

The FCTC Turns 10: Lessons from the first Decade

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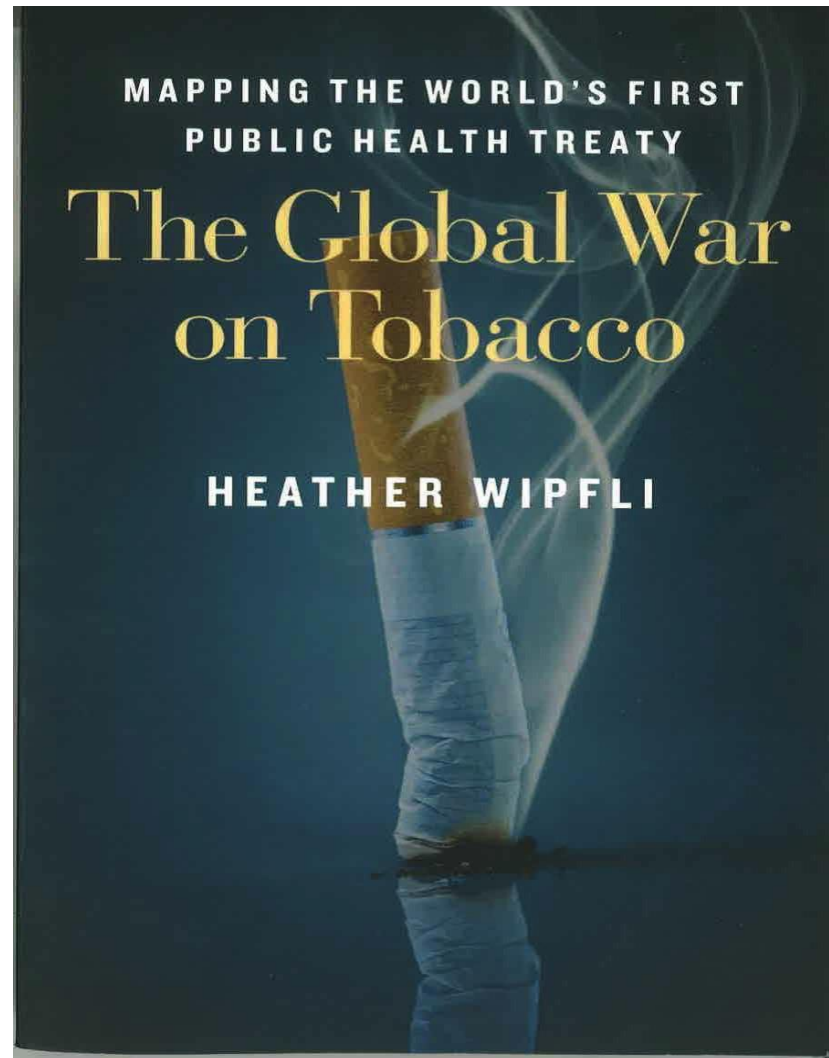
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**Association of Pacific Rim Universities Annual Conference,
Osaka, Japan**

1 November 2015

The Global War on Tobacco



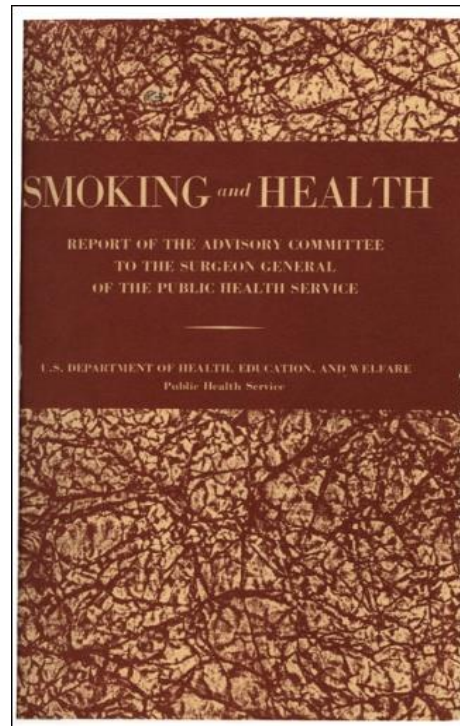
FCTC: A Global Health Innovation

- First international treaty led by health community
- First time the World Health Organization (WHO) implemented its right to negotiate international law
- First time member states of the WHO have worked together for a collective response to chronic disease

Why Tobacco?

What have we learned?

Health effects matter....



1964 US Surgeon General's Report

“Smoking causes lung cancer in adult men.”

U.S. adult per-capita cigarette consumption, 1900-2012 and SGRs 1964-2014



Tobacco Free Japan



China Report 2012

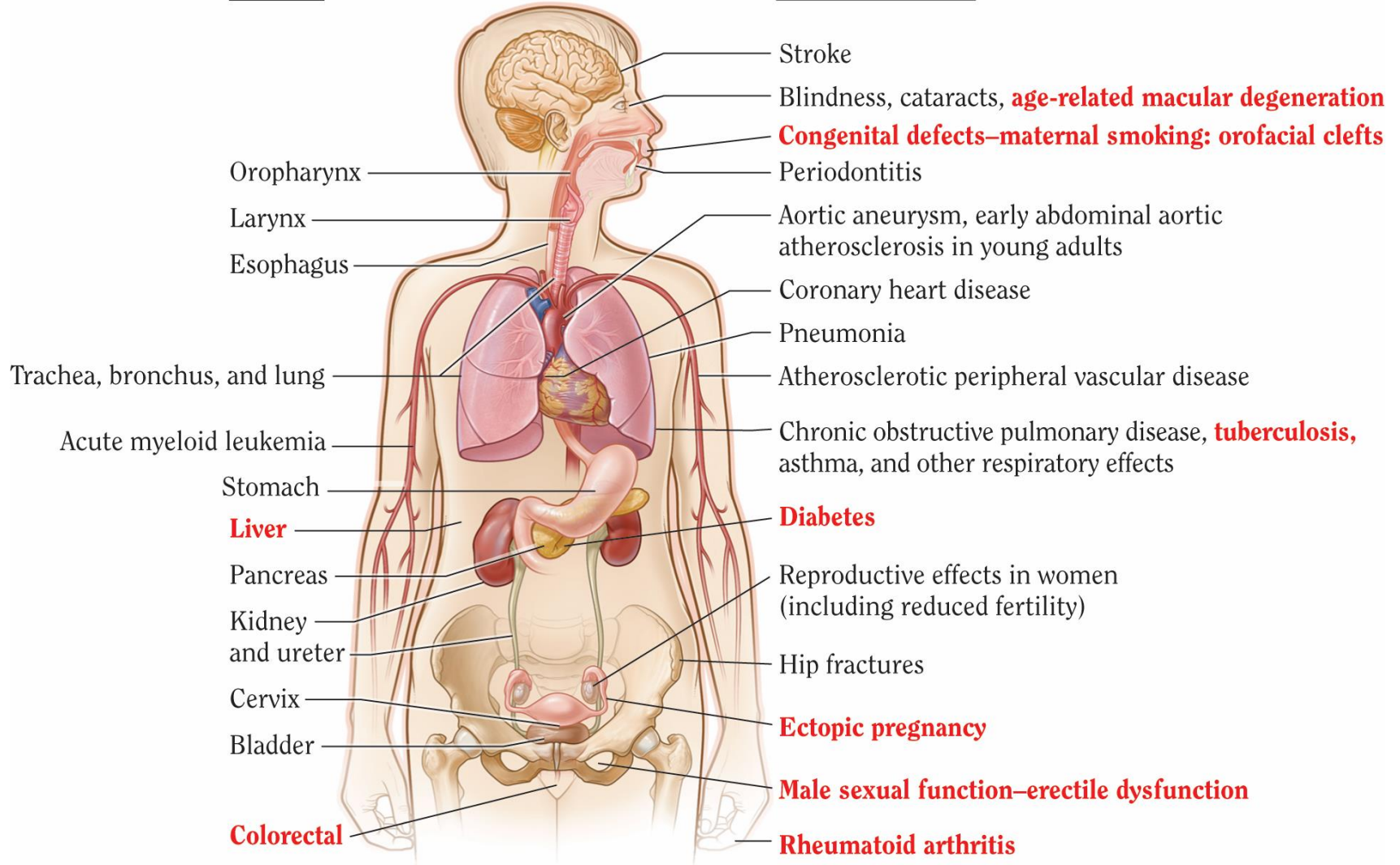


- Important first report from the MOH
- Report leaves no doubt on the dangers of smoking in China
- Basis for action to prevent smoking and treat nicotine addiction

Active Smoking

Cancers

Chronic Diseases



Cancer Outcomes

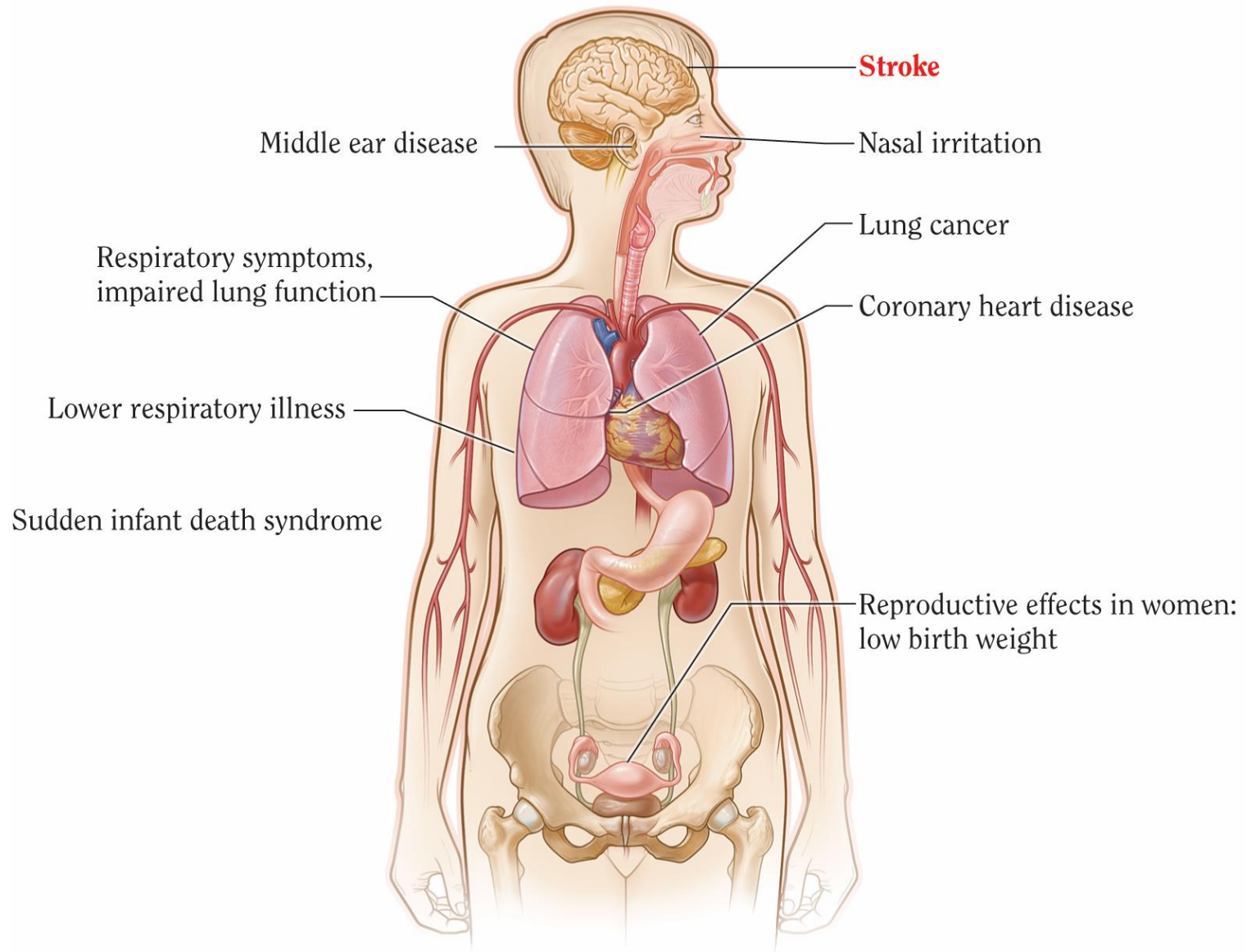
Immune function

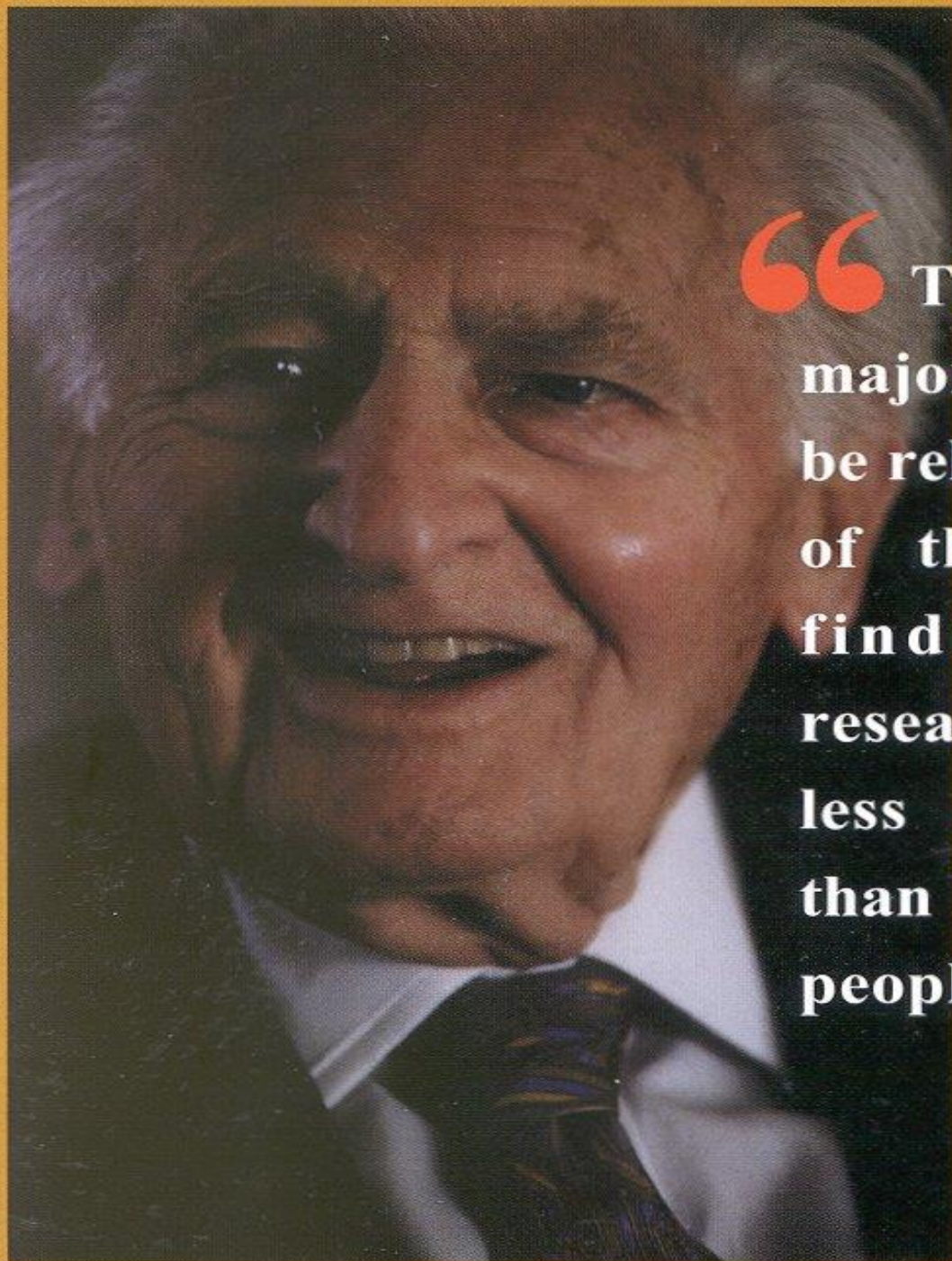
Overall diminished health

Passive Smoking

Children

Adults





“ That so many diseases - major and minor - should be related to smoking is one of the most astonishing findings of medical research in this century; less astonishing perhaps than the fact that so many people have ignored it. ”

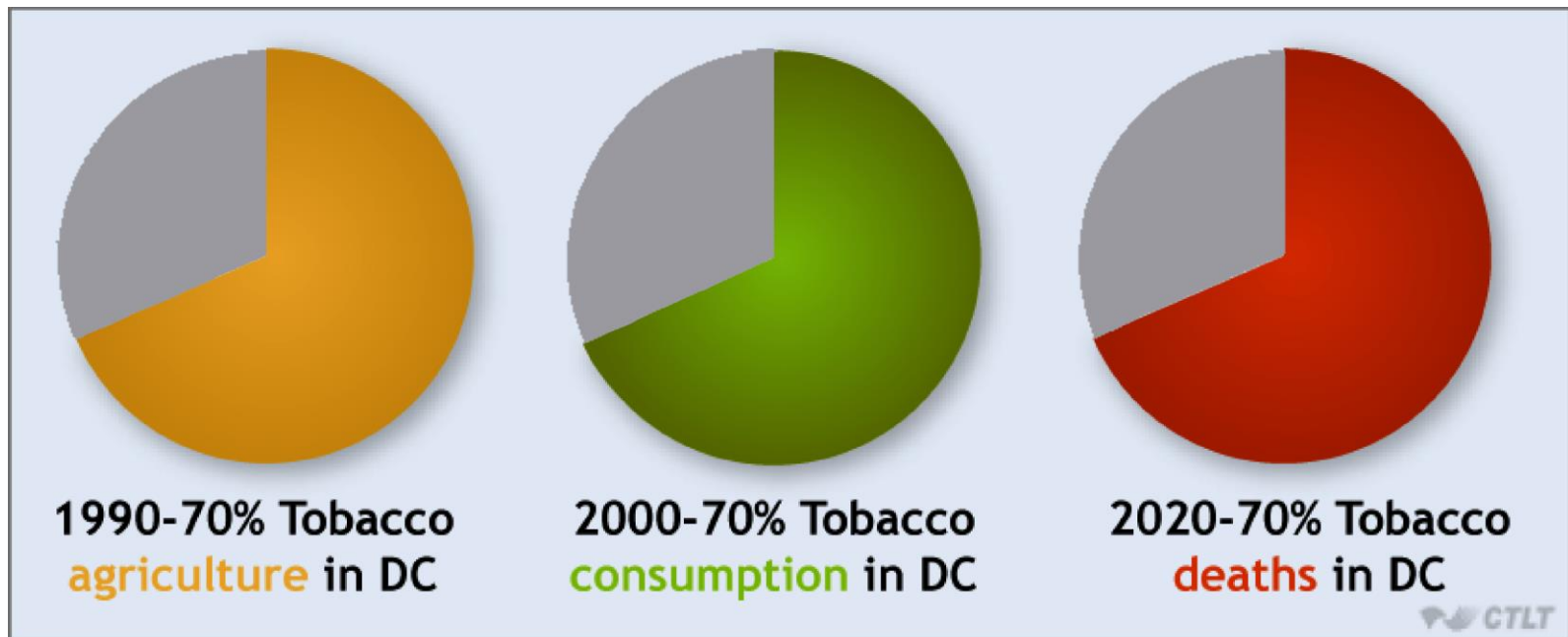
**Health effects matter.... But its
not enough**

The Burden Matters....

- Over 4 million deaths a year in 1998 (now over 5 million)
- Single most important cause of preventable deaths in the world
- 10 million a year by 2030
- Projected to be the leading cause of death by 2020s—one in eight deaths

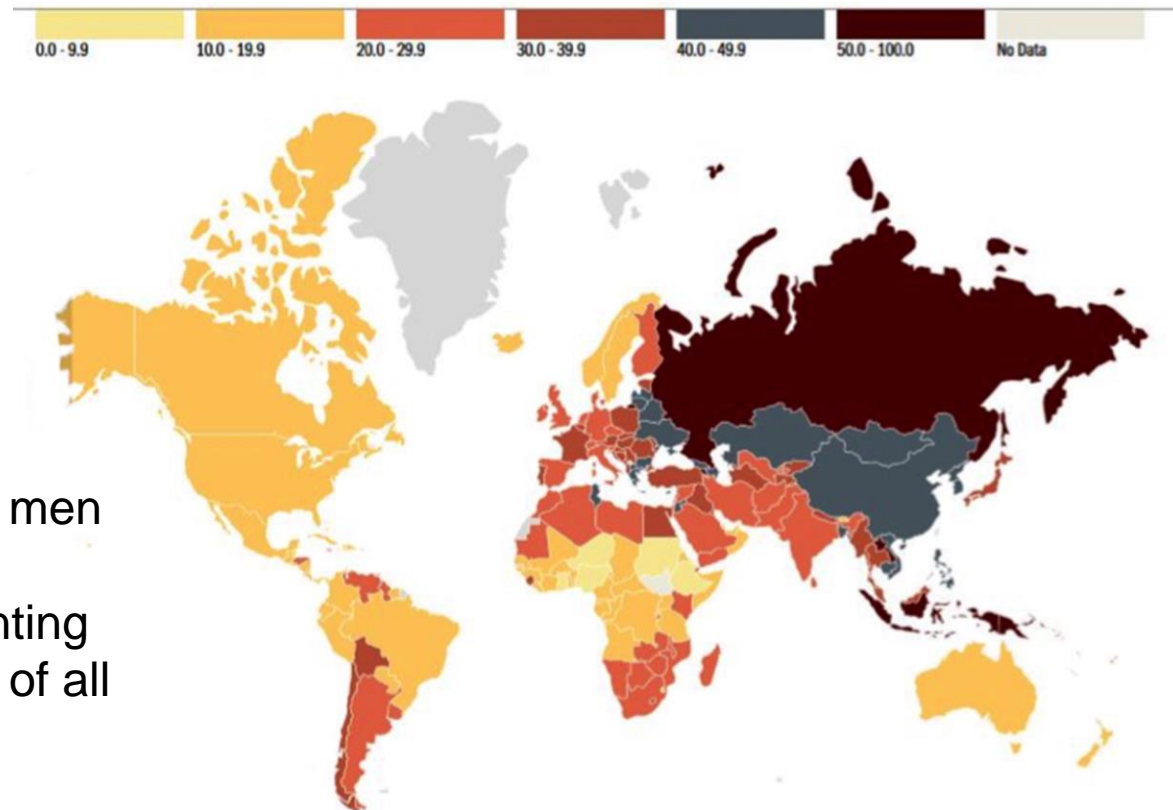
A Developing Country Issue

- 70% of tobacco deaths in the 2020s will be in developing countries (DC)



Male Smoking Prevalence

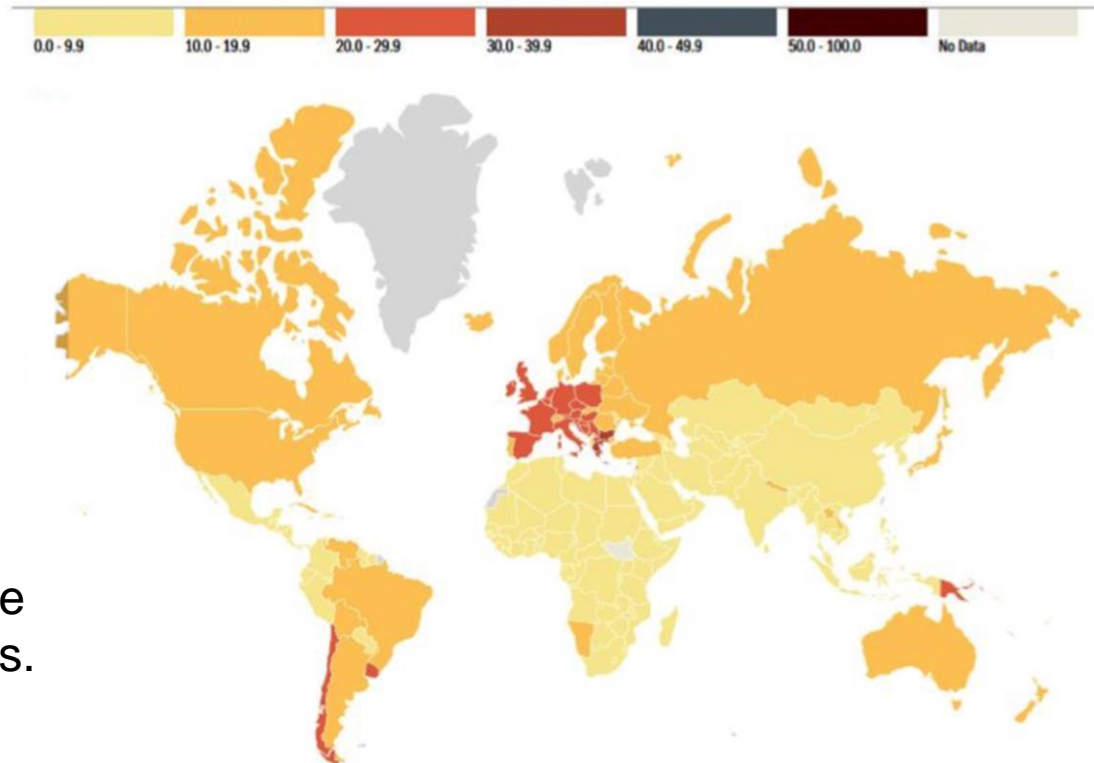
Percentage of adult males who smoke daily, age ≥ 15 , 2013



820 million adult men worldwide are smokers, accounting for nearly a third of all men 15 years or older.

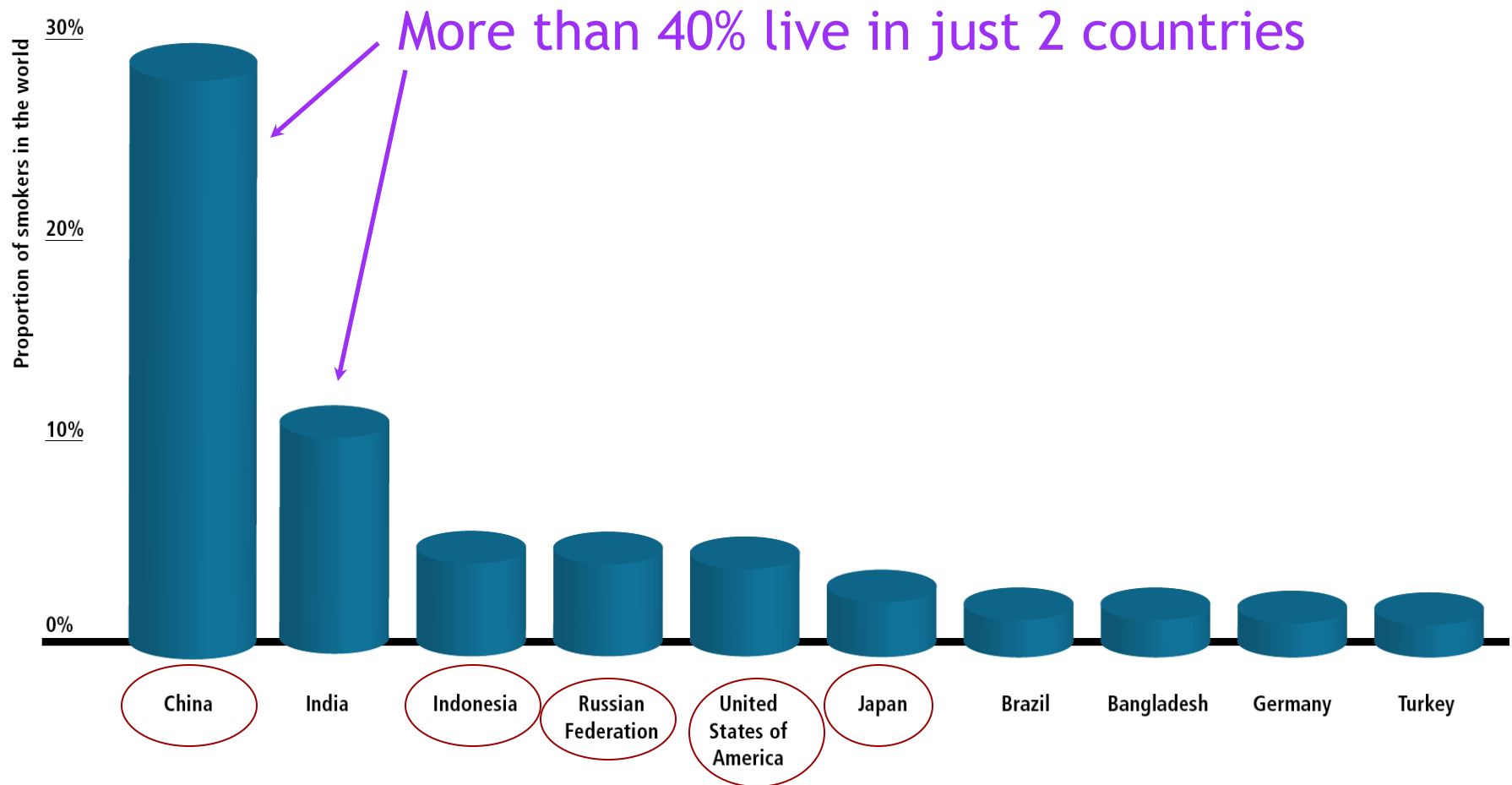
Female Smoking Prevalence

Percentage of adult females who smoke daily, age ≥ 15 , 2013

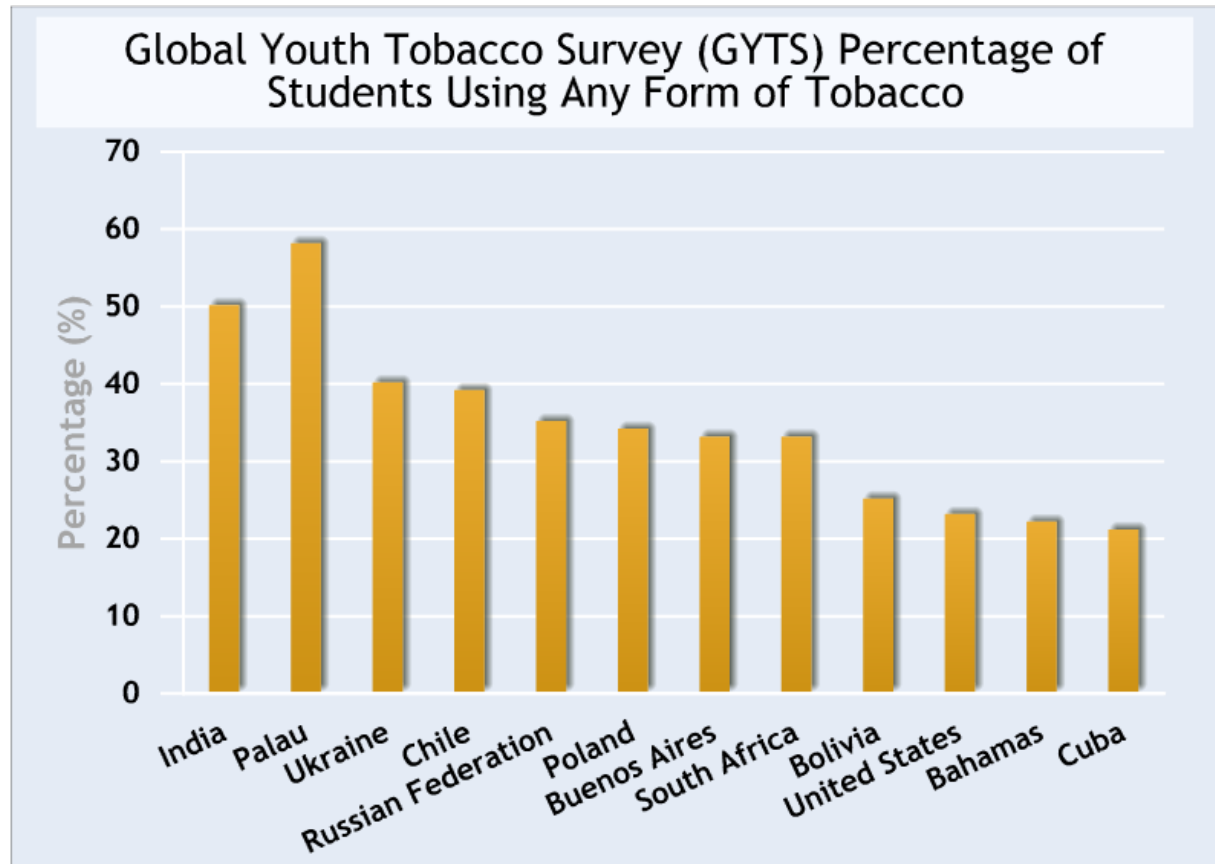


176 million
adult women
worldwide are
daily smokers.

Nearly 2/3 of World's Smokers Live in 10 Countries



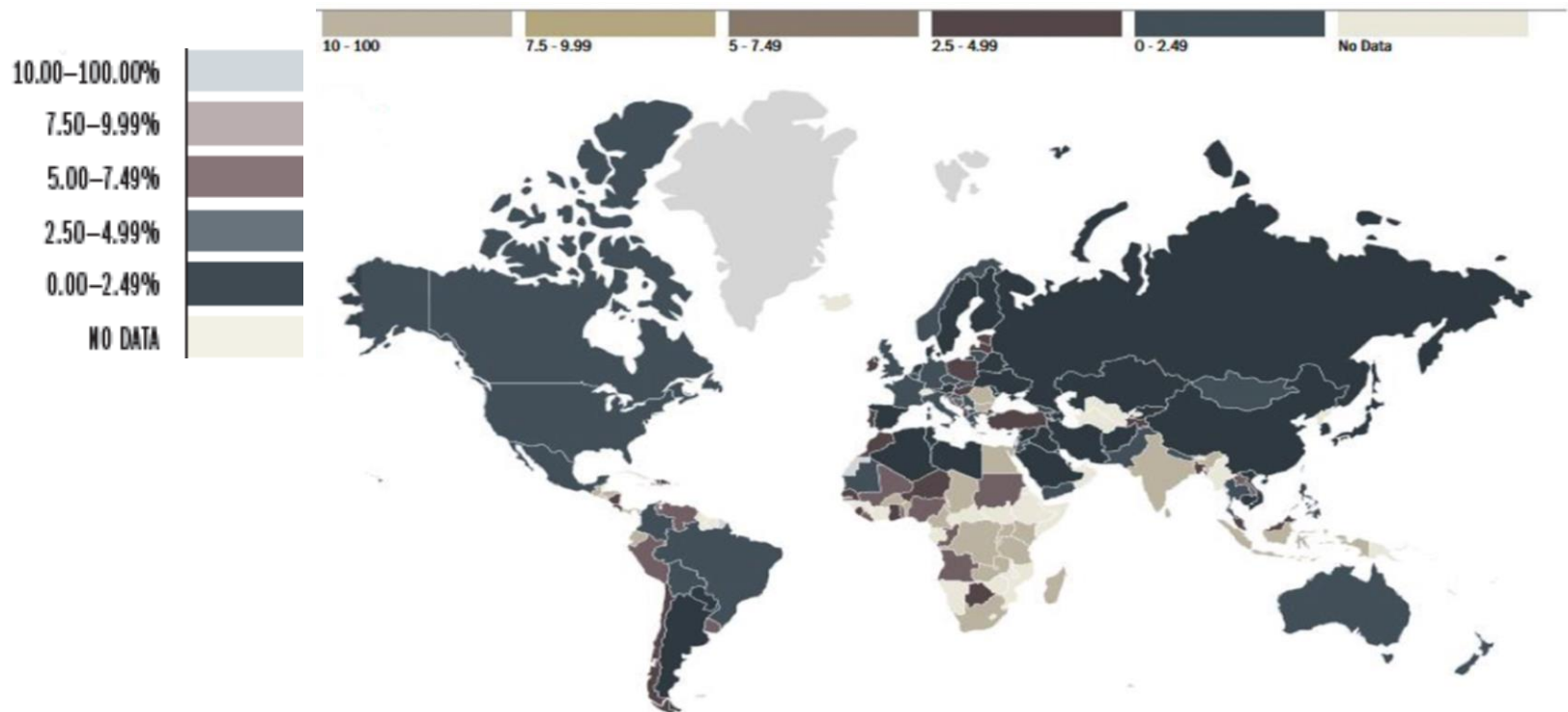
Youth Tobacco Use



Source: adapted by CTLT from GYTS Collaborative Group. (2002).

The Hazard of Poverty

Percentage of median household income needed to buy 10 of the cheapest brand of cigarettes per day, 2012



A Development Issue



In 2004, for the cost of
a pack of 20 Marlboro cigarettes
or equivalent international brand,
a person could buy:



...two and a half
small fish
in Sri Lanka...



...ten litres
of milk
in Algeria...



...five to eight
kilogrammes of apples
in Armenia...



...seven kilogrammes
of tomatoes
in Jordan...



...nine kilogrammes
of potatoes in Armenia
and Uruguay...



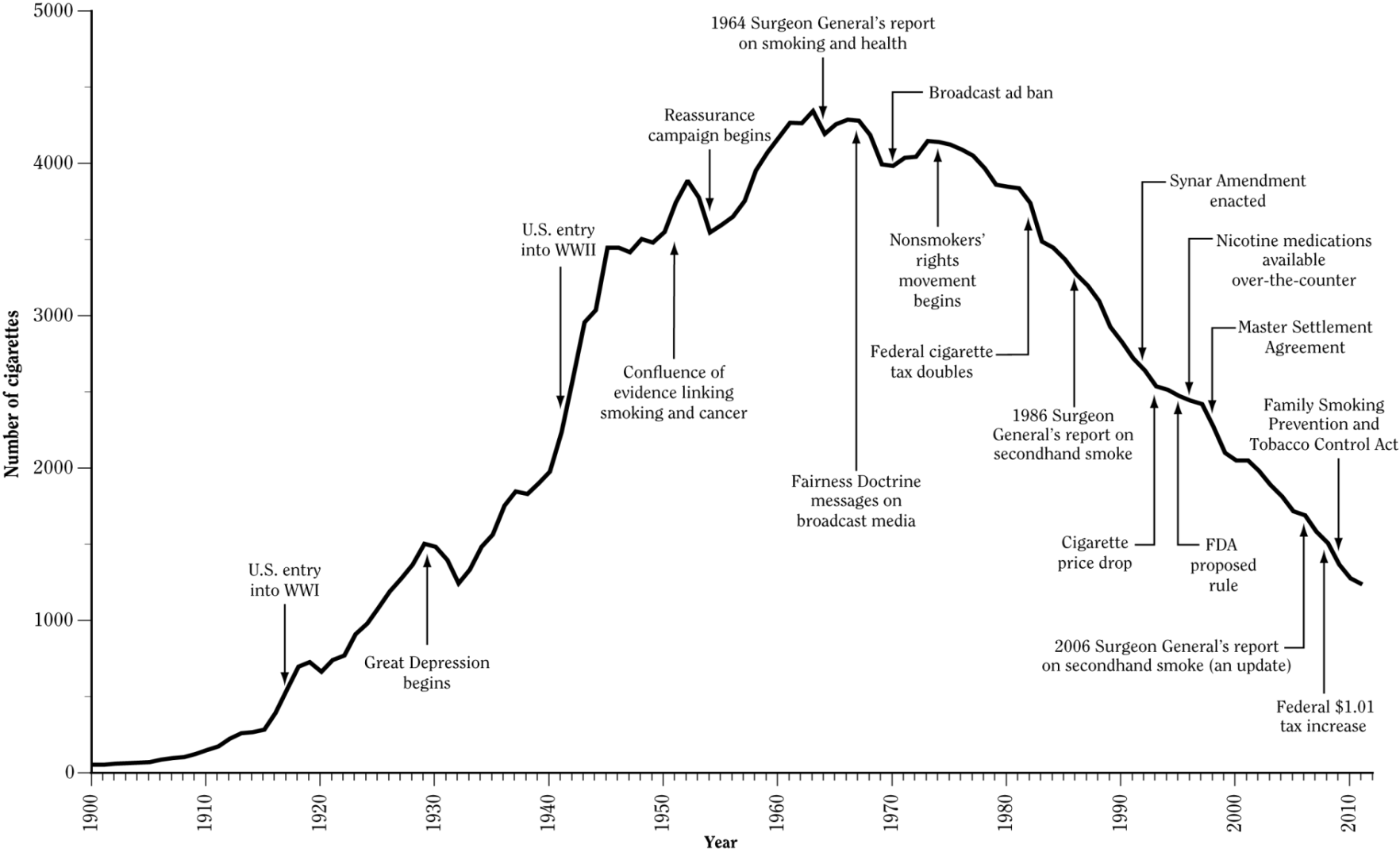
...four pairs of cotton
socks in Lao People's
Democratic Republic.

Source: The Tobacco Atlas. (2006). Permission granted.

**The health and economic
burden matters....
But its not enough**

**Evidence-based solutions
matter....**

Adult per-capita cigarette consumption and major smoking and health events, US, 1900-2012



FCTC Final Treaty Text

- Introduction
- Objectives, guiding principles, and general obligations
- Measures related to the reduction of demand for tobacco
- Measures related to the reduction of supply for tobacco
- Protection of the environment
- Questions related to liability
- Scientific and technical cooperation and communication of information

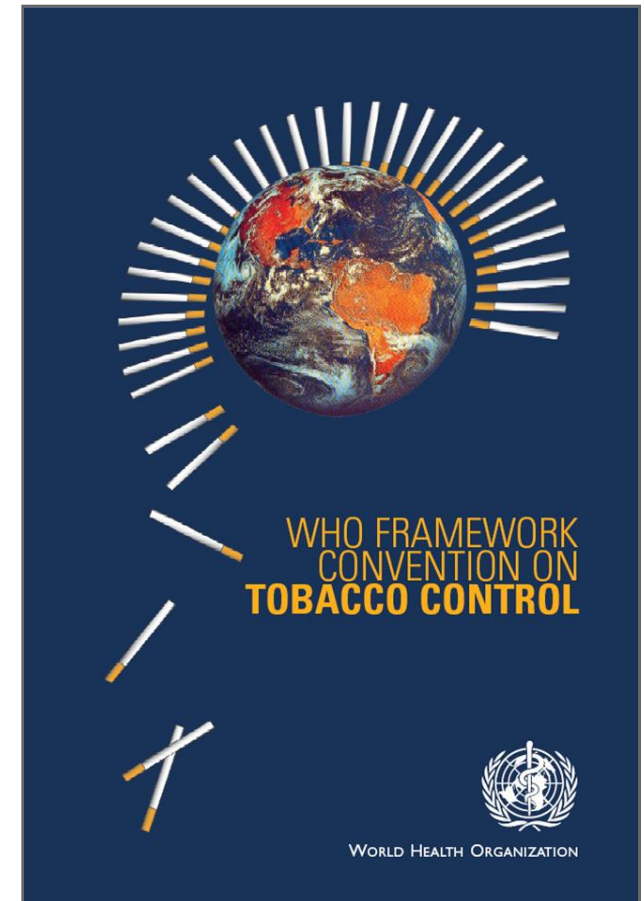
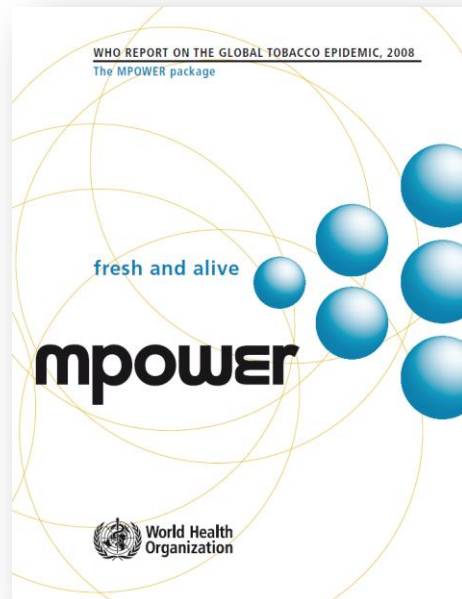


Image source: World Health Organization. (2003).

MPOWER: Six Proven Policies to Reverse the Tobacco Epidemic

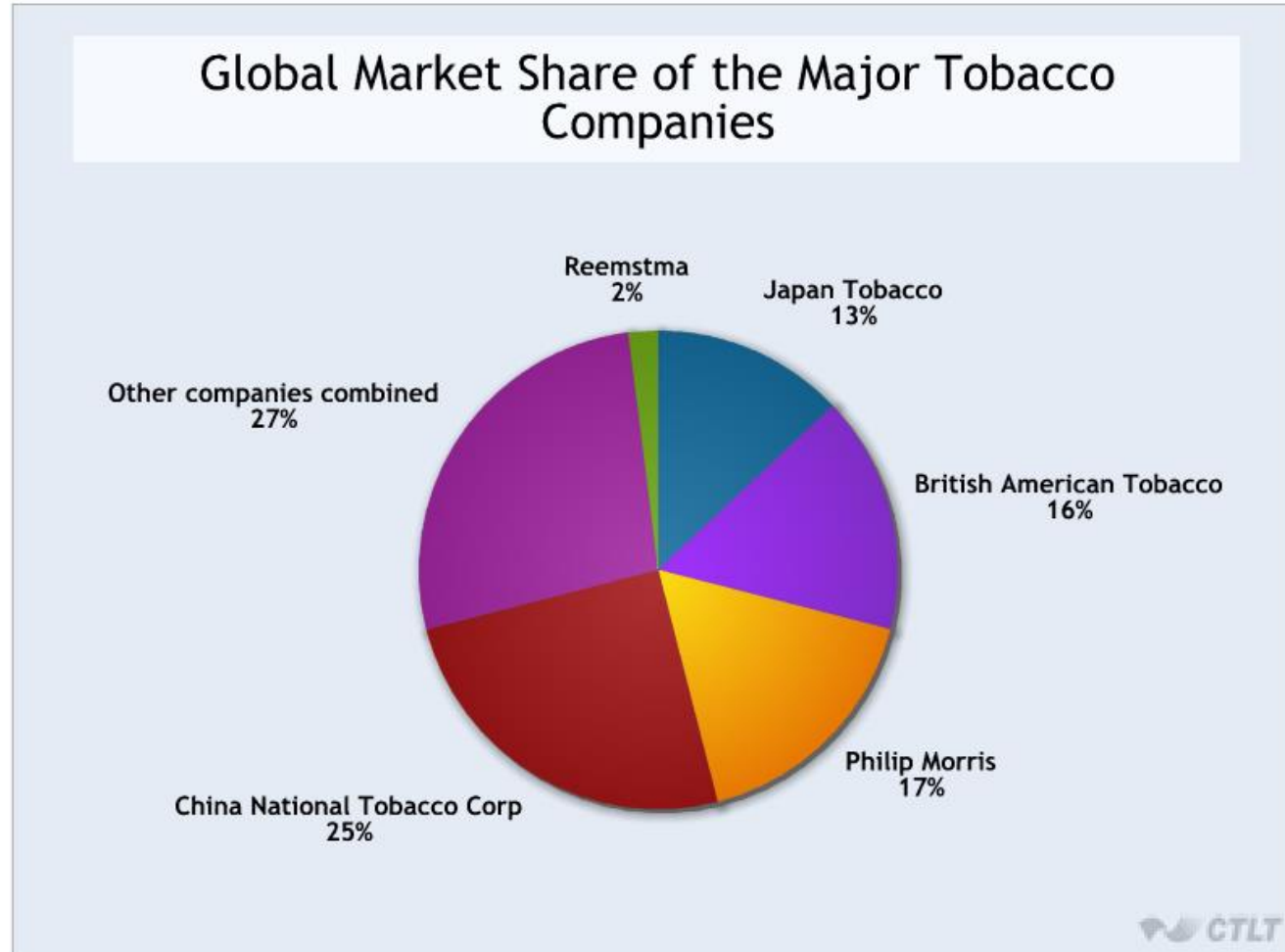


- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, promotion and sponsorship
- **R**aise taxes on tobacco

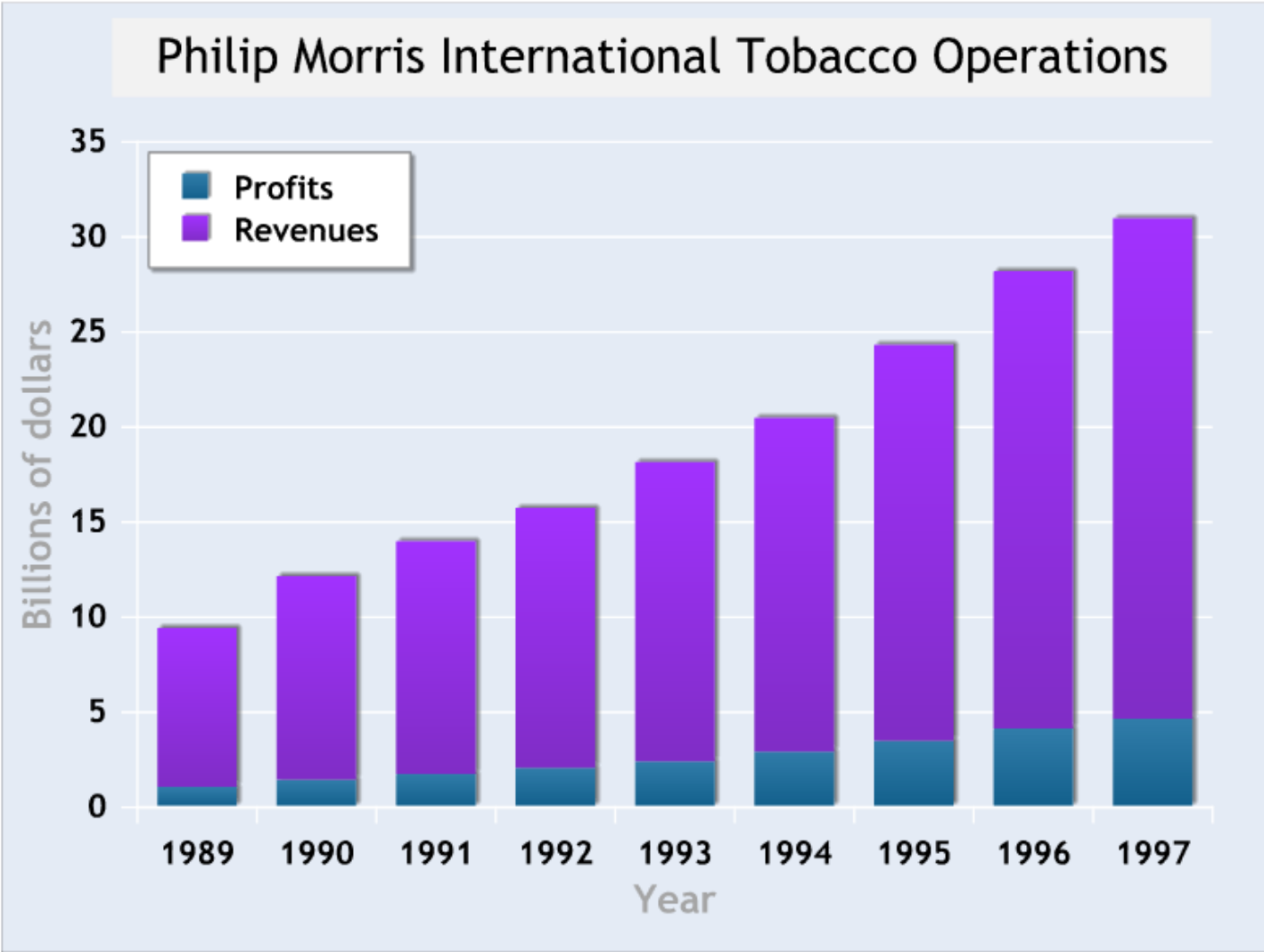
**Evidence-based solutions
matter....**

But they are not enough

Knowing the industry matters....

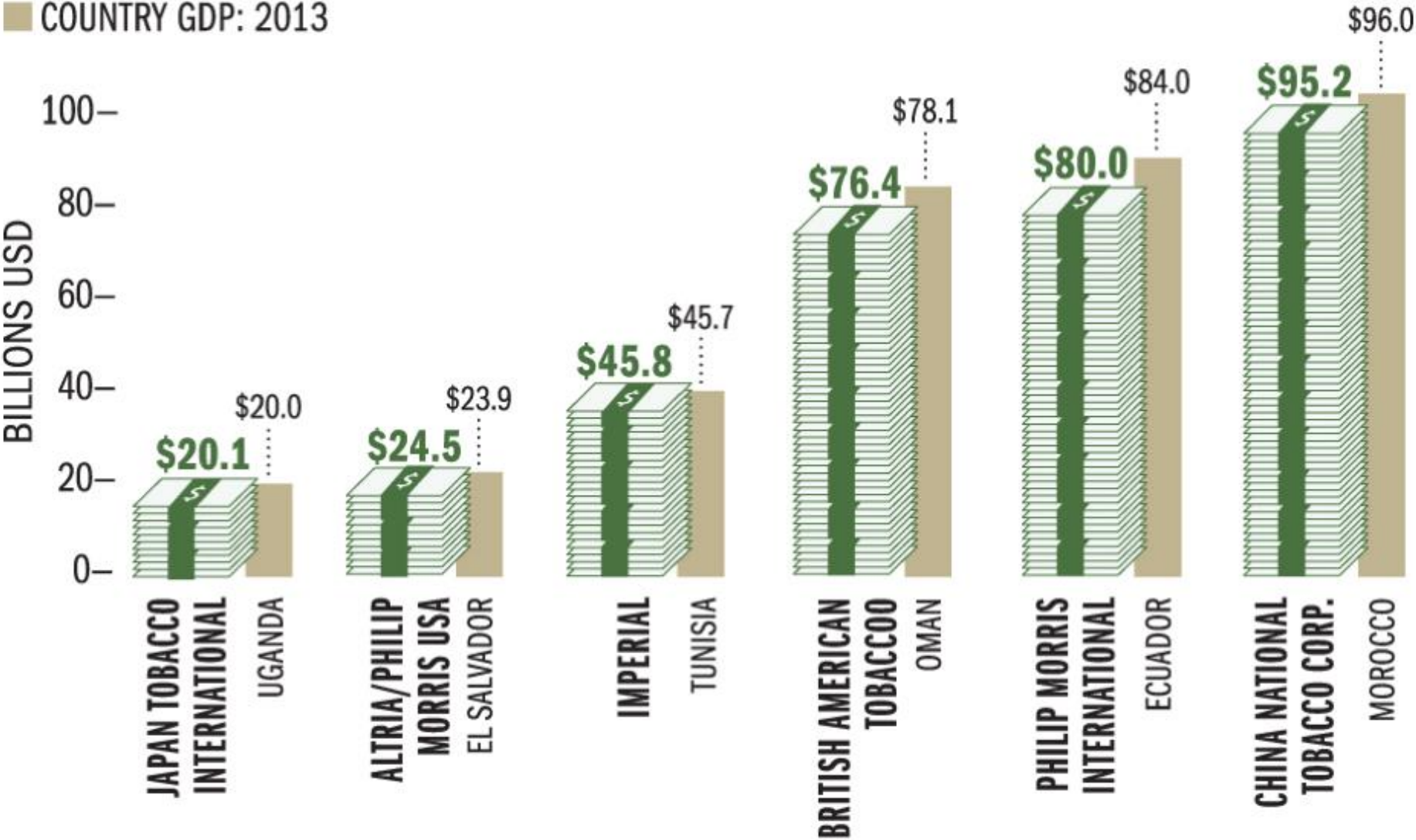


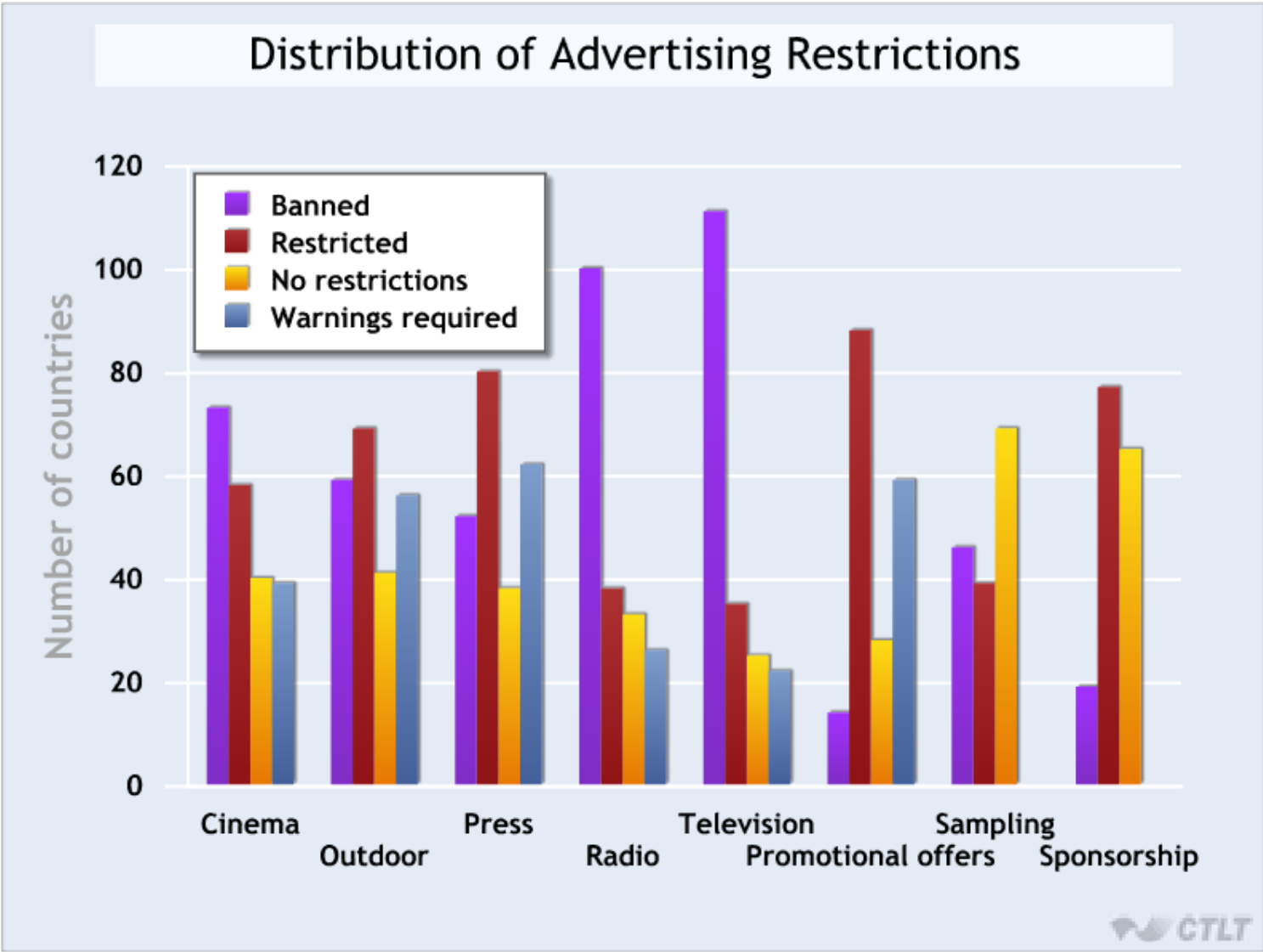
Source: adapted by CTLT from Pope, T. (2000).



Source: Hammond, R. (1998).

■ TOBACCO COMPANY GROSS REVENUE: 2012 (2011 DATA FOR CNTC)
■ COUNTRY GDP: 2013





Source: Credit Suisse/First Boston. (2001).

Formula 1



The Power of Truth

- Inquiry into Tobacco Company Strategies to Undermine Tobacco Control Activities at the WHO, July 2000

“WHO...the leading enemy”

“attack WHO...discredit key individuals”

“contain, neutralize, reorient WHO”

FCTC Public Hearings

- 514 submissions from parties with material interests in the FCTC process
- Testimonies from 144 organizations including 90 public health organizations and all four major transnational tobacco companies
- First global forum for industry to admit the addictive and deadly effects of active smoking (first time industry split on FCTC became apparent)



David Davies, PMI

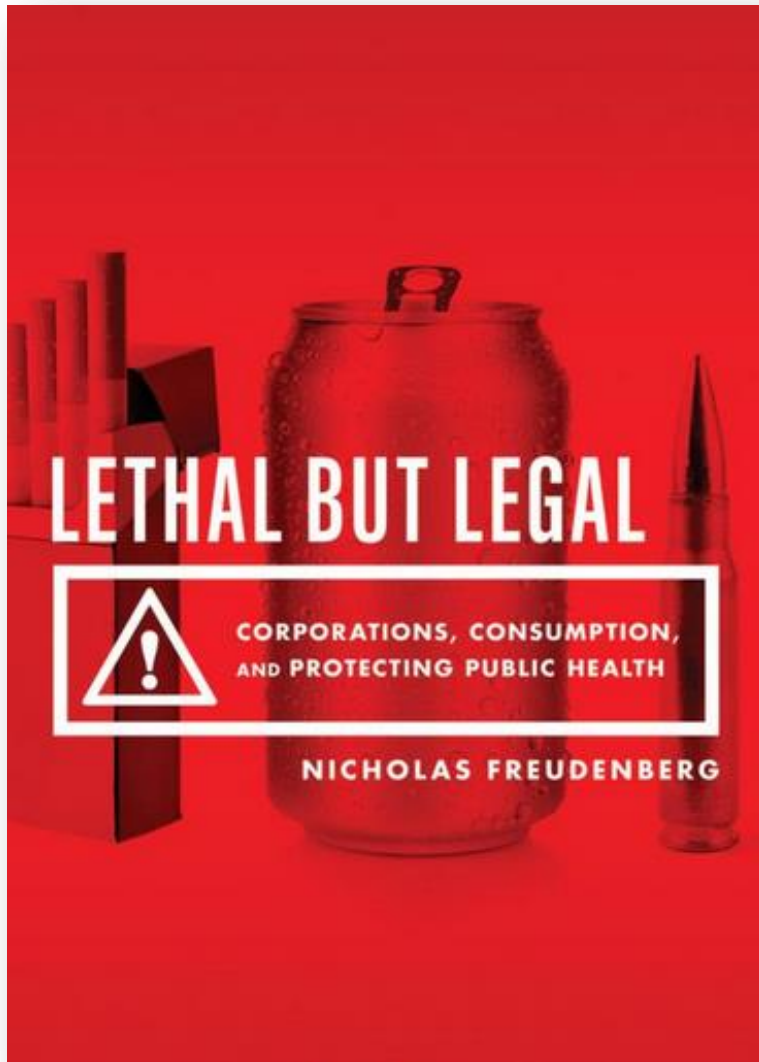


Andrew Hayes, UICC

Image source: World Health Organization. (2000).

FCTC Article 5.3

An overarching obligation requiring that in setting and implementing their public health policies with respect to tobacco control, governments act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.



“

- Corporations make profits and not health.
- *Decisions made by the food, tobacco, alcohol, pharmaceutical, gun, and automobile industries have a greater impact on today's health than the decisions of scientists and policymakers.”*

Philip Morris International, Inc. share prices, New York Stock Exchange



**Knowing the enemy matters....
But its not enough**

Leadership, Advocacy and Networking Matters...





The Framework Convention Alliance



ALLIANCE BULLETIN

Framework Convention on Tobacco Control
Geneva, Switzerland
Issue 42
25 February 2003

The RAT in RATification

A rodent clawed its way into Article 36 (Entry into Force) over the weekend. The alternative clause requires ratification by "60 states which (sic) accounted in total for at least 55% of tobacco consumption worldwide". This means that the great chimneys of the world (China, USA, Japan, Russia, Indonesia) could kill the whole treaty by not ratifying it. Global cigarette consumption is 5500+ billion sticks. China consumes 1,643 while the USA smokes 451 billion.

The FCA recommends entry into force when 30 countries ratify the convention.

Poison the RAT, not the treaty!

TREATY OR SHOPPING LIST?

In recent times, a small number of countries have actively campaigned for the adoption of voluntary measures as opposed to legally-binding commitments at every level of the United Nations system. This disturbing trend (curiously absent from some leaders' minds as regards Security Council Resolution 1441) was particularly apparent at the Johannesburg Summit of 2002, where the US actively promoted public-private partnership initiatives as a substitute to government regulation, legislation and commitments in the area of sustainable development. NGOs are concerned that some of the language proposed in the PCTC, referring to *effective legislative, executive, administrative or other measures* could seriously undermine the implementation of several key provisions. Other measures can indeed be effective under certain, well-defined circumstances.

- Remi Parmentier

Today's Weather: Partly Cloudy
High 8°C Low 2°C

INB-6 Tuesday

Inside this issue:

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DEATH CLOCK

Since the opening of the first working group for the Framework Convention on Tobacco Control on 25 October 1999, **13,428,504** people have died from tobacco-related diseases. (as of 25 February 2003)

Orchid Award



India, for insisting on progressive language on trade, giving the priority to public health, not commerce.

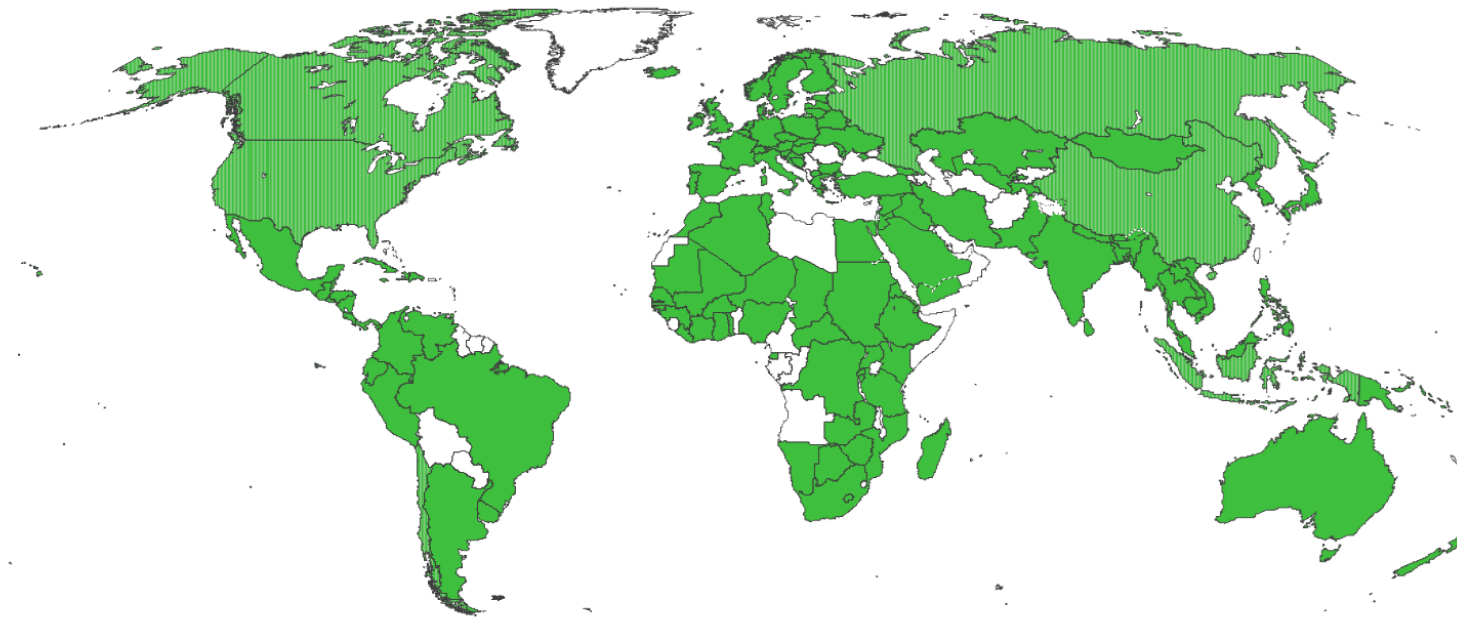
Dirty Ashtray Award

The Japanese government, for forgetting that *it* is the controlling shareholder in Japan Tobacco, not the other way around.



Image source: Framework Convention Alliance. (2003).

Global Participation



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2000. All rights reserved

Regional Coalitions



Image source: Huber, L. (2006).



Global Tobacco Control Diffusion: The Case of the Framework Convention on Tobacco Control

Heather L. Wipfli, PhD, Kayo Fujimoto, PhD, and Thomas W. Valente, PhD

Although the risks of tobacco smoking have been known for decades, the pandemic of tobacco use continues. There are now an estimated 1.3 billion smokers worldwide, along with millions more who use various oral tobacco products.¹ Tobacco is the leading cause of preventable death worldwide, resulting in about 6 million deaths per year.² Despite great progress in tobacco control, primarily in North America and Western Europe, the number of tobacco-attributable deaths is projected to grow substantially during this century, especially in low- and middle-income countries.

In 1999, in recognition of the shift and growth in tobacco consumption and the potential for an enormous future burden of death and disease, the World Health Organization (WHO) member states initiated formal negotiations on an international treaty aimed at reducing this global threat. The Intergovernmental Negotiating Body (INB), which was charged with negotiating the text of the treaty, held 6 formal negotiating sessions in Geneva

Objectives. We analyzed demographic and social network variables associated with the timing of ratification of the Framework Convention on Tobacco Control (FCTC).

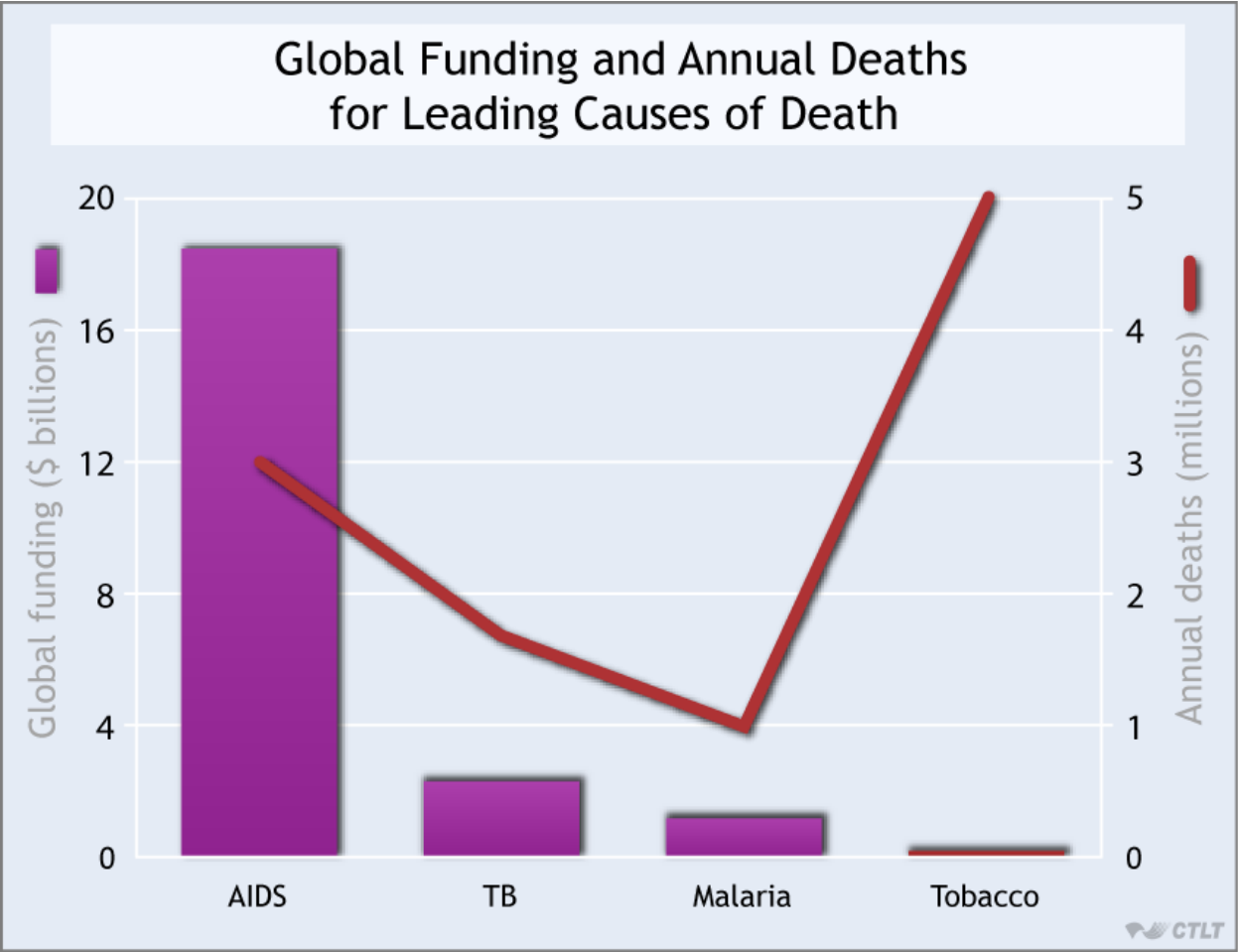
Methods. We compiled a 2-mode data set that recorded country participation in FCTC negotiations, as well as the number of individuals per country per year who joined an online tobacco control network. We used logistic regression analysis of these 2 data sets along with geographic location to determine whether exposure to prior FCTC adoptions was associated with a country's likelihood of adoption.

Results. In the logistic regression analysis, higher income and more non-governmental organizations (NGOs) involved in the Framework Convention Alliance (a network dedicated to the FCTC) were associated with being among the earliest adopters (for income, adjusted odds ratio [AOR]=2.41; 95% confidence interval [CI]=1.55; for NGOs, AOR=1.66; 95% CI=1.26, 2.17) or among early adopters (for income, AOR=1.42; 95% CI=1.09, 1.84; for NGOs, AOR=1.23; 95% CI=1.03, 1.45). Network exposure and event history analysis showed that in addition to income, the likelihood of adoption increased with increasing affiliation exposure to FCTC adopters through GLOBALink (an online network facilitating communication between tobacco control advocates).

Conclusions. Public health programs should include a plan for creating opportunities for network interaction; otherwise, adoption and diffusion will be delayed and the investments in public health policy greatly diminished. (*Am J Public Health*. 2010;100:1260–1266. doi:10.2105/AJPH.2009.167833)

**Advocacy and networking
matters...
but its not enough**

Money Matters....



Billionaires Back Antismoking Effort



Nicole Bengiveno/The New York Times

Bill Gates and Mayor Michael R. Bloomberg announced their half-billion-dollar pledge in Midtown on Wednesday.

Development Financing

UN backs tobacco tax to finance sustainable development

The Addis Ababa action plan recommends raising taxes on tobacco to finance sustainable development. In the Philippines, a 340% tobacco tax hike helped fund a universal health insurance programme. [EurActiv France reports](#).

Why the United Nations should press for higher taxes on tobacco

By Michael R. Bloomberg and Margaret Chan October 1

Michael R. Bloomberg was mayor of New York from 2002 to 2013. Margaret Chan is director-general of the World Health Organization.

**Money matters...
but its not enough**

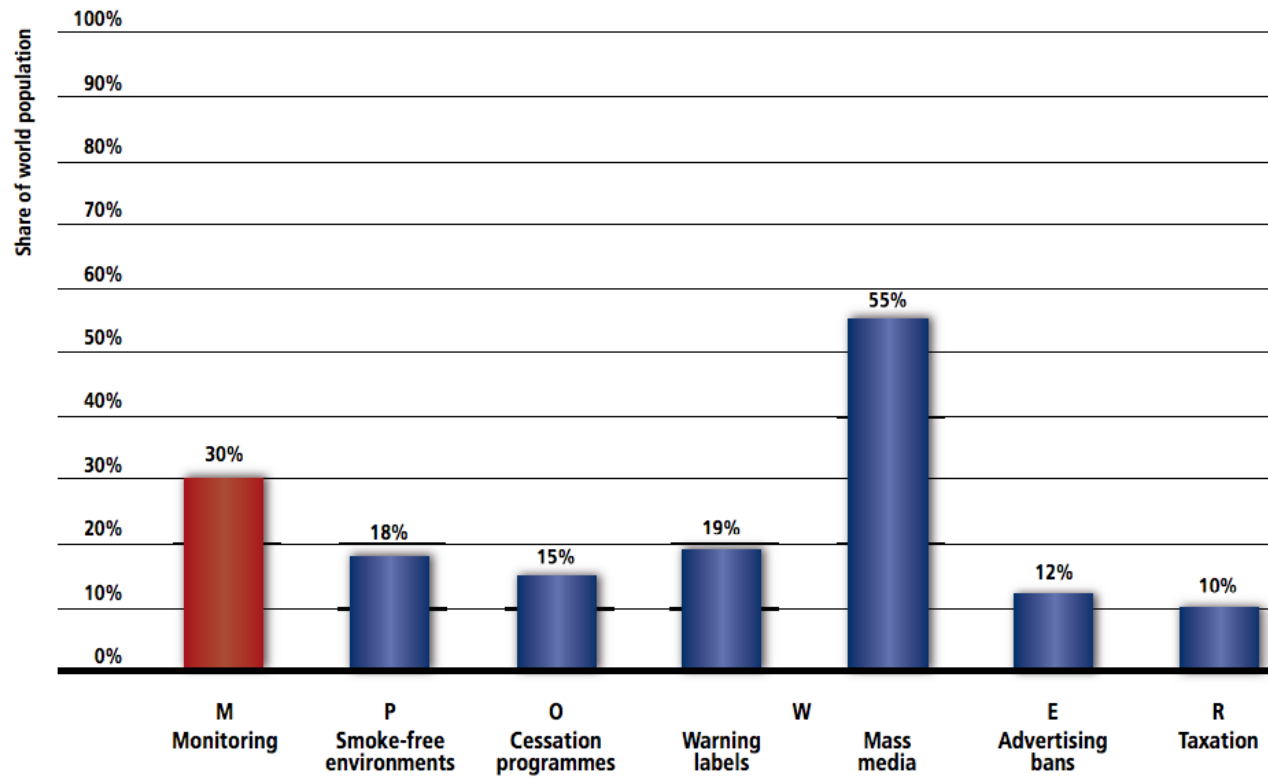
But Together...

- Health evidence
- Policy relevant surveillance and monitoring
- Effective evidence-based interventions
- Identification, surveillance and isolation of industry opposition
- Global leadership, networking and advocacy
- Financing

Can save millions of lives

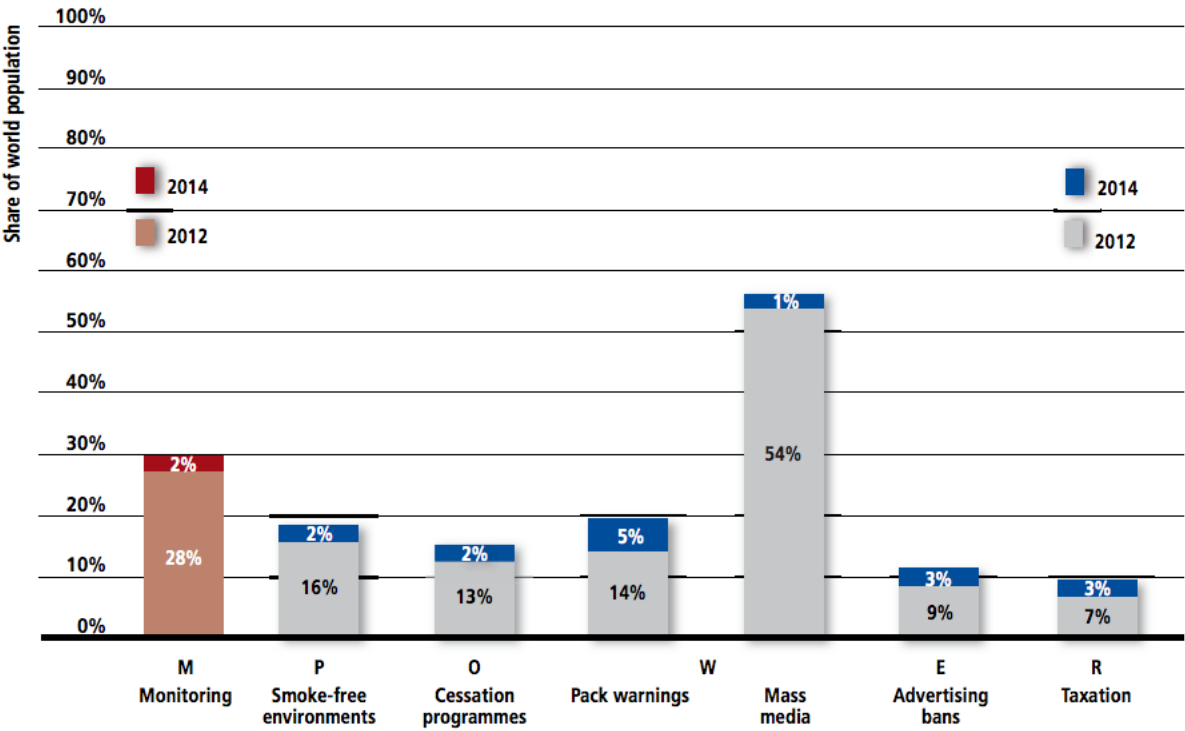
- Policy changes between 2007-2010 estimated to result in **7.5 million** fewer smoking-related deaths by 2050.
- Nearly **1.3 billion** were newly protected by at least 1 FCTC measure between 2008-2013
- **900 million** additional people were protected by smokefree bans between 2007-2012

Share Of The World Population Covered By Selected Tobacco Control Policies, 2014



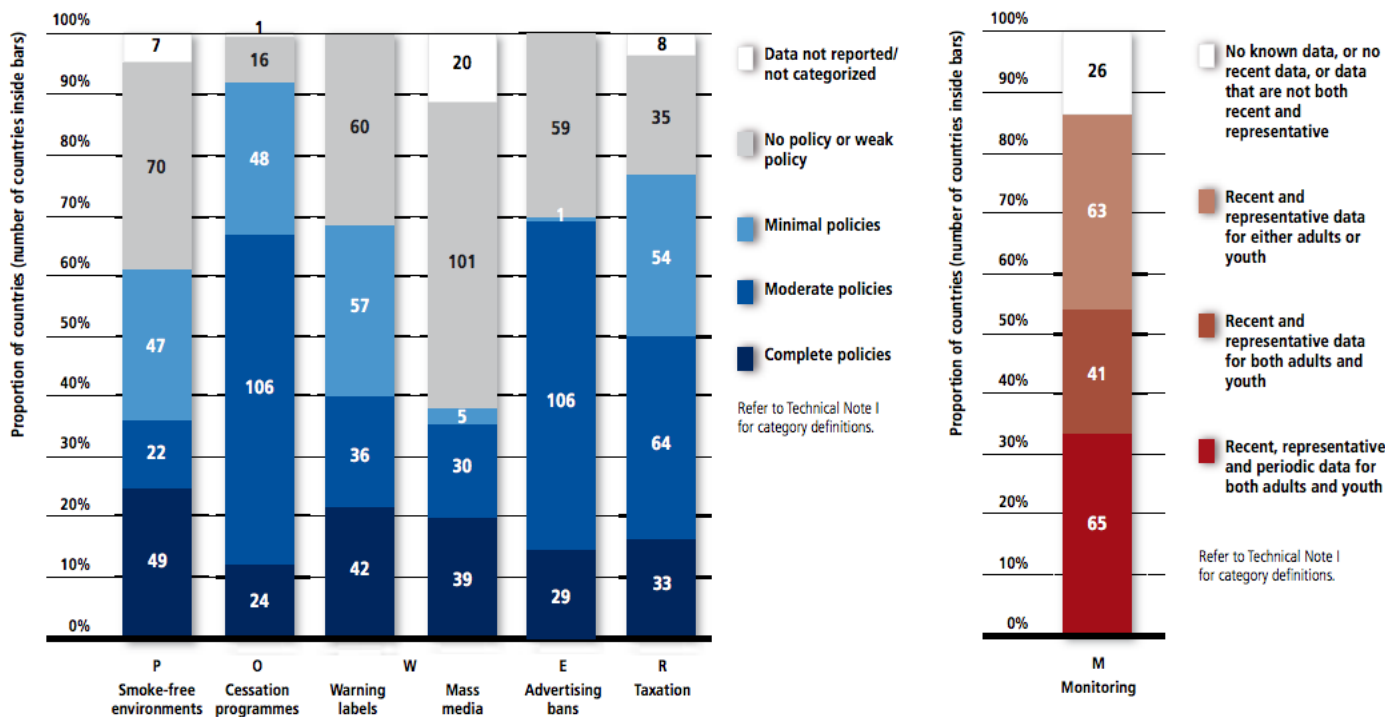
Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level; for the definitions of these highest categories, refer to Technical Note I.

Increase In The Share Of The World Population Covered By Selected Tobacco Control Policies, 2012-2014



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.

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.

Current Challenges

- Industry's attacks on novel strategies through trade treaties and intellectual property agreements.
- Use of social media
- Product diversification
- Electronic cigarettes

Pushing for the “End Game”

- What is the “End Game”?
 - The end of use of combustible products?
 - The end of nicotine addiction?
- How will we get there?
 - “Smokefree generations”
 - “Sinking lid”
 - “Smoking licenses”

TOBACCO CONTROL



tobaccocontrol.bmj.com

BMJ

Endgame proposals

- ☐ **Minimising the harm from nicotine use: finding the right regulatory framework**

Ron Borland

Tob Control 2013;22:i6-i9 doi:10.1136/tobaccocontrol-2012-050843

[\[Abstract\]](#) [\[Full text\]](#) [\[PDF\]](#) [\[Request permissions\]](#)  **OPEN ACCESS**

- ☐ **Supply-side options for an endgame for the tobacco industry**

Cynthia D Callard, Neil E Collishaw

Tob Control 2013;22:i10-i13 doi:10.1136/tobaccocontrol-2012-050863

[\[Abstract\]](#) [\[Full text\]](#) [\[PDF\]](#) [\[Request permissions\]](#)  **OPEN ACCESS**

- ☐ **Reducing the nicotine content to make cigarettes less addictive**

Neal L Benowitz, Jack E Henningfield

Tob Control 2013;22:i14-i17 doi:10.1136/tobaccocontrol-2012-050860

[\[Abstract\]](#) [\[Full text\]](#) [\[PDF\]](#) [\[Request permissions\]](#)  **OPEN ACCESS**

- ☐ **Potential advantages and disadvantages of an endgame strategy: a 'sinking lid' on tobacco supply**

Nick Wilson, George W Thomson, Richard Edwards, Tony Blakely

Tob Control 2013;22:i18-i21 doi:10.1136/tobaccocontrol-2012-050791

[\[Abstract\]](#) [\[Full text\]](#) [\[PDF\]](#) [\[Request permissions\]](#)  **OPEN ACCESS**

- ☐ **The tobacco-free generation proposal**

A J Berrick

Tob Control 2013;22:i22-i26 doi:10.1136/tobaccocontrol-2012-050865

[\[Abstract\]](#) [\[Full text\]](#) [\[PDF\]](#) [\[Request permissions\]](#)  **OPEN ACCESS**



Conference Declaration Towards a tobacco-free world

We, the participants of this conference:

Recognize the enormous adverse impact of the tobacco epidemic, globally and particularly in low-and middle income countries and the need to hasten tobacco control efforts across the world.

Observe that despite effective, evidence-based tobacco control policies, reduction in smoking prevalence in developed countries has started to slow down and use of smoked and smokeless tobacco continues to increase in many low-and middle income countries.

Identify the tobacco epidemic as a global threat to equitable social and economic development and recognize the need to integrate tobacco control into the global discourse on the post-2015 sustainable development goals.

Emphasize that multi-sectoral integration, inter-agency coordination and wide ranging partnerships remain central to fighting the tobacco epidemic and countering the tobacco industry interference.

Express concern about the debilitating nature of tobacco farming, production and manufacturing, associated human rights violations and call for policies to support transition from tobacco to other livelihoods.

Our Vision: To make the 21st Century the last period in history where any harm is caused to humans by tobacco.

Our view of The 'Endgame' A composite of strategies to reduce or contain the prevalence of tobacco use to less than 5%, which is a tipping point of de-normalisation, at which countries are enabled to further completely eliminate all forms of tobacco consumption.