

Framework Convention on Tobacco Control

A beginning to the end of the epidemic



Mayo Clinic Rochester





Mayo Clinic Rochester Colonial Building









Global Bridges: Healthcare Alliance for Tobacco Dependence Treatment

- Collaboration between Mayo Clinic, American Cancer Society, and University of Arizona
- MISSION: Create and mobilize a global network of health care providers and organizations dedicated to advancing effective tobacco dependence treatment and advocating for effective tobacco control policy
- Working with partners in all six WHO regions



Learning objectives

At the end of today's session participants will be able to...

 Describe the worldwide tobacco epidemic and the public health approach to addressing the epidemic

 Discuss the structure, implementation, and current status of the Framework Convention on Tobacco Control



MAYO CLINIC <u>1900-2005 U.S. Per Capita Cigarette Consumption</u>

and 1930-2005 Age Adjusted Lung Cancer Death Rate per 100,000



Adult Per Capita Cigarette Consumption United States 1900-2005: Economic, political, cultural factors in the spread of the epidemic



Worldwide business is booming



TOBACCO WILL KILL OVER 175 MILLION PEOPLE WORLDWIDE BETWEEN NOW AND THE YEAR 2030

Cumulative tobacco-related deaths, 2005–2030



Source: Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. PLoS Medicine, 2006, 3(11):e442.

TOBACCO USE IS A RISK FACTOR FOR SIX OF THE EIGHT LEADING CAUSES OF DEATH IN THE WORLD









Source: U.S. Department of Health and Human Services, 1991

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Giovino 2002



WHO expert report

Tobacco use is unlike other threats to global health.

- •Infectious diseases do not employ multinational public relations firms.
- •There are no front groups to promote the spread of cholera.
- •Mosquitoes have no lobbyists.

Reversing the burden of tobacco on global health will be not only about understanding addiction and curing disease but just as importantly about overcoming a determined and powerful industry

















Developing the world's first global health and corporate accountability treaty

- Recognition that tobacco use set to become the leading cause of preventable death worldwide
- In 1996 the World Health Assembly authorized WHO to initiate the development of a framework convention.
 - 1999-2003 extensive intergovernmental negotiations
- Framework Convention on Tobacco Control (FCTC)
 - Adopted by World Health Assembly May, 2003
 - Entered into force February 27, 2005



What is meant by a 'Framework Convention'

Provides the foundation, blueprint, and workspace within which protocols and guidelines can be collaboratively agreed to internationally



FCTC http://www.who.int/fctc/en

Currently 172 national parties to the Conference representing 87.3% of the world population

A few countries have not ratified:

USA Haiti Mozambique Somalia Argentina Indonesia Switzerland Afghanistan



What Does FCTC ask of the Parties

 Participate in the development of protocols and guidelines

- Comply with all provisions of the treaty
 - Countries required to enact legislation in line with the Convention protocols



Measures intended to reduce supply

Address illicit trade

Sales to minors

 Provision of economic alternatives to tobacco production



Measures intended to reduce demand

- Price and tax measures important
- Reducing exposure to ETS
- Regulating contents of tobacco products
- Regulating disclosure of contents and emissions
- Packaging and labeling
- Promote public awareness
- Regulate advertising and promotion
- Disseminate guidelines on cessation and treatment



- Over 300 NGOs from over 100 countries including:
 - World Medical Association
 - **International Union Against Cancer**
 - **Corporate Accountability International**
 - Mayo Clinic Nicotine Dependence Center
- Serve as independent watchdog
- Help build capacity for global networking
- Provide expert testimony
- Collect and analyze data



Actions within countries and between countries

- Framework for action within countries:
 - Monitoring and surveillance
 - Complete advertising ban
 - Protection from secondhand smoke
 - Prohibit of youth access
 - Display prominent health warnings
 - Regulate content of tobacco
 - Increase price of tobacco through taxation
 - Make treatment accessible and affordable
 - Provide alternatives for farmers and workers

- Framework for international cooperation:
 - Monitoring and surveillance
 - Prevent illicit trade
 - Technical assistance including legal and scientific expertise
 - Funding mechanisms



FCTC Implementation

- The first session of the Conference of Parties (COP), in February, 2006
- Parties of the Conference:
 - Adopted the rules of procedure for COP
 - Discussed development and negotiation of protocols on cross-border advertising and illicit trade
 - Mandated development of guidelines for implementation of various articles
 - Addressed the issue of financial resources for FCTC implementation



Implementation

- Guidelines and Protocols outline implementation agreements
 - The crucial ingredient for success is effective implementation of its provisions
- 4 Guidelines adopted prior to COP4:
 - Article 5.3: Protect policies from tobacco industry
 - Article 8: Protect from exposure to tobacco smoke
 - Article 11: Packaging and labeling of tobacco
 - Article 13: Tobacco advertising, promotion, and sponsorship



COP4: Punta del Este, Uruguay Major Outcomes

- Guidelines adopted on:
 - Articles 9&10: Tobacco product contents
 - Article 12: Education and public awareness
 - Article 14: Demand reduction and Cessation
- Working Groups created or extended on:
 - Article 6: Tobacco taxation (unfunded)
 - Article 17/18: Alternative Livelihood
- Final negotiating session for Illicit Trade Protocol will occur in 2012
- Punta del Este Declaration adopted in support of Parties attacked under international trade treaties for implementing FCTC



MPOWER A POLICY PACKAGE TO REVERSE THE TOBACCO EPIDEMIC



http://www.who.int/tobacco/mpower/en/





Monitor tobacco use

- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising and promotion
- Raise taxes on tobacco products





- Not yet ratified FCTC
 - Only other populous country not ratified is Indonesia
- Original signatory under Bush in 2004
 - Election year
 - Questions about intention to participate
- Opposed marketing limits and lobbying limits
 - Some provisions changed to let USA ratify but didn't make a difference
- Ratification process
 - President forwards to Senate Foreign Relations Committee
 - Requires 2/3 vote in Senate













Ongoing Tobacco Industry Interference

- Throughout early negotiations PM, BAT and JT sought to influence, delay, dilute treaty
- Many examples of influence in violation of article 5.3
 - Bribery, bankrolling health initiatives, providing funds for 'regulation', taking advantage of government tax interest, hiding behind farmers or restaurants
 - Suing governments, demanding seat at the table, promoting voluntary regulation, promoting youth reduction programs, drafting tobacco friendly regulation
 - Video BAT website

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http://www.bat.com.co/group/sites/BAT_87AF9V.nsf/vwPagesWebLive/DO8BHM3T?opendocument&SKN=2



Tobacco Industry and FCTC

There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health interests.





"The greatest asset of a nation is the health of its people."

WILLIAM J. MAYO, M.D. (1921)



Call to Action

What can you do to support the FCTC?

- FCTC provides a blueprint whether or not your country is a Party; advocate for laws/policies which comply with FCTC Guidelines
- Urge your professional society to become involved: join FCA, provide expert testimony in support of tobacco control measures, implement effective measures in your place of work
- If you are a healthcare provider, offer at least brief advice to every one of your patients who smoke
- Consult <u>www.treatobacco.net</u>



A Global Alliance



http://www.who.int/fctc/en

http://www.who.int/tobacco/mpower/en/