CALL TO ACTION

The tobacco control movement must grow its base of support to achieve ever larger and more ambitious policy and public health successes.

Completely revised, updated, and especially created to be used by students, teachers, researchers, journalists, advocates, and policymakers, the new Fifth Edition of The Tobacco Atlas and its companion website tobaccoatlas.org aims to be the most comprehensive, informative, and accessible resource on the most important and current issues in the evolving tobacco epidemic. This edition also presents an invitation to join the tobacco control movement for partners from other communities—including environment, equality, development, and non-communicable disease—whose interests are also dramatically affected by the tobacco epidemic and its human toll.

NEW TOPICS INCLUDE:

• Environmental harms of tobacco
• E-cigarette use, product development and marketing
• Trends in the use of water pipes
• Tobacco’s exacerbation of poverty and development
• Tobacco’s contribution to tuberculosis, HIV/AIDS, alcohol abuse, and mental illness
• The lifecycle of tobacco regulation
• Integrating tobacco control into the global non-communicable disease agenda
• The endgame to the tobacco epidemic

We want this document to be used, to persuade the unconvinced about...
THE TOBACCO ATLAS

Michael Eriksen
Judith Mackay
Neil Schluger
Farhad Islami Gomeshtapeh
Jeffrey Drope

tobaccoatlas.org
The tobacco control movement must grow its base of support to achieve ever-larger and more ambitious policy and public health successes.

In this edition of The Tobacco Atlas, we invite colleagues tackling closely-related challenges—including promoting equality, exploiting development and fighting non-communicable diseases (NCDs)—to explore common interests, ideas, and strategies to find far-reaching solutions. As this table of contents illustrates, every chapter touches meaningfully on one or more of these important areas.

1. **ENVIRONMENT**
   - The tobacco industry causes major ecological damage, and at least seven chapters offer solutions to protect the environment from this devastation.

2. **EQUALITY**
   - In nearly half the chapters, we highlight the tobacco industry’s attempts to attract young women and children, while also offering tractable solutions that instead empower women and protect children.

3. **DEVELOPMENT**
   - While many chapters demonstrate that tobacco is inextricably linked to chronic underdevelopment, evidence emerges throughout the Atlas demonstrating that it is possible for tobacco growers and users to free themselves from its yoke.

4. **NCDS**
   - Tobacco use is an important risk factor for all major NCDs. More importantly, it is arguably the most preventable, and the Atlas offers appropriate prevention strategies that are proven effective in multiple settings.

**SOURCES, METHODS AND DATA FOR ALL CHAPTERS ARE AVAILABLE AT TOBACCOATLAS.ORG.**
The fifth edition of The Tobacco Atlas celebrates 15 years since the WHO Framework Convention on Tobacco Control (WHO FCTC) came into force in 2005. This unique publication reviews the previous editions, providing a comprehensive resource for advocates, journalists, and policymakers that have ratifi ed or acceded to the FCTC.

DR. MARGARET CHAN
Director-General, World Health Organization

Dr. Margaret Chan, Director-General of the World Health Organization, has taken part in international health discussions for more than 40 years. Under her leadership, the United Nations Health Assembly has adopted new, treaty-compliant legislation before they ratified the treaty, or have strengthened their tobacco control legislation. We cannot permit the industry to shape in any way our public health efforts to end the tobacco epidemic.

The Tobacco Atlas provides a good example of the interrelatedness of health issues, and how we need to work together, across diseases and conditions, to improve public health.

Although we are seeing smoking rates drop in many high-income countries, the tobacco epidemic is intensifying, the tobacco industry fights back as the world’s most powerful global business and economic power continues to attempt to derail tobacco control policies. Encouragingly, these nations include those with enormous populations, and a number of low and middle-income countries where the epidemic is hitting the hardest.

Notable achievements in the past three years include Australia’s move to implement the world’s first plain packaging policy for tobacco products, and Russia and Vietnam’s passage of comprehensive national laws, including strict prohibition on smoking in all public places. As we go to press, China has just made historic progress a law that will make all indoor public places in Beijing 100% smoke-free, setting the way for a national smoke-free law in China. Such a development in the world’s most populous and highest tobacco using nation would be a game changing global health achievement. We also continue to see an unceasing commitment to tobacco control from Bloomberg Philanthropies, which since 2007 has dedicated more than $300 million to supporting anti-tobacco policies in more than 50 low and middle-income countries. Significant support also comes from the Bill and Melinda Gates Foundation, which has focused on presenting the epidemic from taking hold in Africa and on supporting policies in China and Southeast Asia. These two major donors drive momentum and buoy much of the world’s tobacco control policy efforts. These efforts are complemented by organizations such as the American Cancer Society and the World Lung Foundation, and their many partners and colleagues around the globe who continue to provide financial, material, technical, and programmatic support.

Tobacco control also is increasingly important to the Sustainable Development Goals that will be unveiled this year. The tobacco epidemic is the leading NCD risk factors that must be addressed systematically, and is critical to the Sustainable Development Goals that will be unveiled this year. The tobacco epidemic must be addressed systematically and is critical to the Sustainable Development Goals that will be unveiled this year.

We continue to confront an industry that constantly changes and adapts its marketing strategies. The broadening of new products, likely new markets for tobacco use, is a salient example. Electronic Cigarettes and “cigalikes” are challenging the tobacco control community. Researchers have only just started to measure their harm reduction potential for individual smokers, and their public health impact at the population level is still unclear. With this fifth edition of The Tobacco Atlas we hope to reach many more people around the world, to spur untraditional allies to action, and to help create opportunities to reverse the epidemic.

We want this document to be used, passed, quoted, defended, and debated, and ultimately to open discussions in the United Nations and other fora. Prompt regulation of these and other new products would protect populations from emerging tobacco use. The tobacco industry is increasingly seeking to use international economic agreements (e.g. the World Trade Organization) and its near-unlimited resources to deter countries from taking action to protect their citizens’ health. With titanic legal battles being waged on pack warnings from Australia to Uruguay, and relentless tobacco industry interference around the world, with this fifth edition we seek to involve new partners beyond our traditional public health allies—not only from the NCD community, but also experts on tax policy, development, and human rights—whose interests are dramatically affected by the tobacco epidemic and its toll, to spur untraditional allies to action, and to help create opportunities to reverse the epidemic.

The industry also increasingly seeks to use international economic agreements (e.g. the World Trade Organization) and its near-unlimited resources to deter countries from taking action to protect their citizens’ health. With titanic legal battles being waged on pack warnings from Australia to Uruguay, and relentless tobacco industry interference around the world, with this Atlas we seek to involve new partners beyond our traditional public health allies—not only from the NCD community, but also experts on tax policy, development, and human rights—whose interests are dramatically affected by the tobacco epidemic and its toll, to spur untraditional allies to action, and to help create opportunities to reverse the epidemic.

With this fifth edition of The Tobacco Atlas we hope to reach many more people around the world, to spur untraditional allies to action, and to help create opportunities to reverse the epidemic.

There is nothing more important than the health of our citizens and the safety of our children. The [21x675]4 5
[243x204]•
[243x511]T
[243x558]Director-General, World Health Organization
[249x232]ratification, acceptance, approval, or accession (see Chapter 20: Adoption). This protocol is currently open for ratification, acceptance, approval, or accession (see Chapter 20: Adoption).

The Tobacco Atlas celebrates 15 years since the WHO Framework Convention on Tobacco Control (WHO FCTC) came into force in 2005. This unique publication reviews the previous editions, providing a comprehensive resource for advocates, journalists, and policymakers that have ratifi ed or acceded to the FCTC. The Atlas also contain data from surveys conducted as part of the Global Youth Tobacco Survey and the Global Adult Tobacco Survey. WHO and Member States used these data in their efforts to develop and implement tobacco control policies.“Epidemic” means any country that has more than one national government, or a number of low and middle-income countries where the epidemic is hitting the hardest.

Notable achievements in the past three years include Australia’s move to implement the world’s first plain packaging policy for tobacco products, and Russia and Vietnam’s passage of comprehensive national laws, including strict prohibition on smoking in all public places. As we go to press, China has just made historic progress a law that will make all indoor public places in Beijing 100% smoke-free, setting the way for a national smoke-free law in China. Such a development in the world’s most populous and highest tobacco using nation would be a game changing global health achievement. We also continue to see an unceasing commitment to tobacco control from Bloomberg Philanthropies, which since 2007 has dedicated more than $300 million to supporting anti-tobacco policies in more than 50 low and middle-income countries. Significant support also comes from the Bill and Melinda Gates Foundation, which has focused on presenting the epidemic from taking hold in Africa and on supporting policies in China and Southeast Asia. These two major donors drive momentum and buoy much of the world’s tobacco control policy efforts. These efforts are complemented by organizations such as the American Cancer Society and the World Lung Foundation, and their many partners and colleagues around the globe who continue to provide financial, material, technical, and programmatic support.

Tobacco control also is increasingly important to the Sustainable Development Goals that will be unveiled this year. The tobacco epidemic is the leading NCD risk factors that must be addressed systematically, and is critical to the Sustainable Development Goals that will be unveiled this year. The tobacco epidemic must be addressed systematically and is critical to the Sustainable Development Goals that will be unveiled this year.

We continue to confront an industry that constantly changes and adapts its marketing strategies. The broadening of new products, likely new markets for tobacco use, is a salient example. Electronic Cigarettes and “cigalikes” are challenging the tobacco control community. Researchers have only just started to measure their harm reduction potential for individual smokers, and their public health impact at the population level is still unclear. With this fifth edition of The Tobacco Atlas we hope to reach many more people around the world, to spur untraditional allies to action, and to help create opportunities to reverse the epidemic.

With this fifth edition of The Tobacco Atlas we hope to reach many more people around the world, to spur untraditional allies to action, and to help create opportunities to reverse the epidemic.

The industry also increasingly seeks to use international economic agreements (e.g. the World Trade Organization) and its near-unlimited resources to deter countries from taking action to protect their citizens’ health. With titanic legal battles being waged on pack warnings from Australia to Uruguay, and relentless tobacco industry interference around the world, with this Atlas we seek to involve new partners beyond our traditional public health allies—not only from the NCD community, but also experts on tax policy, development, and human rights—whose interests are dramatically affected by the tobacco epidemic and its toll.

Just as we develop a new Atlas every three years to provide advocates, journalists, and policymakers with clear, simple, graphic, and up-to-date information, we seek also to arm these new allies, not just because tobacco causes more disease and death than any other agent, but also to shed light on the industry’s misleading actions against public health, economic growth, the global climate, and the overall health of the planet. No one is uninstructed by the ravages of tobacco.

We want this document to be used, passed, quoted, defended, and debated, and ultimately to open discussions in the United Nations and other fora. Prompt regulation of these and other new products would protect populations from emerging tobacco use. The tobacco industry is increasingly seeking to use international economic agreements (e.g. the World Trade Organization) and its near-unlimited resources to deter countries from taking action to protect their citizens’ health. With titanic legal battles being waged on pack warnings from Australia to Uruguay, and relentless tobacco industry interference around the world, with this Atlas we seek to involve new partners beyond our traditional public health allies—not only from the NCD community, but also experts on tax policy, development, and human rights—whose interests are dramatically affected by the tobacco epidemic and its toll.

Just as we develop a new Atlas every three years to provide advocates, journalists, and policymakers with clear, simple, graphic, and up-to-date information, we seek also to arm these new allies, not just because tobacco causes more disease and death than any other agent, but also to shed light on the industry’s misleading actions against public health, economic growth, the global climate, and the overall health of the planet. No one is uninstructed by the ravages of tobacco.

We want this document to be used, passed, quoted, defended, and debated, and ultimately to open discussions in the United Nations and other fora. Prompt regulation of these and other new products would protect populations from emerging tobacco use. The tobacco industry is increasingly seeking to use international economic agreements (e.g. the World Trade Organization) and its near-unlimited resources to deter countries from taking action to protect their citizens’ health. With titanic legal battles being waged on pack warnings from Australia to Uruguay, and relentless tobacco industry interference around the world, with this Atlas we seek to involve new partners beyond our traditional public health allies—not only from the NCD community, but also experts on tax policy, development, and human rights—whose interests are dramatically affected by the tobacco epidemic and its toll.
WE BELIEVE THAT BY ENGAGING A WIDE-RANGING ARRAY OF HEALTH, LEGAL, ECONOMIC, DEVELOPMENT AND ENVIRONMENTAL PROponents AND DEMONSTRATING HOW TOBACCO USE AFFECTS THEIR ISSUES, WE CAN AMPLIFY OUR IMPACT.

GET INVOLVED AT TOBACCOATLAS.ORG

### Authors' Preface

In 2000, while at a meeting of the WHO Framework Convention on Tobacco Control’s (WHO FCTC) Intergovernmental Negotiating Body, founding authors Michael Eriksen and Judith Mackay discussed the need for a global atlas on tobacco. Having recently authored two health atlases, Mackay thought it was an intriguing notion, but was concerned there might not be enough data for a true global atlas. After years of working in tobacco control at the US Centers for Disease Control and Prevention and the World Health Organization (WHO), Eriksen was confident that the data existed and that the real need was for the data to be assembled in one accessible place, presented in a colorful, graphic and readable format, and disseminated widely. In 2002, WHO published the first edition of The Tobacco Atlas. In the subsequent 15 years, much has changed in global tobacco control, and yet much has remained the same. The WHO FCTC was unanimously approved by the World Health Assembly in 2003 and signed by 180 member states, covering 95% of the world’s population. WHO also developed MPOWER, providing evidence-based best practices. Countries have continued to adoptOften paradigm-shifting policies such as prohibiting “light” cigarettes, implementing complete public smoking bans, and introducing plain/standardized tobacco product packaging. Philanthropists Michael Bloomberg and Bill and Melinda Gates have committed hundreds of millions of dollars to support global tobacco control, which among many others helped implement the Global Adult Tobacco Survey (GATS) in 2017 to serve as a complement to the existing Global Youth Tobacco Survey (GYTS). In 2002, we were driven not only by our sense of urgency but in such a way as to maintain and expand nicotine addiction worldwide.

While progress is being made, the pace is too slow and too many lives continue to be lost. As we planned the fifth edition of The Tobacco Atlas, we were driven not only by our sense of urgency to continue to vigorously promote these proven tobacco control strategies, but also to broaden the base of tobacco control and expand the number of people who are willing to act. We believe that by engaging a wide-ranging array of health, legal, economic, development, and environmental proponents and demonstrating how tobacco use affects their issues, we can amplify our impact and best work together to collectively advance tobacco control.

### Tobacco Control Lessons Include the Importance of Strategies that Affect Populations—Not Just Individuals—such as the Potential Role of Policies and Litigation in Disrupting the Status Quo.

These may be strategies that work in development, climate change, environmental protection, or poverty reduction, but that could be extremely promising for tobacco control. How can we share approaches and best work together to collectively advance the human condition?

In the first edition of The Tobacco Atlas, we wrote: “The publication of this Atlas marks a critical time in the epidemic. We stand at a crossroads, with the future in our hands. We can choose to stand aside; or to take weak and ineffective measures; or to implement robust and enduring measures to protect the health and well-being of nations.”

Four editions later—along with the wonderful earlier contributions of Omar Shafey (2nd and 3rd editions) and Hans Ross (3rd and 4th editions)—these words are as true today as they were then. The founding authors, together with new authors Neil Schluger, Farhad Islami, and Jeffrey Drope, the American Cancer Society and the World Lung Foundation are proud to present the fifth triennial edition of The Tobacco Atlas, along with the interactive www.tobaccoatlas.org website. We hope this endeavor will accelerate global efforts to reduce the harm caused by tobacco use and will engage new partners that will collectively advance global health.
ABOUT THE AUTHORS

Micheal Eriksen, Sc.D.
Michael Eriksen is Regents’ Professor and founding Dean of the School of Public Health at Georgia State University. He is also director of Georgia State University’s Tobacco Center of Regulatory Science (TCORS) and the Center of Excellence in Health Disparities Research (CeHDR). Prior to his current positions, Dr. Eriksen served as a senior advisor to the World Health Organization in Geneva and was the longest-serving director of the Centers for Disease Control and Prevention’s Office on Smoking and Health (1992–2010). Previously, Dr. Eriksen was director of behavioral research at the M.D. Anderson Cancer Center. He has recently served as an advisor to the Bill & Melinda Gates Foundation, the Robert Wood Johnson Foundation, the American Legacy Foundation, and the CDC Foundation. Dr. Eriksen has published extensively on tobacco prevention and has served as an expert witness on behalf of the US Department of Justice and the Federal Trade Commission in litigation on tobacco control, and has served as an expert witness on tobacco control and has served as an expert witness on behalf of the US Department of Justice and the Federal Trade Commission in litigation on tobacco control, and has served as an expert witness on behalf of the US Department of Justice and the Federal Trade Commission in litigation on tobacco control. He has authored or co-authored ten health atlases, published 200 papers, and addressed over 400 conferences on tobacco control. He has received many awards, including the WHO Commemorative Medal, Royal Awards from the UK and Thailand, the Fossa Prize, the Luther Terry Award for Outstanding Individual Leadership, the US Surgeon General’s Medal, the Founding International Achievement Award from the Asia Pacific Association for Control of Tobacco, and the Lifetime Achievement Award from the International Network of Women Against Tobacco. She was selected as one of Time’s 100 Most Influential People (2007), the British Medical Journal Lifetime Achievement Award (2015), and a Special Award of Outstanding Contribution on Tobacco Control (2016). She has been identified by the tobacco industry as one of its most dangerous people in the world.

Judith Mackay, MD, FRCP
Dr. Mackay is a medical doctor based in Hong Kong since 1987. She is senior advisor to World Lung Foundation as part of the Bloomberg Initiative, the Bill and Melinda Gates Foundation, senior policy advisor to the World Health Organization, and director of the Asian Consultancy on Tobacco Control. She holds professorships at the Chinese Academy of Preventive Medicine, the University of Hong Kong and Chinese University. She is a Fellow of the Royal Colleges of Physicians of Edinburgh and of London. After an early career as a hospital physician, she moved to public health, she has authored or co-authored ten health atlases, published 200 papers, and addressed over 400 conferences on tobacco control. She has received many awards, including the WHO Commemorative Medal, Royal Awards from the UK and Thailand, the Fossa Prize, the Luther Terry Award for Outstanding Individual Leadership, the US Surgeon General’s Medal, the Founding International Achievement Award from the Asia Pacific Association for Control of Tobacco, and the Lifetime Achievement Award from the International Network of Women Against Tobacco. She was selected as one of Time’s 100 Most Influential People (2007), the British Medical Journal Lifetime Achievement Award (2015), and a Special Award of Outstanding Contribution on Tobacco Control (2016). She has been identified by the tobacco industry as one of its most dangerous people in the world. This program is the first of its kind in low- and middle-income countries in Africa and Asia. He is also an associate professor of political science at Marquette University, where he regularly teaches and mentors students on global health and international development.

Neil W. Schluger, MD
Dr. Schluger is Chief Scientific Officer of World Lung Foundation as well as Chief of the Division of Pulmonary, Allergy and Critical Care Medicine at the Columbia University Medical Center and Professor of Medicine, Epidemiology and Environmental Health Science at the Columbia University College of Physicians and Surgeons and Columbia’s Mailman School of Public Health. Dr. Schluger’s career has focused on global aspects of lung disease. He has written over 150 articles, chapters and books, and his work has been published in The New England Journal of Medicine, JAMA, The Lancet, and the American Journal of Respiratory and Critical Care Medicine among other journals. He serves on the editorial boards of The American Journal of Respiratory and Critical Medicine, the Annals of the American Thoracic Society, and Chest. He is also currently serves as the Chair of the Bloomberg Committee on Tobacco and the Environment. He has received support from major funding organizations, including the National Institutes of Health (National Institute for Drug Abuse, Fogarty International Center and the National Cancer Institute), the Johns Hopkins Bloomberg School of Public Health (funds from the Bloomberg Initiative to Reduce Tobacco Use), the National Science Foundation, and the International Development Research Centre. In addition to extensively publishing in those substantive areas, he continues to participate actively in capacity-building efforts on these issues across the globe, working with major international governmental organizations, non-governmental organizations, national governments and many institutions of higher learning. Most recently, Dr. Schluger is spearheading a multi-country initiative to illuminate the economics of tobacco farming in low- and middle-income countries in Africa and Asia. He is also an associate professor of political science at Marquette University, where he regularly teaches and mentors students on global health and international development.

Farrhad Islami, MD, PhD
Dr. Islami is the director of interventions in the Surveillance and Health Services Research group at the American Cancer Society. His work focuses on investigating the associations between tobacco use and other modifiable risk factors and cancer and evaluating the effects of interventions for cancer prevention, including tobacco control, in reducing cancer morbidity and mortality. Dr. Islami has published more than 50 articles in peer-reviewed journals, including studies of the association of tobacco use with cancer and other chronic diseases, including cardiovascular and gastrointestinal disease. Several of these publications studied long-term health effects of tobacco products other than cigarettes, and studies conducted by Dr. Islami and colleagues in Iran and India have provided the strongest evidence so far for associations between waterpipe smoking and esophageal and gastric cancers. Dr. Islami was a member of the International Agency for Research on Cancer (IARC) secretariat in the IARC Monographs Volume 10: A Review of Human Carcinogens Part E, Lifestyle Factors, and the IARC Handbooks volume 14, The Effectiveness of Tax and Price Policies for Tobacco Control. He is also involved in studies of cancer disparities and distribution of risk factors of cancer, including tobacco use, in various socioeconomic groups. Dr. Islami is the co-chief editor of Frontiers in Cancer Epidemiology and Prevention, a specialty section of Frontiers in Oncology. He earned his MD from Tehran University of Medical Sciences, Iran, and a PhD in Epidemiology from the King’s College, University of London, UK.
The Tobacco Atlas is the product of the combined effort of many dedicated people.

Four individuals played vital roles as contributing authors and editorial/data coordinators: Ellie Faustino, Alex Liber, Michal Stoklosa, and Carrie Whitney played key roles as primary research assistants. For additional content and editorial support, we thank Samantha Bourque, Emily Cahill, Lauren Clark, Amanda Galley, and Sarita Pathak.

We sincerely thank the American Cancer Society and the World Lung Foundation for their unwavering support for the fifth edition of The Tobacco Atlas. We especially thank Jacqui Drope for her outstanding organizational role, as well as Sandra Malie (WLF), Elisabeth Ward (ACS) and Sally Cowal (ACS) for their leadership. Additionally, without the high-level support from ACS’ Otis Brawley and Greg Bontrager, the project would not have come to fruition. We thank Bob Land for his expert and timely indexing work. We also received crucial organizational support from Chris Frye, Keri Sauer, Lauren Rosenthal, Melissa Wilks and Shacquel Woodhouse, and relied upon Vanika Jordan for printing and publication expertise.

We are grateful to Steve Hamill at WLF for spearheading the website, and playing major roles in broader communication and promotion strategy. We thank Chen-Tsung Huang for ongoing support of the online version and Elisabeth Menden for helpful input on the website process. Also for communications and promotion efforts, we thank Tracey Bertaut, Tracey Johnston, and Tara Peters. For their advice on specific chapters and/or providing data, there are a number of individuals that we wish to thank. For Consumption, Marie Ng and her IHME colleagues, Michael Thun, Linda Andes, Krishna Palipudi, and Debora Rostov; for Smokeless Tobacco, Stephen Offrill and Purbaj Chakraborty; for Water Pipes, Oona Benson-Ept, of the Legal Challenges & Litigation, Patricia Lambert and the International Legal Consortium (ILC) at the Campaign for Tobacco-Free Kids; for WHO FCTC, Nora LaToya de Costa e Silva and Douglas Butcher; for Warnings & Packaging, Bob Camingham, for The Endgame, Miri Agli, Simon Chapman, Greg Connolly, Taf Dorchova, Sheila Duffy, J.R. Pinky Few, Becky Freeman, Joe Gitchell, Prakash Gajita, Martha Hefler, El Iloy Kierma-Paul, Jon Krouse, Eric LeGravey, Ratt Malone, Waseem Muzah and Martin Raw; for Health Consequences, Roberta Sadi and her colleagues at the European Federation of Allergy and Airways Diseases Patients’ Associations; for Nicotine Delivery Systems, Royal Kai Yee Law; and for Male Smoking and Female Smoking, IHME. For mapping assistance, we thank Liora Sahar and the Statistics and Evaluation Center at ACS, and for access to the 2014 WHO FCTC reports, we thank Tiber Salisagi.

For their superlative creative force to present these important topics in original and effective ways, we are deeply indebted to the Language Dept. team: Jenn Cash, Tanya Quick, Leah Koransky, Lizania Cruz, Angela Choi, and Niquita Taliaferro. The project is much richer and better for their contributions. Similarly, the project has benefited greatly from the translation team at Alboum & Associates. Last, and certainly not least, we thank our tireless and exacting managing editor, John M. Daniel.
The harm caused by tobacco use isn’t limited to lung cancer, heart disease, and emphysema. Tobacco use exacerbates other non-communicable diseases, mental illnesses and substance abuse problems, as well as damages the environment and undermines human development.

Tobacco damages not only the whole person but also the whole planet.

HARM

People living with mental illness are nearly twice as likely to smoke as other persons.

BODY AND MIND

Cigarette butts are the most commonly discarded piece of waste worldwide. It is estimated that 1.69 billion pounds of butts wind up as toxic trash, which is roughly equivalent to the weight of 177,895 endangered African elephants.

ENVIRONMENT

Nearly three-quarters of Brazilian smokers report spending money on cigarettes instead of household essentials.

DEVELOPMENT
As tobacco use is the most common preventable cause of death, governments must implement effective policies to prevent tobacco use (reducing initiation and promoting cessation) and involuntary exposure to tobacco smoke in order to save lives. Death registries should collect data on tobacco use status to help assess and monitor national tobacco-related death rates.

**DEATHS BY COUNTRY INCOME**

Proportion of global smoking-related deaths in high-, middle-, and low-income countries: all ages, 2010

- **HIGH INCOME**
  - 0.0–4.9%
  - 5.0–9.9%
  - 10.0–14.9%
  - 15.0–19.9%
  - 20.0–24.9%
  - 25.0–100.0%

- **LOW INCOME**
  - NO DATA

- **LOW-MIDDLE INCOME**
  - 0.0–4.9%
  - 5.0–9.9%
  - 10.0–14.9%
  - 15.0–19.9%
  - 20.0–24.9%
  - 25.0–100.0%

More than two thirds of tobacco deaths occur in low- and middle-income countries.

**DISPARITY IN TOBACCO DEATHS**

Percentage of smoking-related deaths in mixed-race and white men in South Africa: by cause of death, all ages, 2010

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Mixed Race (%)</th>
<th>White (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Upper aerodigestive cancer</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>COPD</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>10%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Tobacco-related deaths are more common in people with lower socioeconomic status. In South Africa, mixed-race men tend to be of lower socioeconomic status than white men.
### SMOKING AND HIV

#### Life years lost due to smoking: Danish cohort, ages 35–80, 1995–2000

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Life Years Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never-sounder</td>
<td>5.1</td>
</tr>
<tr>
<td>Former smoker</td>
<td>18.3</td>
</tr>
<tr>
<td>Current smoker</td>
<td>61.4</td>
</tr>
</tbody>
</table>

Current smokers are more likely to be hazardous drinkers than are both never-smokers and former smokers, and at higher risk of adverse effects of both smoking- and alcohol-related diseases.

#### Smoking prevalence among people with lifetime mental illness, USA, 2012

<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>Smoking Status</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical illness</td>
<td>Never-sounder</td>
<td>19.2%</td>
</tr>
<tr>
<td>Medical illness</td>
<td>Former smoker</td>
<td>22.2%</td>
</tr>
<tr>
<td>Medical illness</td>
<td>Daily smoker</td>
<td>44.4%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>Never-sounder</td>
<td>18.3%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>Former smoker</td>
<td>21.0%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>Daily smoker</td>
<td>51.2%</td>
</tr>
</tbody>
</table>

Mental health disorders are also tied closely to tobacco use. Persons with mental illness have high smoking rates, and for certain illnesses, such as anxiety disorders, tobacco use may cause or worsen the problem. Smoking and mental illness.

#### In its efforts to undermine and diminish the devastating effects of smoking on health, British American Tobacco has argued that “there are other issues (besides smoking & health) which we believe should be of greater significance to the public health and the WHO including hepatitis which is very prevalent in China and a major health concern.”

—British American Tobacco, 1997

### SMOKING AND ALCOHOL ABUSE

#### Smoking status for hazardous drinking: percent of hazardous drinking among different types of smokers, USA, 2010

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Hazardous Drinking Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never-sounder</td>
<td>19.2%</td>
</tr>
<tr>
<td>Former smoker</td>
<td>22.2%</td>
</tr>
<tr>
<td>Current smoker</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

Current smokers are more likely to be hazardous drinkers than are both never-smokers and former smokers, and at higher risk of adverse effects of both smoking- and alcohol-related diseases.

#### Alcohol consumption in terms of drinks per week:

- Never-sounder: 10 drinks per week
- Former smoker: 15 drinks per week
- Daily smoker: 40 drinks per week

#### Definitions:

- **Never-sounder**: drinks < 1 drink per week
- **Former smoker**: drinks > 7 drinks per week or > 14 drinks per week or > 4 drinks per day at least once in the past year
- **Daily smoker**: drinks > 7 drinks per week or > 14 drinks per week or > 4 drinks per day at least once in the past year

#### Smoking will prevent countries from meeting their tuberculosis mortality Millennium Development Goal.

#### Call to action

Providers must routinely integrate smoking cessation services into TB, HIV, alcohol and mental health care.

#### Smoking and TB

Mortality rate goal per 100,000 and estimated year of achievement with/without tobacco.

#### Smoking and TB

Mortality rate goal per 100,000 and estimated year of achievement with/without tobacco.
Tobacco smoke has more than 7000 chemicals, hundreds of which are toxic and negatively affect almost all organ systems. Children born to women who smoke during pregnancy are at higher risk of congenital disorders, cancer, respiratory disease, and sudden death 


tobacco smoke concentrates the color of smokers’ hair.

The overwhelming medical and economic burdens of tobacco-related diseases in smokers are far more likely to develop such serious diseases than non-smokers who are exposed to secondhand smoke, which can cause many types of cancer. Smoking increases risk of death from ischemic heart disease by more than 2.5-fold and cause many types of cancer. Smoking increases risk of death from ischemic heart disease by more than 2.5-fold and

Several tobacco products have been introduced that claim to reduce harm, but some of them have already shown harmful effects. The World Health Organization has classified smoking tobacco as an established cause of cancers of the mouth, esophagus, and pancreas. Smokeless tobacco, water pipes, and low-tar cigarettes expose users to carcinogens that are present in cigarette smoke. Preliminary studies have shown that e-cigarettes may be exposed to some harmful compounds or suffer some acute symptoms, but overall, e-cigarettes appear to be less harmful than traditional cigarettes as they do not involve combustion. Nevertheless, their overall impact on public health is unclear (see Chapter 12: E-cigarettes). As there is no safe tobacco product, the best way to prevent tobacco-associated harms is to avoid starting use (or for tobacco users to quit).

Due to limited access to care for early detection and treatment of tobacco-related diseases, individuals from lower socioeconomic status or in low- and middle-income countries can be at higher risk of death for not being adequately treated in a timely manner. Surgeries at older ages can be associated with some outcomes.

Tobacco smoke has more than 7000 chemicals, hundreds of which are toxic and negatively affect almost all organ systems. Children born to women who smoke during pregnancy are at higher risk of congenital disorders, cancer, respiratory disease, and sudden death 


tobacco smoke concentrates the color of smokers’ hair.

The overwhelming medical and economic burdens of tobacco-related diseases in smokers are far more likely to develop such serious diseases than non-smokers who are exposed to secondhand smoke, which can cause many types of cancer. Smoking increases risk of death from ischemic heart disease by more than 2.5-fold and cause many types of cancer. Smoking increases risk of death from ischemic heart disease by more than 2.5-fold and

Several tobacco products have been introduced that claim to reduce harm, but some of them have already shown harmful effects. The World Health Organization has classified smoking tobacco as an established cause of cancers of the mouth, esophagus, and pancreas. Smokeless tobacco, water pipes, and low-tar cigarettes expose users to carcinogens that are present in cigarette smoke. Preliminary studies have shown that e-cigarettes may be exposed to some harmful compounds or suffer some acute symptoms, but overall, e-cigarettes appear to be less harmful than traditional cigarettes as they do not involve combustion. Nevertheless, their overall impact on public health is unclear (see Chapter 12: E-cigarettes). As there is no safe tobacco product, the best way to prevent tobacco-associated harms is to avoid starting use (or for tobacco users to quit).

Due to limited access to care for early detection and treatment of tobacco-related diseases, individuals from lower socioeconomic status or in low- and middle-income countries can be at higher risk of death for not being adequately treated in a timely manner. Surgeries at older ages can be associated with some outcomes.
While only one third of parents reported that their children were exposed to secondhand smoke, laboratory tests confirmed that, in reality, 60% of children brought to hospitals (Cincinnati Children's Hospital Medical Center) in the United States for asthma or breathing problems were exposed to secondhand smoke. These findings indicate that many respiratory diseases that might not be linked to secondhand smoke based on self-reports may in fact be related to the exposure.

PREVALENCE (%)

HOME

WORK

WORKPLACE

RESTAURANTS

> 0%

0%—60%

60%—80%

80% —

ORGANIZATION

Asthma, rhinitis, sinus, pharynx, cancer of the nasal cavity, larynx, sinus, pharynx, skin, bone, head, eye, liver, lung, heart, reproductive disease, asthma, cancer, attention deficit/hyperactivity disorder

UNDERESTIMATED EXPOSURE

Exposure to secondhand smoke in children brought to a hospital for asthma or breathing problems Cincinnati, USA, 2010-2011

<table>
<thead>
<tr>
<th>EXPOSURE BY HOME</th>
<th>WORK</th>
<th>PUBLIC PLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Each year, secondhand smoking in the United Kingdom causes over 20,000 cases of lower respiratory tract infection, 120,000 cases of middle ear disease, 22,000 new cases of wheeze and asthma, and 200 cases of bacterial meningitis in children alone.

SUFFICIENT EVIDENCE

Coronary artery disease

Cancer, premature delivery

Stroke, nasal irritation

SUGGESTIVE EVIDENCE

Chronic obstructive pulmonary disease

Cancer, asthma, impaired lung function

Breast cancer, preterm delivery

Cancer of the nasal, skin, pleura, and larynx

Allergic diseases (including rhinitis, dermatitis, food allergy, lymphoma, leukemia)

LEARNING DISABILITY AND ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Smoking bans in public places have a major effect on reducing exposure to secondhand smoke (see Chapter 23: Smoke-Free).

In 2007, South Australia became the first Australian state to ban smoking in cars in which children were traveling.

In 2010, China announced plans to implement smoke-free travel and work rest home areas and/or at certain times only.

 Exposure to secondhand smoke can cause many of the same diseases as active smoking. It increases the risk of contracting lung cancer by 10% (small cell lung cancer by 30%) and coronary heart disease by 25%. Exposure to secondhand smoke killed more than 600,000 nonsmokers in 2010. Heart, lung, and cancer are the most common causes of deaths related to secondhand smoke. Women suffer the greatest number of deaths among nonsmoking adults. In 2010, 760 million women were exposed by secondhand smoke in China alone.

Although most health effects of active smoking appear in older ages, many victims of exposure to secondhand smoke are children or even unborn babies. Because these effects occur at early ages, the number of years of healthy life lost due to sickness, disability or early death related to secondhand smoke in children is much higher than in adults. Laboratory tests revealing exposure to smoke suggest that harmful effects of exposure to secondhand smoke in children may even be vastly underestimated.

People can be exposed to secondhand smoke in homes, indoor work and public places, care, outdoor places, and in multihabit buildings—even if nobody smokes in one’s own apartment but people smoke smoke-free in the building.

The health effects of exposure to vapor from e-cigarettes are currently unknown, but several countries have included or are considering the inclusion of e-cigarettes in smoke-free regulations to prevent abatement of smoke-free laws by e-cigarette smoking. This inclusion would prevent any potential harm from exposure to e-cigarette vapor.

Nicotine and other tobacco compounds accumulate on various surfaces (such as clothes, furniture, walls, and vehicles) and can stay there for several months after smoking has stopped, even after the surfaces have been washed. These residues, or thirdhand smoke, contain several toxic compounds and have shown harmful effects on human cells and animals in laboratory studies, but the nature and magnitude of any health effects in human studies further investigation. Nevertheless, measures to eliminate secondhand smoke, such as banning smoking in public places, bars, houses, and vehicles (see Chapter 23: Smoke-Free), can also reduce thirdhand smoke.

162,200

EXPOSURE BY SOCIOECONOMIC STATUS

Voluntary smoking ban at home

By education level:

Ganglione, China, 2010

<table>
<thead>
<tr>
<th>PRIMARY SCHOOL OR LESS</th>
<th>ATTENDED SECONDARY SCHOOL</th>
<th>HIGHER SCHOOL GRADUATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>20%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Families with low socioeconomic status are more likely to be exposed to secondhand smoke at home.
FARMING & VEGETATION LOSS

Tobacco farming contributes to vegetation loss and climate change.

Clearing of land for cultivation and the large amounts of wood needed for curing tobacco cause deforestation at a rate of approximately 200,000 ha per year, and the subsequent release of greenhouse gases contributes to climate change.

In 2011, a vice president at Philip Morris observed, "Our social value starts with the product. We try to confer to the planet... There is no PERCEIVED SOCIAL VALUE TO OUR PRODUCT..." Tobacco companies tout their Corporate Social Responsibility and take pride in "sustainable" practices such as the "Keep America Beautiful" campaign, but it really the trace is designed to protect the value of their business.

THE LAST SOCIALLY ACCEPTABLE FORM OF LISTENING in that tobacco farmers are increasingly health and environmentally conscious world.

In 2011, a New York Times article stated... In 2011, a vice president at Philip Morris observed, "Our social value starts with the product. We try to confer to the planet... There is no PERCEIVED SOCIAL VALUE TO OUR PRODUCT..." Tobacco companies tout their Corporate Social Responsibility and take pride in "sustainable" practices such as the "Keep America Beautiful" campaign, but it really the trace is designed to protect the value of their business.

The tobacco industry damages the environment in many ways, and in ways that go beyond the effects of the smoke that cigarettes put into the air when they are smoked. The harmful impact of the tobacco industry on deforestation, climate change, litter, and forest fires is enormous and growing.

Tobacco farming is a complicated process involving heavy use of pesticides, growth regulations, and chemical herbicides to control pests. These can create environmental health problems, particularly in low- and middle-income countries with lax regulatory standards. In addition, tobacco more than other food and cash crops, depletes soil of nutrients, including nitrogen, phosphorus, and potassium. As a result, in many low- and middle-income regions of the world, new areas of woodland are cleared every year for tobacco crops (as opposed to re-using plots) and for wood needed for curing tobacco leaves, leading to deforestation.

This deforestation can contribute to climate change by removing trees that eliminate CO2 from the atmosphere. Litter from cigarette butts is the second highest.

The tobacco industry damages the environment in many ways, and in ways that go beyond the effects of the smoke that cigarettes put into the air when they are smoked. The harmful impact of the tobacco industry on deforestation, climate change, litter, and forest fires is enormous and growing.

Tobacco farming is a complicated process involving heavy use of pesticides, growth regulations, and chemical herbicides to control pests. These can create environmental health problems, particularly in low- and middle-income countries with lax regulatory standards. In addition, tobacco more than other food and cash crops, depletes soil of nutrients, including nitrogen, phosphorus, and potassium. As a result, in many low- and middle-income regions of the world, new areas of woodland are cleared every year for tobacco crops (as opposed to re-using plots) and for wood needed for curing tobacco leaves, leading to deforestation.

This deforestation can contribute to climate change by removing trees that eliminate CO2 from the atmosphere. Litter from cigarette butts is the second highest...
POVERTY

**CALL TO ACTION**

Governments should strengthen tobacco control programs to prevent tobacco consumption from impoverishing citizens and impeding economic development.

**TOBACCO IMPOVERISHES COUNTRIES**

<table>
<thead>
<tr>
<th>Country</th>
<th>Revenue Lost (USD)</th>
<th>Percentage of GNI Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>$40M</td>
<td>0.5%</td>
</tr>
<tr>
<td>United States</td>
<td>$6000</td>
<td>0.001%</td>
</tr>
<tr>
<td>Brazil</td>
<td>100M</td>
<td>1%</td>
</tr>
</tbody>
</table>

The cost to Brazil due to tobacco is approximately 100 million reais per tobacco smoker in lost productivity.

**CHILD LABOR**

Working in tobacco fields affects school attendance and retention rates.

- In Kapanje district and Kasungu in the country of Malawi.

**VICTIOUS CYCLE**

Disadvantage increases smoking likelihood, and smoking increases likelihood of disadvantaged circumstances.

**FINANCIAL STRAIN**

Percentage of male smokers who spent money on cigarettes instead of household essentials.

<table>
<thead>
<tr>
<th>Country</th>
<th>India</th>
<th>Mexico</th>
<th>Malaysia</th>
<th>United States</th>
<th>Brazil</th>
<th>France</th>
<th>Portugal</th>
<th>Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>7%</td>
<td>6%</td>
<td>25%</td>
<td>100%</td>
<td>7%</td>
<td>6%</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Double</td>
<td>7%</td>
<td>6%</td>
<td>25%</td>
<td>100%</td>
<td>7%</td>
<td>6%</td>
<td>15%</td>
<td>25%</td>
</tr>
</tbody>
</table>

**INCOME UP IN SMOKE**

Percentage of median household income needed to buy 10 of the cheapest brand of cigarettes per day.

- 2012:
  - 10.00–100.00%
  - 7.50–9.99%
  - 5.00–7.49%
  - 2.50–4.99%
  - 0.00–2.49%

**INDUSTRY SAYS quote: allies say**

"the average life expectancy in Burkina Faso is 40 years, which is 40 years lower than in Canada.**

"The developing world is about to enter a phase of rapid growth in tobacco, at a time when it cannot afford to."


**THE HEALTH PROBLEMS WHICH SOME SAY ARE CAUSED BY CIGARETTES JUST WON'T BE A PROBLEM HERE.**

There is an inextricable and pernicious relationship between tobacco and poverty. In many ways, tobacco and poverty are part of the same vicious cycle. Across the globe, smoking is generally common among the poorest segments of the population. These groups, already under financial stress, have little disposable income to spend on cigarettes. Consumption of tobacco adds directly to financial stress. For example, in a city such as New York, a pack-per-day smoker living at the poverty level spends as much as 20% of his household income in supporting his smoking habit. In low-income countries, the World Health Organization estimates that as much as 10% of household income can be spent on tobacco products, leaving less money for food, education, housing, and clothing. There are costs to smokers who go far beyond the money that they pay to buy cigarettes. Smokers develop many more illnesses than non-smokers, which places enormous cost stresses on any country’s health care expenditures, and makes it more difficult to afford health coverage. As a result, in places where individuals purchase health insurance, these costs are proportionally much higher than they are for non-smokers. Smoking-related illnesses takes working out of the work force, adding to the indirect costs of tobacco and creating further downward pressure on the economy, especially in LMICs.
Tobacco companies view vulnerable populations as market opportunities, not as human beings.

**PRODUCTS AND THEIR USE**

The tobacco industry has invested billions of dollars marketing new products to new people in new markets, often purporting that their sole goal is to reduce harm to their customers. We know, however, that their real aim is simply to sell more products and create more addiction, with little concern for who or what is harmed.
VARIATIONS IN NICOTINE LEVELS

Daily nicotine consumption illustrated through select product and usage examples

<table>
<thead>
<tr>
<th>Product</th>
<th>Usage</th>
<th>Nicotine Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>1-2 packs/day</td>
<td>20-30 mg</td>
</tr>
<tr>
<td>Snus</td>
<td>1 pouch/day</td>
<td>20 mg</td>
</tr>
<tr>
<td>E-cigarettes</td>
<td>10 puffs</td>
<td>10-20 mg</td>
</tr>
<tr>
<td>Water pipes</td>
<td>1 session</td>
<td>10 mg</td>
</tr>
<tr>
<td>Oral nicotine patches</td>
<td>1 patch/day</td>
<td>10 mg</td>
</tr>
</tbody>
</table>

INCREASED CALLS AND VISITS REGARDING E-LIQUID POISONINGS AND EXPOSURES.

Nicotine is a poison and e-liquid is absorbed through inhalation, ingestion and skin contact. E-Cigarettes and liquid nicotine products often resemble candy or are attractive to children and children, who are at a considerable risk of a liquid nicotine poisoning.

The number of poison center calls involving e-cigarettes and liquid nicotine rose from one per month in September 2010 to 215 per month in February 2014 in the US. The number of poison center calls involving e-cigarettes and liquid nicotine rose from one per month in September 2010 to 215 per month in February 2014 in the USA. It is not uncommon if these products are dangerous to users and how much exposure must occur for harm to be detected. Example: nicotine.

Cigarettes

Traditionally sold by entrepreneurial companies, but increasingly cigarette companies are owned by tobacco companies. These products contain an advantage that heated liquid nicotine and other flavors and additives, creating a vapor that is then inhaled.

ACUTE EXPOSURE TO NICOTINE THROUGH INHALATION, INGESTION AND SKIN CONTACT.

Nicotine is a poison, and e-liquid is absorbed through inhalation, ingestion and skin contact. E-Cigarettes and liquid nicotine products often resemble candy or are attractive to children and children, who are at a considerable risk of a liquid nicotine poisoning.

The number of poison center calls involving e-cigarettes and liquid nicotine rose from one per month in September 2010 to 215 per month in February 2014 in the USA. It is not uncommon if these products are dangerous to users and how much exposure must occur for harm to be detected. Example: nicotine.

Cigarettes

Traditionally sold by entrepreneurial companies, but increasingly cigarette companies are owned by tobacco companies. These products contain an advantage that heated liquid nicotine and other flavors and additives, creating a vapor that is then inhaled.

ACUTE EXPOSURE TO NICOTINE THROUGH INHALATION, INGESTION AND SKIN CONTACT.

Nicotine is a poison, and e-liquid is absorbed through inhalation, ingestion and skin contact. E-Cigarettes and liquid nicotine products often resemble candy or are attractive to children and children, who are at a considerable risk of a liquid nicotine poisoning.

The number of poison center calls involving e-cigarettes and liquid nicotine rose from one per month in September 2010 to 215 per month in February 2014 in the USA. It is not uncommon if these products are dangerous to users and how much exposure must occur for harm to be detected. Example: nicotine.

Cigarettes

Traditionally sold by entrepreneurial companies, but increasingly cigarette companies are owned by tobacco companies. These products contain an advantage that heated liquid nicotine and other flavors and additives, creating a vapor that is then inhaled.
Our largest objective is to dramatically reduce the consumption of combustible cigarettes.

**TOP 10 CONSUMERS**

Distribution of cigarette consumption: 2014

- China
- Russia
- United States
- Indonesia
- Japan
- Canada
- Germany
- South Korea
- Brazil
- France

**5.8 TRILLION**

number of cigarettes smoked worldwide in 2014.

**Chapter 30 31**

Many of the nations which significantly reduced their smoking prevalence during this last decade, including New Zealand, and Uruguay, have noted that their smoking rates are those who smoke the most cigarettes per day. Increased tobacco control efforts must be targeted at these hard-nosed users, who are often the most vulnerable members of society.

**CONSUMPTION BY REGION**

Global cigarette consumption by WHO region 1980-2013, in trillions

**SMOKING AND WEALTH**

Disparities in cigarette consumption in selected Global Adult Tobacco Survey countries by wealth group: 2014

**SMOKING AND WEALTH**

Disparities in cigarette consumption in selected Global Adult Tobacco Survey countries by wealth group: 2014

**THE MARKET COMPETS ON ADDICTION**

— The most addictive products win out

“...the underlying business continues to perform well.”

— OUR GROWTH STRATEGY CONTINUES TO DELIVER.”

—SIGMUND DURANTE, CEO, British-American Tobacco, 2013

**CIGARETTE CONSUMPTION**

Number of cigarettes smoked per person per year: age ≥ 15, 2014*

- 0—499
- 500—999
- 1,000—1,499
- 1,500—1,999
- 2,000—3,500

**INTENSE SMOKING**

Countries where average annual number of cigarettes smoked per adult per year: 2014

**PRODUCTS**

Lower socioeconomic groups smoke more not only in high-income but also in low- and middle-income countries.

About 5.8 trillion (5,400,000,000,000) cigarettes were smoked worldwide in 2014. The significant reductions in smoking rates in the United Kingdom, Australia, Brazil, and other countries that implement increasingly tight tobacco control laws have been offset by the growing consumption in a single nation: China. The Chinese market now consumes more cigarettes than all other low- and middle-income countries combined.**

The disproportionate increase in the number of cigarettes smoked in China is a combined effect of China’s population growth and an increase in smoking intensity. In 2013, an average smoker in China smoked 22 cigarettes a day, nearly 50% more than in 1980.

Patterns of cigarette consumption vary widely within countries. Cigarette consumption displays large disparities and is associated with lower socioeconomic status, even in low- and middle-income countries. These inequalities can be reduced by the use of targeted tobacco control measures. For example, revenue from cigarette tax increases could be directed to fund tobacco prevention and cessation programs for disadvantaged groups. Consumption of other combusted tobacco products is also on the rise. Since 2000, global consumption of cigarette-like cigars has more than doubled, while consumption of roll-your-own tobacco and pipe tobacco both increased by more than a third. This increase is partly because these other tobacco products are often taxed at lower rates than cigarettes and are, therefore, more affordable.

**SMOKING AND WEALTH**

Disparities in cigarette consumption in selected Global Adult Tobacco Survey countries by wealth group: 2014

**THE MARKET COMPETS ON ADDICTION**

— The most addictive products win out

“...the underlying business continues to perform well.”

— OUR GROWTH STRATEGY CONTINUES TO DELIVER.”

—SIGMUND DURANTE, CEO, British-American Tobacco, 2013

**CIGARETTE CONSUMPTION**

Number of cigarettes smoked per person per year: age ≥ 15, 2014*

- 0—499
- 500—999
- 1,000—1,499
- 1,500—1,999
- 2,000—3,500

**INTENSE SMOKING**

Countries where average annual number of cigarettes smoked per adult per year: 2014

**PRODUCTS**

Lower socioeconomic groups smoke more not only in high-income but also in low- and middle-income countries.
Middle-income countries have seen the greatest increase.

In these three different regions, neighboring countries had comparable male smoking prevalence in 1980 and diverged over time.

Globally, nearly a third of men ages 15 years or older, or around 820 million people, are current smokers. In the last 30 years, the global age-standardized prevalence of daily smoking among men has decreased approximately 10%. However, the trend in smoking prevalence in men varies substantially worldwide, from a 24% decrease in Canada to a 16% increase in Kazakhstan from 1980 to 2013.

Although most of the countries with the greatest reductions in male smoking are high-income countries, smoking prevalence has also substantially decreased in many low- to middle-income countries (LMICs) (GLOBAL FORECAST). However, many other LMICs have made only slight reductions or have even experienced an increase in their smoking prevalence (GLOBAL FORECAST). Most of these countries are located in Southern and Central Asia, Eastern Europe, and Africa. For example, with no reduction in smoking prevalence from 1980 to 2013, Indonesia has more than 50 million male daily smokers, and ranks third globally for the number of male smokers. If current tobacco trends continue, smoking prevalence in men and women combined in Africa will increase from 10% in 2010 to 22% in 2030, most of which is expected to be among men (GLOBAL FORECAST). Because the African population is growing much more rapidly than the rest of world, Africa will see a much higher number of male smokers in the future if no additional tobacco control policies are implemented.

China has one third of all male smokers worldwide. Although awareness about the importance of tobacco control appears to be increasing, and several tobacco control policies have recently been established in China, simulation models suggest that additional tobacco control programs could reduce smoking rates in China by more than 40% and potentially save more than 12.7 million lives by 2050. Countries with limited tobacco control policies could see comparable or even greater reductions in smoking prevalence if they were to establish more-effective policies.
Approximately 170 million adult women worldwide are daily smokers. Smoking rates in women significantly decreased from 1980 to 2013 in several high-income countries. However, smoking among women is still more common in high-income than in low- and middle-income countries.

Although smokeless tobacco use by South Asian women is relatively common (see Chapter 13: Smokeless Tobacco), female cigarette smoking in most Asian and African countries is uncommon. Furthermore, smoking rates decreased in several Asian and African countries from 1980 to 2013. However, appropriate tobacco control programs must be in place to prevent an increase in smoking rates among women in the future to ensure that low- and middle-income countries will not follow the pattern of the global smoking epidemic. In this model, the male smoking prevalence substantially increased, and over the following 3-5 decades smoking rates increased among women.

The example of Japan shows that this second stage of the epidemic (the increase in female smoking prevalence) is not inevitable.

Tobacco companies attempt to link smoking to women’s rights and gender equality, as well as glamor, sociability, enjoyment, success, and.slimness. They use various strategies to promote the social acceptability of smoking in women, including product development (e.g. flavors and aromas), product design (e.g. packs that are more appealing to women), and advertising, involvement in social responsibility programs, and using the influence of popular media.

Some people, especially women, smoke in order to lose or control weight. If they stop smoking, they fear gaining weight. They use smoking as a way to control weight or obesity, with additional benefits beyond weight control alone.
### Prevalence of Current Use of Tobacco Products: by World Health Organization Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Africa</th>
<th>Eastern Mediterranean</th>
<th>Europe</th>
<th>Latin America and the Caribbean</th>
<th>North America</th>
<th>South East Asia</th>
<th>Western Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence (2011-2013)</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### PURCHASING CIGARETTES

- Store is high in many countries, but it can be reduced by banning tobacco-product sales to minors or enforcing the minimum legal sale age.

### E-Cigarette Use

- Although data on youth e-cigarette smoking from national surveys are sparse, available data show that current e-cigarette smoking among high school students in the United States tripled from 2011 to 2013.

- In the United Kingdom in 2011, every 13 American children under age 18 alive today (around 54 million children) will die prematurely from smoking-related diseases unless current smoking rates stop further.

### Vulnerable Populations Are More Highly Receptive to Marketing

- Vulnerable populations include tobacco-product users. Tobacco advertising is a primary cause of tobacco-product use.

- Tobacco products targeting vulnerable populations include cigarettes, smokeless tobacco, and cigars.

### In the United Kingdom in 2011, Every 13 American Children under Age 18 Alive Today (Around 54 Million Children) Will Die Prematurely from Smoking-Related Diseases Unless Current Smoking Rates Stop Further.

- In 2000, 4% of Indonesian boys ages 13-14 had smoked cigarettes; 9% of girls were non-users but not past-time users because of their age.
Electronically cigarettes, also known as e-cigarettes or electronic nicotine delivery systems, were introduced to the market by Chinese entrepreneurs in 2014 and have skyrocketed in awareness, use, and controversy over the past decade. E-cigarettes represent a booming industry, estimated at USD2.5 billion in the USA in 2014. E-cigarettes mimic traditional cigarettes in design and are often assumed to be “safer” than traditional cigarettes, or to help smokers quit. E-cigarettes deliver nicotine, and their health effects are unknown; yet they are assuredly less harmful than traditional tobacco products that burn tobacco. E-cigarette use in the USA increased 250% from 2010 to 2014. E-cigarettes come in 27,000 different varieties and have been the subject of much debate and controversy. In a 2014 survey of 12 European countries, 28% of current smokers indicated they would consider using an e-cigarette, and 15% had used e-cigarettes. To set aside the potential health claims, a key focus of regulatory efforts should be to help smokers quit.
The prevalence of water pipe use among students has increased dramatically in Jordan and the USA. Water pipe smoking is associated with elevated risks of lung, lip, mouth, and esophageal cancers. As widespread water pipe smoking in the Middle East continues, the need for international research and harmonized policies becomes critical. The promotion of water pipe use in general is a way of erasing the notion that smoking water pipes is safer than smoking cigarettes. Tobacco use is safer than smoking cigarettes, a notion which is reinforced by tobacco companies that market water pipes. The tobacco industry deliberately misrepresents the harm posed by smoking water pipe tobacco.

WATER PIPE USE
Percentage of adults currently using water pipes in Middle Eastern countries

LESS THAN 2% 1-10% MORE THAN 10% NO DATA

**MA'ASSEL IN SYRIA**

Water pipe smokers may have started smoking in the early 1950s, after the introduction of ma’assel.

**NAMES FOR WATER PIPES**

English and native script and the countries where a name predominates.

**WOMEN AND WATER PIPES**

Water pipe use is especially difficult to confront because it often happens in homes, away from the traditional social pressures and policy interventions that are in place for smoking cigarettes. Water pipe smokers often falsely believe that their form of tobacco use is safer than smoking cigarettes, a notion which must be dispelled by thorough, aggressive educational efforts. The prevalence of water pipe use among students has increased dramatically in Jordan and the USA.

**INCREASING PREVALENCE**

Evidence from Jordan and USA

**PRODUCTS**

The prevalence of water pipe use among students has increased dramatically in Jordan and the USA.

**CALL TO ACTION**

Governments should regulate water pipes and their use in the same ways as all other combustible tobacco products, and the use of water pipes in public places should not be exempted from smoke-free laws.
By using existing laws, tobacco control proponents were able to ban gum products in India. The “Product not to contain any substance which may be injurious to health” clause has been used by the government to block new brands and flavored smokeless tobacco products. The reaction of India’s manufacturers responded by producing smokeless tobacco products that are not classified as food. The reaction of India’s manufacturers is clear to the harm remains unclear.

Smoking tobacco use in Malagasy men decreases as they become more educated, making smokeless tobacco more attractive to them. By contrast, smoking tobacco is used equally by men of all education levels. Smoking tobacco use among youths ensures that the health harms caused by smokeless tobacco use are carried forward to the next generation of smokers.

**Smoking tobacco use in Malagasy men decreases as they become more educated.**

**Over 50% of Oral Cancers in Sudanese men are caused by the use of smokeless tobacco products.**

**20 countries have never collected smokeless tobacco use data, leaving them with an incomplete picture of tobacco use in their country.** Such information needs to be collected in future tobacco surveillance efforts.

**Flavored smokeless tobacco products have consistently been perceived...** "for beginners" or a way to recruit "CHERRY SKOAL is a product not to contain any substance..." for the chemical-microbial dynamic that increases microbial production of nitrosamines, which reacts to form TSNAs. A former US Tobacco sales representative revealed that "...tobacco changes the likelihood of a person to use cigarettes by these products. Research will inform future policy action on smokeless tobacco products. The question of whether using smokeless tobacco products between bacteria and tobacco leaves makes up the chemical-microbial dynamic..." An ongoing chain of chemical reactions during the preparation of smokeless tobacco products between bacteria and tobacco leaves makes up the chemical-microbial dynamic that increases microbial production of nicotine, which reacts to form TSNAs. The 2014 European Union Tobacco Products Directive left a ban on snus sales in place in every EU country except Sweden. In recent years, the test marketing of smokeless tobacco products was commercial failures in Canada and South Africa. By contrast, in 2012, the Indian Supreme Court disrupted the world’s largest smokeless tobacco market when it ruled that gutka and pan masala were dangerous food products, the sale of which could be temporarily banned under Indian food safety laws. India’s manufacturers responded by producing smokeless tobacco products that are not classified as food. The reaction of India’s smokeless tobacco users to the ban remains unclear.

**Smoking tobacco use among youths ensures that the health harms caused by smokeless tobacco are not likely to be ameliorated.**

**Proven effectiveness of smokeless tobacco use among youth.** Aged 13 to 15 years, by WHO region, 2013 or most recent

**Processing impacts carcinogens.** Effect of processing on a key group of carcinogens in smokeless tobacco products from around the world: Tobacco-Specific Nitrates (TSNAs) in ng/g

**Proven effectiveness of smokeless tobacco use among youth.** Aged 13 to 15 years, by WHO region, 2013 or most recent

**By using existing laws, tobacco control proponents were able to ban gum products in India.** The “Product not to contain any substance which may be injurious to health” clause has been used by the government to block new brands and flavored smokeless tobacco products. The reaction of India’s manufacturers responded by producing smokeless tobacco products that are not classified as food. The reaction of India’s manufacturers is clear to the harm remains unclear.

Smoking tobacco use in Malagasy men decreases as they become more educated, making smokeless tobacco more attractive to them. By contrast, smoking tobacco is used equally by men of all education levels. Smoking tobacco use among youths ensures that the health harms caused by smokeless tobacco use are carried forward to the next generation of smokers.

**Smoking tobacco use in Malagasy men decreases as they become more educated.**

**Over 50% of Oral Cancers in Sudanese men are caused by the use of smokeless tobacco products.**

**20 countries have never collected smokeless tobacco use data, leaving them with an incomplete picture of tobacco use in their country.** Such information needs to be collected in future tobacco surveillance efforts.

**Flavored smokeless tobacco products have consistently been perceived...** "for beginners" or a way to recruit "CHERRY SKOAL is a product not to contain any substance..." for the chemical-microbial dynamic that increases microbial production of nitrosamines, which reacts to form TSNAs. A former US Tobacco sales representative revealed that "...tobacco changes the likelihood of a person to use cigarettes by these products. Research will inform future policy action on smokeless tobacco products. The question of whether using smokeless tobacco products between bacteria and tobacco leaves makes up the chemical-microbial dynamic..." An ongoing chain of chemical reactions during the preparation of smokeless tobacco products between bacteria and tobacco leaves makes up the chemical-microbial dynamic that increases microbial production of nicotine, which reacts to form TSNAs. The 2014 European Union Tobacco Products Directive left a ban on snus sales in place in every EU country except Sweden. In recent years, the test marketing of smokeless tobacco products was commercial failures in Canada and South Africa. By contrast, in 2012, the Indian Supreme Court disrupted the world’s largest smokeless tobacco market when it ruled that gutka and pan masala were dangerous food products, the sale of which could be temporarily banned under Indian food safety laws. India’s manufacturers responded by producing smokeless tobacco products that are not classified as food. The reaction of India’s smokeless tobacco users to the ban remains unclear.

**Smoking tobacco use among youths ensures that the health harms caused by smokeless tobacco are not likely to be ameliorated.**

**Proven effectiveness of smokeless tobacco use among youth.** Aged 13 to 15 years, by WHO region, 2013 or most recent
The tobacco industry profits on the harm caused to their customers.

The tobacco industry, driven only by profit, seeks to manipulate consumers to buy more of their products with no regard for the consequent harms. Governments and societies must not only seek to end the industry’s deplorable behaviors, but also using the lessons from fighting this epidemic—particularly effective population-level policy interventions—they can make certain that something similar does not happen with other industries that potentially harm our well being.

“VULNERABLE POPULATIONS

“So ladies and gentlemen, this is the kind of tobacco industry tactic. They just want more and more market share. They could not care less if they are killing children.”

—Dr. Margaret Chan, Director-General of the WHO, 2014

DECEPTION

The tobacco industry often facilitates illicit trade, exaggerates the scope of the problem, and makes unsubstantiated claims about new tobacco control measures’ impacts on illicit trade levels.

DEVELOPMENT

Over 85% of all cigarettes smoked globally are being produced by only six transnational companies, each having gross revenue that is comparable to the gross domestic product of a small country. In the battle for public health, few low- and middle-income countries have the experience and resources that could match those of the transnational tobacco industry.
Crop substitution is a viable and lucrative alternative to growing tobacco. However, while some countries have had successes, others are struggling.

**ALTERNATIVE CROP CASE STUDIES**

**CHINA'S ALTERNATIVE CROP EXPERIENCE**

In 2006, a tobacco crop substitution pilot project began among more than 450 families in the Yuxi municipality of the Yunnan Province in China. In 2010, farmers increased their annual profit per acre by up to 110% by growing other crops. In 2008, a tobacco crop substitution pilot project began among more than 450 farmers to ease the transition to alternative crops beyond tobacco. International organizations and national governments must help tobacco workers, and only 3% reported alternatives being promoted for tobacco growers. Five percent completed a 2014 implementation report and that grow tobacco reported the presence of support for viable alternatives and that grow tobacco reported the presence of support for viable alternatives.

According to a US Department of Labor 2012 report, 16 countries use child labor in the production of tobacco.

**LAND USE**

Countries that dedicated 1% or more of arable land to growing tobacco: 2011

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>LAND USE (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>1.3%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2.3%</td>
</tr>
<tr>
<td>Malawi</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

**PRODUCTION TRENDS**

Tobacco leaf is grown in at least 126 of the world’s countries. In 2012, nearly 7.5 million tonnes of tobacco leaf was grown in almost 431,000 hectares of agricultural land, an area larger than Switzerland. China is the world’s leader in tobacco production, with 1.2 million tonnes of tobacco leaf grown in 2012. In the same year that consumers are addicted to maximize tobacco farmers are trapped in a vicious cycle of growing tobacco, which tobacco companies exploit. Tobacco companies are often the major buyers in countries, setting the price and process of selling tobacco and requiring enormous labor and land inputs. Moreover, the tobacco companies typically supply inputs very readily, but at above-market prices and on poor credit terms that are unfavorable to the farmers. Over the past 30 years, tobacco farming has shifted from high- to low- and middle-income countries. During this time, Africa has seen a significant increase in tobacco farming. More than 20 African countries grow tobacco. Many farmers and government officials believe that tobacco is a cash crop essential to their economic success. The short-term benefits of a crop that generates cash for farmers are offset by the long-term consequences of increased food insecurity, frequent sustained debt, environmental damage, and illness and poverty among farm workers. Food insecurity and poverty is a concern in many of the world’s largest tobacco-growing countries.

**CHINA GROWS TOBACCO ON MORE AGRICULTURAL LAND**

Hearts of tobacco: Brazil, Thailand, Malawi and United Republic of Tanzania combined.

**LAND DEVOTED TO GROWING TOBACCO**

Production by country: area in hectares, 2012

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>LAND DEVOTED TO GROWING TOBACCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>10,000,000</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

**INDUSTRY**

Increased their annual profit per acre by up to 110% by growing other crops.

**FARM WORKERS ARE NOT OUR EMPLOYEES**

We have no direct control over their working conditions, pay rates, or their housing and access to health services.

---

Ronald McDonald Company, 2001: “R. McDonald doesn’t employ farm workers to grow its own tobacco. Because FARM WORKERS ARE NOT OUR EMPLOYEES, we have no direct control over their working conditions, pay rates, or their housing and access to health services.”
The state of the e-cigarette market in the USA: in USD

**E-CIGARETTE AND VAPOR MARKET**

- **Revenues and Country GDP**: The harm caused by their products. Tobacco companies should be strictly regulated in ways that minimize the harm caused by their products.

**Call to Action**

- **Revenue and Country GDP**: The harm caused by their products. Tobacco companies should be strictly regulated in ways that minimize the harm caused by their products.

**E-Cigarette and Vapor Market**

The state of the e-cigarette market in the USA: in USD

**Revenue of top tobacco companies in comparison to the GDP in select countries in USD (Tobacco Company Sales 2012: 2013 Top 20 by the CNTC)**

**Market Share Leaders**

By volume: 2013 or latest available

- **Largest Manufacturers of Cigarettes**

**Nicotine Market**

Recent moves by tobacco companies to consolidate the nicotine market

**MARKET SHARE LEADERS**

- **China National Tobacco Corp**
- **Philip Morris International/Altria**
- **British American Tobacco**
- **Imperial Tobacco Group**
- **Japan Tobacco International**
- **Other NO DATA**

**Nicotine Market**

Recent moves by tobacco companies to consolidate the nicotine market
**EXAGGERATED IMPACT**

**The Industry Says**

**The Truth**

**The Proof: No Increases in Illicit Trade**

<table>
<thead>
<tr>
<th>Year</th>
<th>Illicit Trade (Percentage of Total Sales)</th>
<th>Illicit Trade (Percentage of Total Sales)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>2008</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>2009</td>
<td>7%</td>
<td>1%</td>
</tr>
</tbody>
</table>

---

**TAX INCREASES**

*"This tax rise is further evidence that governments are making tobacco too expensive for their citizens."* —British American Tobacco, 2008

---

**PLAIN PACKAGING**

*"The end of the day, Australian consumers will no longer be able to purchase illegal cigarettes."* —British American Tobacco Australia, 2010

---

**DISPLAY BANS**

*"We believe that product display ban will discourage illicit trade and tobacco products, as it is much easier to obtain such products if they do not need to be displayed."* —Philip Morris International, 2010

---

**PACK SIZE RESTRICTIONS**

*"The introduction of minimum pack sizes of 20 for cigarettes... would be the sale of 2 in 5 cigarette packs... thereby forcing smokers to buy... much cheaper products from illicit channels."* —British American Tobacco, 2012

---

**EXAGGERATED URGENCY**

In 2008, the tobacco industry has created the false impression that illicit trade was rapidly growing, which according to the industry’s own estimates was not the case.

---

**EXAGGERATED SCOPE**

**Tobacco industry estimates of illicit cigarette trade vs. estimates from two surveys using transparent and rigorous academic methods**

<table>
<thead>
<tr>
<th>Year</th>
<th>Industry Estimate</th>
<th>Survey of littered packs</th>
<th>Survey of packs possessed by smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>10%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>2006</td>
<td>15%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>2007</td>
<td>20%</td>
<td>12%</td>
<td>3%</td>
</tr>
</tbody>
</table>

---

**INDUSTRY INVOLVEMENT**

Tobacco companies are among the main stakeholders benefitting from illicit cigarette trade. Smoking helps these companies generate higher profits by enabling them to pay tobacco taxes in jurisdictions with lower levies, or to not pay taxes at all. It has been well documented that the tobacco industry’s various business strategies are designed to expand tobacco sales facilitated the illicit cigarette trade.

---

**Illegal Cigarettes: Illicit Trade, Violence, and Crime.**

Illicit cigarettes are often used by organized crime. These cigarettes are produced and distributed by criminal networks throughout the world, often with the involvement of organized crime groups. They are sold at a price significantly higher than legal cigarettes, providing a substantial profit margin for the criminal network.

---

**Implementation of tracking and tracing measures, such as unique codes on every pack, would help to combat illicit trade.**

---

**The Protocol to Eliminate Illicit Trade in Tobacco Products (Protocol) requires parties to implement tracking and tracing systems.**

---

**Illicit trade is the industry’s perfect response to controls on tobacco.**

---

**Illicit trade’s link to organized crime:**

The tobacco industry, among others, benefits from the illegal trade. They generate profits by enabling their customers to avoid paying taxes or by not paying taxes at all. This illegal activity is closely related to organized crime, which often benefits from the proceeds of illicit trade.

---

**Prevents a loss of GBP 1 billion in tobacco taxes:**

The tobacco industry’s efforts to avoid implementing strong tobacco control measures, such as taxes and restrictions, are often linked to its illicit trade activities. By minimizing the legal market share, the industry can increase its profits from the illegal market, thus preventing a loss of significant revenue for governments.
E-cigarette ads today mirror cigarette ads of the past. "The ability to attract young smokers and deploy these into a young adult franchise is key to brand development." - Philip Morris Report, 1998

Manufacturers of e-cigarettes use the same tactics long used to market traditional cigarettes to youth. "The ability to attract young smokers and develop these into a young adult franchise is key to brand development." - Philip Morris Report, 1998

Governments must decide how to regulate the marketing of new products such as e-cigarettes that could potentially reduce harm.

In 2011, the largest cigarette companies in the USA spent USD8.37 billion on marketing, spending the most on broadcast and print media. In 2011, the largest cigarette companies in the USA spent USD8.37 billion on marketing, spending the most on broadcast and print media. In 2011, the largest cigarette companies in the USA spent USD8.37 billion on marketing, spending the most on broadcast and print media.

Tobacco companies claim publicly that they only market their products to influence the behavior of current adult smokers, and not to attract young people or non-smokers. However, research shows that tobacco marketing contributes substantially to the smoking behavior of young people. One-third of youth experimentation occurs as a result of exposure to tobacco advertising, promotion, and sponsorship, and 78% of youth aged 13–15 report regular exposure to tobacco marketing worldwide.

In recent years, there has been an explosion in e-cigarette marketing. In the USA, advertisements for "smoking materials and accessories," including e-cigarettes, increased from USD2.7 million in 2010 to USD20.8 million in 2012. Using images of glamour, sex appeal, and high social status, e-cigarette advertisements are often reminiscent of the tactics used by the major cigarette manufacturers before these practices were banned.

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of youth (13-15 years old) not noticing cigarette advertisements on television during the last 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>93.4%</td>
</tr>
<tr>
<td>China</td>
<td>93.0%</td>
</tr>
<tr>
<td>Congo</td>
<td>83.2%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>81.2%</td>
</tr>
<tr>
<td>Cuba</td>
<td>88.2%</td>
</tr>
<tr>
<td>Cyprus</td>
<td>85.6%</td>
</tr>
<tr>
<td>Egypt</td>
<td>82.4%</td>
</tr>
<tr>
<td>France</td>
<td>78.9%</td>
</tr>
<tr>
<td>Fiji</td>
<td>78.8%</td>
</tr>
<tr>
<td>Georgia</td>
<td>79.1%</td>
</tr>
<tr>
<td>Germany</td>
<td>74.8%</td>
</tr>
<tr>
<td>Greece</td>
<td>73.0%</td>
</tr>
<tr>
<td>Guatemala</td>
<td>75.8%</td>
</tr>
<tr>
<td>Iran</td>
<td>77.4%</td>
</tr>
<tr>
<td>Israel</td>
<td>78.6%</td>
</tr>
<tr>
<td>Italy</td>
<td>76.7%</td>
</tr>
<tr>
<td>Japan</td>
<td>76.6%</td>
</tr>
<tr>
<td>Jordan</td>
<td>82.2%</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>71.3%</td>
</tr>
<tr>
<td>Kuwait</td>
<td>79.1%</td>
</tr>
<tr>
<td>Lebanon</td>
<td>82.4%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>82.2%</td>
</tr>
<tr>
<td>Liberia</td>
<td>76.8%</td>
</tr>
<tr>
<td>Lithuania</td>
<td>75.0%</td>
</tr>
<tr>
<td>Malaysia</td>
<td>81.2%</td>
</tr>
<tr>
<td>Morocco</td>
<td>80.6%</td>
</tr>
<tr>
<td>Nepal</td>
<td>79.3%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>80.4%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>78.8%</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>83.2%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>83.1%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>76.1%</td>
</tr>
<tr>
<td>Peru</td>
<td>80.0%</td>
</tr>
<tr>
<td>Poland</td>
<td>77.5%</td>
</tr>
<tr>
<td>Portugal</td>
<td>80.7%</td>
</tr>
<tr>
<td>Russia</td>
<td>75.7%</td>
</tr>
<tr>
<td>Serbia</td>
<td>84.1%</td>
</tr>
<tr>
<td>Singapore</td>
<td>83.9%</td>
</tr>
<tr>
<td>South Africa</td>
<td>80.3%</td>
</tr>
<tr>
<td>South Korea</td>
<td>83.4%</td>
</tr>
<tr>
<td>Spain</td>
<td>79.3%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>76.5%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>76.5%</td>
</tr>
<tr>
<td>Sudan</td>
<td>77.5%</td>
</tr>
<tr>
<td>Sweden</td>
<td>80.1%</td>
</tr>
<tr>
<td>Switzerland</td>
<td>85.1%</td>
</tr>
<tr>
<td>Taiwan</td>
<td>82.0%</td>
</tr>
<tr>
<td>Trinidad and Tobago</td>
<td>80.0%</td>
</tr>
<tr>
<td>Turkey</td>
<td>80.0%</td>
</tr>
<tr>
<td>Ukraine</td>
<td>78.9%</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>77.8%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>78.8%</td>
</tr>
<tr>
<td>Yemen</td>
<td>78.3%</td>
</tr>
</tbody>
</table>

Tobacco companies spend more than $900,000 an hour in the USA alone to market their products.
Tobacco company charitable giving is small compared to profits and creates a delay or prevent tobacco control measures.

GLOBAL EXAMPLES

In 2013, tobacco companies had a long history of exerting influence to promote their own agendas, further company awareness, or promote goodwill. This is done in order not to be good corporate citizens, but rather in an effort to achieve ‘innocence by association’ outlined by the WHO.

• “It’s the least advert of our fundamental interest in the arts is self-interest. The arts and propaganda benefits to be derived as business condition” —Chapin Morris, Philip Morris, 1951

Tobacco companies have a long history of exerting influence to promote their own agendas, further company awareness, or promote goodwill. This is done in order not to be good corporate citizens, but rather in an effort to achieve ‘innocence by association’ outlined by the WHO.

Tobacco companies have a long history of exerting influence to promote their own agendas, further company awareness, or promote goodwill. This is done in order not to be good corporate citizens, but rather in an effort to achieve ‘innocence by association’ outlined by the WHO.

PUBLIC RELATIONS

In 2013–2014, BAT launched a national campaign against plain cigarette packaging in Australia. The company created and distributed promotional materials in print, billboards, on the radio, and through social media. The two-year campaign was valued at AUD432,247.

PHILANTHROPY

The ‘Red Cross and Red Crescent Movement in Geneva received donations from Japan Tobacco International (JTI) through a trust fund to fight tobacco litigation. Among other things, the fund supports advocacy experts, working to change laws in countries that have not enacted legislation on the health warning or tobacco advertising.

CORPORATE SOCIAL RESPONSIBILITY

Santa Fe National Tobacco Company (SPFNC), a subsidiary of R. J. Reynolds America, is a Life Charities in North Carolina.

WHO DEFINITIONS

Tobacco companies need effective tobacco control measures to reduce the number of new smokers that have been influenced by the WHO.

CO-PRODUCING ALLIANCE IN ACTION

Creates awareness and support for tobacco control measures, working with local and national government and civil society organizations.

Creating alliances and best groups (philanthropy and society support) Human rights Local control lobbying, including advocacy Social responsibility (tobacco control and advocacy) Tobacco control expectations, excluding advocacy, including advocacy, and using advocacy to support local control measures. Tobacco control and local government measures, including advocacy to support and local control measures.
Through effective policies, governments and citizens can engender global health success.

SOLUTIONS

Many of the most effective tobacco control solutions are population-level policies—a set of approaches that will also work for addressing other avoidable non-communicable disease risk factors. But the key to winning these battles is societies’ successful engagement in advocating for these policies—governments will need to take the necessary policy steps, but it is people across broader societies that must demand change and hold governments responsible.

DEVELOPMENT
Tobacco control interventions are relatively inexpensive to implement. Only USD600 million per year would deliver four “best buy” tobacco control interventions to all LMICs. This amount is equal to just less than 0.17% of what citizens of LMICs spent on tobacco products in 2013.

NON-COMMUNICABLE DISEASES
A key target of the WHO Global NCD Action Plan is a 30% reduction in tobacco use prevalence by 2025.

POVERTY
While only 25% of high-income countries are covered by cessation programs at WHO-recommended levels, not one low-income country enjoys the prescribed coverage.
The WHO Framework Convention on Tobacco Control (WHO FCTC), the first treaty negotiated under the auspices of the WHO, reasserts the right of all people to the highest standard of health. Most WHO Member States have ratified the WHO FCTC, making it one of the most rapidly embraced international treaties of all time.

There are several stages in the WHO FCTC in common with other UN treaties; first, it needed to be adopted by the World Health Assembly (May 2003); then it became open for signature until 27 February 2005. During this period, 168 States signed the WHO FCTC. Countries that had not signed could—and still can—accede, a one-step process equivalent to ratification. The WHO FCTC entered into force rapidly embraced international treaties of all time.

The WHO Framework Convention on Tobacco Control (WHO FCTC), the first treaty negotiated under the auspices of the WHO, reasserts the right of all people to the highest standard of health. Most WHO Member States have ratified the WHO FCTC, making it one of the most rapidly embraced international treaties of all time.

There are several stages in the WHO FCTC in common with other UN treaties; first, it needed to be adopted by the World Health Assembly (May 2003); then it became open for signature until 27 February 2005. During this period, 168 States signed the WHO FCTC. Countries that had not signed could—and still can—accede, a one-step process equivalent to ratification. The WHO FCTC entered into force on 27 February 2005. 90 days after the 40th Member State had acceded to, ratified, accepted, or approved it on 27 February 2005. 90 days after the 40th Member State had acceded to, ratified, accepted, or approved it on 27 February 2005. 90 days after the 40th Member State had acceded to, ratified, accepted, or approved it only a Protocol on Illicit Trade, a contentious issue during the negotiations. As a result, two conflicting positions emerged—health-over-trade and opposition to health-over-trade. Owing to a lack of consensus, a compromise position eliminating any mention of trade emerged. This is an important concession, as trade treaties are increasingly being invoked to challenge tobacco control policy, as in the introduction of plain/standardized packaging in Australia.

Contrary to tobacco industry arguments, implementing tobacco control measures will not harm national economies. The WHO FCTC has mobilized resources (albeit still inadequate), rallied hundreds of non-governmental organizations, encouraged government action, led to an understanding of the political nature of health policy, and raised tobacco control awareness in many government ministries and departments. There are discussions of emulating the WHO FCTC for other health topics, such as global health, diet, and alcohol. This speaks to the success of the WHO FCTC and the need for a harmonized global effort for other major health problems.
CALL TO ACTION

Tobacco tax increases must, over time, make tobacco products less affordable.

**TAXES AND PREVALENCE**

Cigarette prices and smoking by income group in South Africa, 1995-2013

**AFFORDABILITY**

Change in prices of tobacco products: 2008-2012

**ADVOCATING FOR TAXES**

The importance of health advocacy in the creation of tobacco tax laws in Mexico

Tobacco excise tax increases that result in higher tobacco product prices are among the most effective tobacco control measures available. The link of the persuasive evidence from countries in all stages of economic development confirms that when tobacco product prices increase, people use less of these dangerous products, or quit using them, or never start.

Tobacco companies often claim tax increases are particularly harmful to the poor, but this claim does not hold up to deeper scrutiny. In fact, because they are more sensitive to changes in price than are wealthier people, poorer people get the most health benefits from tobacco tax increases by using less or quitting.

*Nicotine and Tobacco Research, Liberman et al. 2004*

**TAX CHANGES**

Average annual percent change in real excise tax on the most popular price category of cigarettes, 2006-2012

Many health insurance plans in the USA levy tobacco user surcharges on premiums as an economic disincentive to smoke. For a ‘pack-a-day’ smoker, an $80 monthly tobacco surcharge would cost $960 per year.

Many of the health benefits from tobacco control programs are reinvested in health programs (see Chapter 29: Investing for health) resulting from tobacco excise tax increases.
**CALL TO ACTION**

Continuing to increase the price of tobacco products is a cornerstone of tobacco control.

**PRICE GAP**

<table>
<thead>
<tr>
<th>Country ISO3</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tunisia TUN</td>
<td>560%</td>
</tr>
<tr>
<td>China CHN</td>
<td>328%</td>
</tr>
<tr>
<td>Ecuador ECU</td>
<td>83%</td>
</tr>
<tr>
<td>Thailand THA</td>
<td>73%</td>
</tr>
<tr>
<td>Russia RUS</td>
<td>51%</td>
</tr>
<tr>
<td>Finland FIN</td>
<td>10%</td>
</tr>
<tr>
<td>Brazil BRA</td>
<td>0%</td>
</tr>
<tr>
<td>Singapore SGP</td>
<td>27%</td>
</tr>
<tr>
<td>Romania ROU</td>
<td>21%</td>
</tr>
</tbody>
</table>

A large price spread provides smokers the opportunity to lessen the impact of a price increase by switching to a cheaper brand.

**OPPORTUNITY-COST OF CIGARETTES**

<table>
<thead>
<tr>
<th>Country ISO3</th>
<th>Cost of switching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tunisia TUN</td>
<td>560%</td>
</tr>
<tr>
<td>China CHN</td>
<td>328%</td>
</tr>
<tr>
<td>Ecuador ECU</td>
<td>83%</td>
</tr>
<tr>
<td>Thailand THA</td>
<td>73%</td>
</tr>
<tr>
<td>Russia RUS</td>
<td>51%</td>
</tr>
<tr>
<td>Finland FIN</td>
<td>10%</td>
</tr>
<tr>
<td>Brazil BRA</td>
<td>0%</td>
</tr>
<tr>
<td>Singapore SGP</td>
<td>27%</td>
</tr>
<tr>
<td>Romania ROU</td>
<td>21%</td>
</tr>
</tbody>
</table>

Purchasing the necessities in life is made more difficult with each extra pack of cigarettes purchased. This matters most for people in low socioeconomic status. Conversely, by increasing the prices of its products, the industry is earning more money from its addicted customers.

Prices of tobacco products are of great interest to the public health community because they play such a pivotal role in people’s decisions to use tobacco. The overwhelming body of economic evidence confirms that a 10% increase in cigarette price causes the consumption of cigarettes to fall between 2% and 8%. Roughly half of this fall comes from current smokers cutting back on the number of cigarettes they smoke, while the other half results from fewer youth starting to smoke as well as current smokers quitting. Additionally, less variation in the prices of all tobacco products can keep people from switching between products to avoid price increases.

Many countries have successfully used tax policies to regulate the price of cigarette products (see Chapter 21: Taxes). Policies beyond excise taxes also directly and indirectly influence tobacco product prices, including bans on discounting and price promotions, minimum retail prices, and minimum package sizes.

Even in the United Kingdom, where almost 90% of the retail price of cigarettes is tax, half of current price increases themselves are directly attributable to industry pricing strategies, and not to the tax increases themselves.
CALL TO ACTION

Considering the demonstrated health and economic benefits, widespread public support, and low cost of implementation, it is vital that governments act to initiate and fully enforce comprehensive smoke-free legislation.

SMOKE-FREE LAWS

Smoke-free legislation by income level:

- **High Income**
  - Number of public places completely smoke-free
  - Data not reported/not categorized

- **Middle Income**
  - Number of public places completely smoke-free
  - Data not reported/not categorized

- **Low Income**
  - Number of public places completely smoke-free
  - Data not reported/not categorized

**NUMBER OF PUBLIC PLACES COMPLETELY SMOKE-FREE:**

- **Low Income**
  - Data not reported/not categorized
- **Middle Income**
  - Data not reported/not categorized
- **High Income**
  - Data not reported/not categorized

**38TH WINTER OLYMPIC GAMES IN SOCHI, RUSSIAN FEDERATION**

Smoking was forbidden in all enclosed venues of the Games, and on the territory of the Olympic Park, including all bars and restaurants. It was the 14TH CONSECUTIVE SMOKE-FREE OLYMPIC GAMES.

**EFFECT OF SMOKING BANS**

A ban on smoking in all indoor workplaces CAN REDUCE THE PREVALENCE OF SMOKING BY 6%, and a ban on smoking in all indoor restaurants by 2%.
Solutions

13 MILLION SMOKING-ATTRIBUTABLE DEATHS AVERAGED AND MORE THAN 154 MILLION LIFE YEARS GAINED BY 2050
—by extending effective public health and clinical interventions to reduce smoking prevalence

1Ukraine
2Romania
3Poland
4Philippines
5Malaysia
6Egypt

While simultaneously employing strong population-based cessation strategies.

Percent of smokers who intend to quit, or have tried to

While nearly 50% of smokers made attempts to quit in 2011.

Benjamin C. M. Coffey, Y. Daniel Yang, Eve E. E. Emmons, Christopher M. Hacking, Matthew S. Davis, and Steven L. N浙kowicz

Former smokers’ risk of death, by age at quitting:

Health benefits of cessation emerge rapidly and quitting at any age is beneficial to health. Former smokers who stop smoking at about 30 and 40 years old reduce their risk of dying from lung cancer by 79% and 90%, respectively.

Health professionals should always try to get smokers to stop. People should be advised if they smoke, they should always be advised to stop, and they should be offered assistance in doing so. Several interventions are useful as smoking cessation aids, including counseling and support, nicotine replacement therapy, and the use of medications.

Solutions

96M

Quitting

The smoking decline there was due to increased taxation, stronger smoke-free laws and mass media campaigns.

It is also crucial to reach teenagers and other young smokers with smoking cessation messages and aids. The younger someone is when they stop smoking, the greater the benefit in terms of years smoking cessation support. The younger someone is when they stop smoking, the greater the benefit in terms of years smoking cessation support. The younger someone is when they stop smoking, the greater the benefit in terms of years smoking cessation support. The younger someone is when they stop smoking, the greater the benefit in terms of years smoking cessation support. The younger someone is when they stop smoking, the greater the benefit in terms of years smoking cessation support.

MANY...will resume smoking, and the product they choose could cause a saving in smoking-related illnesses. These quitters...are dissatisfied with certain aspects of a product that previously met their needs, a textbook example of a market opportunity.

96M

The 454 million people who live in the world’s 100 largest cities, only about 96 million (21.3%) have access to appropriate cessation support.

San Francisco, CA 2013

We do not have a product that meets the needs...of ex-smokers.

Many...will resume smoking, and the product that they choose could cause a saving in smoking-related illnesses. These quitters...are dissatisfied with certain aspects of a product that previously met their needs, a textbook example of a market opportunity.

We do not have a product that meets the needs...of ex-smokers.

Many...will resume smoking, and the product that they choose could cause a saving in smoking-related illnesses. These quitters...are dissatisfied with certain aspects of a product that previously met their needs, a textbook example of a market opportunity.

We do not have a product that meets the needs...of ex-smokers.

Many...will resume smoking, and the product that they choose could cause a saving in smoking-related illnesses. These quitters...are dissatisfied with certain aspects of a product that previously met their needs, a textbook example of a market opportunity.

We do not have a product that meets the needs...of ex-smokers.

Many...will resume smoking, and the product that they choose could cause a saving in smoking-related illnesses. These quitters...are dissatisfied with certain aspects of a product that previously met their needs, a textbook example of a market opportunity.

We do not have a product that meets the needs...of ex-smokers.

Many...will resume smoking, and the product that they choose could cause a saving in smoking-related illnesses. These quitters...are dissatisfied with certain aspects of a product that previously met their needs, a textbook example of a market opportunity.
"Our objective is to help countries become self-sufficient in the use of countermarketing strategies. The sooner governments start using these tools, the more lives will be saved."

—SANDRA MULLIN, Senior Vice President, Policy & Communications, World Lung Foundation, 2014

### Graphic Advertisements

Graphics TV ads such as “Sponge,” produced by Cancer Institute (NSW) Australia, translate easily and are effectively used in many countries.

**Catch phrase:** “If it’s so bad, why are you smoking?”

When children approached the adult smokers for a light, the adults refused and threw away their cigarette. This emotional anti-smoking ad led to a 40% increase in national quitline calls as well as over 5 million YouTube views within 10 days.

**GLOBAL REACH**

Graphic TV ads such as “Sponge,” produced by Cancer Institute (NSW) Australia, are hard to reach. In such areas, innovative strategies using mobile phones, radio, and print should also be pursued.

### Social Media Campaigns

“Sponge” campaign resulted in a near 600% increase in calls to the national quitline in Senegal. Campaign aired in April and May 2013.

**Solutions 2**

GRAPhIC ADVERTISEMENTS

- TV is the most effective medium for anti-tobacco advertising. In low-income countries where TV may have more limited reach, radio can be an alternative as well as being less expensive.

<table>
<thead>
<tr>
<th>REGION</th>
<th>NATIONAL SENEGALESE QUITLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>CANADA</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>MEXICO</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>SENEGAL</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>MAURITIUS</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>KAZAKHSTAN</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>FIJI</td>
<td>No campaign conducted</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>No campaign conducted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGION</th>
<th>TV/RADIO IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>20% —</td>
</tr>
<tr>
<td>CANADA</td>
<td>40% —</td>
</tr>
<tr>
<td>MEXICO</td>
<td>60% —</td>
</tr>
<tr>
<td>SENEGAL</td>
<td></td>
</tr>
<tr>
<td>MAURITIUS</td>
<td></td>
</tr>
<tr>
<td>RUSSIA</td>
<td></td>
</tr>
<tr>
<td>KAZAKHSTAN</td>
<td></td>
</tr>
<tr>
<td>INDONESIA</td>
<td></td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td></td>
</tr>
<tr>
<td>FIJI</td>
<td></td>
</tr>
</tbody>
</table>

### National Campaign Conducted with At Least 7 Appropriate Characteristics

<table>
<thead>
<tr>
<th>REGION</th>
<th>NO NATIONAL CAMPAIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>CANADA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MEXICO</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>SENEGAL</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MAURITIUS</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>KAZAKHSTAN</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>FIJI</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
</tbody>
</table>

### TV/Radio Impact

**Calls to the national Senegalese quitline before and during a mass media campaign: 2013**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>TV/RADIO IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEBRUARY</td>
<td>100</td>
</tr>
<tr>
<td>MARCH</td>
<td>200</td>
</tr>
<tr>
<td>APRIL</td>
<td>300</td>
</tr>
<tr>
<td>MAY</td>
<td>400</td>
</tr>
<tr>
<td>JUNE</td>
<td>500</td>
</tr>
</tbody>
</table>

**Graphic TV ads such as “Sponge,” produced by Cancer Institute (NSW) Australia, translate easily and are effectively used in many countries.

<table>
<thead>
<tr>
<th>REGION</th>
<th>NO NATIONAL CAMPAIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>CANADA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MEXICO</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>SENEGAL</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MAURITIUS</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>KAZAKHSTAN</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>FIJI</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
</tbody>
</table>

**Effectiveness of anti-tobacco campaigns varies widely and depends on the actual content of the advertisements, number of plays they receive on radio or TV, the percentage of the population with access to radio or TV, and other factors.**

- Meetings: The meeting of governments and advocates with the tobacco industry within the 60 days to the conference.
- Graphic advertisements: Use graphic, emotional images and messages that starkly present the health effects of tobacco use, cut through smokers’ defenses, and illustrate the urgent need for tobacco control policies.
- Calls to action: Remind smokers that smoking is bad. The children gave each adult a note saying, "In this country, the right to breathe clean air is a human right."

**GLOBAL REACH**

- Graphic TV ads such as “Sponge,” produced by Cancer Institute (NSW) Australia.

### Anti-Tobacco Mass Media Campaigns

- **Solutions 1**

<table>
<thead>
<tr>
<th>REGION</th>
<th>NO NATIONAL CAMPAIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>CANADA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MEXICO</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>SENEGAL</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MAURITIUS</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>KAZAKHSTAN</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>FIJI</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
</tbody>
</table>

**Effectiveness of anti-tobacco campaigns varies widely and depends on the actual content of the advertisements, number of plays they receive on radio or TV, the percentage of the population with access to radio or TV, and other factors.**

- Graphic advertisements: Use graphic, emotional images and messages that starkly present the health effects of tobacco use, cut through smokers’ defenses, and illustrate the urgent need for tobacco control policies.
- Calls to action: Remind smokers that smoking is bad. The children gave each adult a note saying, "In this country, the right to breathe clean air is a human right."

**GLOBAL REACH**

- Graphic TV ads such as “Sponge,” produced by Cancer Institute (NSW) Australia.

### Anti-Tobacco Mass Media Campaigns

- **Solutions 1**

<table>
<thead>
<tr>
<th>REGION</th>
<th>NO NATIONAL CAMPAIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>CANADA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MEXICO</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>SENEGAL</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MAURITIUS</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>KAZAKHSTAN</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>FIJI</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
</tbody>
</table>

**Effectiveness of anti-tobacco campaigns varies widely and depends on the actual content of the advertisements, number of plays they receive on radio or TV, the percentage of the population with access to radio or TV, and other factors.**

- Graphic advertisements: Use graphic, emotional images and messages that starkly present the health effects of tobacco use, cut through smokers’ defenses, and illustrate the urgent need for tobacco control policies.
- Calls to action: Remind smokers that smoking is bad. The children gave each adult a note saying, "In this country, the right to breathe clean air is a human right."

**GLOBAL REACH**

- Graphic TV ads such as “Sponge,” produced by Cancer Institute (NSW) Australia.

### Anti-Tobacco Mass Media Campaigns

- **Solutions 1**

<table>
<thead>
<tr>
<th>REGION</th>
<th>NO NATIONAL CAMPAIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>CANADA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MEXICO</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>SENEGAL</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>MAURITIUS</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>KAZAKHSTAN</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>INDONESIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>AUSTRALIA</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
<tr>
<td>FIJI</td>
<td>NO NATIONAL CAMPAIGN</td>
</tr>
</tbody>
</table>

**Effectiveness of anti-tobacco campaigns varies widely and depends on the actual content of the advertisements, number of plays they receive on radio or TV, the percentage of the population with access to radio or TV, and other factors.**

- Graphic advertisements: Use graphic, emotional images and messages that starkly present the health effects of tobacco use, cut through smokers’ defenses, and illustrate the urgent need for tobacco control policies.
- Calls to action: Remind smokers that smoking is bad. The children gave each adult a note saying, "In this country, the right to breathe clean air is a human right."

**GLOBAL REACH**

- Graphic TV ads such as “Sponge,” produced by Cancer Institute (NSW) Australia.
**WARNING & PACKAGING**

**WARNINGS & PACKAGING**

The tobacco industry saw all elements of the pack, including the outer box, troche-stripe, lower border and pack inserts to promote the product. **Only standardized (plain) packaging will stop the pack being used to promote the product.**

**Tobacco companies, not governments, are responsible for the costs of printing packet warnings.**

**Graphic Warning Labels**

Examples by region:

- **2006: Round 1**
  - Graphic warnings introduced covering 30% of front and 90% of back
  - First country to introduce plain/standardized packaging
  - Graphic warnings introduced to cover 30% of principal display space

- **2012: Round 2**
  - Graphic warnings increased to cover 75% of principal display space

**Graphic Packet Warning Labels**

Number of rounds of graphic warnings: latest available data

- 3 or more rounds
- 2 rounds
- 1 round
- No graphic warnings
- No data

**Plain/standardized packaging, with prohibition of all industry logos and color, is a major battleground between the tobacco industry and governments. Australia was the first country to adopt legislation to require plain/standardized packaging, in the face of bitter opposition from the tobacco industry; in spite of legal threats stemming from purported commitments to international economic agreements, plain/standardized packaging has been introduced successfully. In contrast to the tobacco industry’s initial arguments, consumer transaction times have decreased, and research findings indicate that merchandise and product selection errors have actually decreased or stayed the same.**

**Government’s stated objectives of reducing smoking prevalence among young people or assisting smokers who have, or are trying to, quit.”**

**Imperial Tobacco does not believe there is any credible or reliable evidence that standardized tobacco packaging will achieve the Government’s stated objectives of reducing smoking prevalence among young people or assisting smokers who have, or are trying to, quit.”**

Imperial Tobacco response to the Chantler Review on standardized packaging of tobacco products, UK, 2014

**IS THERE ANY CREDIBLE OR RELIABLE EVIDENCE THAT STANDARDIZED TOBACCO PACKAGING WILL ACHIEVE THE GOVERNMENT’S STATED OBJECTIVES OF REDUCING SMOKING PREVALENCE AMONG YOUNG PEOPLE OR ASSISTING SMOKERS WHO HAVE, OR ARE TRYING TO, QUIT?”**
Countries must establish regulatory frameworks that reduce, if not eliminate, the harm caused by the use of tobacco products. These frameworks may require different policies for different products, depending on the associated risks.

**Manufacturing**

- Ensure safe manufacturing practices.
- Set product standards, including nicotine content and additives.

**Packaging and Labeling**

- Establish plain standard packaging on the 50% standard.
- Require warning labels, including graphic or pictorial images.
- Ban "hidden" sized packs and sale of single cigarettes.
- Require application of tax stamps to packaging.

**Disposal**

- Establish clear and environmental clean-up regulations.

**Product Use**

- Enforce smoke-free public places (indoors and outdoors).
- Ban smoking in schools, hospitals, and care with children as passengers.

**Marketing**

- Ban or restrict advertising, promotion, and sponsorships.
- Restrict health claims or language suggesting reduced risk, including discourses such as "light" or "tobacco less harmful.
- Ban free samples.
- Restrict point of sale displays, including coupons and discounts.

**Point of Purchase**

- Require retail licensing.
- Set a minimum age of purchase.
- Mandate face-to-face transactions rather than self-service.
- Ban vending machines.
- Ban point-of-sale displays in retail environments.

**Tax Policies**

- Implement higher tobacco excise taxes.
- Earn back taxes for tobacco control or other public health programs.

**Regulatory Aspects Related to Tobacco Products**

Regulations should guide the use of tobacco products in ways that eliminate or minimize harm. Regulations can effectively do this throughout the lifecycle of the product—from the time tobacco leaves are grown to the disposal of tobacco product waste. Regulations should correspond to the WHO Framework Convention on Tobacco Control and other guidance, and should be adjusted depending on the costs and political environments of specific countries. Regulatory aspects related to tobacco products are described in greater detail in many chapters of this Tobacco Atlas. This chapter provides an overview of the regulatory lifecycle and exemplifies how regulations at every level can effectively do this throughout the lifecycle of the tobacco product-from the time tobacco leaves are grown to the disposal of tobacco product waste.

**Regulations**

- **Packaging and Labeling**
  - Establish plain standard packaging on the 50% standard.
  - Require warning labels, including graphic or pictorial images.
  - Ban "hidden" sized packs and sale of single cigarettes.
  - Require application of tax stamps to packaging.

**DISPOSAL**

- Establish clear and environmental clean-up regulations.

**PRODUCT USE**

- Enforce smoke-free public places (indoors and outdoors).
- Ban smoking in schools, hospitals, and care with children as passengers.

**MARKETING**

- Ban or restrict advertising, promotion, and sponsorships.
- Restrict health claims or language suggesting reduced risk, including discourses such as "light" or "tobacco less harmful.
- Ban free samples.
- Restrict point of sale displays, including coupons and discounts.

**POINT OF PURCHASE**

- Require retail licensing.
- Set a minimum age of purchase.
- Mandate face-to-face transactions rather than self-service.
- Ban vending machines.
- Ban point-of-sale displays in retail environments.

**TAX POLICIES**

- Implement higher tobacco excise taxes.
- Earn back taxes for tobacco control or other public health programs.
In 46 countries studied, smoking prevalence was reduced 5% within 3 years in countries with a ban on direct and indirect advertising, in contrast to 2% in those with only indirect advertising, and 3% that introduced a partial ban.

**Types of Bans**

**Direct Advertising**

- National broadcast
- National print
- National sponsorship

**Indirect Advertising**

- Product placement
- Appearance of tobacco products in TV and films
- Sponsorship events

**Complete Bans on all aspects of tobacco advertising, promotion, and sponsorship.**

- Ban on all forms of direct and indirect advertising.
- Ban on tobacco product displays.
- Ban on the appearance of tobacco products in TV and films.
- Ban on sponsorship events.

**Moderate Bans**

- Ban on national TV, radio, and print media.
- Ban on the appearance of tobacco products in TV and films.
- Ban on sponsorship events.

**Minimal Bans**

- Ban on tobacco product displays.
- Ban on the appearance of tobacco products in TV and films.
- Ban on sponsorship events.

**None**

- No bans on any aspect of tobacco advertising, promotion, and sponsorship.

**Partial Bans**

- Partial bans on national TV, radio, and print media.
- Partial bans on the appearance of tobacco products in TV and films.
- Partial bans on sponsorship events.

**Incomplete Bans**

- Incomplete bans on national TV, radio, and print media.
- Incomplete bans on the appearance of tobacco products in TV and films.
- Incomplete bans on sponsorship events.

**Incomplete Bans allow the tobacco industry to utilize other media to continue to promote their product.**

**CALL TO ACTION**

Governments should implement comprehensive TAPS (tobacco advertising, promotion, and sponsorship) bans in order to protect children, youth, non-smokers, former and current smokers alike.

**Marketing Bans**

**Advertising Bans**

- Partial bans are less effective in reducing smoking partly because tobacco companies redirect their marketing efforts to available venues. Voluntary agreements are also inadequate because they are unenforceable. Countries that introduced complete bans together with other tobacco control measures have been able to cut tobacco use significantly within only a few years.

- Tobacco companies have opposed the removal of tobacco retail displays, arguing this would compromise retailers’ safety, increase retail crime, reduce retailers’ income, increase additional costs and be inconvenient. These arguments have successfully delayed policy development in several jurisdictions.

- Only 10% of the world’s population is covered by complete bans on all tobacco advertising, promotion, and sponsorship at the highest level of achievement at the national level.

**Germay’s Incomplete TAPS Ban**

**Taps Policies**

**Number of countries with varying degrees of advertising bans.**

- Complete bans on all forms of direct and indirect advertising.
- Moderate bans on national TV, radio, and print media and some other forms of direct or indirect advertising.
- Minimal bans on tobacco product displays and sponsorship events.
- None bans on national TV, radio, and print media.

- Complete absence of ban, or ban that covers only some national TV, radio, and print media.

**Inflate bans allow the tobacco industry to utilize other media to continue to promote their product.**

**COMPREHENSIVE TAPS bans on direct and indirect tobacco advertising, promotion and sponsorship are effective at reducing population smoking rates.**

- Partial restrictions are less effective in reducing smoking partly because tobacco companies redirect their marketing efforts to available venues. Voluntary agreements are also inadequate because they are unenforceable. Countries that introduced complete bans together with other tobacco control measures have been able to cut tobacco use significantly within only a few years.

- Tobacco companies have opposed the removal of tobacco retail displays, arguing this would compromise retailers’ safety, increase retail crime, reduce retailers’ income, increase additional costs and be inconvenient. These arguments have successfully delayed policy development in several jurisdictions.

- Tobacco companies have become ever more creative in their attempts to lure new consumers into addiction. New use of media, social media, brand stretching, product placement in movies, film and TV programs, event promotion, retailer incentives, sponsorship and advertising through international media, cross-border advertising, internet advertising, and promotional packaging are some of the ways that the tobacco industry circumvents the intent of simple bans. Legislation should include bans on all forms of direct and indirect advertising, promotion, and sponsorship.

**By eliminating bans on all tobacco advertising, promotion, and sponsorship, the tobacco industry is able to effectively continue to promote their products to the population.**

**“If we do not close ranks and ban tobacco advertising, promotion and sponsorship, adolescents and young adults will continue to be lured into tobacco consumption by an ever-more aggressive tobacco industry.”**

$68M IN 2011

The exact global economic cost related to tobacco consumption is unknown, but it is likely over one trillion dollars per year. In the United States alone, the estimated annual smoking-attributable costs, including direct medical costs as well as the cost of lost productivity due to premature death and illness, amounted to more than USD200 billion annually on average for the years 2009 to 2012. The global cost of tobacco use is expected to increase due to increases in the number of tobacco-related disease cases, as well as the growing cost of health care.

A great part of these costs can be averted by investing in tobacco control, which fortunately can bring to bear a set of evidence-based interventions that has proven to be effective to scale up implementation of the measures set out in the WHO Framework Convention on Tobacco Control and its guidelines.

Despite its great return on investment, funding for tobacco control remains at levels that are inadequate compared to current needs, and far behind the level of funding directed toward addressing other health problems that cause far fewer deaths. Thus, the total annual cost of delivering core population-based tobacco control measures in all low- and middle-income countries is projected at only USD600 million, or USD11 per capita, while both domestic public funding and international development assistance for tobacco control remain at just a fraction of the need.

Funds Needed to Deliver Core Tobacco Control in LMICs

The four measures included: tobacco tax increases, smoke-free policies, package warnings, and advertising bans. The estimates include the human resources and physical capital needed to plan, execute, implement, monitor and enforce the actions.

INVESTING

IN 2011, ABOUT HALF OF ALL CONTRIBUTIONS made by public or private institutions from high-income countries to control tobacco use in LMICs came from just two donors:

BLOOMBERG

THE BILL & MELINDA GATES FOUNDATION

While this assistance has been critical to progress in tobacco control, a wider variety of funders joining these two donors would provide a more secure and diverse assistance environment.

The estimates include the human resources and physical capital needed to plan, execute, implement, monitor and enforce the actions.
legal challenges by the industry are being launched around the world to prevent governments from enacting tobacco control laws. The vast legal resources of the large multinational tobacco firms are commonly pitted against the often limited legal resources of a low- or middle-income country government. These legal challenges, which may include invoking economic agreements, are expensive to defend and inevitably delay implementation of laws passed by the government. For example, in 2014 British American Tobacco had 450 people in its regulatory unit to address aggressive lobbying to prevent plain packaging regulations within the United Kingdom. The threat of litigation islikely to stifle regulatory efforts in many places.

In November 2010, the WHO Framework Convention on Tobacco Control Conference of Parties adopted the Pro-tobacco Declaration in support of the WHO FCTC. The Pro-tobacco Declaration was adopted by Parties who are facing legal attacks for implementing the treaty and its guidelines. The Pro-tobacco Declaration outlined the serious impact of legal actions taken by the tobacco industry that seek to undermine and stifle government policies on tobacco control. The Declaration stated that Parties have the right to define and implement public health policies pursuant to conventions and commitments under the WHO FCTC. Smokers’ rights, non-liberators and other front groups, funded by the tobacco industry, are being used globally to challenge tobacco control legislation.

CALL TO ACTION Governments must resist legal challenges and threats from alleged commitments to international economic agreements to prevent, delay, or overturn tobacco control legislation.

LITIGATION

LITIGATION TODAY

SELECTED LITIGATION CASES BY TOBACCO CONTROL TOPIC

TOBACCO CORPORATION

41% ADVERTISING, PROMOTION AND SPONSORSHIP

COMMERCIAL INTRUSION

49

ADVERTISING PAYMENTS

26

RESPONSIBILITY & LIABILITY

79

MISLEADING ADVERTISEMENTS

13

REVENUE SOURCES

2

DEATH & INJURY

14

SOCIAL COSTS

24

SOCIAL JUSTICE

4

SOLUTIONS

16

CONCLUSIONS

16

REFERENCES

15

DEFINITIONS

14

INTRODUCTION

13

LITIGATION TOPOGRAPHY

12

CONFLICT OF INTERESTS

11

LITIGATION TRENDS

10

LITIGATION CASES BY TOBACCO CONTROL TREATY

9

LITIGATION IN THE UNITED STATES

8

LITIGATION IN OTHER COUNTRIES

7

LITIGATION IN THE LITIGATING COUNTRIES

6

LITIGATION BY SUBJECT AREA

5

LITIGATION SUMMARY

4

LITIGATION CURVE

3

LITIGATION ATTORNEYS

2

LITIGATION COURTS

1
CALL TO ACTION

The tobacco control community must work closely with the broader movement addressing the global non-communicable disease (NCD) crisis; moreover, tobacco control proponents must stand together with other public health communities to lift the fight against NCDs to the very top of the global health and development agendas.

GLOBAL NCD AGENDA

LACK OF AWARENESS

Many people do not realize the degree to which tobacco is linked to other diseases, such as cardiovascular diseases and strokes.

TOBACCO AND NCDs

Risk factors for the leading non-communicable diseases worldwide

**SMOKING**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>6.3</td>
</tr>
<tr>
<td>Stroke</td>
<td>3.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.7</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Tobacco use is a shared risk factor for the four leading non-communicable diseases in the world, causing 0.3 million deaths.

SHARE THE TOOLS

Packaging regulations, a method employed to control tobacco use, can also serve to deter people from consuming other unhealthy products.

GLOBAL TOLL OF NCDs

<table>
<thead>
<tr>
<th>Share of deaths due to non-communicable diseases (%)</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.82–29.99%</td>
<td></td>
</tr>
<tr>
<td>30.00–49.99%</td>
<td></td>
</tr>
<tr>
<td>50.00–69.99%</td>
<td></td>
</tr>
<tr>
<td>70.00–89.99%</td>
<td></td>
</tr>
<tr>
<td>90.00% AND OVER</td>
<td></td>
</tr>
</tbody>
</table>

The tobacco control community pioneered tools to limit markets for unhealthy commodities. Companies that profit from the sales of alcohol, sugary beverages, and foods with high fat, sugar, and salt content—all major NCD risk factors—must adopt strategies similar to those of the tobacco industry. Proven and effective tobacco control measures, such as marketing bans, packaging and labeling regulations, and taxation, can also be used in addressing other major NCD risk factors.

In 2011, World leaders gathered in New York for a United Nations high-level meeting to give NCDs new prominence in the health and development agendas. Private sector firms and trade associations tried to undermine strong action, and lobbied for self-regulation. Yet, with strong support from civil society, member states unanimously approved a declaration that acknowledges fighting these diseases is a global priority requiring urgent action. Multiple initiatives evolved after the United Nations summit, including formulation of the WHO Global NCD Action Plan, a set of nine specific targets toward preventing NCDs, with a key target is a 30% reduction in tobacco use prevalence by 2025.

In 2012, the World Health Assembly (WHA) established a high-level meeting to give NCDs new prominence in the health and development agendas. Private sector firms and trade associations tried to undermine strong action, and lobbied for self-regulation instead of stronger, evidence-based controls. The tobacco control community is working closely with the broader movement addressing the global NCD crisis; moreover, tobacco control proponents must stand together with other public health communities to lift the fight against NCDs to the very top of the global health and development agendas.

In 2013, leaders from around the world gathered in New York for a United Nations high-level meeting to give NCDs new prominence in the health and development agendas. Private sector firms and trade associations tried to undermine strong action, and lobbied for self-regulation instead of stronger, evidence-based controls. The tobacco control community is working closely with the broader movement addressing the global NCD crisis; moreover, tobacco control proponents must stand together with other public health communities to lift the fight against NCDs to the very top of the global health and development agendas.
Policymakers must utilize existing strategies that have been proven effective in reducing tobacco prevalence, and they must explore bold, innovative tactics to achieve the endgame for tobacco use.

**NOVEL IDEAS**

Some examples of proposals to help reach endgame goals:

**CHAPTER 25**

25% — greatly decrease global smoking prevalence.

Existing policies have immense potential to achieve the endgame for tobacco use.

**MARKET/ECONOMICS**

- Market control measures (e.g. wholesale prices, import quotas)
- $1 tax on all international air travel that goes to departure country's national tobacco control budget

**PACK WARNINGS**

- Change label legislation to allow “health warning” to be a “package message”
- Integrate brand name into package messaging, associating brand names with message
- Aim message at party other than the smoker (“Tell Mom to quit.”)
- Plain/standardized packaging with no color, brand images; only brand name

**QUITTING**

- Make cessation services free to all smokers
- Legalize cytosine, as cheaper, safer alternative to quoth exit products

**OTHER IDEAS**

- Set endgame target date
- Frame tobacco use within toxic waste/environmental health contexts
- Target harm of discarded cigarette butts by banning cigarette with fibers

**PROJECTIONS**

Impact of implementation of existing policies: global smoking prevalence, 2010–2030

**DEFINITIONS**

**NOID TARGET**

30% relative reduction in each country’s prevalence of current tobacco use in persons aged 15+ years, by 2025 (from 2010 baseline).

**TOBACCO INDUSTRY**

National tobacco companies

**REPORTING STANDARDS**

FOR WHO FCTC Article 5.3

**AVAILABILITY**

- Complete prohibition of tobacco
- Regulate as a controlled substance
- Make tobacco available only by prescription only
- Require pre-approved selling fees to discourage beginners
- Ban supply of tobacco to anyone born after a certain year (e.g. Singapore, year 2000)
- Stronger licensing laws for selling tobacco
- Limit the number/types of retail outlets

**MARKET/ECONOMICS**

- Market control measures (e.g. wholesale prices, import quotas)
- $1 tax on all international air travel that goes to departure country’s national tobacco control budget

**PACK WARNINGS**

- Change label legislation to allow “health warning” to be a “package message”
- Integrate brand name into package messaging, associating brand names with message
- Aim message at party other than the smoker (“Tell Mom to quit.”)
- Plain/standardized packaging with no color, brand images; only brand name

**QUITTING**

- Make cessation services free to all smokers
- Legalize cytosine, as cheaper, safer alternative to quoth exit products

**OTHER IDEAS**

- Set endgame target date
- Frame tobacco use within toxic waste/environmental health contexts
- Target harm of discarded cigarette butts by banning cigarette with fibers

**THE ENDGAME**

2025 TARGETS

- Adult prevalence needed is near NOID target of a 30% relative reduction in prevalence of current tobacco use from 2010 baseline.
- 0.0—4.9%
- 5.0—9.9%
- 10.0—14.9%
- 15.0—19.9%
- 20.0—100%

ENDGAME

4-6 countries or regions to announce endgame status

**SOURCES**

- Tobacco control strategies that worked.
- “Together, experience since 1964 and results from models exploring future scenarios of tobacco’s control indicate that the decline in tobacco use over ensuing decades will not be sufficiently rapid to meet targets.”
- “The goal of ending the tragic burden of avoidable disease and premature death will not be met quickly enough without additional action.”

**NEW ZEALAND**

10 specific strategies to reach target of 4% by 2025.

- Smoke-free cars
- Making cigarettes harder to purchase
- Plain/standardized packages
- Smoke-free communities
- Banning new tobacco
- Tax hikes
- Major media stockcards
- Remaining of some emissions
- Transparency of all tobacco industry strategy with government
- Quit-smoking support

**SINGAPORE**

A 2007 proposal in Singapore would ban the provision of tobacco products to any Singaporean born in or after the year 2000; surveys showed a large majority of Singaporeans—including current smokers—would support such a proposal.

**20XX**

- Every historical achievement—such as flight, the conquest of poverty issue in order to attract the attention and thus funding of the development community.

**THE REGULATORY FRAMEWORK**

May differ from country to country.

**NOVEL IDEAS**

- Change label legislation to allow “health warning” to be a “package message”
- Integrate brand name into package messaging, associating brand names with message
- Aim message at party other than the smoker (“Tell Mom to quit.”)
- Plain/standardized packaging with no color, brand images; only brand name

**QUITTING**

- Make cessation services free to all smokers
- Legalize cytosine, as cheaper, safer alternative to quoth exit products

**OTHER IDEAS**

- Set endgame target date
- Frame tobacco use within toxic waste/environmental health contexts
- Target harm of discarded cigarette butts by banning cigarette with fibers
INDEX
CALL TO ACTION

The tobacco control movement must grow its base of support to achieve even larger and more ambitious policy and public health successes.

Completely revised, updated, and specially created to be used by students, researchers, journalists, advocates, and policymakers, the new Fifth Edition of The Tobacco Atlas and its companion website tobaccoatlas.org aims to be the most comprehensive, informative, and accessible resource on the most important and current issues in the evolving tobacco epidemic. This edition also presents an invitation to join the tobacco control movement for partners from other communities—including environment, equality, development, and non-communicable disease—whose interests are also dramatically affected by the tobacco epidemic and its human toll.

NEW TOPICS INCLUDE:
• Environmental harms of tobacco
• E-cigarette use, product development and marketing
• Trends in the use of water pipes
• Tobacco’s exacerbation of poverty and development
• Tobacco’s contribution to tuberculosis, HIV/AIDS, alcohol abuse, and mental illness
• The lifecycle of tobacco regulation
• Integrating tobacco control into the global non-communicable disease agenda
• The endgame to the tobacco epidemic

“We want this document to be used, parsed, quoted, defended, and debated, and ultimately to open minds, to persuade the unconvinced about tobacco’s toll, to spur untraditional allies to action, and to help create opportunities to reverse the epidemic.”

— JOHN R. SEFFRIN, PhD, Chief Executive Officer, American Cancer Society and PETER BALDINI, Chief Executive Officer, World Lung Foundation