

WHO Report on the Global Tobacco Epidemic, 2009: questions and answers

Question: What is the state of the global tobacco epidemic since WHO issued its first report in 2008?

Answer: The big picture is unchanged and no less disturbing. Tobacco use still kills more than 5 million people per year. If current trends persist, it could kill more than 8 million people per year by 2030, with 80% of the deaths in low- and middle-income countries. The death toll for the 21st century could reach 1 billion.

Question: Has the fight against tobacco progressed in the last year?

Answer: Yes. The tobacco industry is in retreat on many fronts. At the same time, it is seeking and exploiting new targets of opportunity, in particular women, young people and people in low- and middle-income countries in Africa, America and Asia. It needs new users to replace the up to half of current ones who will die prematurely from tobacco-related diseases.

However, unlike many leading public health problems, the means to curb tobacco use are within our reach: with the specific demand reduction measures in MPOWER and other WHO Framework Convention on Tobacco Control policies, countries have tobacco control tools needed to reduce tobacco use and save lives. The results presented in the report show that progress is possible and is being made. In some countries, this progress has been rapid and sweeping – these countries can serve as models for action by countries that still need to do more to protect their people

As the report documents, there have been measurable gains:

- For example, 154 million people became newly protected from second-smoke by comprehensive smoke-free laws in 2008. All told, 5.4% of people are now covered by such laws, as opposed to 3.1% the previous year.
- The number of people covered by at least one of the five measures in the MPOWER tobacco control package that are designed to reduce the demand for tobacco products rose by 400 million.
- Five more countries required warnings on cigarette packages that meet the best-practice guidelines for Article 11 of the WHO Framework Convention, bringing the total to 15.
- Six more countries increased taxes on tobacco to above 75% of pack retail price, the WHO-recommended best practice for tobacco taxation, bringing the total to 21 countries.
- In addition, the number of Parties to the WHO Framework Convention increased to nearly 170 from less than 160.

Still, it is sobering to reflect on how little progress was achieved in other areas and how much more remains to be done:

- Only one more country totally banned tobacco advertising, promotion and sponsorship, bringing the total to 26.
- More than 94% of people remained uncovered by comprehensive smoke-free laws.

WHO and its Member States can and must do better. Failure is not an option.

Question: Why was not there more progress against tobacco?

Answer: The tobacco industry and its allies remain rich and powerful, buying influence to undermine tobacco control efforts and spreading myths about tobacco control, such as that it infringes on "smokers' rights" and reduces tobacco's supposed economic benefits. Also, many countries lacked the capacity to fully address the tobacco epidemic. That is why WHO developed the MPOWER package of tobacco control measures: to give countries more of the technical and informational assistance they need to resist the industry, to reduce the demand for tobacco products and to move forward in implementing the WHO Framework Convention.

In any case, in a struggle of this size and complexity, most year-to-year changes are almost bound to be relatively small. Longer-term trends matter more.

Question: What is the outlook for tobacco control?

Answer: Again, if current trends persist, tobacco use could kill 8 million people per year by 2030 from the current more than 5 million people per year. But actions by governments and society could blunt the tobacco epidemic's advance. We know what policies work to control tobacco. What we need now is more political will to implement the policies. More money is essential, too. Generally speaking, tobacco control efforts are seriously underfunded.

That said, it is likely that, over time, WHO's surveillance of the tobacco epidemic will continue to show that more people are being protected from second-hand smoke, helped to quit and adequately warned about the dangers of tobacco use, and that more governments will implement and enforce total bans on tobacco advertising, promotion and sponsorship and require higher taxes at rates that would effectively deter significant numbers of people from using tobacco.

WHO Director-General Margaret Chan's belief that "we hold in our hands the solution to the global tobacco epidemic" remains as true today as when she expressed it one year ago. Reversing the entirely preventable epidemic of tobacco must be a top public health priority.

Question: What is the basis of your optimism that a significant dent can be made in the tobacco epidemic?

Answer: We have formidable tools with which to resist. Foremost is the WHO Framework Convention and its guidelines which provide the foundation for countries to implement and manage tobacco control. To help make this a reality, WHO last year introduced the MPOWER package of measures.

As the Parties implement their commitments, one can expect to see more and more effective tobacco control measures being put gradually into place.

Keep in mind that many countries only became Parties to the treaty after it took effect in 2005. It makes sense that the full benefits of the treaty would be become apparent over time rather than immediately.

Not to be underestimated is the great momentum that tobacco control efforts have gained in recent years. In some respects, the fight against tobacco has only just begun. Political will is increasing – not fast enough, but the trend is positive. Although tobacco control efforts remain underfunded, more money is being made available, much of it from such private sources as Bloomberg Philanthropies and the Bill and Melinda Gates Foundation. New partnerships are being formed and old ones reenergised. Believing that you cannot treat what you do not measure, WHO and its partners are improving their monitoring of the epidemic. Empowered with data from such sources as the *WHO Report on the Global Tobacco Epidemic, 2009*, the reports of Parties to the WHO Framework Convention and the Global Tobacco Surveillance System, governments can tailor appropriate tobacco-control policies.

Awareness is growing, too, that tobacco use imposes a huge burden on society. Tobacco use is a risk factor for six of the eight leading causes of death, including cardiovascular disease, cancer and tuberculosis. It is the leading cause of preventable death. Second-hand smoke alone accounts for about 600,000 premature deaths per year. Tobacco use breeds poverty and stifles economic development. Primary wage-earners who die in middle age of a tobacco-related heart attack or brain stroke squander their economic potential and leave their families without means to buy food, clothing, shelter, education and health care. Money spent on tobacco is money not spent on these basic necessities.

All that said, we know that the challenge is huge and that success is not guaranteed. We need to work better and smarter to achieve our long-term goals.

Question: How can WHO expect countries to devote scarce resources to tobacco control when budgets are so tight because of the current economic downturn?

Answer: One of the advantages of tobacco control is that it is relatively inexpensive, at least in certain of its key aspects, and the return on investment can be enormous. For example:

- It costs governments almost nothing to require smoke-free work places, restaurants, bars and other indoor public places and to require picture-based tobacco health warnings on water pipes and packs of cigarettes.
- Similarly, it costs them very little to enforce bans on tobacco advertising, promotion and sponsorship.

The provision of tobacco quit lines, nicotine replacement therapies and other tobacco-abatement services can be expensive, as can be the monitoring of tobacco use so that one has an accurate picture of the epidemic's scope and character.

But those costs can be offset by levying higher taxes on tobacco, which has the further benefit of making tobacco more expensive and discouraging people from smoking. In addition, reducing tobacco consumption actually saves governments money by reducing the number of people with tobacco-related health problems and families missing breadwinners to tobacco-related diseases. Rather than lower their tobacco-control ambitions during the period of austerity, governments should raise them, secure in the knowledge that a respectable and effective programme need not break the budget. Where countries lack resources, capacity and know-how, WHO and its partners stand ready to help.

Question: How reliable is the report?

Answer: Every effort has been made to ensure the validity of the information in the report and to provide comparable data – that is, data that can be compared country by country.

Question: Is it not true that resources used to control tobacco take away from the resources necessary to control HIV/AIDS, tuberculosis, malaria and other infectious diseases, which are higher health priorities?

Answer: It goes without saying these diseases are serious health problems and that governments should invest in their control. At the same time, it bears acknowledging that more people die each year from tobacco use than from HIV/AIDS, tuberculosis and malaria combined.

WHO believes that it is eminently feasible for governments to control tobacco while also managing the epidemics of infectious diseases. Given that tobacco use account for 1 out of 10 adult deaths, it is an investment that governments cannot afford not to make.