

SEA-Tobacco-5
Distribution: General

A Guide to Comprehensive Tobacco Control



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1. TOBACCO CONTROL

1.1 Why control tobacco?

Tobacco use is the leading preventable cause of death in the world. Tobacco-related diseases affect both the users and those exposed to tobacco smoke. Currently, around 5 million die each year due to tobacco-related diseases. It is estimated that the number killed by tobacco will increase to 10 million a year by 2020, with 70% of the deaths occurring in developing countries. Significantly, half of these deaths occur in the middle age, during the most productive years of an individual.

Deaths due to tobacco occur due to chronic illnesses, e.g. heart disease, lung disorders and cancers. Consequently, the morbidity or impairment of health caused by tobacco is more widespread. The loss of income and the psychological effects due to chronic illness are other factors that affect families of tobacco users. It is therefore one of the major causes of loss of quality of life around the world.

In addition to its purely human toll, effects of tobacco have significant economic repercussions. Tobacco has been shown to intensify the effects of poverty due to loss of income, spending on tobacco, and costs of illness. In many developing countries, smoking rates are highest among the poorest who suffer the consequences of tobacco use more than the rich.

On the environmental front, tobacco smoke pollutes the environment, tobacco growing and curing contributes significantly to deforestation. In addition, the heavy use of pesticides associated with tobacco farming pollute groundwater. The World Bank, following extensive studies on the subject, has declared that tobacco use is a net loss to an economy when all factors are taken into account. There are only a couple of African countries that are exceptions to this rule.

Currently, there are an estimated 1.3 billion smokers in the world, which is expected to rise to 1.7 billion if present trends continue. Tobacco is a product with no safe level of use. One out of two tobacco users will die of a tobacco-related disease – which translates into hundreds of millions of deaths

in the coming decades. It is perhaps the only product in this planet that kills half its customers when used as intended by the manufacturer. In addition, it causes chemical dependence, and therefore disempowers the vast majority of its users from making a rational choice on its use.

The World Bank estimates that governments in low income countries need to spend only a few dollars per capita to implement effective tobacco control programmes. This means that the cost of saving a life is minuscule when money is spent on tobacco control, compared to other programmes. Therefore, especially in the South-East Asia Region where resources are severely limited, investing in tobacco control is an extremely cost-effective and affordable mechanism to save lives and improve health.

1.2 What is comprehensive tobacco control and why is it important?

There are several interventions that have been shown to reduce tobacco consumption. But when a range of such effective measures are implemented together, significant reductions in tobacco-related harm is expected. This approach, where a comprehensive range of effective measures implemented together to reduce tobacco-related harm, is called comprehensive tobacco control. Such interventions cut across many disciplines – economics, law, health, education, trade, enforcement, etc.

1.3 What are the essential components of comprehensive tobacco control?

Recently, it has become apparent that many facets of the tobacco trade and issues related to globalization of the epidemic makes it difficult even for the best country-level tobacco control programmes to be effective when developed and implemented in isolation. Issues such as cross-border advertising, trade liberalization, foreign investment, smuggling, counterfeit cigarettes, and marketing policies of multinational companies make it difficult for individual countries to act alone.

Therefore, comprehensive tobacco control encompasses measures at the national as well as international level to counter the epidemic. The recently-concluded negotiations of the WHO Framework Convention on Tobacco Control (WHO FCTC) was a ground-breaking effort initiated by WHO to address this reality.

Country level (national and sub-national) components of comprehensive tobacco control

The essential elements of country-level comprehensive tobacco control efforts are now widely accepted. This acceptance is based on numerous evidence-based scientific research from around the world. The main elements described below have been applied with success in many economic, socio-cultural and political contexts.

Taxation

It has been conclusively shown that increasing the taxes of tobacco products regularly, thereby increasing its prices (and reducing affordability) decreases tobacco use. At the same time, the government revenue from tobacco is increased, due to the low price elasticity of demand for tobacco products. On average, a 10% increase in price will decrease consumption by approximately 8% in developing countries and 4% in developed countries.

Therefore, the net effect will be an increase in revenue and a decrease in consumption. Research has also shown that the decrease in consumption occurs mostly in groups least able to afford spending on tobacco – the poorest socio-economic groups and the youngest age groups. It has also been demonstrated that such reductions in consumption can be maintained as long as the quantum of increase is maintained above the level of inflation.

Theoretically of course, there is a possibility that at some point, an increase in price will decrease consumption to a point where the revenue deteriorates. But econometric studies in many countries, including countries of the SEA Region, show that this point is still far away in almost all countries.

In the context of the SEA Region, such price increases should aim to reduce affordability of all forms of tobacco being used in order to maximize the benefits.

This is a win-win measure for governments – increasing income and reducing the harm at the same time. Taxation is widely accepted as the single best measure known to reduce tobacco use. The tobacco industry always brings up many spurious arguments, which are shown to be unfounded, to prevent governments from pursuing this measure. Some such arguments commonly used are: “Jobs will be lost”, “Government will lose revenue”, “Smuggling will increase”, “It will hurt the poor”. This aspect is discussed in Chapter 4.

Advertising and sponsorship bans

A complete ban on all forms of direct and indirect advertisements, promotions and sponsorships will reduce tobacco use.

The extent to which tobacco products are promoted has been shown to increase its use by populations. Such promotions have also been shown to increase the initiation of tobacco use among youth. The fact that bans on advertising and sponsorship do work has been demonstrated in individual countries through research using data pooled from many countries. Such meta-analyses have shown that countries with comprehensive restrictions on tobacco advertising and promotions have lower levels of tobacco use.

For such a ban to be effective, it should cover all forms of advertising and promotions, and not only the direct forms. It should also cover all media and promotion outlets. Research shows that partial bans and voluntary agreements do not work.

For example, when direct forms of advertising are restricted, indirect forms such as distribution of non-tobacco products with the brand names and logos of tobacco products (such as caps, key tags) and use of tobacco brand names for other products and services (such as sportswear, clothing, travel, bars) proliferate. More resources are spent on sponsorships. Such action negates the effect of the ban on direct advertising. In countries where advertising is disallowed only in selected media and locations, it is compensated for by advertising in other media and locations.

Many countries have placed partial to comprehensive bans on tobacco advertising, starting from the 1960s. The examples are too numerous to mention. Thailand, a country in this Region, has one of the most comprehensive bans on tobacco advertising and promotions in the world. Maldives too has a comprehensive ban on tobacco advertising.

Smoke-free environments

Those exposed to tobacco smoke are liable to get most of the diseases seen in smokers. In countries where quantification of such disorders has been attempted, it has been shown that second-hand smoke is a leading cause of death and disability. The scientific evidence on the issue of second-hand smoke is now undisputed, except by the tobacco industry. Although the tobacco industry has repeatedly led organized efforts to cloud this issue, the evidence is solid.

Mounting evidence also shows that demarcated areas for non-smokers, e.g. in restaurants, aircraft etc. do not provide sufficient protection to non-smokers from second-hand smoke. Therefore, smoke-free environments, such as smoke-free public places, public transport and workplaces, have been declared to provide protection to non-smokers in many parts of the world.

Once such policies began to be implemented, more benefits surfaced. It is now established that smokers working in smoke-free work places find it easier to cut down on tobacco consumption and to quit the habit. It also reduces the social acceptability and the “normalization” of smoking thereby reducing the rates of initiation of smoking. In several countries where smoking rates are declining, a substantial portion of the reduction in smoking has been attributed to smoke-free environments.

As is to be expected, the tobacco industry is totally opposed to such measures. It has argued that it is against the “rights” of smokers and that profits of the hospitality industry will suffer if entertainment venues, restaurants and bars become smoke-free. On the contrary, smoke-free environments have been shown to improve productivity, reduce maintenance costs, and improve business in the hospitality trade.

As of now, many cities, states and countries around the world have adopted widespread smoke-free policies. In the SEA Region, Thailand and India have banned smoking in public places.

Health promotion and education

There is evidence that the general level of education is related to tobacco use – the higher the level of education, the lower the use.

Educating the public on the harms of tobacco control has been shown to be effective when implemented together with other measures such as tax increases, advertising bans, etc.

Despite this, there is no consensus that knowledge of the harms of tobacco use significantly reduces consumption. Fear-based initiatives have been shown to be effective only to the extent that it compels users to internalize the relevance and immediacy of the harm to themselves. Otherwise, such tactics end up glamourizing tobacco using behaviour to youth. This is attributed to the fact that particular human behaviour depends on many factors other than just simply knowledge on the harmfulness of such behaviour.

However, there is growing evidence that specific approaches such as exposure of tobacco industry tactics, and initiatives to change the social norms related to tobacco use making it less acceptable are effective in reducing initiation of tobacco use. It has also been shown that getting youth involved in carrying out such effective initiatives protect them from initiation.

Packaging and labelling

The package or the box in which tobacco products are sold is a vital cog in the marketing efforts of the tobacco industry. It aims to create a glamorous image of the product and its user. It is also sometimes used to mislead users by displaying terms such as "light" and "mild", which falsely imply a reduction of the risk of the product.

Large, rotating and specific health warnings have been shown to reduce tobacco consumption and promote quitting. In addition to the messages they provide, if properly placed and proportioned, the health warning removes the attractiveness of the package.

An effective recent introduction are the graphic warnings covering a substantial portion of the package surfaces, which have been introduced in some countries. Initial evaluations show that these warnings are more effective than "text-only" warnings in reducing the demand for tobacco.

The prohibition on using misleading terms such as "light" and "mild" on the pack is also a measure recommended internationally.

Litigation

Litigation against the tobacco industry has come of age during the last decade. Successful "class action" litigations in the USA not only brought in billions of dollars for tobacco control, it also exposed the unethical and sometimes vicious tactics used by the tobacco industry to increase sales and prevent effective policies.

These revelations have shattered the corporate image of the tobacco industry. It has led to the diminution of the power and prestige this industry has had in the corporate world, in political lobbying, and on the public relations front. All these, consequently, will translate into reduced tobacco consumption and therefore reduction in tobacco related harms.

These successes also paved the way for individual cases against the industry to succeed in the USA and elsewhere. Litigation has not been used consistently or effectively in the SEA Region. Most examples of the use of litigation in this Region are from India, where judicial orders have been obtained to create smoke-free public places and ban the production of smokeless tobacco.

Cessation

The short- to medium-term global harm from tobacco occurs due to its current users. Therefore, addressing cessation is one of the most important components of a comprehensive effort. Effective cessation can bring about immediate changes in prevalence rates and tobacco-related illnesses.

Besides direct interventions on individuals, factors such as price increases, health warnings, smoke-free environments, advertising bans, and changes in social perceptions of smoking promote cessation. It can be argued that the above measures have helped far more users to quit than specific quit programmes or cessation services aimed at individuals. This is one best example of the effectiveness of a comprehensive tobacco control programme. Therefore, cessation policies and programmes should consider such policies as essential contributory measures to create the necessary supportive environment for quitting.

Coordinated efforts on cessation are not in place in most countries of the SEA Region. Studies on the most popular form of pharmaceutical assisted cessation promoted in the West, Nicotine Replacement Therapy (NRT), show very low levels of long-term successes (or a high rate of relapse). In addition to this drawback, in the context of this Region, the high cost of NRT is a major disadvantage.

Up to now, most of the tobacco users who have given up tobacco in this Region have done so without the aid of sophisticated pharmaceuticals. Low-cost, community based cessation interventions where no clinics or pharmaceuticals are used, have shown promise in several countries. These successes can be appropriately replicated on a wider scale.

Restricting availability and access

Age restrictions on purchases of tobacco products have been implemented in many countries. But evaluations suggest that this measure is ineffective in preventing tobacco consumption by youth. The obvious reason is the difficulty in enforcing such laws in all the locations where tobacco products are sold. This is quite relevant to almost all countries of the Region where the enforcement agencies lack resources.

The less obvious reason may be the subtle impression that such a law creates - that tobacco use is an adult habit, thereby increasing its glamour among youth. Therefore, any publicity or action to enforce the law may end up actually increasing the demand of tobacco products by the younger age groups.

Disallowing self-service displays and vending machines is seen as a more effective and practical measure to reduce access of youth to tobacco products. It has also been recommended that the point of sale display of tobacco products be disallowed as such displays can be used as a promotional strategy as well as a "reminder" to users to purchase tobacco or to use it.

One other measure that falls within restricting access is the response to new forms of tobacco products appearing in the market. For example, bidi and smokeless tobacco products are appearing in countries and areas where such products were previously not sold. One prudent measure could therefore be to ban new types of tobacco products being introduced.

Smuggling and money laundering

One third of exported cigarettes never reach their stated destination. This translates into billions of cigarettes being "lost" during export. Such "lost" cigarettes are taken illegally into countries and sold. This makes cigarettes available at a low cost thereby increasing consumption. This also adversely affects excise tax collections, while ensuring enormous profits for the perpetrators. The problem of money laundering accompanies such high levels of smuggling as vast sums of money need to be transferred back to the instigators.

The tobacco industry always tries to use the issue of smuggling to prevent tax increases. It claims that this is the result of high tobacco taxes. But

analyses have shown that the level of tax in a country does not relate to the level of smuggling. A World Bank publication has linked the level of smuggling to the level of corruption in a country. The recently-released tobacco industry internal documents show that several multinational tobacco companies actively colluded with tobacco smugglers to get their products into all parts of the globe. National as well as internationally- coordinated efforts are necessary to address this issue. Several measures such as marking tobacco packs to assist tracing and to indicate the country of destination have been suggested.

Provision of alternative livelihood to tobacco cultivators

Overall, there is no evidence that the provision of alternatives to tobacco farmers is practical or successful in reducing tobacco consumption. Estimates indicate that tobacco control measures will have the result of reducing only the *growth* in tobacco cultivation. Therefore the livelihood of tobacco farmers is not in immediate jeopardy. Still, addressing this issue has political and public relations advantages as the tobacco industry never fails to make an outcry using farmers or farmer organizations to protest against tobacco control measures. One measure that has been recommended to ensure that there is a gradual shift to other crops is the phasing off of all subsidies provided for tobacco farming.

Product regulation

Tobacco products and their smoke contain many thousands of chemicals, most of which are harmful to humans in a greater or lesser degree. It is now recognized that tobacco products are engineered to achieve dependence, contain toxic additives and that the smoke produced contains toxic products that cause genetic mutations and cancers. Therefore, it is now debated whether product regulation is practical and viable. That a "regulated" product gives a false sense of security to users is also possible. Though many countries and territories have specified maximum allowable limits to nicotine, tar and carbon monoxide per cigarette, it is unlikely that these levels eliminate all the harms of the product.

Some countries are also trying to ensure that all the constituents of tobacco products be publicly declared. This is the norm for other products

that humans ingest. The technical and financial implications of monitoring and authenticating such declarations are beyond most countries of the Region at present. In this regard, WHO FCTC would not only facilitate such efforts but also overcome the problems associated with tobacco product regulations. Therefore, product regulation should, for the present, be considered as an evolving science. Practical measures to reduce harm using product regulation are still to be developed for worldwide use.

Surveillance, monitoring, research and evaluation

This is a cornerstone of any tobacco control programme. The process, outcomes and the impact of the specific components of the tobacco control programme should be monitored and evaluated. Sensitive and specific indicators should be developed at national and subnational levels for this to be successful. However, a detailed discussion of this is outside the scope of this document.

Surveillance should, among other issues, monitor the trends in consumption of different tobacco products by age, sex and socioeconomic group. In addition, surveillance of other related issues such as monitoring of trends in tobacco-related diseases, tobacco imports, exports, cultivation and activities of the tobacco industry should also be instituted.

Research can range from basic biological research on the products and their harms, to intervention research aimed at ascertaining the most effective means of prevention and of changing the behaviour of users.

Institutional mechanism or structure to design, implement, monitor and evaluate measures

Tobacco control encompasses issues beyond the domain of ministries of health. As discussed before, subject areas such as fiscal policies, law, economics, agriculture, trade, commerce, consumer protection, foreign policy, enforcement, education, etc. are relevant to tobacco control. Consequently, tobacco control policies and programmes need to be developed, implemented, monitored and evaluated in a coordinated manner. Therefore it is recommended that a multisectoral agency be set up to carry out these tasks.

Legislative mechanisms

Depending on the system of governance in a country, tobacco control measures can be implemented through legislative or other measures. Commonly, legislative measures need to be developed and implemented to ensure continuity of at least some of the measures. It is generally recommended that a package of laws be developed to cover issues on tobacco control such as advertising bans, smoke-free environments and health warnings. Some countries may include these under other existing legislative frameworks such as consumer protection laws. However, developing and implementing a separate package of legislation on tobacco control has its advantages, such as uniformity of definitions, and ease of interpretation, implementation and monitoring.

Financing

Considering the scale of the problem and the relative affordability of tobacco control programmes, the funds made available for tobacco control is surprisingly small in most countries of the SEA Region. These countries have to depend on funds from international agencies such as the World Health Organization and the World Bank, international NGOs and other funding organizations to implement tobacco control programmes.

The most important recent innovation in procuring funding for tobacco control is through a fund, financed by a levy on tobacco products. Thailand and Nepal have such funds that obtain finances from a levy on sales of tobacco and alcohol products. Outside the SEA Region, similar funds have been established in many other countries and states within countries.

Recently, funding was obtained for tobacco control through litigation in the USA. In the "master settlement" arrived at, the industry agreed to provide substantial compensation to the state governments, which could be used for tobacco control. Such litigation has not yet been attempted in this Region.

International components of comprehensive tobacco control

Several issues related to tobacco that has international implications have become apparent during the last decade, thereby creating the need for an international response. The WHO Framework Convention on Tobacco Control (WHO FCTC) was the response of the international community to address this and other issues related to tobacco control. This treaty contains

measures that have to be implemented nationally as well as internationally with cooperation among Member States (see Chapter 2 for a description of this Convention).

The following are the main international issues related to tobacco control:

Cross-border advertising and promotion

Cross-border advertising is currently used by the tobacco industry to circumvent advertising restrictions. Satellite broadcasts, the Internet and magazines published outside countries are used to promote tobacco in countries where there are advertising restrictions. Therefore, this is an issue that has to be dealt with at a supra-national level.

It has also been shown that the tobacco industry strategically promotes smoking through visual media such as films. As films produced in one country are distributed in many other countries, such promotions can be interpreted as cross-border promotions. This is important as there is a ready market for Hindi and English films in many countries of this Region.

Smuggling and money laundering

As described above, smuggling cigarettes is a major international racket, which brings enormous profits to smugglers as well as producers of tobacco products – be they counterfeit or genuine. The tobacco industry tries publicly to attribute this to different rates of taxation among countries and lobby to reduce tobacco taxes. But independent evidence shows that the reason is not due to differences in tax rates.

Several multinational tobacco companies have been working with international smugglers over long periods of time to get their products into new markets and to boost sales in others, by circumventing taxation. The evidence is so compelling that several multinational companies have been taken to courts over this issue, and some executives have been convicted. Money laundering also becomes an issue that goes hand-in-hand with smuggling. The enormous amounts of money that changes hand end up where the tobacco industry, the smugglers and the counterfeiters want. Therefore cigarette smuggling and money laundering are issues that have to be tackled globally, with the cooperation of individual countries.

Financial and technical support

Projections show that the developing countries will be the hosts to the most number of tobacco users and will also be the biggest tobacco producers in the coming decades. Unfortunately, these are the countries that can least afford to suffer from the health, social, environmental and economic effects of tobacco.

Therefore, there is widespread consensus, which is also reflected in the WHO FCTC, that developed countries provide technical and financial assistance to developing countries to implement effective tobacco control measures. Suitable mechanisms need to be developed to implement such a support system in an equitable and sustained manner.

Trade

Trade liberalization has long been a problem for country-level tobacco control. The World Trade Organization (WTO) agreements, regional and bilateral trade agreements all aim to liberalize trade, reduce tariff and non-tariff barriers. Although this may have its benefits, an increase in trade for some goods such as tobacco, will have many detrimental effects worldwide.

Fortunately, the main WTO agreement – General Agreement on Tariff and Trade (GATT) - has a clause that enables countries to restrict trade, on the grounds of human health, as long as the action taken is non-discriminatory (meaning the action be applied in the same manner to local as well as imported goods).

Although WTO agreements have been used to open up previously closed markets in Asia for tobacco multinational corporations, the case of Thailand illustrates that clauses of the same agreements can be used to minimize the harms of unfettered liberalization of trade of tobacco products.

Other WTO agreements, such as the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), Agreement on Agriculture, Agreement on Subsidies and Countervailing Measures (SCM), Agreement on Technical Barriers to Trade (TBT), also have relevance to tobacco control.

In the SEA Region, the agreement on Asean Free Trade Area (AFTA) has implications for tobacco control. Indonesia, Myanmar and Thailand are the countries from this Region covered by this treaty.

The WHO Framework Convention on Tobacco Control will offer some protection to its parties when tobacco control measures specified in the convention are implemented.

Apart from the trade agreements, there are other agreements that can be interpreted to promote tobacco control at the country level; the Convention on the Elimination of Discrimination against Women and the Convention on the Rights of the Child contain clauses that can be used to such effect.

Liability

Liability of the tobacco industry for its role in producing and marketing a destructive product is increasingly becoming an international issue. Countries and the European Union (EU) are now taking legal actions against tobacco companies. Although most of these cases confront the issue of smuggling, individual countries have also tried to file actions against tobacco companies claiming compensation for health care costs associated with health harms of tobacco products.

Information exchange

Tobacco companies operate in many countries at once, often implementing similar strategies to increase their market. The trade of tobacco leaf and finished tobacco products are a part of international commerce. Smuggling and money laundering are already important issues in international law enforcement.

Prevention initiatives are being implemented in many countries. New laws to control tobacco-related harms are being drafted and implemented in countries and jurisdictions. Cross-border advertising has become a significant issue. Legal action against the tobacco industry is being initiated in many countries. In addition to all these, international agreements on trade compound the already complex international issues related to tobacco. Therefore, an efficient system of information exchange at the international level is an essential component of effective tobacco control.

2. WHAT IS THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (WHO FCTC), AND HOW WILL IT ASSIST COMPREHENSIVE TOBACCO CONTROL?

WHO FCTC is an international public health treaty aimed at reducing the health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

WHO FCTC was adopted by the Fifty-sixth World Health Assembly in May 2003 and was opened for signature on 16 June 2003. States that ratify the Convention will be expected to implement comprehensive tobacco control strategies and programmes specified therein. The areas covered include tobacco advertising, sponsorship and promotion, health warnings, illicit trade, product regulation and prevention and cessation programme¹.

Pursuant to the Convention, parties are bound to provide technical support on legal, scientific and other issues to developing country parties. Therefore countries that lack resources and expertise for tobacco control that become parties to WHO FCTC will be more likely to receive financial and other assistance for tobacco control. This will enable such countries to implement effective tobacco control programmes and put in place structures and systems for surveillance, research and monitoring.

In most developing countries where tobacco multinational corporations operate, many obstacles are created against implementation of effective tobacco control policies and programmes. These tobacco companies bring out many "rights"-based and economics-based arguments against tobacco control. They also try to create the impression that such measures are "extreme" and "draconian" and that governments trying to implement such measures are extremists and non-progressive. In addition, these companies operate through various channels to undermine any progress made on tobacco control (see Chapter 4).

The process of development and adoption of this treaty ensured that the text included evidence-based measures. All the Member States of the World Health Organization, rich and poor, developing and developed, with varied cultures, religions and social norms with many political systems and

¹ See *A Guide to the WHO Framework Convention on Tobacco Control*, WHO Regional Office for South-East Asia, New Delhi 2004 (in press).

ideologies, adopted this treaty unanimously. Therefore, the tobacco industry will have no technical or moral ground to oppose any measures that are implemented by the parties to this Convention.

As stated before, this treaty provides a framework for comprehensive tobacco control and contains evidence-based measures that should be implemented at national as well as international level to address tobacco-related harm. The treaty text therefore can be considered to be a technical resource document on tobacco control that has been approved internationally by all the Member States of the World Health Organization. Therefore, countries with minimum expertise on tobacco control at present will be able to initiate effective action immediately to control tobacco-related harm by implementing the provisions of the Convention.

3. COUNTRY-LEVEL ACTION

3.1 What have countries done?

Globally, many countries have initiated action to control tobacco use because of the recognition of its harmful impact. These efforts range from advanced, comprehensive tobacco control policies and national plans to ad hoc measures. Countries of the SEA Region fall within the entire range of this spectrum.

Worldwide, countries such as Norway, Canada, Australia, New Zealand, South Africa, Sri Lanka, Thailand and France, among others, have continuously developed and implemented tobacco control policies and programmes that can be used as “best practice” examples. It must be stressed that these policies and measures did not become a reality overnight, but rather were the results of tireless work of many individuals and organizations over many years or decades. Evaluations of these and other programmes (such as those in the states of California and Massachusetts in the US) have confirmed that tobacco consumption and tobacco-related illnesses and deaths have been significantly reduced following these efforts.

Thailand, in the SEA Region, is seen internationally as a prime example of a country that has implemented comprehensive national tobacco control measures, that have shown significant results. Maldives, Myanmar and recently India have also implemented many effective policies and measures to contain tobacco use.

In addition to individual country efforts, many countries have already signed WHO FCTC and several have already ratified it. This Convention is expected to enter into force soon, providing solid international momentum for comprehensive tobacco control.

3.2 Tips for national level action

Encourage governments to become party to WHO FCTC

WHO FCTC can be an important instrument to address many of the shortcomings and gaps related to tobacco control that currently exist in the SEA Region. It gives an excellent framework of comprehensive tobacco control which can be built upon by individual countries.

In the context of this Region, WHO FCTC has a potential benefit beyond the obvious. The governments now can counter tobacco industry lobbying by claiming that there is an internationally accepted convention that deals with the subject and asserting that they have to abide by it. Though this argument sounds strange, this is practically important in countries where multi-national and local tobacco lobbies are strong. Policy-makers who are pro-tobacco control now have an international agreement to buffer themselves against the lobbying of the industry.

Establish and strengthen national-level multisectoral body, national tobacco control office and national focal point

A multisectoral body to develop, coordinate, monitor and evaluate tobacco control initiatives is the ideal national-level mechanism for effective tobacco control. As issues related to tobacco cover a gamut of issues ranging from finance, law, health and trade to agriculture, such a body has been recommended for countries throughout the world. It should consist of members who should ideally be drawn from the government, non-government, academic and business (except tobacco) sectors. Ideally, it should have authority to act through government agencies and work closely with other sectors. In the SEA Region, Myanmar has a body that is a good example of such a structure in operation.

Appointment of a government focal point or a nodal agency for tobacco control is an essential first step for national-level tobacco control. Almost all the countries of Region have a focal point. But these focal points need

strengthening. For example, by establishing the person at the central ministry level, providing him/her with the necessary authority, minimizing his/her other responsibilities, and ensuring continuity.

A relatively high-powered nodal agency is required to carry out national-level programme implementation, monitoring and evaluation. Thailand has a specific nodal agency on tobacco control within the Ministry of Health. The Tobacco Cell created within the central Ministry of Health in India is an innovation which can be followed by countries that still do not have a specific nodal agency. Such a cell can evolve into an independent agency with time. The focal point or the nodal agency can be the implementing arm of the national multisectoral body.

Involvement of UN and other agencies such as World Bank at country level

Many UN agencies other than WHO such as UNICEF, Food and Agriculture Organization (FAO), etc are members of the UN Interagency Task Force on Tobacco. These organizations can provide support for tobacco control in their respective area of expertise. In addition to WHO, the World Bank has published several useful documents on tobacco control. Both the World Bank and WHO have also funded economic studies on tobacco in most countries of the Region. Involvement of these international agencies in country-level tobacco control programmes will ensure that high level technical expertise is made available for development and implementation of plans of action. Also, the possibility of funding such plans should be explored with these agencies.

Initiate ongoing process of capacity building

One of the major requirements in the SEA Region is the need for capacity building for effective and sustained tobacco control. This is a wide-ranging issue as tobacco control entails planning, monitoring, evaluation, communication, education, advocacy, community mobilization, networking, fund raising and many other aspects. It also covers the subject areas of health, economics, education, trade, public relations, law, agriculture and social policy.

Therefore, capacity building for tobacco control is much more complex and needs more financial and other resources than what appears at first glance. It is also complicated in the sense that many disciplines have to be

involved in such efforts and covers agencies and individuals working at national, regional, sub-regional and community levels. It is truly a multisectoral mission. Capacity building should become part and parcel of tobacco control work, and should be an ongoing process with its own planning, monitoring and evaluation.

In the SEA Region, pockets of capacity related to many issues relevant to tobacco control are available, though scattered within and among countries. Therefore, capacity building efforts can be carried out between countries, and within organizations of the same country. For example, capacity for epidemiological and economic studies for tobacco control is available in India. Thailand has experience in developing and implementing legislation. Sri Lanka has expertise in community interventions, monitoring and evaluation.

Initiate national-level data collection and trend analysis

Much of the data needed for analysing trends on various issues related to tobacco are already available in most countries, though spread over different agencies. For example, tobacco imports and exports financial data such as excise taxes and individual quantities of each type of tobacco product sold should be available in most ministries of finance and customs departments. Household data on tobacco use and spending on tobacco can be a part of routine national data collection as health or social surveys carried out by governments in most of the countries. Data on cultivation can be obtained from ministries of agriculture, while data relating to employment can be obtained from ministries of labour. Therefore, what is urgently needed now is not the implementation of a survey mechanism to collect data, but to find ways and means of regularly collating and publicizing national-level data that are already available. The current tobacco control office or the focal point should be given the responsibility and the authority for this task. Once such a system is in place, the means to gather data, which are currently not available, should be considered.

Strengthen the means for national planning, monitoring and evaluation of responses to reduce tobacco-related harm.

Human, financial and institutional capacity should be strengthened in this respect, covering both the government and non-government sectors. Evaluation may be the most difficult component as a wide range of tobacco control responses is active at any given time in most countries.

As for capacity building, this should be viewed and implemented as a process and carried out in accordance with the requirements of individual countries.

Counteract the influence of the tobacco industry

The tobacco industry seems to have a pervasive and enormous influence over a number of sectors in many countries of the Region. This influence seems to prevail at the government level, the business sector, media, tobacco users and farmers. Tobacco control agencies too may be infiltrated. Every effort should be made to identify how such influence is maintained and to reverse it, as tobacco industry influence is a major obstacle to comprehensive tobacco control.

3.3 How to develop and implement country-level plans of action

Once a national policy on tobacco control is decided upon, plans of action should be developed for its implementation. As for plans of action for any issue, specific goals and objectives should be agreed upon and stated clearly. It must be understood that plans of action should be tailored to the context of each country or state, to ensure effectiveness and proper implementation. Therefore, this section will only highlight the general requirements of plans of action.

Development of country level plans of action need the expertise of many sectors. Therefore, a multisectoral body (for example, an expert committee) should be entrusted with the task of developing country-level plans of action. Depending on the political and constitutional contexts, subnational plans of action will be needed, for example, in some States in India.

Such a body can initiate wide-ranging discussions with other agencies as well as the general public before the plans are finalized. Any comprehensive plan of action should include all of the components of comprehensive tobacco control discussed above. The plans should detail the measures or actions that will be taken under each of the components, identify the responsible agency or individual, and contain specific timelines and a budget. For example, for warning labels, details such as developing the necessary legislation, regulations or executive orders, developing the warnings themselves, the frequency of rotation, and monitoring its proper

implementation should be specified. For each action, the responsible agency and the timeline should be included. For more complicated measures, such as health promotion and education campaigns, more details are necessary. The strategies, actions, target groups, the qualitative and quantitative indicators to measure the implementation and the impact should be stated.

Once developed, the responsibility for implementing or coordinating the implementation will rest with the national multisectoral body, the nodal agency or the focal point. A major function of the implementing agency will be the evaluation of the implementation and the impact of the measure or programme. This evaluation should consist of process evaluation (activities, attendance etc.), impact (immediate effects of the programme) and the outcome (longer term outcomes which should be compared to the original objectives of the policy and programme).

Sensitive and practical indicators should be developed to assess the programme. Short- and medium-term indicators are important to ensure that the effectiveness of the programme becomes apparent as early as possible. This will enable any modifications to the programme that may be necessary to achieve the stated objectives. In other words, a definite plan for evaluation should exist with separate budgets, responsibilities, and timelines. This will ensure that the country gets the maximum benefits for the resources spent on the programme.

4. HOW DOES THE TOBACCO INDUSTRY UNDERMINE TOBACCO CONTROL MEASURES?

Litigation in the USA during the mid- and late-1990s resulted in millions of pages of internal documents of the tobacco industry being made public. These documents provided documentary evidence of many suspicions that were long felt and voiced, relating to the activities of the tobacco industry.

The tobacco industry usually does not become involved openly in opposing effective policies. Instead, it manipulates other structures and individuals in ways that suits it. This industry generally gets specific tasks performed by various groups such as the media (electronic as well as print), advertisers, tobacco farmers, smokers and politicians. Specialist agencies such as public relations agencies will also be hired to carry out given tasks.

For example, they may get farmers to demonstrate against “loss of income and jobs” and get smokers to oppose “infringement of rights”. These will in turn be highlighted through the media creating a pro-tobacco impression. Their well-known tactic of effectively lobbying politicians and bureaucrats using spurious arguments are too well-known to be detailed here. Insidious censorship will be applied to the media – stories and features that would be detrimental to the interest of the industry will mysteriously disappear from the limelight.

The most common arguments made against tobacco control measures are that there will be: (1) loss of revenue to the government, (2) loss of jobs, (3) increased smuggling if prices are increased, (4) loss of income for farmers. Other arguments include: increased prices hurt the poor; smoking is an adult choice; and governments should not restrict individual freedom. All these arguments have been countered by respected analysts and institutions. The World Bank has conclusively shown that tobacco is a net loss to an economy. Only a couple of countries in the African continent will suffer economically if the tobacco trade is eliminated worldwide.

Despite the measures being taken, the total number of tobacco users is expected to increase in the coming decades. Anti-tobacco measures taken now will only reduce the *growth* of the market. Therefore, there will not be a drastic loss of jobs in the industry in the short term. Furthermore, the current job reduction in the tobacco industry is because of industry practices – mechanization and control of prices of raw tobacco, rather than because of tobacco control efforts.

As discussed on the section on taxation, increasing taxes will increase government revenue and reduce consumption – mostly in the poorest socioeconomic groups. Therefore, taxation will be a boon to the poor and to governments, not the other way around. The arguments on smuggling too are shown to be false as outlined in the section on smuggling. Worldwide, smuggling is not simply related to the level of taxation in a country, and the tobacco industry itself has been implicated in smuggling in all parts of the world.

Tobacco use is not a choice. Once users initiate the habit, most of them become chemically dependent on the product, making rational choice non-existent. In fact, tobacco has been termed a “market failure” by economists for two reasons: (1) tobacco makes its users dependent and kills them due to the lack of understanding of its risks by the users, and (2) the active efforts of

the tobacco industry to chemically manipulate nicotine level and absorption and efforts to downplay the risks associated with nicotine dependence. This is why governments should act to regulate the tobacco market.

In parallel with country-level activities to stall tobacco control initiatives, global efforts of the tobacco industry continue. These efforts complement country-level strategies. They try to discredit the large body of evidence confirming that tobacco causes harm. They have paid scientists to discredit the scientific evidence and paid "liberals" to question the moral right of governments to control tobacco. They have had individuals working for them employed at WHO, and on the editorial board of a prestigious medical journal. They hired public relations firms and lawyers to discredit the evidence on second-hand smoke. They launched a surreptitious "sound science" campaign aimed at modifying epidemiological criteria which would result in exonerating second-hand smoke as a culprit in causing cancers and heart disease.

Concurrently, the industry tries to build its corporate image and project that it is a "socially responsible" global corporate citizen. This is probably not only aimed at the general public and policy-makers, but more likely also aimed at employees of the tobacco industry and tobacco users as well. The issues that are usually highlighted in these corporate social responsibility (CSR) campaigns are (1) philanthropy because the publicity given to a donation may cost more than the donation, (2) helping the environment -- despite tobacco cultivation being responsible for a significant percentage of deforestation in many countries, (3) sponsorships of art and sports, (4) contribution to tax even though, as stated previously, tobacco is a net loss to almost all economies, and (5) assistance to farmers -- forgetting the manipulation of prices of raw tobacco.

The one most vicious and insidious "corporate image" strategy used by the industry undoubtedly is its tobacco use "prevention" campaign. These campaigns carry the common theme that tobacco use is an adult habit, and that one must wait till 18 years of age to smoke. Therefore, this is not a prevention campaign. It is a blatant promotion to the young because it glamorizes smoking by creating the impression that smoking is an adult habit, and that smokers under 18 are non-conformists and rebels - ideas which have high youth appeal.

When governments continue acting on implementing tobacco control laws despite the above efforts, the industry opens up a different front, as

outlined in one of their internal documents related to the Middle East. According to this document, the industry identifies key individuals in the decision-making and legislative process as potential allies. In addition, other potential allies are identified, such as farmers, smokers, media personnel, "rights" organizations, etc. These allies are then mobilized against the bill. Once these steps are complete, arguments against tobacco control are prepared, tailored to be used by these allies. In addition, they take efforts to build and mobilize formal and informal coalitions, such as tobacco growers associations, smoker's rights organizations etc. to oppose the bill.

In parallel, the industry directly or indirectly seeks relevant parliamentary committees and acts to delay the deliberations or outputs. Then they focus on the parliament itself to prepare opposition from within.

If the government is still moving ahead, despite the obstacles laid, the industry may start a tailored media campaign, which may consist of more than just advertisements. Finally, as a last resort, they will negotiate with the government to voluntarily carry out some measures, albeit ineffective, to prevent comprehensive measures and legislation. There are examples of such "agreements" all around the world, their common characteristic being total ineffectiveness to reduce tobacco-related harms.

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