TOBACCO CONTROL FACTSHEET

Tobacco use is the single greatest cause of preventable death worldwide.

WHY TOBACCO CONTROL IS AN IMPORTANT PUBLIC HEALTH ISSUE
- Tobacco use causes more than 5 million deaths each year, the majority in low- and middle-income countries.
- Tobacco use will account for more than 8 million deaths each year by 2030, if the tobacco epidemic continues unchecked.
- Tobacco is the only legal product that kills half of the people who use it, as well as hundreds of thousands of non-smokers.
- Tobacco use is a risk factor for six of the eight leading causes of death worldwide.
- More than 80 percent of smokers live in low- and middle-income countries.
- Public health services are under strain to cope with the increasing demands caused by tobacco use.
- In addition to suffering and death, tobacco use drags low- and middle-income countries further into poverty through lost productivity.
- Reduction of tobacco use by implementing effective tobacco control programmes serves public health, combats poverty and challenges health inequalities.

CRITICAL CHALLENGES TO BE ADDRESSED

Tobacco industry interference in policy-setting and law-making
- The tobacco industry uses its economic power, lobbying, marketing and media campaigns to discredit scientific research and to influence governments in order to prevent tobacco control policies being developed and implemented.
- The tobacco industry invests in ‘corporate social responsibility’ programmes worldwide to create a positive public image.
- Article 5.3 of the WHO FCTC gives governments a clear roadmap for preventing tobacco industry interference.

Raising tobacco taxes
- Increasing tax on tobacco is the most effective way to reduce tobacco consumption – it is high-impact and cost-effective.
- When used strategically, increased tobacco taxes can help cover the cost of tobacco use to a society and the extra revenue from tax can be dedicated to health promotion.
- Increasing tobacco taxes has a greater impact on consumption in low- and middle-income countries. A price rise of 10% decreases consumption by up to 8% in low- and middle-income countries, and by 4% in high income countries.
- Tripling tobacco taxes worldwide would increase tobacco prices by 70% and would prevent 115 million tobacco-related deaths by 2050. Most lives saved would be young men in low- and middle-income countries.
Legal challenges – trade

- The tobacco industry’s economic power makes it an intimidating legal rival. Trade agreements are key areas for legal challenges between the industry and governments implementing tobacco control measures.
- International trade treaties can have an impact on tobacco control. Agreements under the World Trade Organization, free trade agreements and customs unions and international investment agreements liberalise trade amongst countries involved, but also increase the number and breadth of a country’s trade obligations. Countries that are parties to international trade treaties and the WHO FCTC may find themselves having divergent legal obligations, as tobacco control measures include price and tax increases, advertising, promotion and sponsorship restrictions.

E-cigarettes and Electronic Nicotine Delivery Systems [ENDS]

- E-cigarettes and ENDS safety and efficacy have not yet been scientifically proven, yet marketing, promotion and use have grown exponentially.
- Transnational tobacco companies are now a strong presence in this largely un-regulated market-place, using promotional strategies and messages similar to those used for cigarettes.
- The efficacy of e-cigarettes/ENDS as cessation aids has not yet been scientifically proven, but marketing of these products frequently make these un-substantiated health claims.
- E-cigarettes/ENDS marketing targets young people with novelty flavours and delivery devices.

WHAT THE UNION IS DOING

Technical support for FCTC/MPOWER implementation
In 2005 the World Health Organization’s Framework Convention on Tobacco Control [WHO FCTC] came into force, the first and only global health treaty. This was followed by the release of the WHO’s MPOWER tobacco control strategy. Parties to the treaty commit to implement the measures stipulated in the FCTC and MPOWER. The Union works with governments and civil society around the world offering them technical advice and support to develop and implement these tobacco control policies. There are now 179 Parties to the treaty, 78 of which are low- and middle-income. The Union’s tobacco control department has worked with 46 countries. [http://www.who.int/fctc/en/](http://www.who.int/fctc/en/)

Bloomberg Initiative
The Union is a partner within the Bloomberg Initiative to Reduce Tobacco Use [BI]. The Union co-manages a grants scheme with the Campaign for Tobacco-Free Kids to support tobacco control projects around the globe. BI grants provide up to US$500,000/year to governments and NGOs for effective interventions to reduce tobacco use. [http://tobaccocontrolgrants.org/](http://tobaccocontrolgrants.org/)

Priority countries
The Union focuses on thirteen priority countries, with low- and middle-income, where the burden of tobacco use is highest: China, Russia [now high-income], India, Pakistan, Bangladesh, Indonesia, Vietnam, Ukraine, Turkey, Mexico, Philippines, Brazil and Thailand.

Smokefree policies
There is no safe level of exposure to second-hand smoke; therefore well-enforced smokefree policies are essential. Since its inception in 2007, The Union’s tobacco control department has supported 30 countries to adopt or strengthen smokefree legislation, providing protection from second-hand smoke to up to 5 million people. Union staff have also been instrumental in supporting high profile events to be 100 percent smokefree, including the 2014 Winter Olympics in Sochi, Russia.

Graphic health warnings
Effective health warnings encourage tobacco users to quit and discourage others from starting. The Union works with governments and non-governmental organisations to legislate for health warnings of specified size, content and design for maximum impact. Since 2007, The Union has supported 13 countries to adopt or
strengthen graphic health warning legislation. For example, in 2014 India quadrupled the size of warnings on tobacco packaging, from 40 percent on one side of the packet to 85 percent of the total surface area.

**Bans on advertising, promotion and sponsorship [TAPS]**

Tobacco advertising is proven to increase consumption. The Union provides training to counter industry advertising tactics and supports legislation imposing bans on all forms of tobacco promotion, from point-of-sale displays to sponsorship. Countries that have recently instituted bans, with support from The Union include Brazil, Nepal and Niger. Since 2007, The Union has supported 17 countries to adopt or strengthen TAPS legislation protecting up to 4 billion people from exposure to tobacco marketing.

**Taxation**

Increasing the price of tobacco through taxation is the single most effective way to reduce tobacco consumption [see above]. Since 2007 The Union has supported 10 countries to adopt or strengthen policies to raise tobacco taxes. The Union has also supported 9 countries to establish an operational model for sustainable funding for tobacco control activities.

**Conferences**

Union tobacco control experts from around the globe attend and contribute to the World Conference on Lung Health each year. [www.worldlunghealth.org](http://www.worldlunghealth.org). The Union is now also permanent secretariat for the World Conference on Tobacco or Health, which will next be held in Abu Dhabi in March 2015. [www.wctoh.org](http://www.wctoh.org)

**Courses**

The tobacco control department offers technical training on MPOWER and its implementation, as well as: effective coalition-building for tobacco control; tobacco-free health care facilities and stopping tobacco industry interference. It also runs management courses to build capacity for this work, including management and leadership; budget and financial management; human resources management.

**Journals**

The Union publishes two peer-reviewed journals, *International Journal of Tuberculosis and Lung Disease* and *Public Health Action*. The Union’s tobacco control experts have new research published throughout the year. [www.theunion.org](http://www.theunion.org)

**Technical guides and publications**

Practical guides on implementation of tobacco control measures are being published and updated frequently. [www.tobaccofreeunion.org](http://www.tobaccofreeunion.org)

**UNION EXPERTS TO CONTACT**

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<thead>
<tr>
<th>Name and title</th>
<th>Expertise</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Ehsan Latif, Director, The Union Tobacco Control Department</td>
<td>Union global tobacco control programme</td>
<td><a href="mailto:elatif@theunion.org">elatif@theunion.org</a> [UK-based]</td>
</tr>
<tr>
<td>Dr Angela Jackson-Morris, Senior Grants Officer, The Union Tobacco Control Department</td>
<td>Union global tobacco control programme</td>
<td><a href="mailto:ajackson-morris@theunion.org">ajackson-morris@theunion.org</a> [UK-based]</td>
</tr>
<tr>
<td>Dr Rana Jugdeep Singh, Technical Advisor, The Union India Office</td>
<td>MPOWER India</td>
<td><a href="mailto:rjsingh@theunion.org">rjsingh@theunion.org</a> [India-based]</td>
</tr>
<tr>
<td>Tara Singh Bam, Technical Advisor, The Union Singapore Office</td>
<td>MPOWER Indonesia</td>
<td><a href="mailto:tsbam@theunion.org">tsbam@theunion.org</a> [Singapore-based]</td>
</tr>
<tr>
<td>Gan Quan, Director, The Union China Office</td>
<td>MPOWER China</td>
<td><a href="mailto:qgan@theunion.org">qgan@theunion.org</a> [China-based]</td>
</tr>
<tr>
<td>Irina Berezhnova, Director, The Union Russia Office</td>
<td>MPOWER Russia</td>
<td><a href="mailto:iberezhnova@theunion.org">iberezhnova@theunion.org</a> [Russia-based]</td>
</tr>
<tr>
<td>Name</td>
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<td>Email</td>
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</tr>
<tr>
<td>Ishrat Chowdhury, Technical</td>
<td>MPOWER Bangladesh</td>
<td><a href="mailto:ichowdhury@theunion.org">ichowdhury@theunion.org</a></td>
</tr>
<tr>
<td>Advisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fouad Aslam, Technical</td>
<td>MPOWER Pakistan</td>
<td><a href="mailto:faslam@theunion.org">faslam@theunion.org</a></td>
</tr>
<tr>
<td>Advisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jonas Romo, Technical</td>
<td>MPOWER Latin America</td>
<td><a href="mailto:jromo@theunion.org">jromo@theunion.org</a></td>
</tr>
<tr>
<td>Advisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daouda Adam, Technical</td>
<td>MPOWER Africa</td>
<td><a href="mailto:dadam@theunion.org">dadam@theunion.org</a></td>
</tr>
<tr>
<td>Advisor</td>
<td></td>
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<tr>
<td>Myra Wisotzky, Technical</td>
<td>Electronic Nicotine</td>
<td><a href="mailto:mwisotzky@theunion.org">mwisotzky@theunion.org</a></td>
</tr>
<tr>
<td>Advisor</td>
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</tr>
<tr>
<td>Anne Jones, Technical</td>
<td>MPOWER Vietnam, health</td>
<td><a href="mailto:ajones@theunion.org">ajones@theunion.org</a></td>
</tr>
<tr>
<td>Advisor</td>
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**SOURCES AND LINKS TO MORE INFORMATION**

- WHO FCTC
- Tobacco Atlas
- WHO MPOWER
- Bloomberg Initiative to Reduce Tobacco Use
- Johns Hopkins University:
- Global Adult Tobacco Survey
  [http://www.who.int/tobacco/surveillance/gats/en/](http://www.who.int/tobacco/surveillance/gats/en/)
- Global Tobacco Surveillance System
  [http://www.who.int/tobacco/surveillance/en/](http://www.who.int/tobacco/surveillance/en/)
- Tobacco Advertising Promotion and Sponsorship Compliance Guides
  [http://www.globaltobaccocontrol.org/node/13926](http://www.globaltobaccocontrol.org/node/13926)
- Corporate Accountability International

1 [http://www.who.int/tobacco/en/](http://www.who.int/tobacco/en/)