

12. TOBACCO FREE INITIATIVE

Strategic issues

Tobacco use results in nicotine addiction and chronic diseases. One third of the world's smokers reside in the Western Pacific Region, where it is estimated that two people die every minute from a tobacco-related disease. Exposure to second-hand smoke also is a major concern, especially for women and children. In addition, the use of smokeless tobacco products, including tobacco chewed with an areca nut wrapped in a betel leaf, has increased and is linked to the high incidence of oral cancer, particularly in some Pacific island countries.

Smoking and habitual tobacco use usually start before the age of 18, when the capacity to control impulsive behaviour is not well developed. It generally leads to addiction. Young people, particularly girls, are increasingly targeted through advertising, marketing and promotion. The health sector plays an important role in tobacco control. Yet the recent Global Health Professional Students Survey shows that in some countries more than half of third-year students of dentistry, medicine, nursing and pharmacy are smokers.

The WHO Framework Convention on Tobacco Control (FCTC) guides the policy agenda for tobacco control. Guidelines of the Articles of the FCTC, as adopted by the Conference of the Parties, have been published and disseminated. WHO continues to emphasize evidence-based, demand-reduction measures with the acronym MPOWER¹ outlined in the *WHO World Report on the Global Tobacco*

¹Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit tobacco use, Warn about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship, Raise taxes on tobacco.

Epidemic 2008. However, in many countries, tobacco control programmes lack trained staff and material resources to sustain activities. Interference by the tobacco industry in public health policy-making is a frequently mentioned barrier to legislation, ordinances and enforcement. Coordination with other sectors and agencies must be improved. Tobacco control indicators need to be incorporated in national health and development plans. Using the evidence from the Global Tobacco Surveillance System for policies, programmes and action is critical.

Action and results

The *Regional Action Plan for the Tobacco Free Initiative in the Western Pacific (2010–2014)* was endorsed by the WHO Regional Committee for the Western Pacific in September 2009. The plan encourages countries to reduce the prevalence of tobacco use by 10% over the five-year period. It cites strategies, approaches and specific objectives with a menu of action points and indicators that countries and areas can select based on their local context.

The fourth session of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products was held in March 2010 in Geneva, where a draft protocol was presented for negotiation. Twenty-six parties to the FCTC from the Western Pacific Region participated in the meeting. There was agreement on much of the draft, but some bracketed text may be discussed at the fourth Conference of Parties in November 2010.



WHO has continued to provide country-level technical assistance to support work in countries and with partners under the Bloomberg Initiative to Reduce Tobacco Use. As a result, policy advocacy, training, public education and enforcement of MPOWER have been accelerated in China, the Philippines and Viet Nam. Through partnership and collaborative projects with the Southeast Asia Tobacco Control Alliance, support has been provided to Cambodia, the Lao People's Democratic Republic, the Philippines and Viet Nam on comprehensive tobacco control.

A training workshop on tobacco taxation was convened in June 2010 with participants from ministries of finance in several countries in the Region. Training on monitoring of second-hand smoke in public places, including restaurants and bars, was conducted in July 2009 in partnership with the Johns Hopkins School of Public Health and the WHO Centre for Health Development, Kobe, Japan. Projects on monitoring second-hand smoke in public places were initiated in China, the Republic of Korea, the Philippines and Viet Nam.

WHO supported World No Tobacco Day 2010 activities focused on gender, women and health. Best practices on tobacco and gender in Viet Nam were presented at the global launch, which was held on 31 May 2010 in Tokyo. WHO also supported and worked with counterparts for major sport events that were declared smoke-free in the Lao People's Democratic Republic (25th Southeast Asian Games and the *Champasak* National Games) and in Viet Nam (Smoke free Asian Indoor Games III).

Picturing the fight against tobacco

Mongolia recently became the latest country in the Western Pacific Region to mandate pictorial warnings on cigarette packages. It joined Australia, Brunei Darrusalam, Hong Kong (China), Malaysia, New Zealand and Singapore as countries requiring shocking images intended to discourage young people from smoking and encourage smokers to cut back and eventually quit.

Health warnings on cigarette packages—both in text and through graphic images—are among the most prominent sources of health information for smokers. A pack-a-day smoker is likely to see the warnings over 7000 times in a single year. Even nonsmokers, including children and young people, report high exposure and awareness of health warnings on packaging.

Since pictorial health warnings came into effect in Mongolia in January 2010, surveys have shown that the overwhelming majority of young people who have seen the warnings find them helpful and believe they will affect a person's choice about smoking.

They listed the pictorial warnings showing damaged teeth and feet as among those images they remembered most vividly. Other images, depicting damaged lungs, a sickly unborn child in a mother's womb, a diseased heart and impotence, also will be used on a rotating basis.

In the past, Mongolia only had text warnings on cigarette packs. The change to more effective graphic warnings is the result of the work of Mongolia's Working Team on Public Health Warnings on Tobacco Products that put public health ahead of business interests and the powerful tobacco lobby. The team is composed of 18 members, including the ministries of Health, Food and Agriculture, and Trade and Industry, as well as the Mongolia Public Health Professionals Association, the Healthy Life-Healthy Population nongovernmental organization and other groups. The team received the WHO Director-General's Special Recognition Award for Graphic Health Warnings on World No Tobacco Day 2009.

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Best practices in cessation by Australia and Guam have been shared with Xian City in China's Shaanxi Province, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia and Mongolia. WHO collaboration with the Department of Health of Hong Kong (China) and the Nicotine Dependence Center of the Mayo Clinic, United States of America, has resulted in dissemination of new knowledge and capacity for treatment of tobacco dependence. In collaboration with the WHO Stop TB and leprosy elimination unit, the Tobacco Free Initiative participated in a meeting of focal points for tuberculosis control in the Pacific in an effort to integrate tobacco control with tuberculosis treatment.

The Global Tobacco Surveillance System has been implemented in Cambodia, Cook Islands, Fiji, Hong Kong (China), Kiribati, the Lao Peoples Democratic Republic, Malaysia, the Marshall Islands, Niue, Palau, Papua New Guinea and the Philippines.

Future directions

In the coming year, WHO will work with countries on setting indicators to monitor progress towards the objectives of the Regional Action Plan. Country plans and strategies will be updated and technical areas for collaboration will be discussed in greater detail in a forthcoming meeting of tobacco control focal points. Countries will be encouraged to include tobacco control in national health and development plans.

Specific interventions on demand reduction will be pursued in countries. Tobacco taxes and prices will be a high priority. Support will be provided to countries that have participated in training on tobacco taxation, with a view towards attaining excise taxes equal to 60% of retail price or greater. Protection from second-hand smoke will be advocated for cities, and local governments and ministries of health will be encouraged to recognize and award best practices. Collaboration with the

WHO Regional Office for South-East Asia on a partnership for smoke-free cities through the Association of Southeast Asian Nations will be sustained. Smoke-free mega events also will be promoted.

The introduction of tobacco control in the medical curriculum will be supported. Training and capacity-building for providing brief advice on the dangers of tobacco use as part of primary health care services will be pursued. Special initiatives to strengthen the links between tobacco control and tuberculosis control, cardiovascular disease prevention and control, and child health will be further explored.

Results of the Global Adult Tobacco Surveys in China, the Philippines and Viet Nam will be disseminated and used to support legislation on protection from second-hand smoke; graphic health warnings; complete bans on advertising, promotion and sponsorship; taxation measures; and the treatment of tobacco dependence.