Evidence-Based Strategies: Using MPOWER to Guide Action

A SUMMARY OF THE WHO FCTC FROM CDC’S GLOBAL TOBACCO CONTROL BRANCH
Outline

• The Framework Convention on Tobacco Control
• MPOWER: Evidence-Based Strategies to Guide Action for Enhanced Tobacco Control
• Demand Reduction
• Supply Reduction
• Scientific & Technical Cooperation and Communication
• Time-Bound Provisions
• Relevance
WHO FCTC

The World Health Organization Framework Convention on Tobacco Control
WHO FCTC

- The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) is the first treaty negotiated under the auspices of WHO.

- Evidence-based treaty that reaffirms the right of all people to the highest standard of health.

- As of November 2018:
  - 181 Parties to the FCTC
  - Covering more than 90% of the world’s population.
Evidence-Based Strategies

Using the MPOWER framework to guide action
MPOWER Framework

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

http://www.who.int/tobacco/mpower/en/
Demand Reduction

Evidence-based strategies to reduce demand for tobacco products
Demand Reduction

- **Article 6:** Price and tax measures to reduce the demand for tobacco
- **Article 8:** Protection from exposure to tobacco smoke
- **Article 9:** Regulation of the contents of tobacco products
- **Article 10:** Regulation of tobacco product disclosures
- **Article 11:** Packaging and labelling of tobacco products
- **Article 12:** Education, communication, training and public awareness
- **Article 13:** Tobacco advertising, promotion and sponsorship
- **Article 14:** Demand reduction measures concerning cessation

http://www.who.int/tobacco/mpower/en/
Demand Reduction: Article 6

**Article 6:** Price and tax measures to reduce the demand for tobacco.

- Countries should increase tobacco taxes to reduce tobacco use and raise funds for tobacco control activities.
- Countries should raise tobacco prices by 10%, which is predicted to reduce consumption by up to 8%.

Demand Reduction: Article 8

**Article 8:** Protection from exposure to tobacco smoke

- Countries should ensure that indoor workplaces and all other public places are 100% smoke-free without exception.

http://www.who.int/tobacco/mpower/en/
Demand Reduction: Article 9

Article 9: Regulation of the contents of tobacco products

Guidelines for testing and measuring the contents and emissions of tobacco products and for the regulation of these contents and emissions should be adopted and implemented.

http://www.who.int/tobacco/mpower/en/
Demand Reduction: Article 10

**Article 10:** Regulation of tobacco product disclosures

- Measures requiring manufacturers and importers of tobacco products to disclose to governmental authorities information about the contents and emissions of tobacco products should be adopted and implemented.

http://www.who.int/tobacco/mpower/en/
Demand Reduction: Article 11

**Article 11:** Packaging and labelling of tobacco products

- Countries should require that pictorial health warnings cover at least 50% of display areas of all tobacco product packages.

http://www.who.int/tobacco/mpower/en/
Demand Reduction: Article 12

**Article 12:** Education, communication, training and public awareness

- Public awareness on addictive characteristics of tobacco
- Public awareness and access to information about the adverse health, economic, and environmental consequences of tobacco production and consumption
- Public access to information on the tobacco industry
- Training of health professionals

http://www.who.int/tobacco/mpower/en/
Demand Reduction: Article 13

**Article 13:** Tobacco advertising, promotion and sponsorship

- Countries should enact a comprehensive ban on all:
  - Tobacco advertising
  - Promotion
  - Sponsorship
    - At both domestic and international levels

http://www.who.int/tobacco/mpower/en/
Demand Reduction: Article 14

Article 14: Demand reduction measures concerning cessation

- Countries should strengthen existing health-care services to promote tobacco cessation and tobacco dependence treatment
- Cessation services should be incorporated into primary care and routine health services
- Easily accessible and free telephone help lines should be put in place
- Access to free or low-cost cessation medications should be ensured

http://www.who.int/tobacco/mpower/en/
Supply Reduction

Evidence-based strategies to reduce the supply of tobacco products
Supply Reduction

- **Article 15**: Illicit trade in tobacco products
- **Article 16**: Sales to and by minors
- **Article 17**: Provision of support for economically viable alternative activities

http://www.who.int/tobacco/mpower/en/
Supply Reduction: Article 15

Article 15: Illicit trade in tobacco products

- Countries should eliminate all forms of illicit trade in tobacco products, including:
  - Smuggling
  - Illicit manufacturing
  - Counterfeiting

- Countries should develop related national, sub-regional, regional and global agreements

http://www.who.int/tobacco/mpower/en/
Supply Reduction: Article 16

Article 16: Sales to and by minors

- Countries should ban sales of tobacco products to minors and by minors
- Countries should ban the sale of individual or small packets of cigarettes
- Countries should ban tobacco vending machines

http://www.who.int/tobacco/mpower/en/
Supply Reduction: Article 17

**Article 17:** Provision of support for economically viable alternative activities

- Countries should promote economically viable alternatives for:
  - Tobacco workers
  - Tobacco growers
  - Individual tobacco sellers

Scientific & technical cooperation and communication

Evidence-based strategies to improve knowledge of the harms and impact of tobacco
Scientific & technical cooperation and communication

- **Article 20**: Research, surveillance and exchange of information
- **Article 21**: Reporting and exchange of information
- **Article 22**: Cooperation in the scientific, technical and legal fields and provision of related expertise

http://www.who.int/tobacco/mpower/en/
Scientific & technical cooperation and communication: Article 20

**Article 20**: Research, surveillance and exchange of information

- Surveillance and monitoring of tobacco use and tobacco control measures are critical to effectively addressing the tobacco epidemic and assessing the effects of tobacco control.

http://www.who.int/tobacco/mpower/en/
Scientific & technical cooperation and communication: Article 21

Article 21: Reporting and exchange of information

- Periodic reports on the implementation of the FCTC should be submitted to the Conference of the Parties through the Convention Secretariat, including:
  - Information of legislative, executive, administrative or other measures taken
  - Information on constraints or barriers encountered, including measures taken to overcome barriers
  - Information on financial & technical assistance provided or received
  - Information on surveillance and research

http://www.who.int/tobacco/mpower/en/
Article 22: Cooperation in the scientific, technical and legal fields and provision of related expertise

- The transfer of technical, scientific and legal expertise and technology to establish and strengthen national tobacco control strategies, plans and programs should be promoted and facilitated
Time-Bound Provisions

Articles of the WHO FCTC with specific timelines for implementation
Time-bound provisions

- **Protection from exposure to tobacco smoke (Article 8):** Each Party should provide comprehensive protection within 5 years of the WHO FCTC’s entry into force for that Party.

- **Packaging and labelling (Article 11):** Each Party should adopt and implement effective packaging and labelling measures within 3 years.

- **Tobacco advertising, promotion and sponsorship (Article 13):** Each Party should undertake appropriate measures to ban tobacco advertising, promotion and sponsorship within 5 years.

Relevance

Consider your country context and select your strategies for your brief
**Healthier Lives & Cleaner Air in Starland**

**Extinguishing the Tobacco Epidemic with Smoke-Free Policies**

“A smoke-free policy would mean no more cigarette butts on the floor, and no more people smoking in walkways. It’s an environment where we can all breathe easier — literally. And it would feel good just knowing that everyone is making an effort to have a healthier country.”

**Tobacco Kills**

**Primary Exposure:**
- Tobacco consumption is the leading preventable cause of death and disabilities around the world.
- Smoking harms nearly every organ of the body, causes many diseases, and increases risk for death from all causes in men and women.
- Approximately 7 million people die from tobacco each year.

**Secondary Exposure:**
- There is no safe level of secondhand smoke exposure.
- Secondhand smoke can cause:
  - Heart disease
  - Lung cancer
  - Respiratory disease
  - Adverse effects on the health of infants and children

- Secondhand smoke kills around 890,000 people worldwide each year.
- Approximately 25,000 people in Starland die from secondhand smoke exposure each year.

**Protections against Secondhand Smoke in Starland**

- The WHO’s Framework Convention on Tobacco Control (FCTC) was ratified in 2010, but is not yet fully compliant with article 8 of the framework, which requires parties to adopt effective smoke-free laws to protect citizens from exposure to tobacco smoke.
- Currently, there is not a comprehensive smoke-free law that protects people from secondhand smoke. The Tobacco Control Act of 2013 banned smoking tobacco in indoor public places and some workplaces such as government facilities, healthcare and educational institutions. However, it is allowed through designated smoking areas in bars, nightclubs and workplaces.
- In 2016, the Starland National Health Survey found that 86% of adults would support a law that prohibits smoking in all public places.

- The Global Youth Tobacco Survey (GYTS) was conducted twice; in 2011 and 2016. Among youth aged 13 to 15, 44.1% were exposed to tobacco smoke in public places in 2011 and 39.2% were exposed in 2016.

- The Global Adult Tobacco Survey (GATS) was conducted in 2015. Among adults aged 15 or older, 38.2% were exposed to tobacco smoke in restaurants, 81.9% in bars and 22.8% on public transport. Overall, 17.9% of adults were exposed to tobacco smoke at the workplace.
Smoke-free air for healthier people

- Evidence-based tobacco prevention and control activities, such as smoke-free policies, have shown to reduce the number of people that smoke and protect the public from the negative health consequences of breathing secondhand smoke.
- 100% smoke-free policies are the ONLY effective way to protect non-smokers from secondhand smoke.
- Smoke-free air laws decrease exposure to secondhand smoke, and increase the chances and ability for smokers to quit.
- Studies have shown that workplace smoking bans and restrictions can reduce the amount of daily smoking among workers and increase the number of employees who stop smoking.
- Studies have also shown that challenging the perception of smoking as a normal adult behavior through smoke-free policies can change the attitudes and behaviors of adolescents. This can result in reducing the number of adolescents who start smoking.

Beware of the Tobacco Industry Myths

MYTH

The tobacco industry often asserts that smoke-free laws are unpopular and that most people will not want them.

The tobacco industry argues that legislation is not needed and that a voluntary policy will work instead.

The tobacco industry asserts that ventilation and designated smoking rooms for smokers provide adequate protection from secondhand smoke.

The tobacco industry frequently highlights the employment and income implications of smoke-free policies for public places like restaurants and bars, claiming that smoke-free laws have adverse economic impact.

REALITY

Smoke-free laws are extremely popular among the public, and they become even more popular after they are enacted.

Voluntary smoke-free policies have been shown to be ineffective and do not provide adequate protection. In order to be effective, legislation should be simple, clear and enforceable.

Ventilation systems and designated smoking rooms do not provide effective protection to the public and workers from the deadly effects of secondhand smoke.

The evidence suggests that smoke-free laws have no impact or positive impact on sales and employment in restaurants and bars, and therefore rejects the tobacco industry claim that smoke-free policies have an adverse economic impact.
CROSS-COUNTRY RESEARCH FINDINGS

- **Argentina**: In Buenos Aires, a smoke-free law led to a 7-10% increase in sales at bars and restaurants.
- **Kenya**: 95% of adults supported government efforts to prohibit smoking in all enclosed public places and workplaces.
- **Scotland**: One year after their 2006 smoke-free law was enacted, a biomarker for secondhand smoke exposure decreased by 89% among non-smoking bar workers.
- **Mexico**: After the Mexico City's 2008 smoke-free law, there was no negative impact on revenue, wages and employment in restaurants, nightclubs, bars or taverns, and revenue increased for restaurants overall.
- **Uruguay**: 8 out of 10 supported the smoke-free law, including nearly two-thirds of the country's smokers.
- **Other**: After the implementation of their national smoke-free law, the air nicotine concentration decreased by 91% among public places tested. (Schools, hospitals, government buildings, airports, restaurants, and bars)

KEYS TO EFFECTIVE AND EFFICIENT SMOKE-FREE LAWS

1. **Include Smoke-free Laws as Part of a Comprehensive Strategy to Reduce Tobacco Use**
   - A comprehensive strategy for tobacco control is helpful in reducing tobacco use and secondhand smoke.
   - Strategies can include:
     - Reduce tobacco marketing by making tobacco products less accessible, affordable and desirable.
     - Include a comprehensive cessation program for people that want to quit.

2. **Ensure Communication and Awareness**
   - Inform, consult and involve the public to ensure support and smooth implementation.
   - Raise awareness among the public and policy leaders.
   - Focus on harms of secondhand smoke exposure through public campaigns and education.

3. **Implement and Enforce**
   - Clearly define legal requirements for both patrons, business owners and individuals.
   - An education campaign leading up to implementation is helpful.
   - Post clear signs.

4. **Monitor and Evaluate**
   - Document successes.
   - Identify efforts by tobacco industry to undermine efforts.

SMOKE-FREE LEGISLATION TO REDUCE EXPOSURE TO SECONDHAND SMOKE

Comprehensive smoke-free air laws prohibit smoking in all enclosed public places, including workplaces, restaurants and bars, and private clubs. Comprehensive smoke-free air laws do not allow smoking in attached areas or separately ventilated rooms and do not have size exemptions or include an employee number exemption greater than one.

If Stanland implements 100% smoke-free air laws, thousands of lives can be saved from death and disease.
The findings and conclusions in this report and those of the authors do not necessarily represent the official position of the Centers for Disease Control and Prevention.