

15 years of FCTC

Successes and lessons learned from Europe and tobacco control in the Czech Republic

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**In the 20th century,
the tobacco epidemic
killed 100 million
people worldwide.**

**During the 21st
century, it could kill
one billion.**

WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER Package

What is the FCTC?

The **Framework Convention on Tobacco Control** (FCTC) is the first international treaty negotiated under the auspices of WHO. It is the world's only legally-binding public health tool.

Central idea: set minimum standards for evidence-based and best practice-oriented measures to reduce demand for and supply of tobacco

Ratified 2003

Entered into force on 27 February 2005

180 Parties (of 196) + EU (March 2015)



FCTC as response to a global threat

Dr. Gro Harlem Brundtland, Director-General of the World Health Organization from 1998 to 2003



“We need to address a major cause of premature death which is dramatically increasing [...]. The major focus of the epidemic is now shifting to the developing countries. I refer to tobacco. [...] Tobacco is a killer. We need a broad alliance against tobacco, calling on a wide range of partners to halt the relentless increase in global tobacco consumption.”

“We need an international response to an international problem.”

FCTC as response to a global threat

The tobacco epidemic has spread globally through many complex factors with cross-border effects, including trade liberalization and direct foreign investment:

- global marketing; transnational tobacco advertising, promotion and sponsorship; international movement of contraband and counterfeit cigarettes; ...
- faced with increasing regulation in many developed countries, tobacco multinationals are searching for more markets in developing countries

WHO Framework Convention on Tobacco Control

Preamble

The Parties to this Convention,

Determined to give priority to their right to protect public health,

Recognizing that the spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response,

Supporting FCTC implementation



The WHO Framework Convention on Tobacco Control (WHO FCTC) and its guidelines provide the foundation for countries to implement and manage tobacco control. To help make this a reality, WHO introduced the MPOWER measures. These measures are intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco, contained in the WHO FCTC.

MPOWER package of six proven policies:

- **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, and
- **R**aise taxes on tobacco.

WHO

After 15 years of FCTC: what has been achieved?

**THREE WAYS
TO SAVE LIVES.**



FCTC

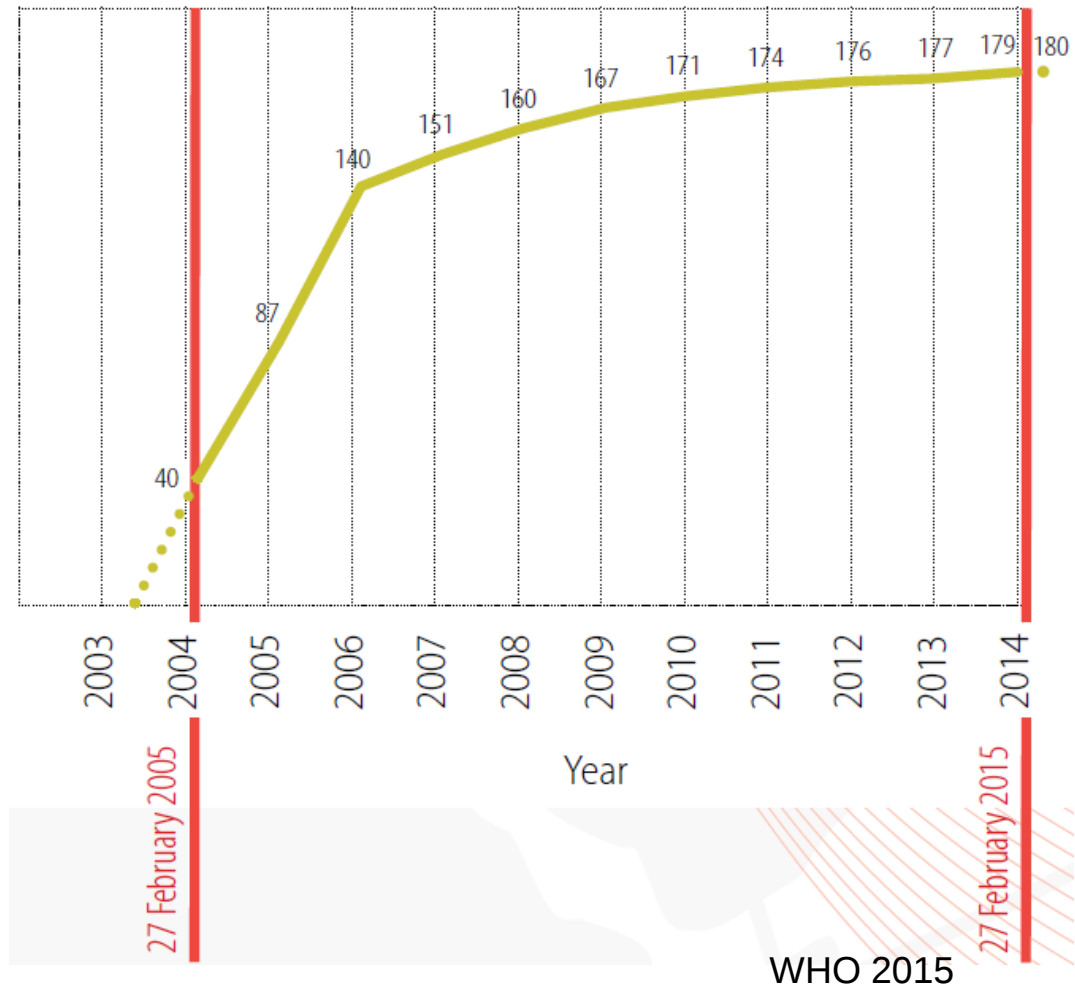
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Adoption of the FCTC

Number of Parties 2003–2015

181 Parties (of 196)

One of the most quickly ratified UN treaties and a comparably widely adopted treaty



Impact of FCTC on policy implementation

Significant increase
in FCTC policy
implementation

	Taxation (article 6)	Smoke-free policies (article 8)	Warning labels (article 11)	Bans on advertising, promotion, and sponsorship (article 13)	Cessation programmes (article 14)	All five key measures
WHO FCTC parties (n=116)						
2007	3 (3%)	7 (6%)	7 (6%)	4 (3%)	10 (9%)	0
2014	28 (24%)	34 (29%)	31 (27%)	16 (14%)	18 (16%)	1 (1%)
p value*	0.0001	0.0001	0.0001	0.0001	0.021	..
WHO FCTC non-parties (n=10)†						
2007	0	0	0	0	0	0
2014	0	1 (10%)	1 (10%)	0	2 (20%)	0

Data are n (%). FCTC=Framework Convention on Tobacco Control. * McNemar test, which tests the differences in the proportion of countries with highest level demand-reduction measures implemented between 2007 and 2014.
† McNemar tests could not be computed for FCTC non-parties.

Table 1: Number of countries with key tobacco control demand-reduction measures at the highest level of achievement in 2007 and in 2014

Implementation of key demand-reduction measures of the WHO Framework Convention on Tobacco Control and change in smoking prevalence in 126 countries: an association study

Lancet Public Health 2017;
2: e166-74

Shannon Gravely, Gary A Giovino, Lorraine Craig, Alison Commar, Edouard Tursan D'Espaignet, Kerstin Schotte, Geoffrey T Fong

Impact of FCTC on smoking prevalence

Significant association between increase in FCTC policy implementation and decrease in smoking rates

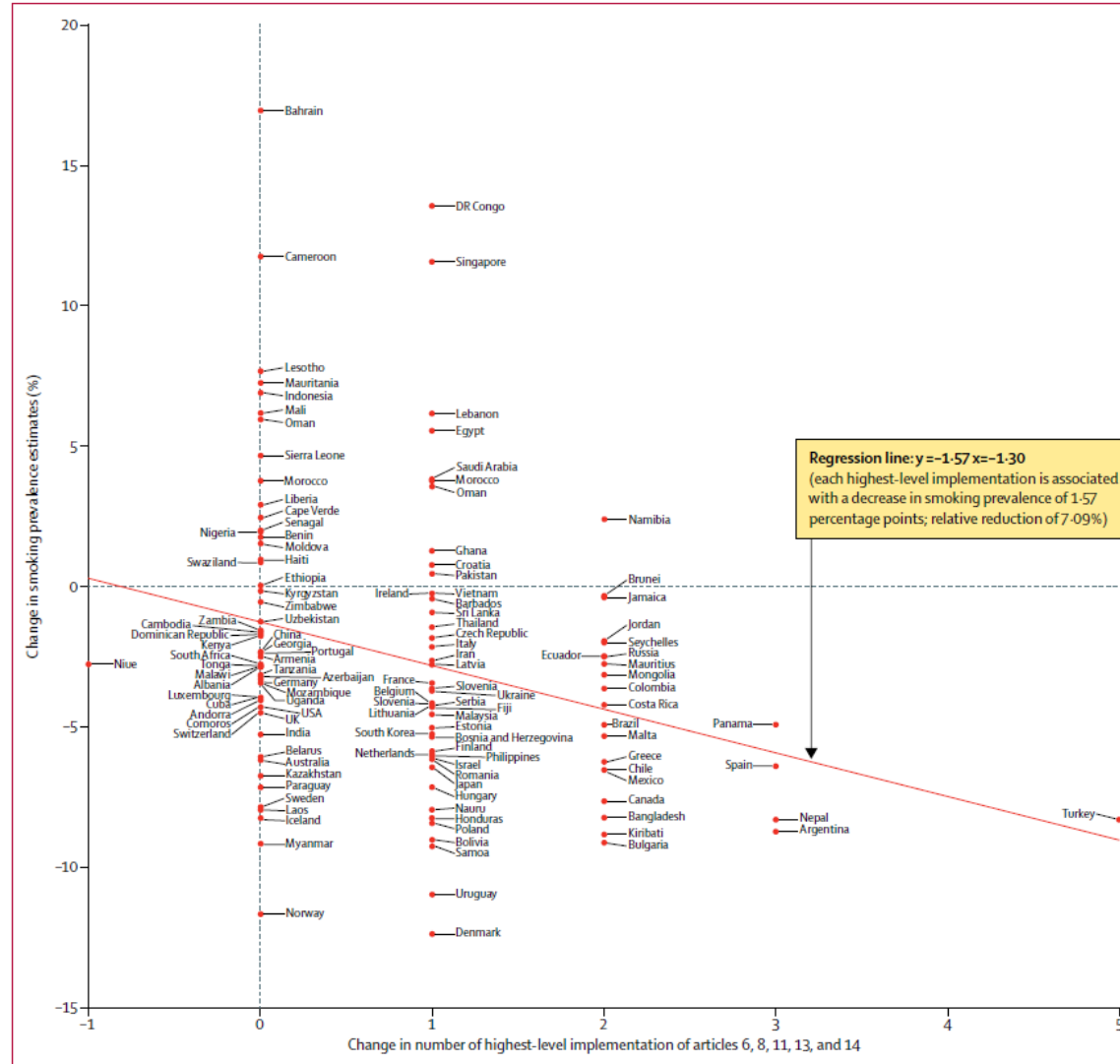


Figure 2: Relation between change in the number of five key WHO FCTC demand-reduction measures implemented at the highest level between 2007 and 2014 (x-axis) and change in smoking prevalence between 2005 and 2015 (y-axis)

Lancet Public Health 2017;
2:e166-74

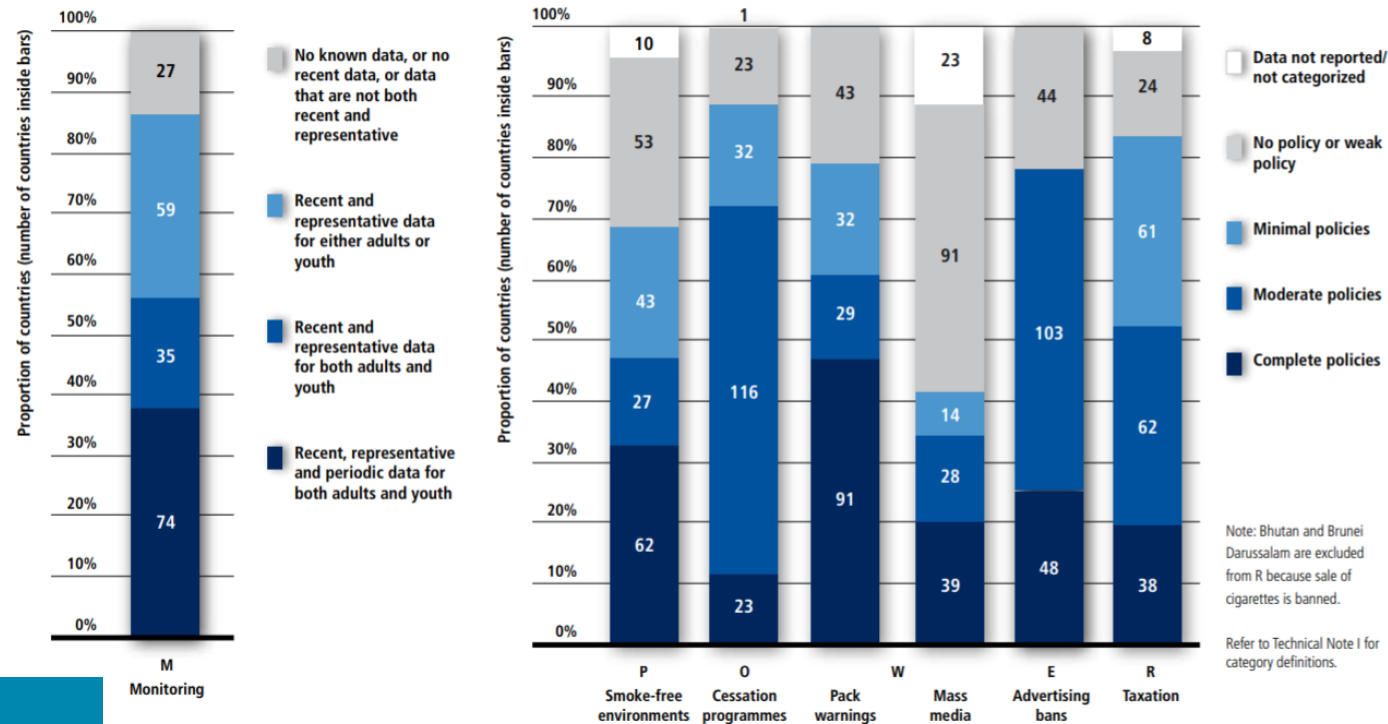
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State of MPOWER policies worldwide

THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2018

Striking improvements in many countries, but still a large number of world population not covered by effective tobacco control policies



WHO 2019



Quo vadis FCTC: what challenges lie ahead?



Challenges to FCTC

Dr. Margaret Chan, Director-General of the World Health Organization from 2006 to 2017



“We face three main challenges. The **first** is “tobacco control fatigue”. We need to reignite public and political will to implement tough control measures. [...]

The **second** is failure to implement the most effective measures. For example, we have good evidence that tobacco taxes do the most to reduce demand. Yet this measure is one of the least implemented.

The **third** challenge is to counter tobacco industry interference. [...] As the battle to control tobacco moves into the courts, industry is using trade and investment agreements to legally challenge government actions.”

Challenges to FCTC

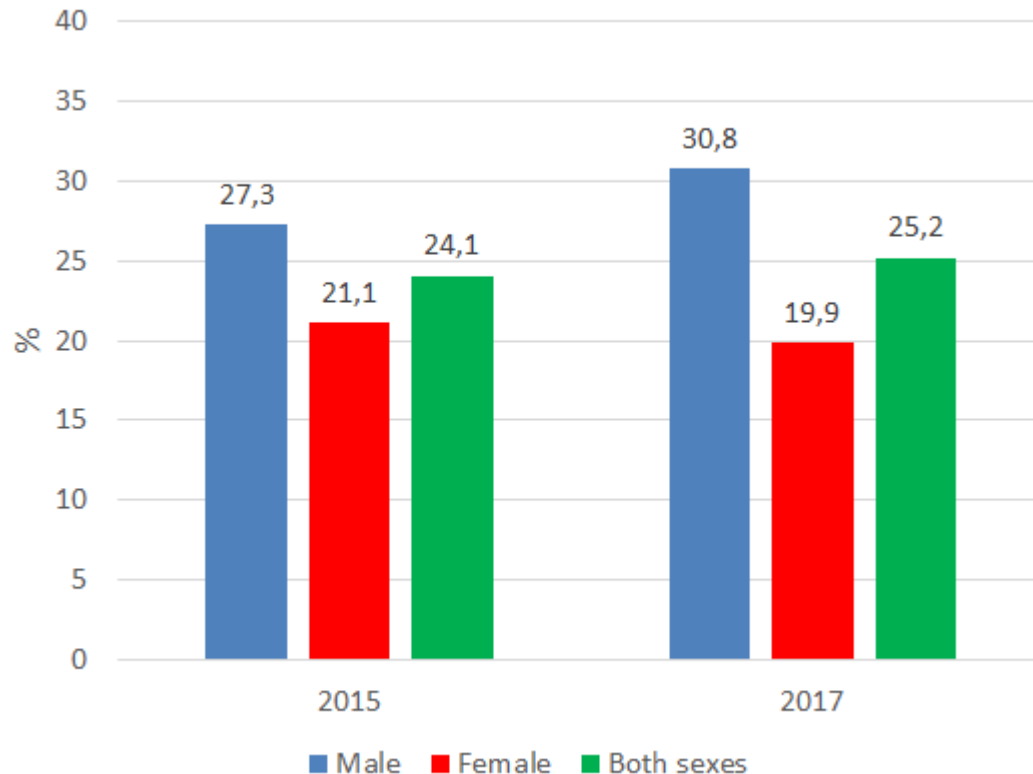
Aggressive lobbying by the tobacco industry against FCTC standards

State sovereignty, constitutional barriers → lack of compliance

Lack of compliance and sanctioning mechanisms: COP cannot force governments to report truthfully or to fulfil their obligations, COP cannot make a formal complaint if a state violates FCTC

Emergence of novel nicotine/tobacco-delivery products: FCTC targets traditional tobacco products and struggles to regulate novel technologies where definite evidence-base is yet lacking

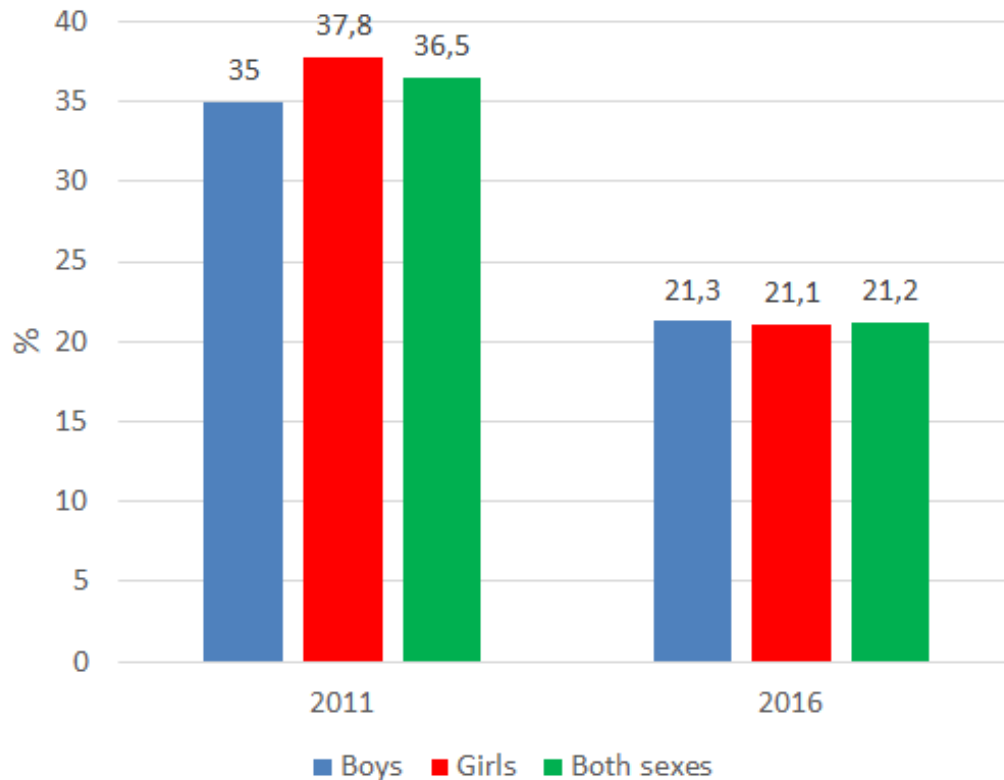
Changes in prevalence of current tobacco smoking in Czech Republic among adults



Key messages from 'The use of tobacco in the Czech Republic' survey:

- Smoking prevalence has increased from 24.1% in 2015 to 25.2% in 2017
- Current tobacco smoking decreased by 6% in females and increased by almost 13% in males from 2015 to 2017

Changes in prevalence of current tobacco smoking in Czech Republic among youths



Key messages from 'Global youth tobacco survey' (GYTS) 2011 and 2016:

- The smoking prevalence among young people aged 13-15 years decreased by almost 42%
- Current tobacco use decreased from 37.8% to 21.1% in girls and from 35.0% to 21.3% in boys from 2011 to 2016

Smoking prevalence and attributable disease burden worldwide and in Czech Republic

	2015 female age- standardised prevalence	2015 male age- standardised prevalence	Annualised rate of change, female 1990-2015	Annualised rate of change, male 1990-2015	Annualised rate of change, female 2005-2015	Annualised rate of change, male 2005-2015
Global	5.4 (5.1 to 5.7)	25.0 (24.2 to 25.7)	-1.7 (-2.0 to -1.4)	-1.3 (-1.5 to -1.2)	-1.8 (-2.4 to -1.1)	-1.5 (-1.9 to -1.1)
Czech Republic	19.4 (16.6 to 22.3)	28.7 (26.0 to 31.1)	-0.5 (-1.3 to 0.3)	-0.6 (-1.1 to -0.1)	-0.2 (-1.9 to 1.5)	0.0 (-1.0 to 1.0)

Country or Territory	Male Smoking Attributable Deaths 2015 (95% UI)	Female Smoking Attributable Deaths 2015 (95% UI)
Global	4959156.0 (4451601.0 - 5465780.5)	1443038.4 (1239590.9 - 1664258.4)
Czech Republic	12023.2 (11034.2 - 13079.3)	5663.7 (4740.7 - 6774.3)

= 6.4 million deaths globally

= 18.000 deaths in CZ

Smoking prevalence and attributable disease burden in 195 countries and territories, 1990-2015: a systematic analysis from the Global Burden of Disease Study 2015

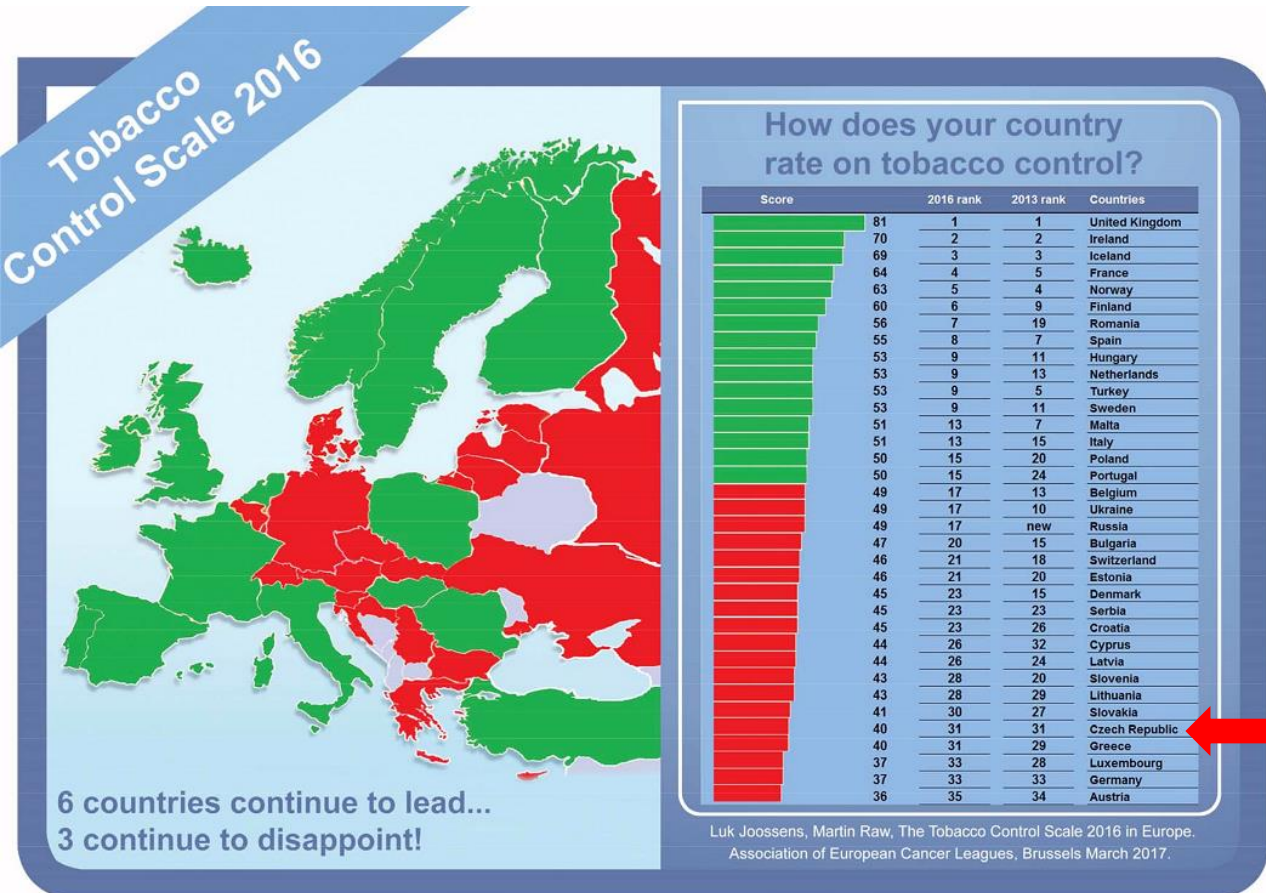
GBD 2015 Tobacco Collaborators*

www.thelancet.com Published online April 5, 2017

WHO projections of smoking prevalence in relation to voluntary targets

Year	Men	Women	Both sexes	Estimated no. of current smokers
2000	39.7	26.8	33.0	2,830,600
2005	38.8	26.9	32.6	2,847,000
2010	37.9	26.9	32.3	2,905,900
2015	36.9	27.0	31.8	2,850,700
2020	35.9	27.0	31.3	2,799,900
2025	35.4	27.4	31.3	2,810,300
Voluntary target (30% relative reduction from 2010 to 2025)	26.5	18.8	22.6	

Ranking of tobacco control in the Czech republic and in the rest of Europe



- Strong tobacco industry presence
- Nevertheless, introduction of smoke-free laws might lead to improvement in next edition's rating (will be published in Feb 2020)

2005	2007	2010	2013	2016
20	25	27	31	31

www.tobaccocontrolscales.org

Tobacco control in Czech Republic: main achievements and remaining gaps

Achievements

- Smoking prohibited in healthcare and educational facilities (except universities), and public transport. In hospitality sector smoking is banned but ban does not apply to waterpipes
- Large warnings (65%) with all appropriate characteristics
- Ban on most forms of direct and some forms of indirect advertising
- National quit line, and both NRT and some cessation services cost-covered
- Share of total taxes in retail price of most widely sold brand of cigarettes was 75.4% in 2018
- Cigarettes less affordable in 2018 compared with 2016

M (monitoring)	
P (smoke-free policies)	
Offer (cessation programmes)	
W (health warnings)	
W (mass-media)	
E (advertising bans)	
R (taxation)	75.4 %
R (affordability)	YES

Possible next steps

- Consider banning smoking in all public places
- Consider banning tobacco advertising and display of tobacco products at point of sale, introducing ban on tobacco sponsorship, regulating appearance of tobacco products in TV and/or films, and banning brand-sharing and brand-stretching marketing techniques
- Consider introduction of plain packaging
- Consider building awareness and health literacy through strengthening of provision of evidence-based anti-tobacco mass media campaigns





Thank you
for your attention!

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GERMAN
CANCER RESEARCH CENTER
IN THE HELMHOLTZ ASSOCIATION



Research for a Life without Cancer