Governance vs Behaviour Change in Tobacco Control
Basic facts

- 1. 4 billion tobacco users (1 billion smoke tobacco + 346 million Smokeless tobacco)
- Out of 8.8 billion cancer deaths, 22% attributable to tobacco
- Even after diagnosis, big proportion of cancer patients continue to use tobacco
GOVERNANCE

Global- Why needed?
Globalization & trade.
UNGA 2011/NCD Action Plan 2013-2020/ voluntary global target 30% reduction in tobacco use /SDG 3.4 and 3A

National – what’s needed?
Policy coherence / Whole of government – multi sectoral action
Actions largely outside of MOH
BEHAVIOUR

Whose behaviour?
Individual?
Government?
Tobacco industry?
WHO Framework Convention on Tobacco Control

- first global public health treaty
- developed in response to the globalization of the tobacco epidemic
- entered into force on 27 February 2005, now has 181 Parties
- obligations under the convention include specific measures to reduce
**WHO's MPOWER technical package**

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<th>WHO FCTC article</th>
<th>Action (MPOWER)</th>
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<td>Monitor</td>
<td>...tobacco use and prevention policies</td>
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<td>Protect</td>
<td>...people from tobacco smoke</td>
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<td>Offer</td>
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<td>11 &amp; 12</td>
<td>Warn</td>
<td>...about the dangers of tobacco</td>
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<td>Enforce</td>
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While smoking rates are reducing both globally and in the EURO Region, the average prevalence in EURO is likely to remain above the global average in 2025.

Women in the EURO region smoke at rates far higher than all other WHO Regions.

In 13 EU countries and 6 non-EU countries in EURO, women's rates are not declining.

MPOWER policies help countries succeed in reducing smoking prevalence dramatically over a short period of time.

- Russia (23%) - 7 years to 2016
- Turkey (22%) - 9 years to 2012
- Uruguay (33%) - 11 years to 2014
- Spain (23%) - 11 years to 2014
- Ireland (32%) - 10 years to 2014
- Nepal (29%) - 6 years to 2013
- United Kingdom (27%) - 10 years to 2014
- Australia (31%) - 10 years to 2015
- Brazil (33%) - 10 years to 2013
- Sweden (23%) - 10 years to 2015
Brief advice should be part of routine clinical practice

• Brief advice can have a significant population impact if delivered routinely and widely across a healthcare system:
  – Reach: In the developed world, 85% of the population visit a clinician at least once per year
  – Effectiveness: 40% of case will make a quit attempt; quit rate of 2-3%
  – Cost: very low (a few minutes opportunistic intervention as part of routine practice)
Tobacco and cancer treatment outcomes- WHO and IARC knowledge summary

- linked to increased risks of adverse cancer treatment outcomes
- poorer treatment outcomes (increased aggressiveness of cancer, altered drug disposition and treatment-related complications)
- quitting tobacco use has the potential to improve cancer treatment outcomes
- even after a diagnosis of cancer, a substantial proportion of tobacco users continue to use
- cancer care providers should support patients to quit or seek assistance from tobacco cessation services
The updated Appendix 3 of the Global NCD Action Plan 2013-2020, which was endorsed in May 2017 by the 70th World Health Assembly, recommend three population-wide tobacco cessation approaches as cost-effective NCD interventions:

- Brief advice in health systems
- National toll-free quit lines
- mCessation
Tobacco Industry continuously reinventing – introduce novel/alternate tobacco products
Types of alternative products

- Closed Vaping Systems
  - Cig-a-like (single use, rechargeable and cartridge)
  - Non-cig-a-like closed system (device and pod)

- Open Vaping Systems
  - Charging and vapourising
  - E-liquids

- Heated Tobacco Products
  - Tobacco heating devices
  - Heated tobacco

* Euromonitor International,
Thank you

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