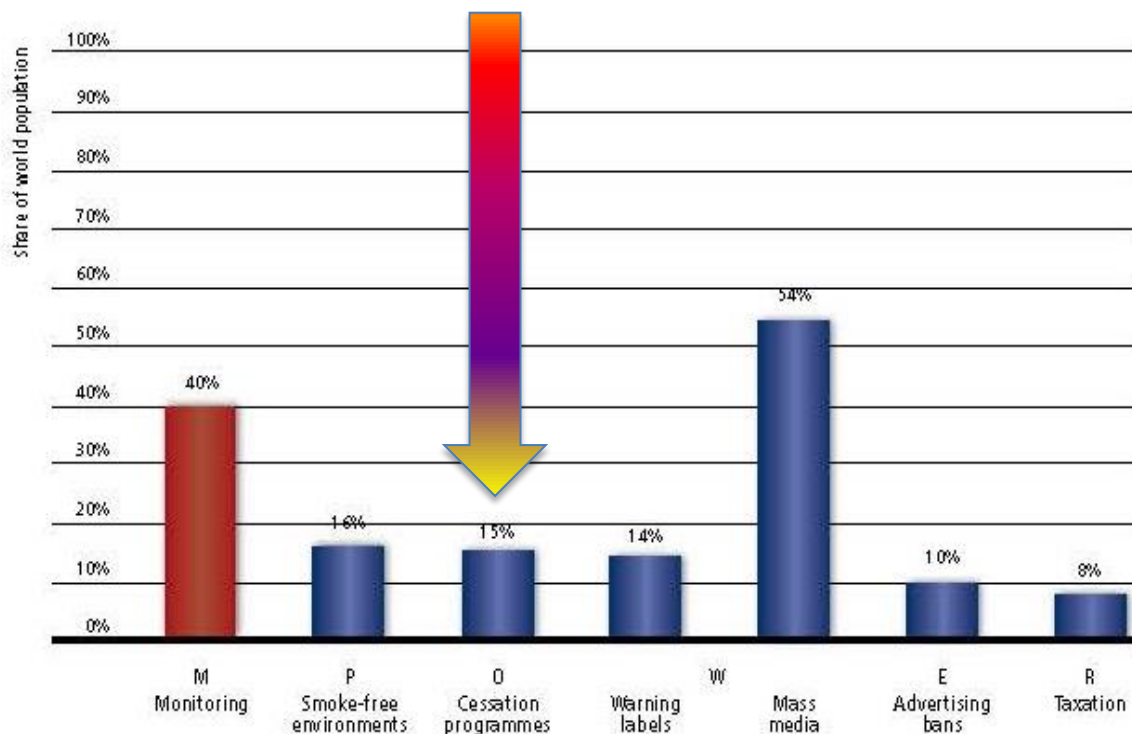
吸煙可加速皮膚老化

焦油： 毫克 尼古丁： 毫克

4. Cessation

Human face of
government,
helping
smokers

SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2012



Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level; for the definitions of these highest categories refer to Technical Note 1.

5. TAPS Ban (Tobacco Ad, Promo, Sponsorship)



Use established Advocacy tools: Mass Media Resource Centre

WORLD LUNG FOUNDATION

Tobacco Control Mass Media Resource

العربية Bahasa English हिन्दी 中文普通话 Русский Español

Campaign Planning Guide

Ad Library

Personal Consequence Ads

- Artery
- Brain
- Bronchoscopy
- Bubblewrap
- Carotid
- Cigarettes are Eating You Alive
- Emphysema
- Fatty Deposits
- * Giving Cigarettes is Giving Harm
- Heart Attack
- Lung
- Parents
- Separation

Personal Consequence Ads

Personal Consequence ads illustrate negative impacts of smoking including death, suffering, and disfigurement. These consequences can also include emotional impact and consequences to family and loved ones.

Artery
View ad and profile information

Brain
View ad and profile information

Bronchoscopy
View ad and profile information



Introduce alternative crops



- Tobacco farming is NOT a lucrative cash crop
- Tobacco farming is labour-intensive with serious negative environmental, health and social impacts, eg
 - green tobacco sickness (GTS)
 - exposure to agrochemicals
 - respiratory diseases
 - food insecurity due to displacement of food crops.
- Develop sustainable alternatives to tobacco farming
 - e.g. Yunnan China: 458 farming households' annual income increased 21-110% per acre in 4 years



Identify funding

- **HALF OF ALL FUNDING** from high to low income countries to fund tobacco use comes from two donors:
 - Bloomberg Philanthropies
 - Bill and Melinda Gates Foundation
- Also International Tobacco Control (ITC) Policy Evaluation Project, CDCF (GATS, GYTS studies)
- **BUT Government funding remains woefully inadequate, especially for the WHO FCTC**



Rebut economic myths

Tobacco industry says	Health economists say
Tobacco control will lead to job and business losses for farmers, factory workers, retailers, the hospitality industry and other businesses, and governments	NOT TRUE
The creation of smoke-free areas will cause loss of income for restaurant owners.	NOT TRUE
TAPS bans will severely affect the advertising industry	NOT TRUE
Increasing tobacco taxes will harm the poor and increase illicit trade	NOT TRUE

Emphasize cost effectiveness NCD/Tobacco control:

THE LANCET

The NCD Alliance
Putting non-communicable diseases
on the global agenda

Priority actions for the NCD crisis
will prevent millions of premature
NCD events every year

Interventions		Cost per person per year (US\$)		
		China	India	Russia
1. Tobacco use	Accelerated implementation of the WHO Framework Convention on Tobacco Control	0.14	0.16	0.49
2. Dietary salt	Mass-media campaigns and voluntary action by food industry to reduce consumption	0.05	0.06	0.16
3. Obesity, unhealthy diet, and physical inactivity	Mass-media campaigns, food taxes, subsidies, labelling, and marketing restrictions	0.43	0.35	1.18
4. Harmful alcohol intake	Tax increases, advertising bans, and restricted access	0.07	0.05	0.52
5. Cardiovascular risk reduction	Combination of drugs for individuals at high risk of NCDs	1.02	0.90	1.73
Total cost per person*	–	1.72	1.52	4.08

*Excludes any cost synergies or future treatment cost savings.

Table: Estimated costs of five priority interventions for non-communicable diseases (NCDs) in three countries

Frame within NCDs: 60% Global Deaths

Major NCD	Major modifiable causative Risk Factors			
	Tobacco Use	Unhealthy Diet	Physical Inactivity	Harmful Use of Alcohol
Heart Disease & Stroke	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Chronic Lung Disease	✓			

Now need more nuanced targets due to E-cigarettes and HeatNotBurn

Much dissent, but ALL AGREE:



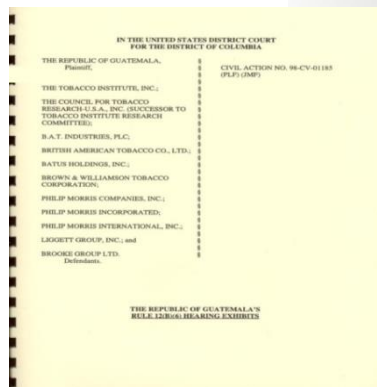
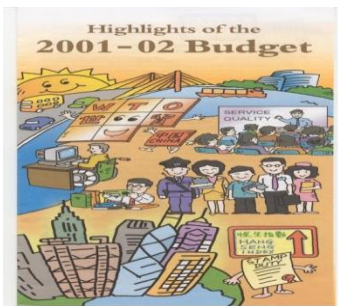
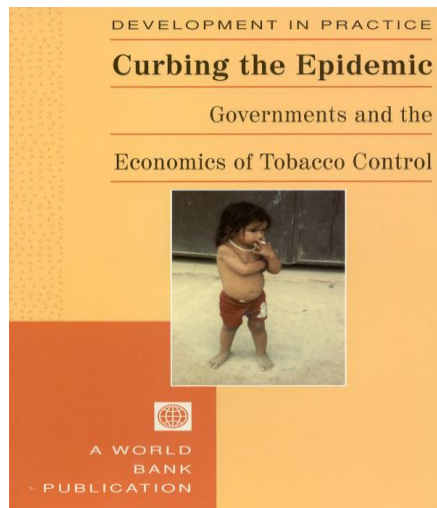
1. Include e-cig and HNB in all monitoring of tobacco: prevalence, harm, attitudes, etc.
2. Monitor safety and effect.
3. Require disclosure of ingredients (or government testing), and set standards.
4. Ban promotion of all unproven health claims.
5. Ban marketing and sales to youth.
6. Require warning labels on packets.
7. Ban in smoke-free areas
8. Urgent need for behavioural research on ?gateway ?quit

6. Key lessons learned to reduce tobacco epidemic



Key messages

Traditional Medical Model Not Enough



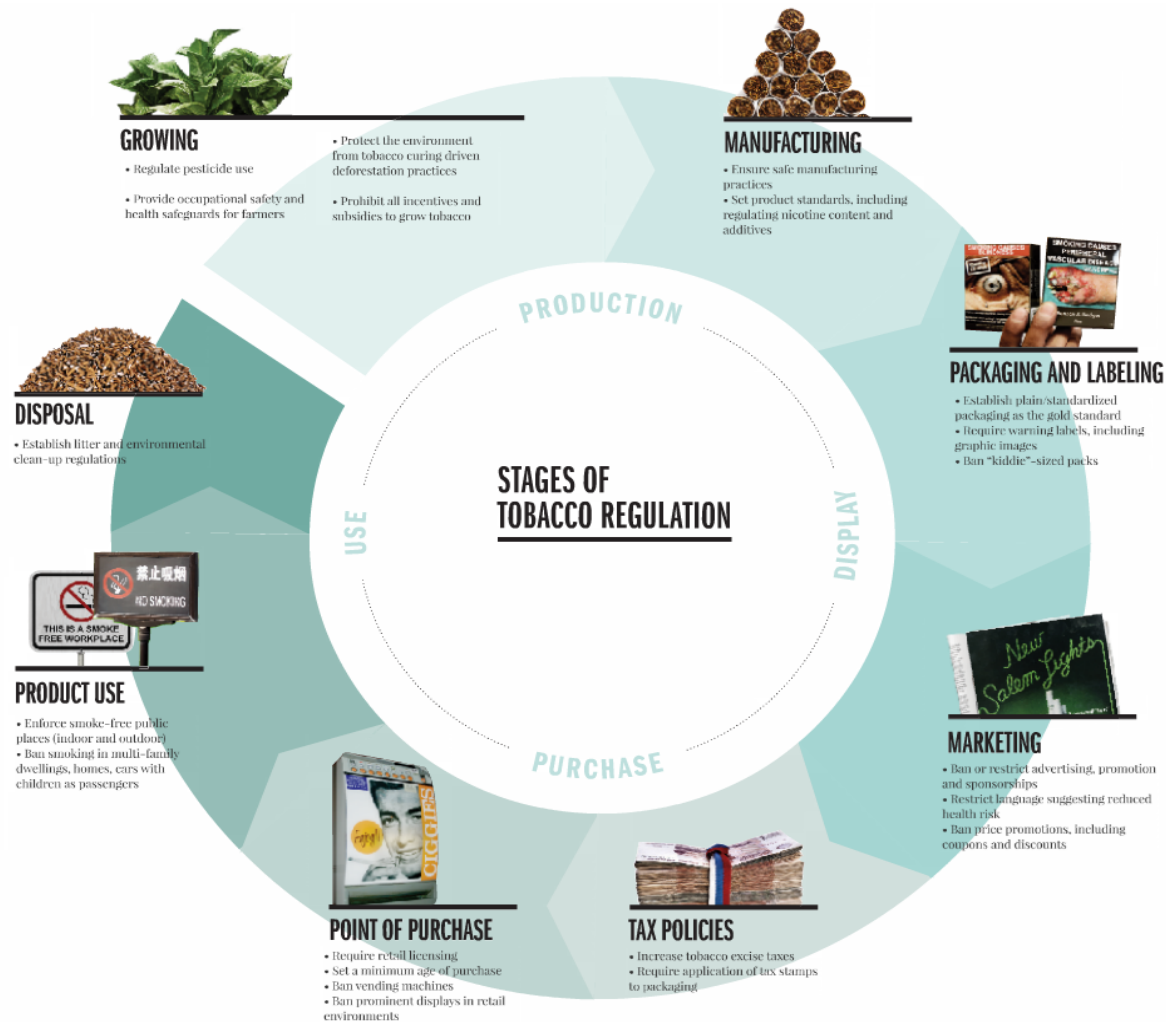
婦女事務委員會
Women's Commission



Friends of
the Earth



Need to intervene throughout tobacco cycle



Lessons learned: Similarities

In spite of differences between countries of population size, income, development and political systems...



- There are similarities of the product, harm, obstacles, action – including endgame scenarios.
- WHO FCTC is proof of this, as it is applicable to all nations.
- Everywhere, need sound, standardised health and economic data to support comprehensive policies, enforcement after legislation, effective health promotion, assistance with cessation, *and need decades of persistence.*

Lessons learned: Political will

- **Political will is crucial: this epidemic will never be solved in the corridors of hospitals and clinics, but in the corridors of power.**



Important because only governments can mandate an Endgame, eg:



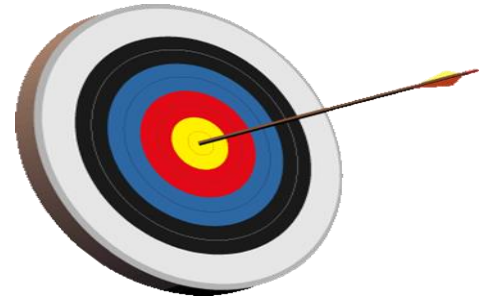
- Establish procedures for Endgame target
- Introduce public health legislation
- Implement taxation policy
- Ratify and implement UN treaties, such as the Framework Convention on Tobacco Control (FCTC).

Finally – The tobacco Endgame: Can it be done?

Every historical achievement was preceded by many people saying it couldn't be done, wouldn't work, or would create new problems.



Benefits of endgame



- Confidence in the belief that epidemic can be beaten.
- Tobacco industry will hate the assumption
(on record 2009: prevalence would **never** fall below 10%).
- Focusses governments on strategies to reach endgame.
- Orderly plan of action.
- No longer need to fight every annual action, eg tax increases.

Ancient & modern strategies

Sun Tzu's "Art of War" Battle Strategies, 500BC



1. Measure the distances
2. Estimate the expenses
3. Evaluate the forces
4. Assess the possibilities
5. Plan for victory

Thank you!

Fighting for the Endgame!



Vital
Strategies



vitalstrategies.org