



The Impact of Implementation of the WHO Framework Convention on Tobacco Control (FCTC) on Tobacco Use and Public Health

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WHO Framework Convention on Tobacco Control (FCTC)

- ◆ First-ever WHO treaty
- ◆ Adopted May 2003; came into force in Feb 2005.
- ◆ 180 countries are Parties, including China (about 90% of world's population)
- ◆ Includes broad range of tobacco control policies:
 - Pictorial warnings
 - Comprehensive smoke-free laws
 - Higher taxes to reduce demand
 - Bans/restrictions on marketing
 - Support for cessation
 - Measures to reduce illicit trade
 - Tobacco product regulation

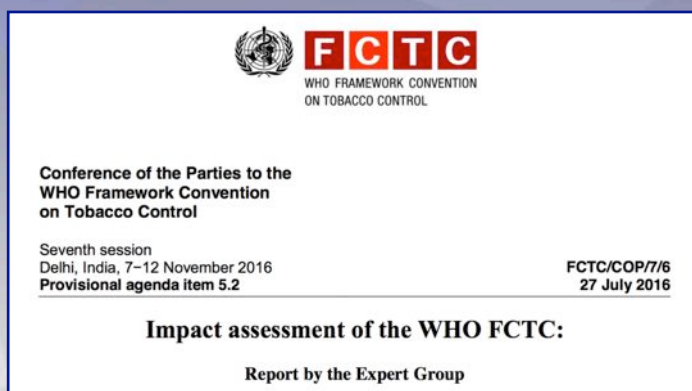


**Tobacco is the number one preventable cause of death —>
WHO FCTC is the greatest-ever disease prevention initiative.**



Has the FCTC had an impact?

Impact Assessment of the WHO FCTC



Purpose – to assess the impact of the WHO FCTC on:
(a) implementation of tobacco control measures,
(b) the effectiveness of its implementation

- ◆ Global evidence review of 17 FCTC articles (ITC Project)
- ◆ Country missions to 12 FCTC Parties
- ◆ Report presented at COP7 (Nov 2016; Delhi)
- ◆ Supplement of 9 articles from EG published in 2019 in *Tobacco Control*



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

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

Gravely et al.:
Published March 2017
in *Lancet Public Health*

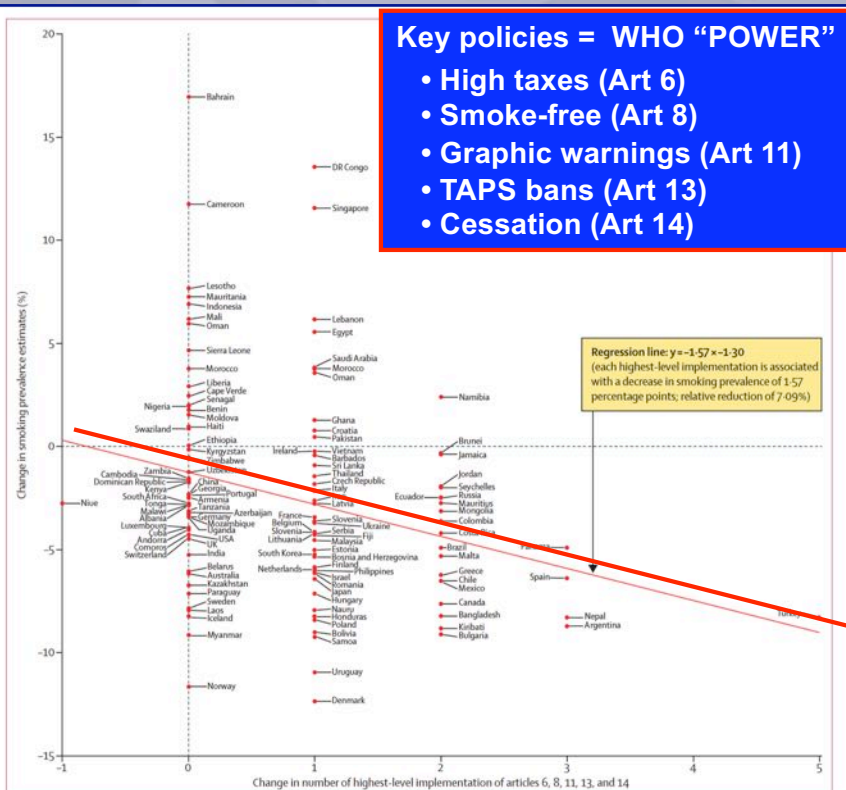
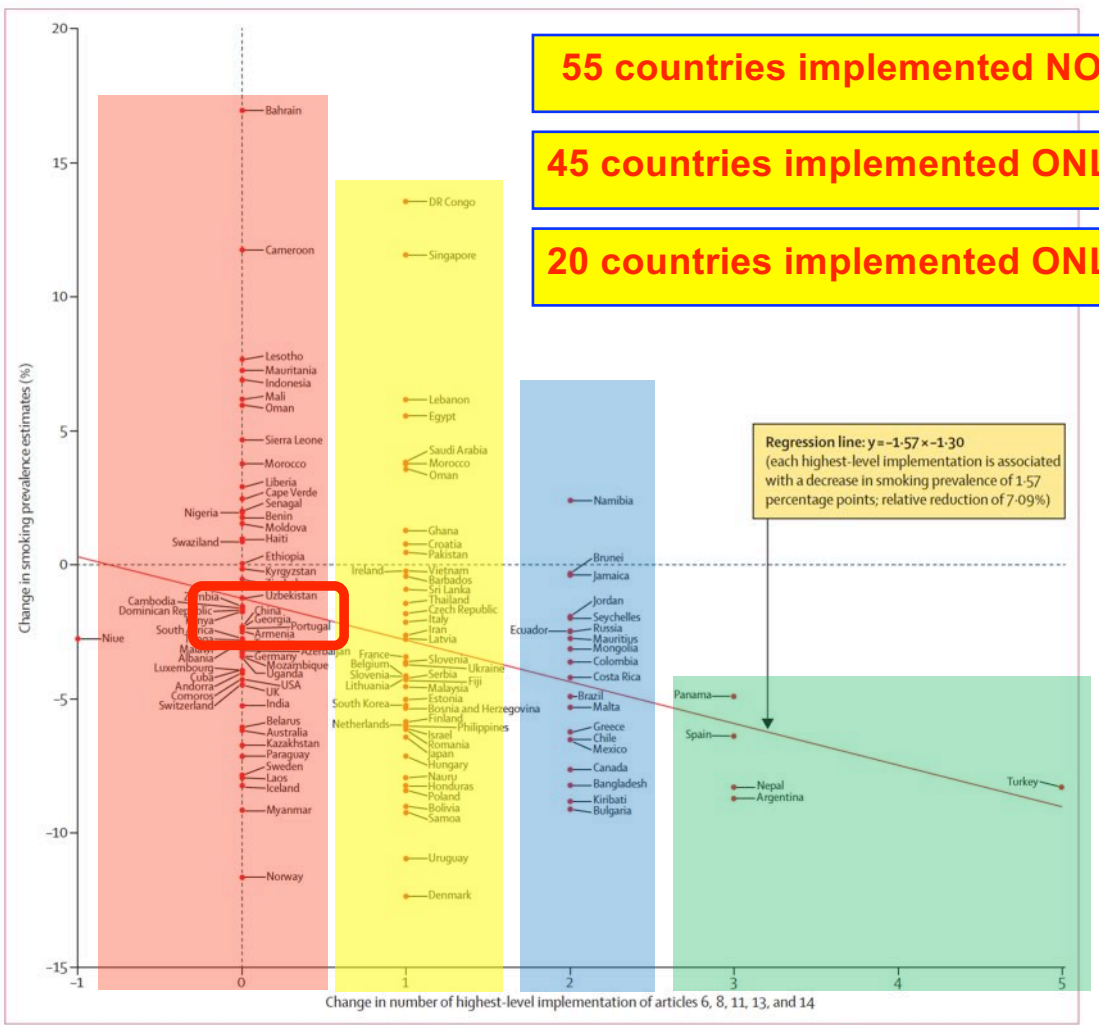


Figure 2: Relation between change in the number of five key WHO FCTC demand-reduction measures implemented at the highest level between 2007 and 2014 (x-axis) and change in smoking prevalence between 2005 and 2015 (y-axis)

- Analysis of WHO data from 126 countries
- **Predictor:** number of highest-level implementations of key demand-reduction FCTC policies between 2007 and 2014
- **Outcome:** WHO smoking prevalence trend estimates from 2005 to 2015 (first decade of the WHO FCTC)
- **Results:** Each additional highest-level implementation associated with 1.57 percentage point decrease in smoking rate (7.09% relative decrease)

The WHO FCTC works...
**...if key FCTC policies are
implemented at a strong level.**
But there's a problem...



55 countries implemented NONE of the 5 policies

45 countries implemented ONLY 1 of the 5 policies

20 countries implemented ONLY 2 of the 5 policies

Very poor Implementation of the FCTC
 Average country: 1.04 out of 5 policies

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

What was the reduction of number of smokers by strong implementation of these 5 FCTC policies?

WHO Region	Number of countries TOTAL	Number of Countries with data	(G) Smoking Prevalence in 2005	(H) Number of Smokers in 2005	(S) Smoking Prevalence in 2015	(T) Number of Smokers in 2015	(Z) Average number of FCTC policies implemented as of 2014	(AA) Average number of FCTC policies implemented 2007-14	(AB) Reduction of smokers in 2015 due to FCTC implementation during 2007-14	Percentage reduction achieved by FCTC implementation during 2007-14	Additional reduction of smokers that COULD have been achieved if countries had implemented all 5 key FCTC demand-reduction policies by 2014	Percentage reduction that COULD have been achieved
African	46	27	11.7	33,530,500	11.8	45,059,674	0.500	0.370	239,280	0.53%	11,408,938	25.32%
American	34	19	21.3	126,754,699	16.5	113,915,520	1.842	1.474	13,935,630	12.23%	26,430,049	23.20%
Eastern Mediterranean	22	9	18.8	45,843,176	20.6	63,870,884	1.111	0.667	2,935,836	4.60%	11,800,955	18.48%
European	53	45	31.6	221,573,786	26.8	195,726,817	1.045	0.909	23,389,252	11.95%	55,158,655	28.18%
South East Asian	11	8	20.4	231,976,236	16.4	224,981,887	1.000	1.000	5,797,555	2.58%	76,438,021	33.98%
Western Pacific	27	18	28.3	385,183,712	25.4	377,517,020	1.056	0.722	2,953,913	0.78%	133,593,712	35.39%
WORLD	193	126	24.2	1,044,862,108	19.0	1,021,071,802	1.040	0.832	49,251,465	4.82%	314,830,330	30.83%

- ◆ Strong FCTC implementation was associated with reducing smoking by about 1.6% (49 million people)
 - But on average: only **1.04** out of the 5 key policies were implemented at the highest level by 2014.

**What was the missed opportunity:
How many smokers COULD have been reduced?**

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If **all** countries had implemented **all five** key FCTC demand-reduction policies, then tremendous **additional** reduction in smokers COULD have been achieved:

- **World: 315M fewer smokers (31% reduction—> –6% prevalence)**
- **China: 105M fewer smokers (35% reduction—> –8% prevalence)**

By implementing POWER policies (smoke-free, higher taxes, graphic warnings, TAPS bans, cessation), China could reduce smokers by 100M, reducing smoking prevalence to about 18%

**In the second decade of the FCTC:
Need to **strengthen** and **accelerate**
implementation of the treaty.**

Research evidence is critically important—especially evidence on the impact and effectiveness of FCTC/POWER policies.

International Tobacco Control Policy Evaluation Project (the ITC Project)



Canada



United States



Australia



United Kingdom



Greece



Ireland



Thailand



Malaysia



South Korea



Hungary



China



Uruguay



Mexico



New Zealand



Poland



France



Germany



Netherlands



Bangladesh



Romania



Brazil



Mauritius



Bhutan



India



Spain



Zambia



Kenya



Abu Dhabi



Japan

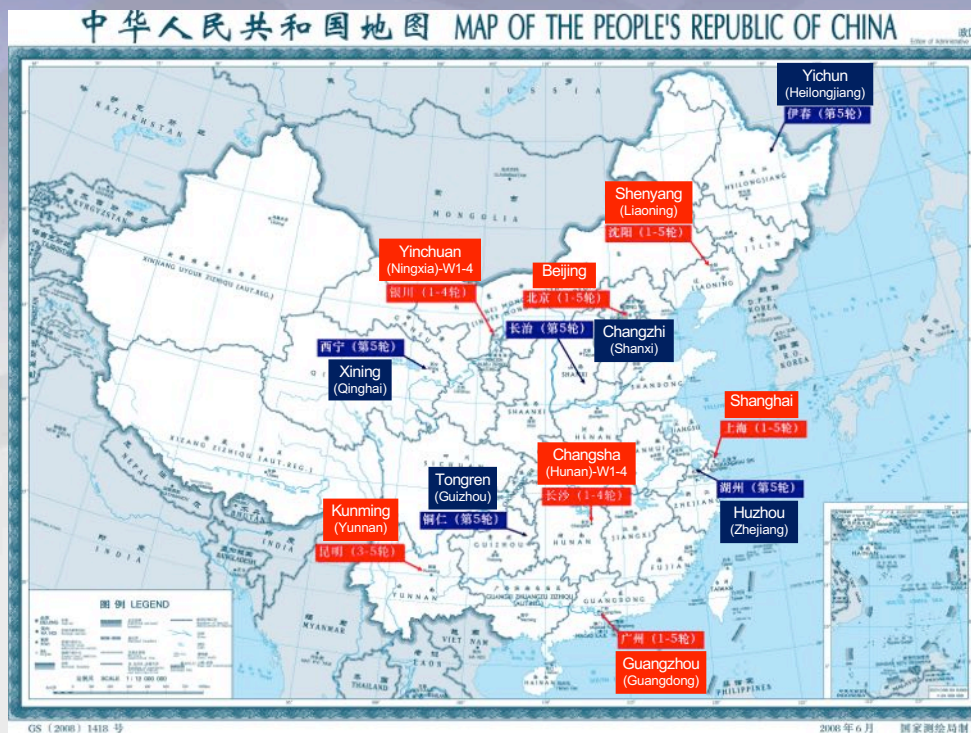
The ITC Project

- ◆ World's largest tobacco and tobacco control research program:
 - 29 countries, **including China since 2006**
 - Over half of the world's population and over two-thirds of world's tobacco users
 - First-ever cohort study of tobacco: over 140 survey waves, total of over 300,000 respondents across the 29 countries
- ◆ Key objective: to evaluate the impact of ALL major FCTC policies (including MPOWER measures)
- ◆ Global evaluation system to complement existing surveillance systems (e.g., GATS). ITC evidence contributes to our understanding of WHY prevalence increases/decreases.
- ◆ ITC rigorously evaluates the impact of **specific policies and implementations across the 29 countries, over time and in comparison with other countries.**

ITC China Survey

- ◆ Face-to-face cohort survey of smokers and non-smokers
- ◆ 5 survey waves conducted from 2006 to 2015
- ◆ In each city/rural area, survey conducted of 800 smokers and 200 non-smokers
- ◆ Very extensive survey: 250+ questions, including 100+ questions on FCTC policy impact (Articles 6, 8, 9, 11, 12, 13, 14, 15, 16)

ITC China Survey: Sampling Areas



New focus on urban vs. rural differences

- 47% of Chinese live in rural settings
- Rural health care system is much poorer; lower effort in NCD prevention
- Rural smoking rates are higher
- Cigarette prices are lower.

Rural areas in blue

Urban areas/cities in red

ITC China Wave 1 to 5 Project Report

The International Tobacco Control Policy Evaluation Project

CHINA

PROJECT REPORT

Findings from the Wave 1 to 5 Surveys (2006-2015)
APRIL 2017

Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic

国际烟草控制政策评估项目 (ITC)

中国

摘要

第一轮至第五轮的研究发现 (2006 - 2015)
2017年4月

使用循证策略，阻止全球烟草流行



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Policy Evaluation Project

Tobacco Control in China: Looking Forward and Moving Forward



Healthy China 2030

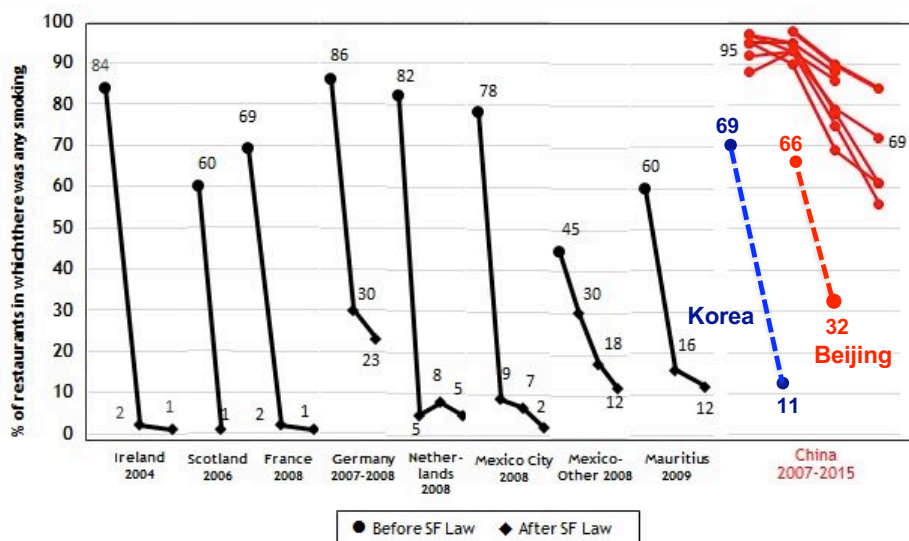
1. The goal of Healthy China 2030 to reduce NCD deaths by 30% cannot be achieved without great reductions in smoking: it is necessary to reduce smoking prevalence from 27.7% in 2015 and 26.6% in 2018 to 20%.
2. China has taken the critically important step of incorporating tobacco control into the Healthy China 2030 plan.
3. It is necessary to strengthen and accelerate implementation of FCTC/POWER policies. (From ITC/FCTC impact assessment study: with full implementation of POWER policies, smoking prevalence would decrease to 18%).
4. Goodchild and Zheng: Smoke-free policies alone would reduce the smoking rate by 2.7%. Other non-tax/price policies would not be enough: higher tobacco taxes would also be necessary to achieve the 20% goal.

Policy advances in China

- ◆ **Advertising restrictions (2015):** Recent GATS/TQS data suggest that there is less noticing of advertising
- ◆ **Price/tax:** 2015 tax increase demonstrates the possible impact of taxes. Important to consider additional possibilities.
- ◆ **Smoke-free:** 20 cities covering 10% of population now have strong smoke-free laws. This has led to substantial reductions in secondhand smoke in key public places. Important to continue to move forward to support other cities.

ITC Findings: Smoking in Restaurants

Smoking Prevalence observed in restaurants in 7 ITC China cities from Wave 2 to 5 (2007 to 2015) compared to other countries before and after comprehensive smoke-free laws: Ireland (2004), Scotland (2006), France (2008), Germany (2007-08), Netherlands (2008), Mexico City (2008), Other Mexican Cities (2008), and Mauritius (2009)



Note: The percentages for China represent the average across the urban cities.

The decrease in restaurant smoking in China is **lower** than in other ITC countries with **comprehensive** smoke-free laws

Beijing's comprehensive smoke-free law significantly decreased restaurant smoking:

- Beijing CDC: 66% to 32%
- Xiao: 40% to 15%

Comprehensive smoke-free laws leads to enormous reductions in secondhand smoke. Supporting such laws in China will greatly reduce SHS harms (400,000 deaths of non-smokers/yr)



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Health Warnings



Health warnings = an educational intervention

- ◆ Warnings = most important source of information for the public to learn about the **specific** harms of smoking
- ◆ Very high exposure to the health warnings:
 - Average Chinese smoker smokes 17 cigarettes a day
 - $17 \times 365 \text{ days} = 6,205$ possible exposures a year!

Powerful educational impact of warnings

In 2012, Canada ADDED new warnings on two harms:

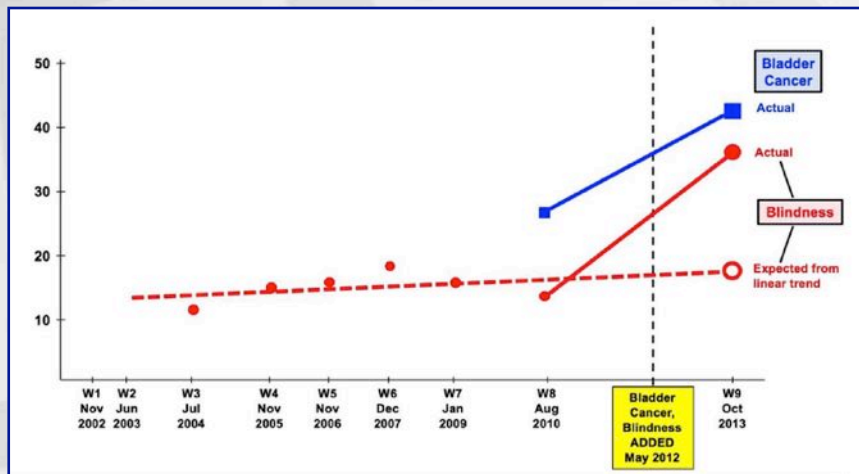
- smoking causes bladder cancer
- smoking causes blindness



Research paper
 Impact of adding and removing warning label messages from cigarette packages on adult smokers' awareness about the health harms of smoking: findings from the ITC Canada Survey
 Annika C Green,¹ Pete Driezen,¹ Seth M Noar,^{2,3} David Hammond,⁴ Geoffrey T Fong^{5,6}

HUGE impact on increasing knowledge among Canadian smokers
Bladder cancer: +18.5%: 1.1M more smokers
Blindness: +17.2%: 1.0M more smokers

If applied to China:
Bladder cancer: 55.5M more smokers
Blindness: 51.6M more smokers



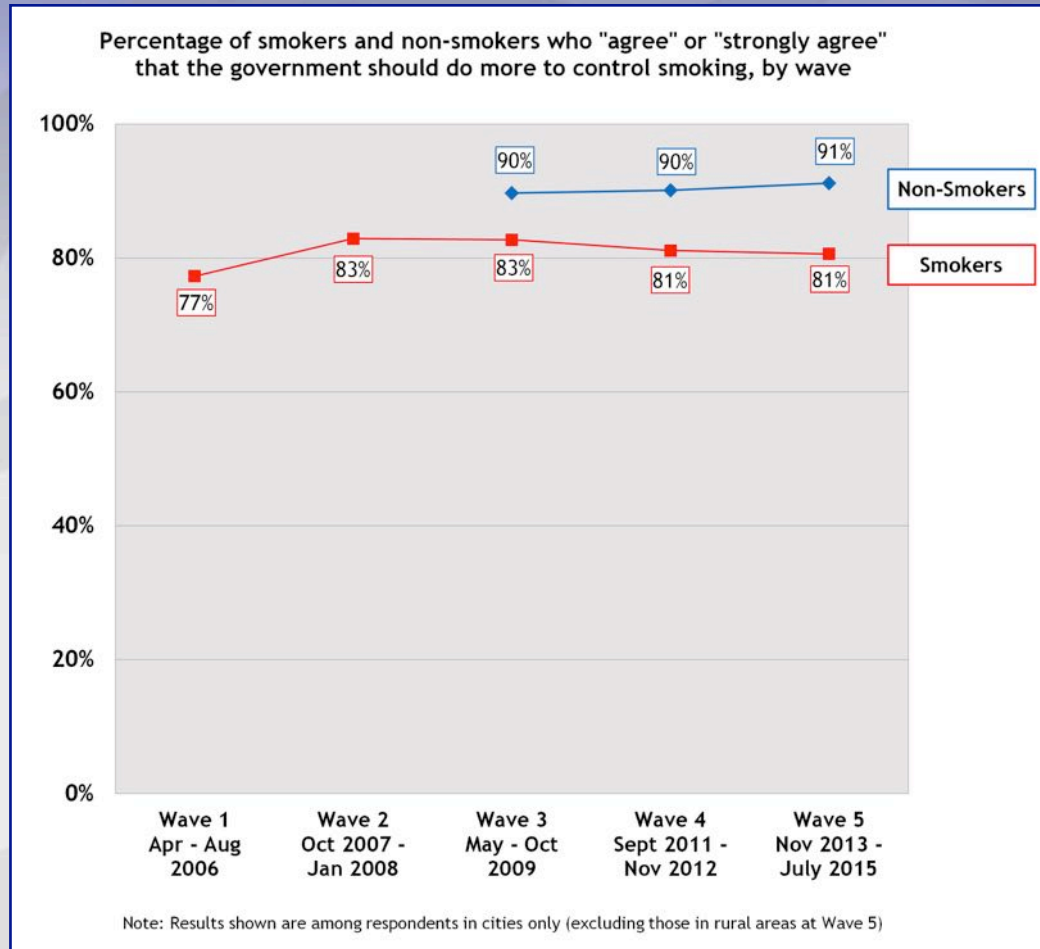


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Support for Tobacco Control Measures



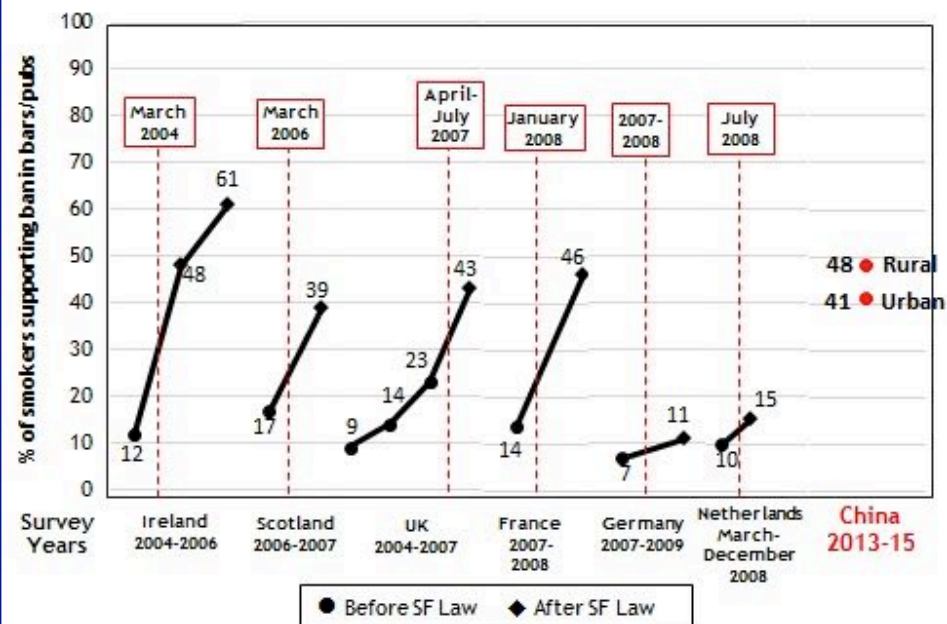
Support for Government Action



Over 3/4 of smokers and non-smokers "agree/strongly agree" that the Chinese government should do more to control smoking

Support for Smoke-Free Bars

Support Among Smokers for Bans in Bars/Pubs in China (2013-15) and Before and After Smoking Bans in Ireland (2004), Scotland (2006), UK (2007), France (2008), Germany (2007-08), and Netherlands (2008)

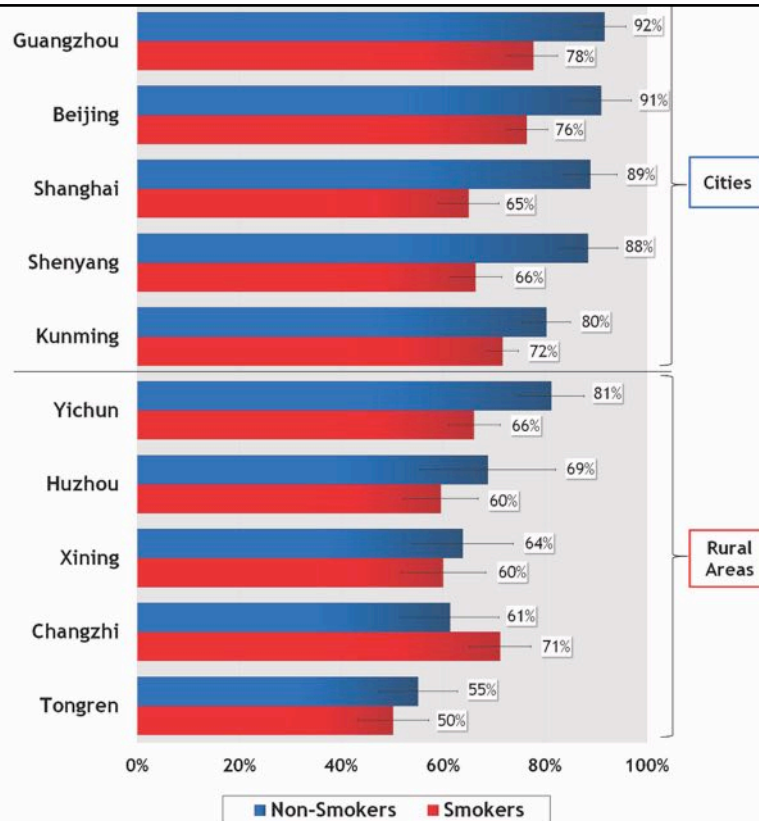


Note: The percentage for China represents the average across the cities.

- Support for smoke-free bars among smokers in China is MUCH higher than the support in 6 other ITC countries before those countries implemented smoke-free laws.
- Over 90% of smokers said that a ban on smoking in restaurants and other indoor public places would be “good/very good.”
- There is VERY HIGH support for smoke-free laws among Chinese smokers.

Support for Advertising Ban

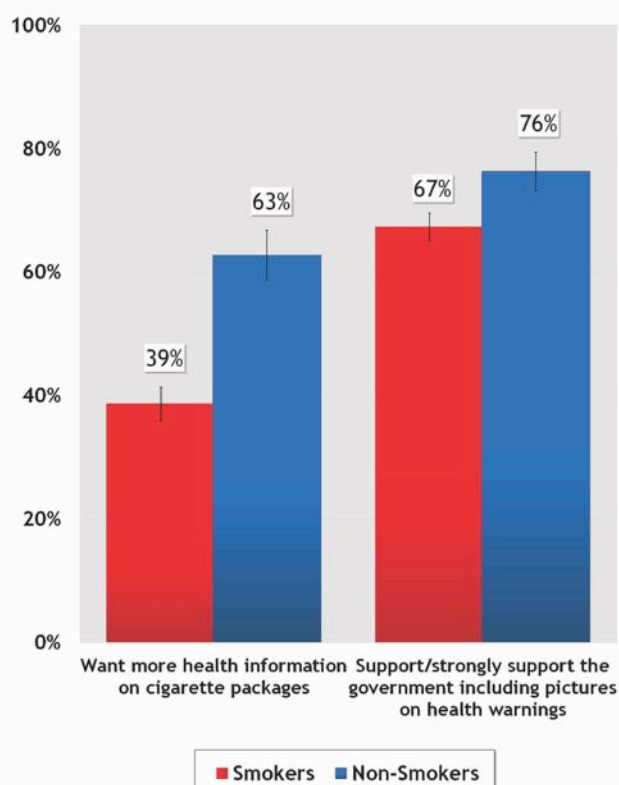
Wave 5: Percentage of smokers and non-smokers who support complete bans on tobacco advertisements inside shops “a little” or “a lot”, by survey location



- Majority of smokers and non-smokers across all survey locations support a complete ban on tobacco advertising inside shops
- Support was somewhat higher in cities than in rural areas

Support for Stronger Health Warnings

Percentage of smokers and non-smokers who support enhanced health warnings at Wave 5



- 39% of smokers and 63% of non-smokers want more health information on cigarette packages
- 67% of smokers and 76% of non-smokers support introducing graphic health warnings

Summary and Conclusions

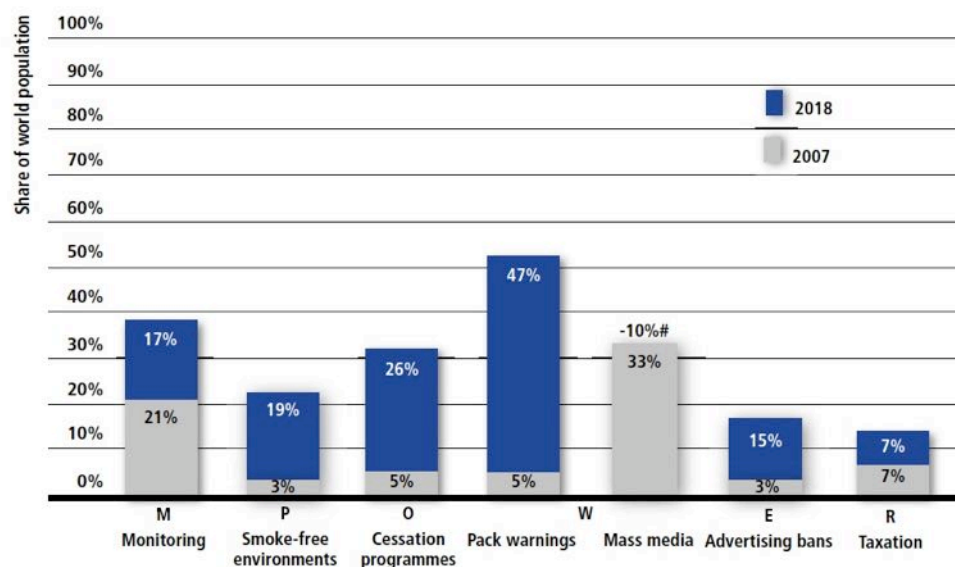
1. The FCTC is the greatest disease prevention intervention in history, but its vast potential has not yet been realized because implementation has been slow.
2. China has made substantial progress in recent years, and China stands at the crossroads with positive momentum to achieve the objectives of Healthy China 2030 through stronger tobacco control.
3. **China stands to gain the most of any country in the world** if it engages in strong FCTC implementation. **China could also be a global leader in reducing NCDs.**
4. Smoke-free laws in some cities (Beijing, Shanghai) show clearly that comprehensive laws CAN work in China.
5. Continued progress in reducing tobacco advertising would be an important achievement.

Summary and Conclusions

6. Important to move forward on tax/price measures since affordability of cigarettes continues to be an important barrier to reducing smoking.
7. **Stronger pictorial warnings** would have a huge impact on increasing knowledge, as shown by ITC studies.

Progress in MPOWER policies from 2007 to 2018

INCREASE IN THE SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2007* TO 2018



Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level.

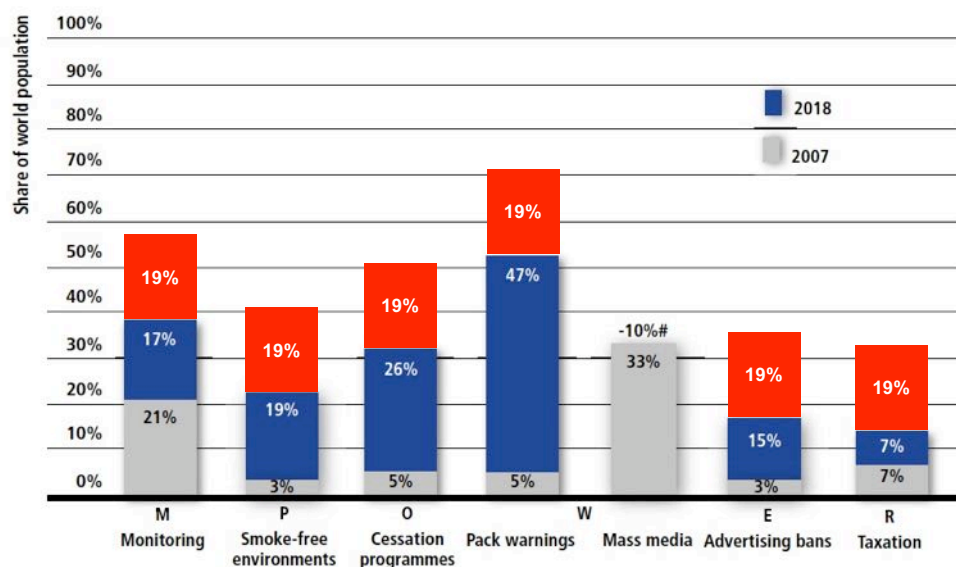
* Mass media coverage refers to 2010, not 2007. Taxation coverage refers to 2008, not 2007.

#The population covered by mass media campaigns decreased since 2010.

There has been strong progress in FCTC implementation, but much more needs to be done.

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With strong tobacco control action, China would become the world leader in NCD prevention and advancement of the Sustainable Development Goals

Summary and Conclusions

6. Important to move forward on tax/price measures since affordability of cigarettes continues to be an important barrier to reducing smoking.
7. **Stronger pictorial warnings** would have a huge impact on increasing knowledge, as shown by ITC studies.
8. The ITC data show that **support for stronger policies in China among smokers is MUCH HIGHER** than in other ITC countries.
9. There are MANY examples of effective policy implementation in the region and throughout the world to serve as possible examples for China to consider.
10. Important to **evaluate** the impact of policies: to assess the actual **impact of implementation** (FCTC Impact Assessment / ITC Project as a model)

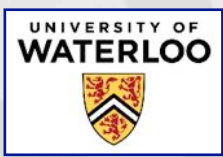
ITC Project Research Organizations



ITC Project Research Support



www.itcproject.org



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