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Global perspective on tobacco control. Part II. The future of tobacco control: making smoking history?

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SUMMARY

Serious efforts to reduce the harm caused by tobacco use throughout populations require implementation policies and interventions capable of reaching all smokers and potential smokers. While the Framework Convention on Tobacco Control promises to accelerate the adoption of comprehensive tobacco control policies throughout the world, its extensive 'optional' language provides considerable latitude for governments unwilling to implement rigorous controls. This paper examines four broad areas in which important debates and policy advances will be necessary to ensure population-wide impact of tobacco

control: harm reduction; demand reduction strategies involving particularly the use of news generation in increasing the coverage of tobacco and health issues; denormalisation of tobacco use, especially among health workers in nations where use remains high; and further efforts to regulate the tobacco industry, particularly in regard to plain packaging, under-the-counter retail sales and the regulation of tobacco products.

KEY WORDS: tobacco control; harm reduction; demand reduction; regulation

TOBACCO USE is a mass global phenomenon, with an estimated 1.3 billion people¹ smoking 5.763 trillion cigarettes a year,² in addition to the hundreds of millions who use oral smokeless tobacco products. If the international health community is to succeed in making significant inroads into reducing the burden of illness caused by tobacco use, it follows that the strategies deployed must be capable of reaching and influencing all tobacco users and potential users. For decades, tobacco control in many nations has been accorded both low priority and poor funding, often being confined to low-reach smoking cessation clinical interventions that access insignificant proportions of the population, and token publicity events on occasions such as World No Tobacco Day.

The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC),³ now signed by 168 nations and ratified by 151, represents the most significant step ever taken to reduce global tobacco use. The Convention imposes legally binding obligations on all signatory nations to implement policies addressing most traditional components of tobacco control such as advertising bans, strong pack warnings, public awareness campaigns and smokefree in-

door air policies. While there is broad consensus that the FCTC will turbo-charge global tobacco control, major concerns remain. The tobacco industry, as the interest group with the most to lose from effective tobacco control, has sought to undermine the Convention and the WHO's activities in tobacco control.⁴ Now that it is signed, none but the naïve hold any expectations that the tobacco industry will desist from its decades-long efforts to dilute, delay and defeat the implementation of the various provisions now brought into law by the Convention.

Successful tobacco control by definition means reduced tobacco use. There are therefore fundamental conflicts of interest between the tobacco industry's fiduciary duty to its shareholders to maximise profit from promoting widespread use and the core objectives of tobacco control. Continuing vigilance and counteraction of industry activity is essential.

The FCTC contains a great deal of 'optional' rather than obligatory language, thus providing governments wishing to adopt a less-than-robust approach to tobacco control with support for their positions. For example, the final text of the Convention contains the word 'appropriate' 62 times, 'may' 27, 'or other

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measures' 15, and 'should' (instead of 'must') 13 times.⁵ Together, these 'rubbery' words provide great latitude in the interpretation of what each country should actually do. The passing of the Convention, while a major step in international tobacco control, nonetheless remains a potential excuse for complacency in governments wanting to do little. Tobacco control activists will need to remain extremely vigilant in ensuring that the strongest possible interpretation of the Convention is adopted in as many countries as possible.

In this paper, I will consider some of the most important challenges facing global tobacco control in the post-FCTC era.

REDUCED-HARM TOBACCO PRODUCTS?

While the tobacco industry regards the addictiveness of nicotine as the non-negotiable sine qua non of its profitability,⁶ the industry shares common ground with public health in being concerned about the premature death caused by tobacco use. Plainly, the industry would like to retain its best customers for as many years as possible. Accordingly, internal tobacco industry documents reveal that it has long pursued the holy grail of the reduced risk cigarette.⁷ For many years, it was hamstrung by being unable to be overt about this objective, because to do so would have required the industry to admit that the then current generation of cigarettes was dangerous to health, something that it had long publicly denied.⁸

In more recent years, following revelations in their internal documents, most tobacco companies have admitted that smoking is harmful. This has allowed them to speak publicly about their efforts to develop less dangerous products. Harm reduction has become a major theme in contemporary tobacco control, but remains highly contested. The promise of harm reduction is that breakthroughs will occur in the chemical, physical and genetic engineering of combustible tobacco products, which will greatly reduce toxic emissions, which in turn, some predict, should reduce tobacco-caused disease. The tobacco industry is already capable of producing cigarettes with a wide range of toxic emissions.⁹ While there is overwhelming scepticism that reductions in particular toxic emissions in combustible products will produce net reductions in health risk,¹⁰ there is equally strong consensus forming that the comparative risks of some forms of smokeless tobacco are considerably less than those arising from smoking.¹¹

Most recently, transnational tobacco companies have begun manufacturing low nitrosamine 'snus' smokeless products,¹² often with the same names as cigarettes. While the companies make carefully crafted statements about promoting alternatives to smoking, many remain sceptical that the industry's main objective in promoting these products is to provide smokers with tobacco products to consume in times when they are not smoking because of smoking restrictions.¹³ As a

recent Citigroup investment advice report put it, 'over 60% of our survey respondents (in the tobacco trade) do not believe snus products will have an impact on cigarette volumes. The trade believes that snus will be consumed in addition to cigarettes. Given the increased bans on smoking, snus products seem like an obvious substitution'.¹⁴ Such an industry objective would not be harm reducing, but harm increasing because the costs of smoking restrictions are known to stimulate large-scale smoking cessation¹⁵ and reduction.¹⁶

If large-scale switching from smoking to smokeless tobacco could be achieved, as has occurred in Sweden among men,¹⁷ harm reduction at the population level may be a distinct possibility. However, although there are many nations today that present the tobacco industry with no legislative barriers to marketing smokeless tobacco, no nation without a long-standing tradition of smokeless tobacco use has yet embraced oral tobacco in any significant way.

REDUCING DEMAND

While there are obligations in the FCTC for nations to mount public information initiatives promoting both prevention and cessation, it remains the case that most nations allocate scant resources to such efforts. Large-scale mass-reach public awareness campaigns have been spectacularly successful in some countries in stimulating cessation, with evidence also that ostensibly adult-targeted quit campaigns have collateral positive effects on reducing younger people's smoking.¹⁸

The challenge therefore remains about how to increase the amount and quality of demand-reducing messages to which vast numbers of the population will be exposed, particularly in the world's poorest and most populous nations. Both producing and paying broadcast costs for high-quality motivating public information campaigns is expensive, and beyond the reach of a large number of government health budgets.

However in all nations, it remains the case that the public receives far more anti-smoking information and comment via 'unpaid' publicity and advocacy that reaches the public in the form of news and commentary.¹⁹⁻²¹ Public health advocates can play a vital role in ensuring that high priority is given to generating news coverage of tobacco control issues.²² Tobacco is an immensely newsworthy topic, containing many news values that attract the attention of news editors and reporters. Particular challenges face health workers in some developing nations where news coverage is often bought, and where pro-tobacco interests are more able to secure such coverage in their interests.

The internet and other new media provide other low-to-zero cost opportunities to bring anti-smoking messages to vast numbers of internet users. The youth-oriented site YouTube, for example, contains many examples of anti-smoking advertisements which have

become immensely popular.²³ For example, a recent demonstration of how much particulate matter from cigarette smoke is retained in the lungs was downloaded 1 062 593 times in just 37 days after it was first added to the site in July 2007.*

DENORMALISING TOBACCO USE

A large body of evidence demonstrates that when smoking opportunities are restricted because of concerns about exposure to second-hand smoke, significant falls in 24-hour consumption by continuing smokers also occur.¹⁶ Cessation effects have also been reported:¹⁵ when you can't smoke in your workplace, on public transport, in restaurants or bars, the experience of being a smoker moves increasingly to one characterised by being 'exiled' from other members of the community. In this way, smoking has become increasingly denormalised, with a large number of indices of the 'spoilt identity' of smoking that smokers and those at risk of smoking encounter everyday in nations where smoking is on the wane.²⁴

Cultures with pro-smoking norms are unlikely to be receptive to smokefree public policies. This will be the case particularly in nations where large proportions of the medical and health professions still smoke. In many nations today, smoking by doctors, medical students²⁵ and other primary health care workers remains outrageously high. When professionals at the coalface of health are known by their patients and the wider community to smoke, an obvious problem arises for efforts to convince communities that smoking is a serious health issue. Smoking by doctors may be a key indicator of a nation's overall standing in tobacco control: it seems unlikely that serious inroads can ever be made into smoking in a nation whose doctors smoke at levels which send an unmistakable message to communities that smoking is not a serious health issue. In such nations, high priority needs to be given to efforts to educate health workers about smoking and to declare all health facilities smokefree.

Health workers in nations where smoking is still widely accommodated in public settings have important work to do to try to establish non-smoking as the norm. The 'half pregnant' principle of public health advocacy is important here: any precedents that establish that second-hand smoke is harmful can be used to point to policy inconsistencies where similar risks are involved. For example, if smoking is banned in offices, but not in bars, the 'half pregnant' inconsistency in the occupational health rights of bar staff is readily understandable and will be unavoidable in debate about policy reform.²⁶ Understanding how opponents of smokefree policies frame their arguments is a vital precursor to the development of strategically sophisticated responses.

FURTHER CONTROLS ON THE TOBACCO INDUSTRY

With the advent of large-scale graphic health warnings on packets, complete bans on 'above the line' tobacco advertising and comprehensive indoor smoking bans, three key platforms of comprehensive control are being progressively implemented now in many nations. But even in nations such as Canada and Australia, where net tobacco control policy is arguably most advanced, national smoking prevalence remains well over 10%. Tobacco control is thus far from 'done'.

A recent Morgan Stanley report stated:

In our opinion, (after taxation) the other two regulatory environment changes that concern the industry the most are homogenous packaging and below-the-counter sales. Both would significantly restrict the industry's ability to promote their products.²⁷

Thailand and several Canadian provinces have already implemented retail policies requiring tobacco to be hidden, and the logical extension of this is to require 'generic' or plain packaging of cigarettes. Plain packaging would require the removal of all colours, brand imagery, corporate logos and trademarks, permitting manufacturers only to print the brand name in a mandated size, font and place, in addition to required health warnings and other legally mandated product information such as toxic constituents, tax-paid seals or package contents. A standard cardboard texture would be mandatory and the size and shape of the package and cellophane wrappers would also be regulated to prevent novelty pack shape varieties and covers replacing on-pack imagery. Plain packaging would encompass pack interiors and the cigarette itself, given the potential for manufacturers to use colours, bandings and markings and different lengths and gauges to make cigarettes more 'interesting' and appealing. Any use of perfuming, incorporation of audio chips or affixing of 'onserts' would be banned. Plain packaging would thus standardise the appearance of all cigarette packages and cigarettes, greatly reducing the status signalling roles and appeal of cigarettes.²⁸

Finally, the anomaly of tobacco being a product which causes unparalleled harm to populations and yet which remains virtually unregulated, will require governments to redress this anomaly and, at minimum, introduce central nicotine regulatory authorities that will be charged with establishing and regulating all aspects of tobacco manufacture, packaging and retailing.²⁹ More radical proposals have called for all tobacco to be purchased by the state, allowing only tobacco products satisfying progressively harm-reduced criteria to be sold via a regulatory authority.³⁰

Globally, the primary focus for tobacco control will increasingly shift to the developing world where, because of the much larger populations, there are generally poorer levels of awareness about tobacco's harms

* See <http://www.youtube.com/watch?v=IQ4n7g31RIE>

and a relative lack of resources committed to tobacco control.

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RÉSUMÉ

Les efforts valables pour réduire les dégâts causés par l'utilisation du tabac au sein des populations exigent des politiques de mise en œuvre et des interventions capables d'atteindre tous les fumeurs et les fumeurs potentiels. Alors que la Convention Cadre de Lutte contre le Tabagisme promet d'accélérer l'adoption de politiques complètes de lutte contre le tabagisme au niveau mondial, son vocabulaire largement « optionnel » donne une latitude considérable aux gouvernements refusant de mettre en œuvre des contrôles rigoureux. Cet article examine quatre grandes zones dans lesquelles des débats importants et des progrès des politiques seront nécessaires

pour assurer un impact majeur de la lutte contre le tabagisme dans la population ; la réduction des risques ; les stratégies de réduction de la demande impliquant en particulier l'utilisation de la production d'informations grâce à l'extension de la couverture des problèmes du tabac et de la santé ; la dénormalisation de l'utilisation du tabac, particulièrement parmi les travailleurs de la santé dans les pays où son emploi reste fréquent ; et finalement des efforts complémentaires pour imposer des règles à l'industrie du tabac, particulièrement en ce qui concerne des emballages blancs, les ventes au détail sous le comptoir et la réglementation des produits du tabac.

RESUMEN

Los esfuerzos importantes dirigidos a reducir el daño provocado por el tabaquismo en todas las poblaciones precisan la aplicación de políticas e intervenciones capaces de llegar a todos los fumadores y a los fumadores potenciales. Si bien el Convenio sobre el tabaquismo promete acelerar la adopción de políticas integrales de control del tabaquismo alrededor del mundo, su extensa formulación en términos 'opcionales' ofrece una gran libertad a los gobiernos poco dispuestos a aplicar controles rigurosos. En este artículo se examinan cuatro aspectos generales sobre los cuales es importante entablar discusiones y avanzar con las políticas a fin de alcanzar un amplio

impacto del control del tabaquismo sobre la población : disminución del daño ; estrategias dirigidas a disminuir la demanda, incluido el recurso a la generación de noticias que amplíen la cobertura sobre temas relacionados con el tabaco y con la salud ; la desnormalización del tabaquismo, en particular en los profesionales de la salud en países donde el consumo sigue siendo alto ; y mayores esfuerzos dirigidos a regular la industria del tabaco, especialmente en cuanto se relaciona con el empaquetado genérico o simplificado, las ventas al detal clandestinas y regulación de los productos derivados del tabaco.
