

INTRODUCTION TO THE WORLD HEALTH ORGANIZATION FRAMEWORK CONVENTION ON TOBACCO CONTROL (**WHO FCTC**) AND THE **MPOWER** STRATEGY

Mini Symposium and Market Place Translating Evidence Towards Tobacco Control
19th December 2017
Lotus Room, Swan Convention Centre, Sunway Medical Centre



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What's all the fuss about?





In ancient times, when the land was barren and people were starving, the Great Spirit sent a woman to save humanity. As she travelled, everywhere that her right hand touched the earth, potatoes grew, and everywhere that her left hand touched the earth, corn grew.

The world became rich and fertile, and so she sat down and rested; when she got up, **tobacco grew in that place.**

~ Huron Indian myth



1492: Christopher Columbus arrives in the Bahamas, and is given dried tobacco leaves by native tribes as a token of friendship. Members of Columbus' crew describe Cuban natives smoking tobacco from pipes.



Rodrigo de Jerez was the first European smoker (1492)



Smoke a
FRESH
cigarette"

CAMELS

Mild . . . NO CIGARETTES AFTER-TASTE



Don't miss the million-year wrapping from our package of Canada after you open it. The Banff Park is protection against dust and germs, its office and homes, even in the dry atmosphere of artificial heat, the Banff Park delivers fresh air and keeps them right until the last one has been needed.





Luther Terry Addresses a Press Conference on Smoking and Health, 1965.

U.S. National Library of Medicine

Earlier landmark studies on smoking and health

- 1930s Several studies addressing the rise in lung cancer
- 1948 Sir Richard Doll's 'The First Reports on Smoking and Lung Cancer'
- 1950 Morton Levin's publication on definitive link between smoking and lung cancer
- 1950 Wynder & Graham publication on tobacco smoking and bronchiogenic carcinoma
- 1950 Bradford & Hill publication on smoking and the carcinoma of the lungs
- 1960s Framingham cohort debated the link between smoking and heart disease
- 1964 Surgeon General report on Smoking and Health



The health consequences causally linked to smoking

Cancers

Chronic Diseases

Oropharynx

Larynx

Esophagus

Trachea, bronchus, and lung

Acute myeloid leukemia

Stomach

Liver*

Pancreas

Kidney
and ureter

Cervix

Bladder

Colorectal*

Stroke

Blindness, cataracts, **age-related macular degeneration***

Congenital defects—maternal smoking: orofacial clefts*

Periodontitis

Aortic aneurysm, early abdominal aortic
atherosclerosis in young adults

Coronary heart disease

Pneumonia

Atherosclerotic peripheral vascular disease

Chronic obstructive pulmonary disease, **tuberculosis,***
asthma, and other respiratory effects

Diabetes*

Reproductive effects in women
(including reduced fertility)

Hip fractures

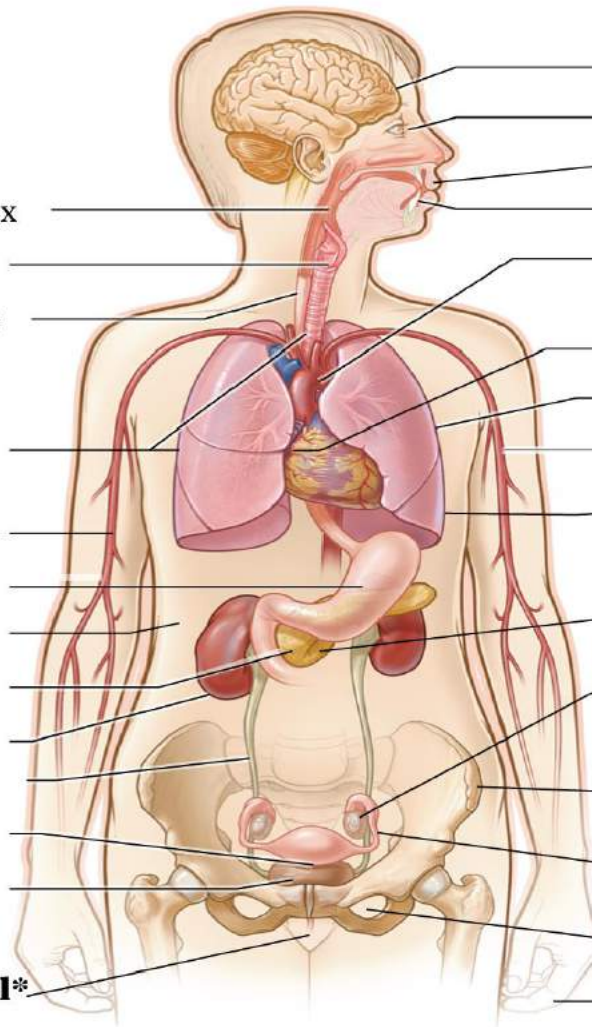
Ectopic pregnancy*

Male sexual function—erectile dysfunction*

Rheumatoid arthritis*

Immune function*

Overall diminished health



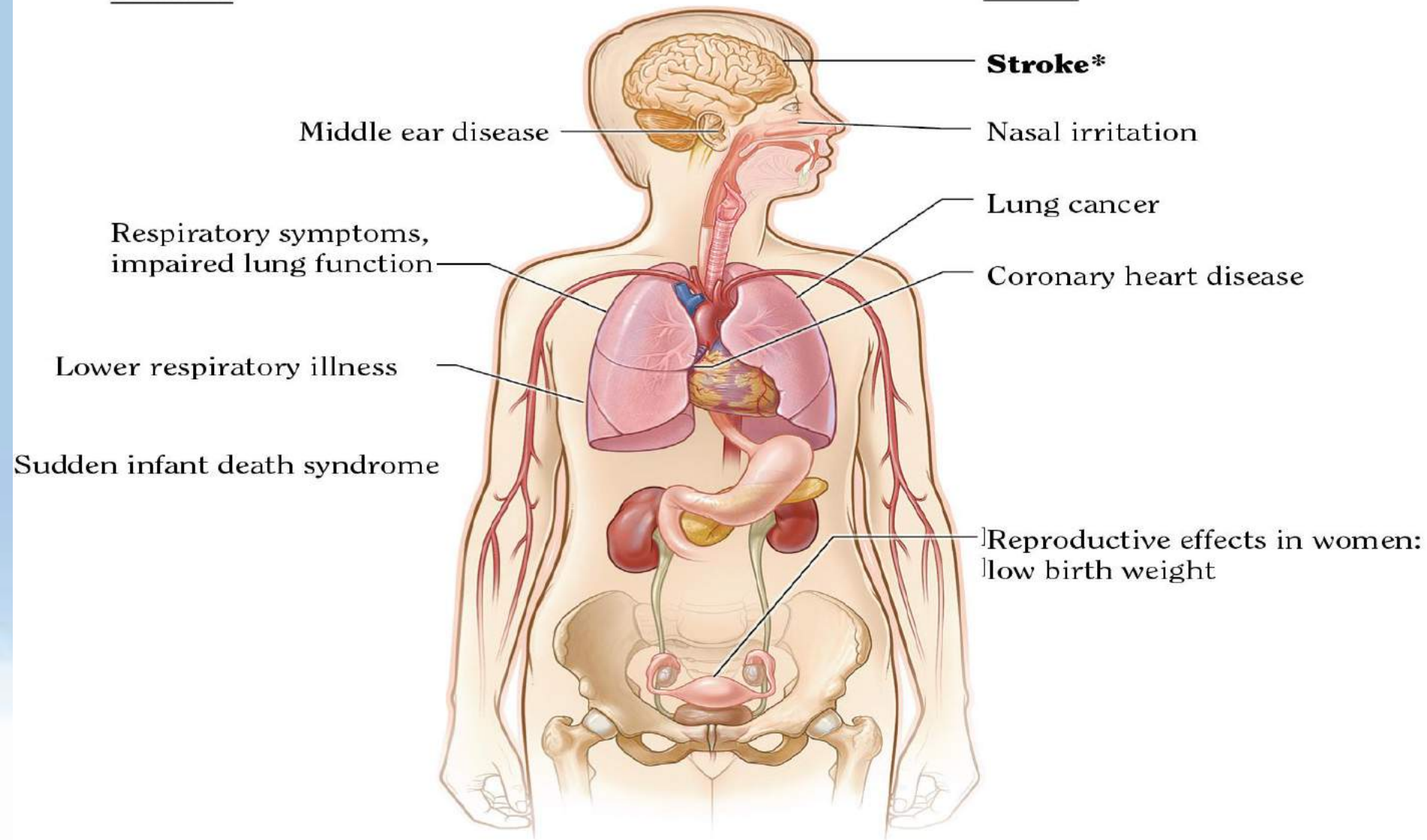
Source: U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General.
Note: Each condition presented in bold text and followed by an asterisk (*) is a new disease that has been causally linked to smoking in this report.



The health consequences causally linked to exposure to secondhand smoke

Children

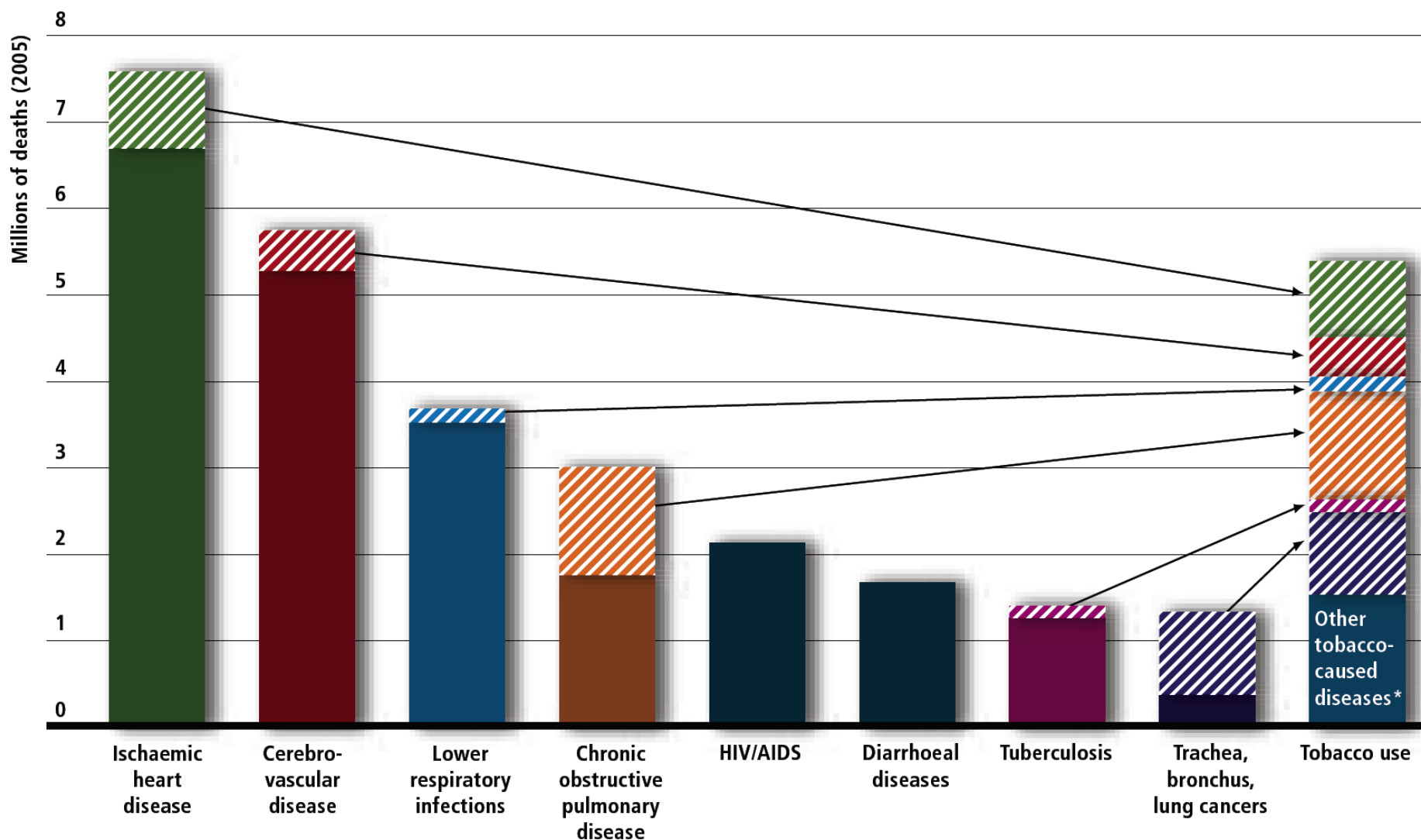
Adults



Source: U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General.
Note: Each condition presented in bold text and followed by an asterisk (*) is a new disease that has been causally linked to smoking in this report.



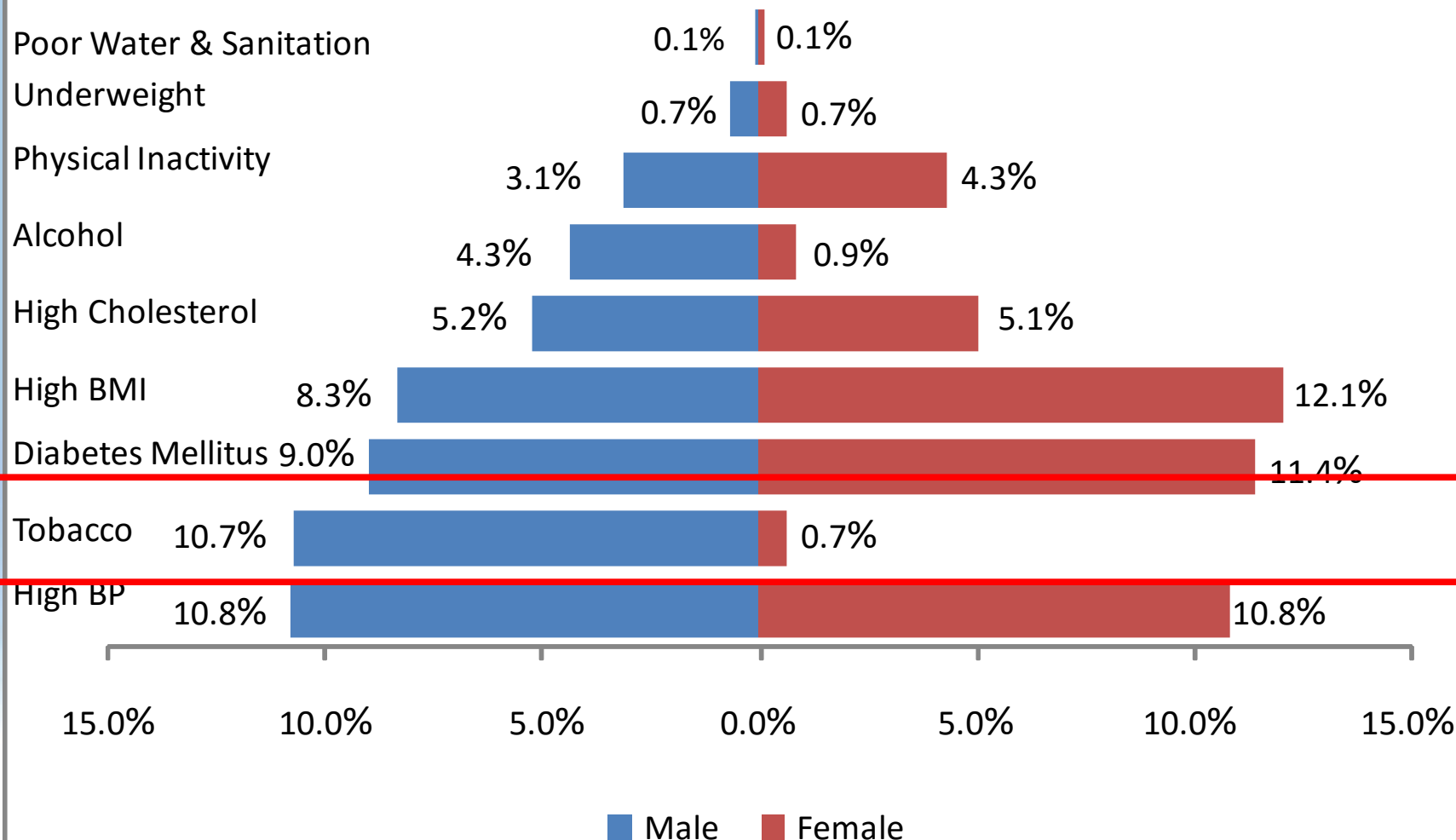
Tobacco is a Risk Factor for **6 out of 8** world's leading causes of death



Tobacco kills more the 7 million people globally each year

For every stick, you cut short 14 minutes of your life

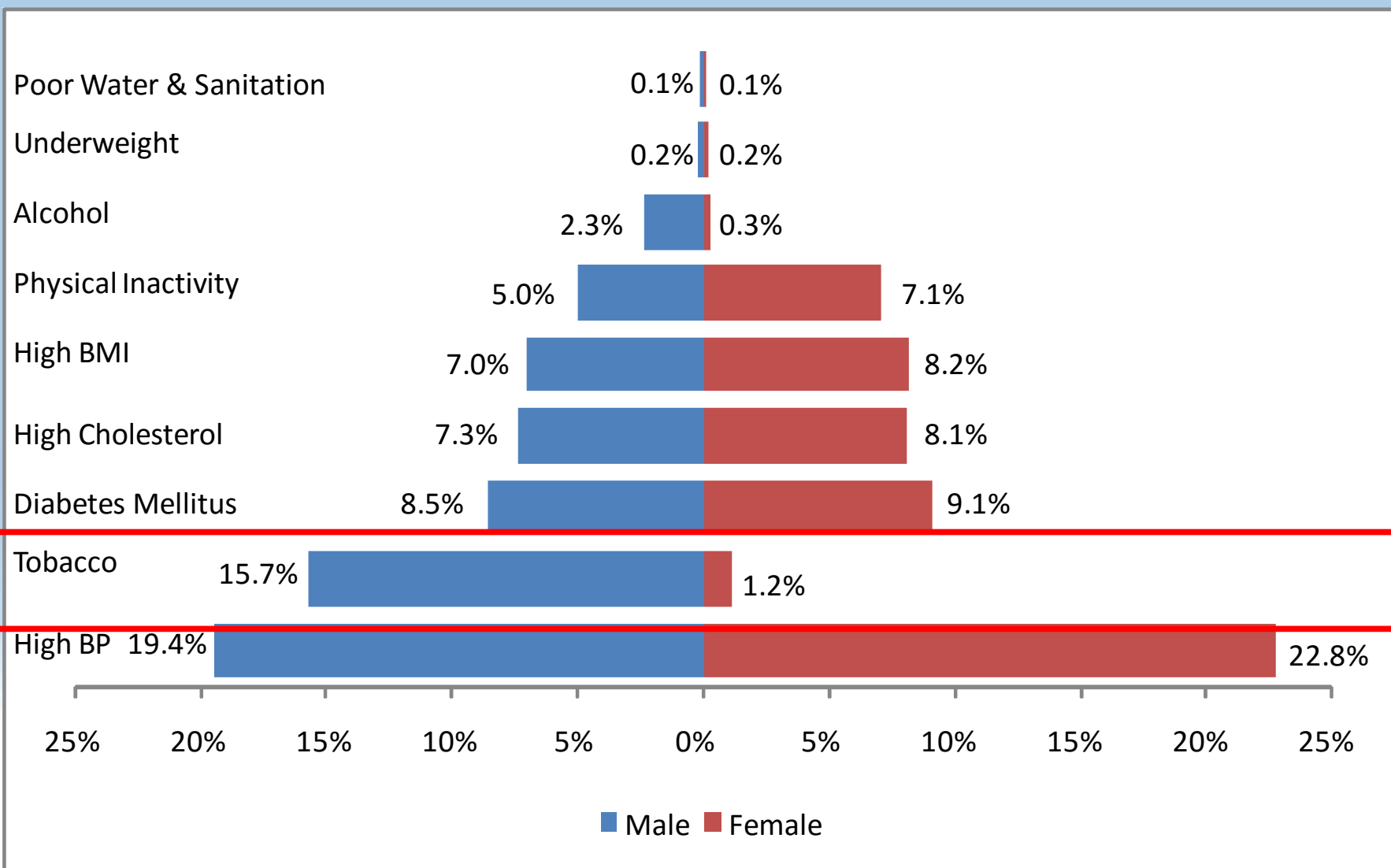
Malaysia DALYs attributable to risk factors



Burden of Disease Study Malaysia 2008, slide courtesy of Dr Mohd. Azahadi Omar, Institute for Public Health



Malaysia Deaths attributable to risk factors



Burden of Disease Study Malaysia 2008, slide courtesy of Dr Mohd. Azahadi Omar, Institute for Public Health



SMOKING KILLS MORE THAN **20,000** MALAYSIANS EVERY YEAR

TOBACCOATLAS.ORG



THAT'S **ONE** EVERY HALF AN HOUR !





Social Marketing in Malaysia: Cognitive, Affective, and Normative Mediators of the TAK NAK Antismoking Advertising Campaign

Wenkyong Beth Lee, Geoffrey T. Fong, Timothy Denhart, Ryan D. Kennedy, Hui-Hie Yung, Ron Borland, Rahmat Awang & Muzairah Omar

To cite this article: Wenkyong Beth Lee, Geoffrey T. Fong, Timothy Denhart, Ryan D. Kennedy, Hui-Hie Yung, Ron Borland, Rahmat Awang & Muzairah Omar (2015) Social Marketing in Malaysia: Cognitive, Affective, and Normative Mediators of the TAK NAK Antismoking Advertising Campaign, Journal of Health Communication, 35:1, 116-125, DOI: 10.1080/10810739.2015.1014000

Clinicians and Epidemiologists



A study on liability and the health costs of smoking DG SANCO (2008/C6/046)

Economists



Abstract

Background

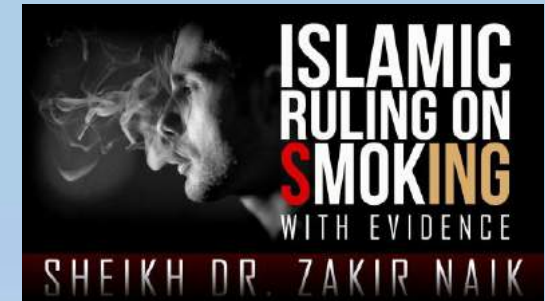
Smoking is a major public health problem worldwide. Research has shown that neighbourhood of residence is independently associated with the likelihood of individuals' smoking. However, a fine comprehension of which neighbourhood characteristics are involved and how remains limited. In this study we examine the relative contribution of objective (police-recorded) and subjective (resident-perceived) measures of neighbourhood crime on residents' smoking behaviours.

Criminologists

Evidence review: Addressing the social determinants of inequities in tobacco use

Kate Purcell

Anthropologists



Theologists



Artists



Politicians



Society and culture



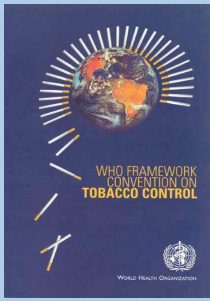
Smoking is a global epidemic and affects many aspects of life at personal, community, national and global level.



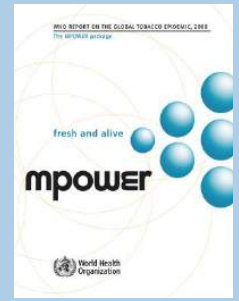


FCTC WHO ?





WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

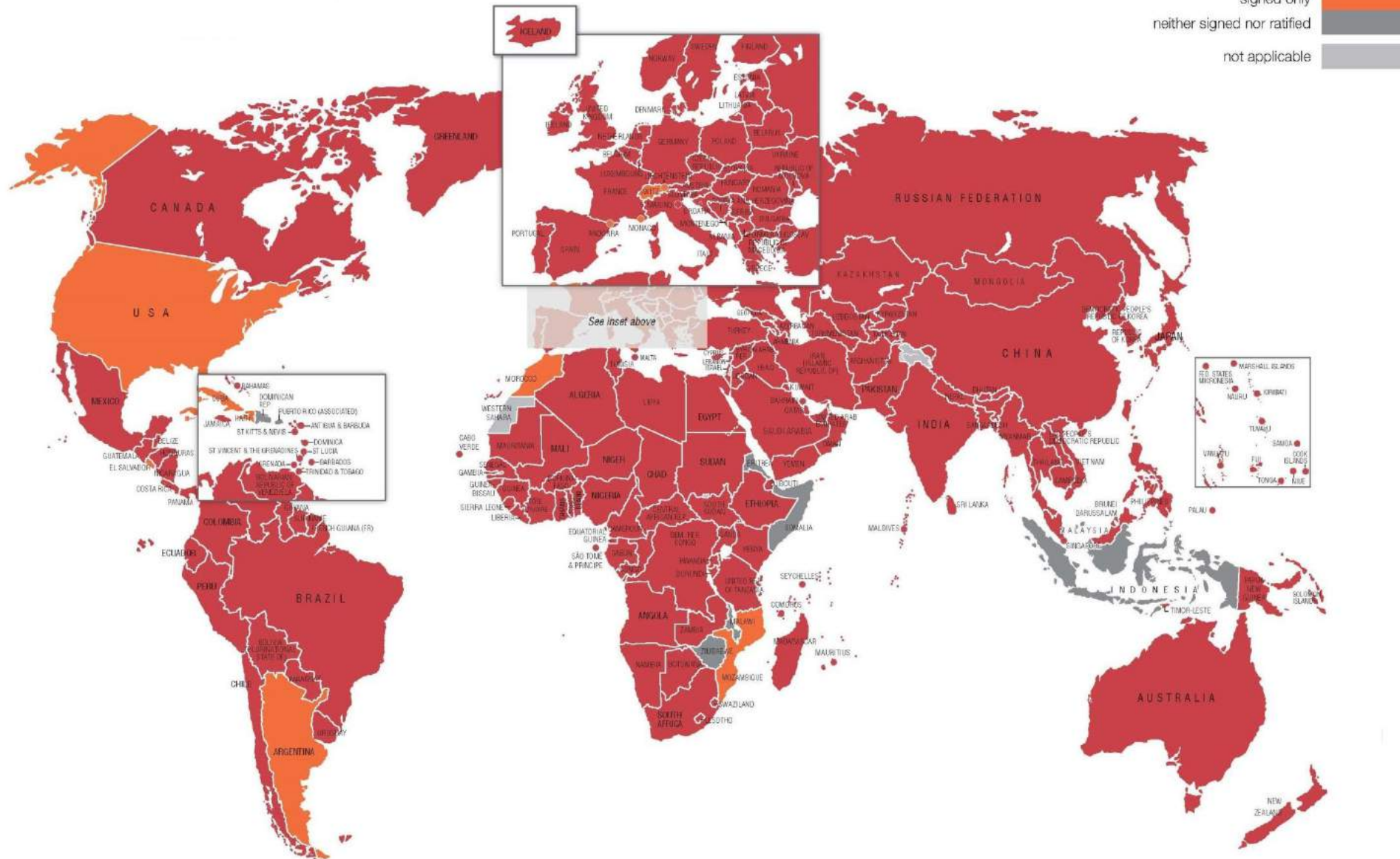


- The **WHO Framework Convention on Tobacco Control** is the **first** global public health treaty.
- This treaty adopted by the 56th World Health Assembly held in Geneva, Switzerland on 21 May 2003 and came into force on **27 February 2005**.
- To protect current and future generations from the effects of tobacco consumption and to **reduce tobacco use and exposure to tobacco smoke**.
- Membership: **181 Parties** (incl. EU) to the FCTC covering more than 90% of the world population.



➤ THE WHO FCTC IS ONE OF THE MOST RAPIDLY
RATIFIED UN TREATIES OF ALL TIME

ratified or acceded
signed only
neither signed nor ratified
not applicable



The WHO Framework Convention on Tobacco Control (WHO FCTC)

There are 11 Parts with **38 Articles** in FCTC

Part I : Introduction

Part II : Objective, guiding principles and general obligations

Part III : Measures relating to the reduction of demand for tobacco

Part IV : Measures relating to the reduction of the supply of tobacco

Part V : Protection of the environment

Part VI : Questions related to liability

Part VII: Scientific and technical cooperation and communication of information

Part VIII: Institutional arrangements and financial resources

Part IX : Settlement of disputes

Part X : Development of the convention

Part XI : Final Provisions



Two Important Parts in WHO FCTC

Part III: Measures relating to the **reduction of demand** for tobacco

Article 6 Price and tax measures to reduce the demand for tobacco

Article 7 Non-price measures to reduce the demand for tobacco

Article 8 Protection from exposure to tobacco smoke

Article 9 Regulation of the contents of tobacco products

Article 10 Regulation of tobacco product disclosures

Article 11 Packaging and labelling of tobacco products

Article 12 Education, communication, training and public awareness

Article 13 Tobacco advertising, promotion and sponsorship

Article 14 Demand reduction measures concerning tobacco dependence and cessation

Part IV: Measures relating to the **reduction of the supply** of tobacco

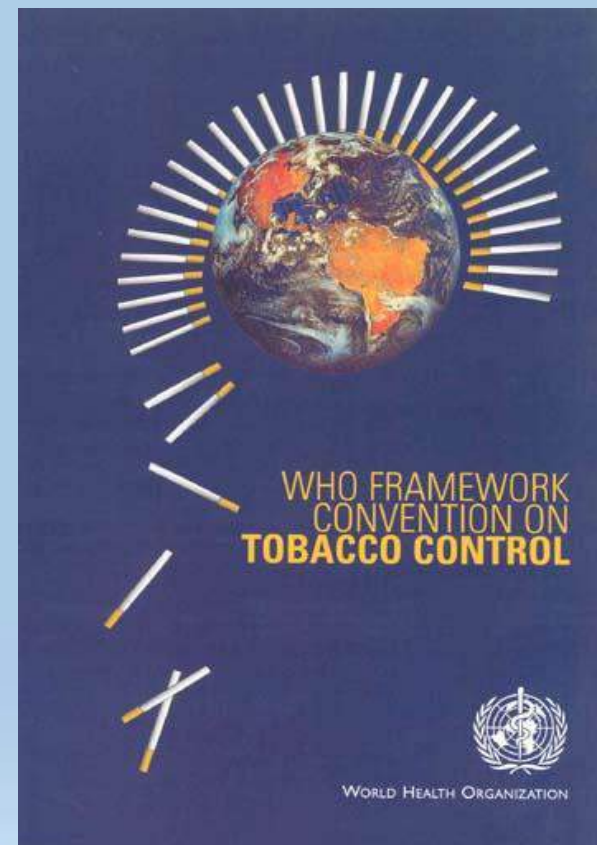
Article 15 Illicit trade in tobacco products

Article 16 Sales to and by minors

Article 17 Provision of support for economically viable alternative activities

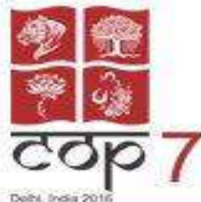


- ❑ Malaysia became a signatory on 23 September 2003, ratified the WHO FCTC on **16 September 2005**
- ❑ Ministry of Health acts as the Malaysian Government's Secretariat to the WHO FCTC Convention (also known as FCTC Malaysia)
- ❑ The Control of Tobacco Products Regulations 2004 (under the Food Act 1983), was developed in line with FCTC

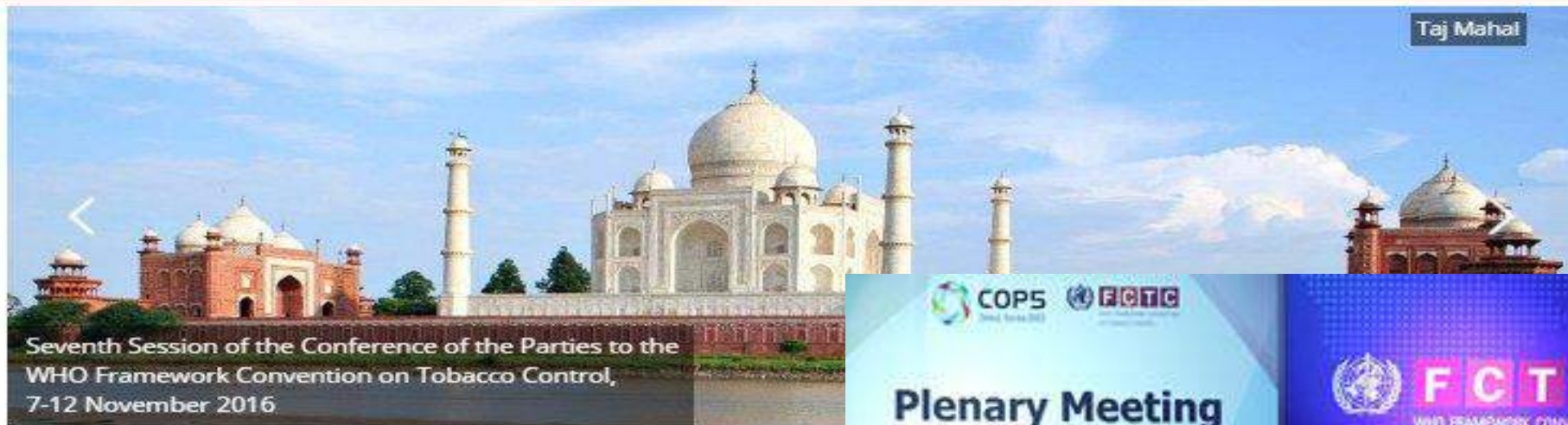




Ministry of Health & Family Welfare



FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL



Taj Mahal

Seventh Session of the Conference of the Parties to the
WHO Framework Convention on Tobacco Control,
7-12 November 2016



WHO FCTC Conference of Parties



INTRODUCTION TO WHO FCTC AND THE **MPOWER** STRATEGY





Ministry of Health & Family Welfare



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL





Is it possible to eradicate tobacco use?



The ENDGAME for Tobacco



The ENDGAME for Tobacco calls for reducing consumption and availability of tobacco in the society to minimal levels through full, effective and accelerated implementation of all policy measures recommended under WHO-FCTC and adopting new strategies.

e.g. prevalence \leq 5% of population



Countries than have announced their Tobacco Endgame (5%) target

- Hong Kong 2022 (non-government)
- Ireland 2025
- New Zealand 2025
- Scotland 2034
- Finland 2040
- Japan 12%

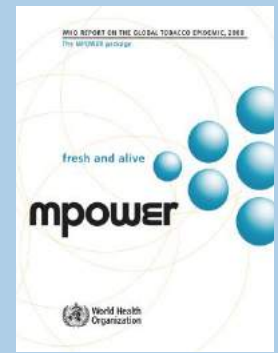




What is the MPOWER strategy ?



WHO FCTC MPOWER Package



Monitor 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 TAPS*

Raise taxes on tobacco

*TAPS : tobacco advertising, promotion and sponsorship





Monitor tobacco use and prevention policies

P
O
W
E
R

Parties to WHO FCTC are required to, as appropriate, :

1. **Establish programmes** for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke;
2. **To integrate tobacco surveillance programmes** into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels.

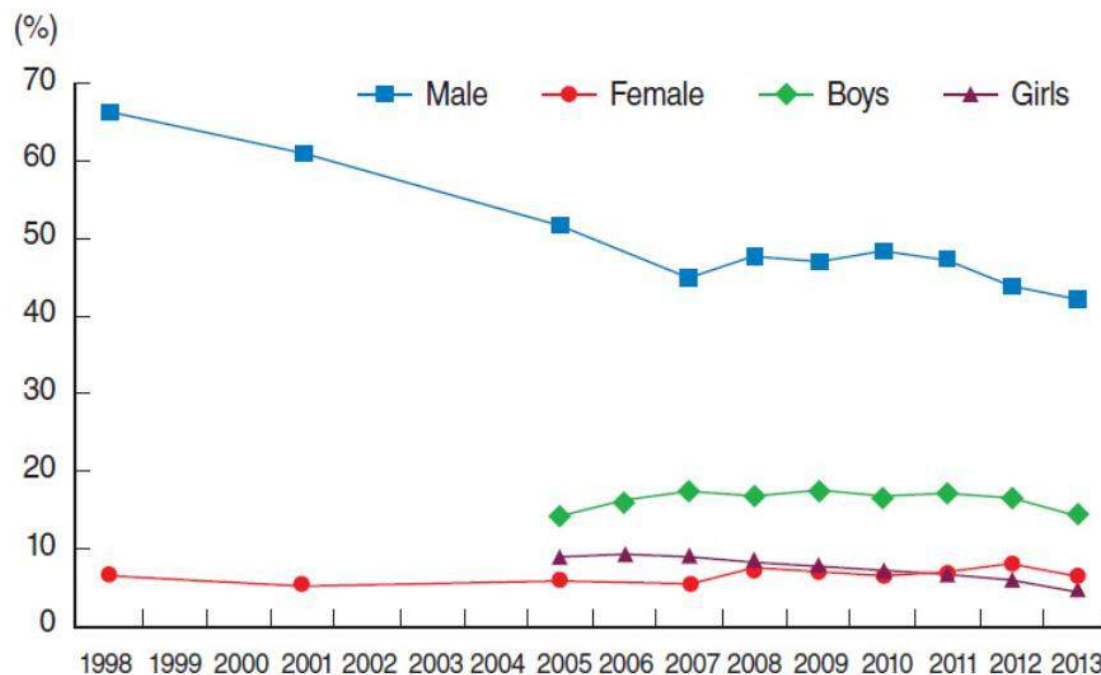




THE CASE OF : **SOUTH KOREA**

The Korea National Health and Nutrition Examination Survey (KNHANES) is a national surveillance system that has been assessing the health status of Koreans since 1998.

It is now done on annual basis since 2005, providing yearly data on smoking prevalence amongst Korean population.



Smoking prevalence in Korea 1998 – 2013, data by KNHANES



KNHANES mobile examination centre (MEC)

1. Blood and urine specimen
2. Bone density and body composition
3. Mobile X-ray
4. Fundo camera
5. Audiometry
6. Spirometry





M
Protect people from tobacco smoke

O
W
E
R

Parties to WHO FCTC are required to:

1. Parties must recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.
2. **Adopt effective measures to protect people from exposure to tobacco smoke in indoor workplaces, indoor public places, public transport, and 'as appropriate' in other public places.**

This duty to protect from tobacco smoke, embodied in Article 8 WHO FCTC, is grounded in fundamental human rights and freedoms.





THE CASE OF : **TURKEY**

With strong political commitment and leadership, Turkey has become a leading example for tobacco control at regional and global level.

Law No. 5727 ban smoking in indoor public places such as:

- ❑ indoor areas of public workplaces;
- ❑ indoor areas of buildings for educational, health, commercial, social, cultural, sports or entertainment purposes;
- ❑ intercity bus, railway, sea and air mass transport vehicles, including commercial taxis;
- ❑ restaurants owned by legal entities and entertainment establishments such as cafés, cafeterias and bars.





M
P
Offer help to quit tobacco use

W
E
R

Parties to WHO FCTC are required to:

- ❑ implement effective programmes aimed at promoting the cessation of tobacco use,
- ❑ include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes,
- ❑ establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence.





THE CASE OF : **UNITED KINGDOM**

NHS Stop Smoking Services is an initiative by the NHS UK to increase the number of smokers to quit smoking through:



- ☐ Improving access to quit smoking services
- ☐ The use of national quitline
- ☐ Monitoring through SMS, emails and phone calls
- ☐ The use of apps

The NHS Stop Smoking Services has been hailed as a success at international level.



Our Smokefree app can help you stop smoking by giving daily support and motivation. If you stay smokefree for the 4-week programme you're up to 5 times more likely to quit for good.

Join the thousands who have already quit with our support.

Download from iTunes

Download from Google Play





M
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Warn about the dangers of tobacco



Parties to WHO FCTC are required to:

- ☐ Ensure that tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive.
- ☐ Implement health warnings including Pictorial Health Warning (PHW) on tobacco product packaging.
- ☐ Promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate.

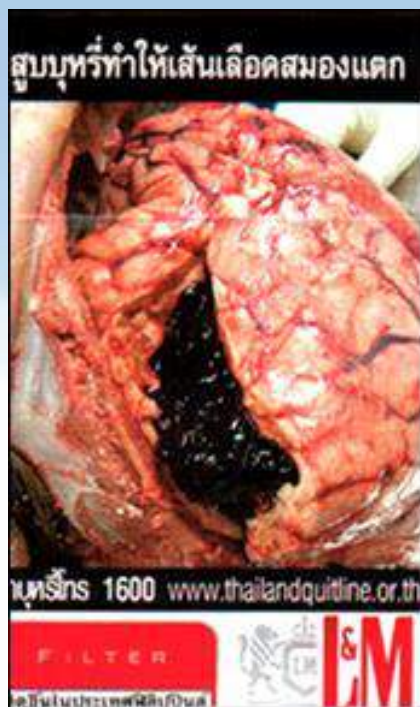




THE CASE OF : **THAILAND**

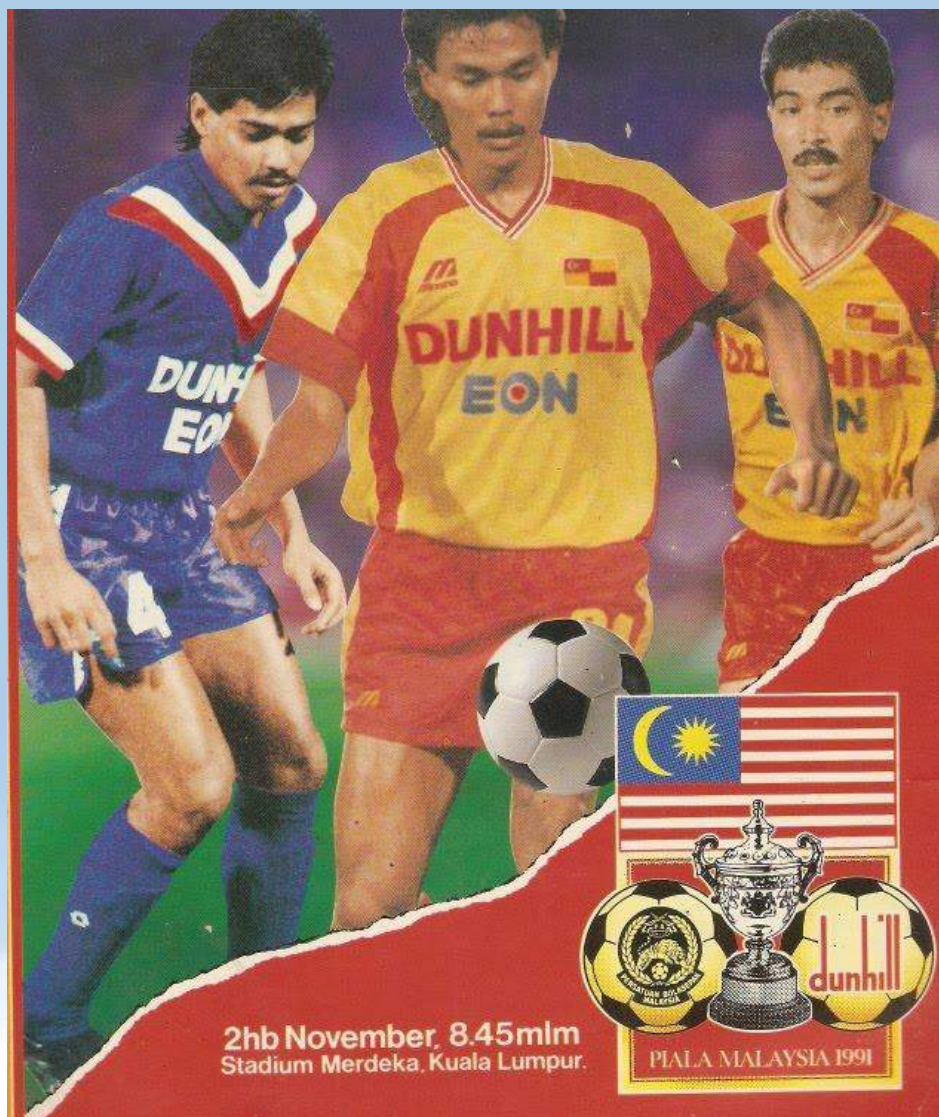
At least 105 countries have imposed requirement for pictorial health warnings (PHW) on cigarette packaging.

Thailand has been imposing PHW since 2005 with 55% size on front and back.



Since September 2014, cigarette packs in Thailand must be **85 percent covered** with graphic health warnings and a quit smoking hotline telephone number.





Enforce bans on tobacco advertising, promotion and sponsorship



Enforce bans on tobacco advertising, promotion and sponsorships

Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship.





THE CASE OF : **CANADA**

- ❑ Canada is one of the first countries to implement point-of-sale total display ban
- ❑ It was reported that smokers' exposure to tobacco advertising from these displays declined steeply from 74.1% to 6.1%.
- ❑ This greatly reduce impulse purchasing of tobacco products



Buying cigarette at a convenience store in Canada

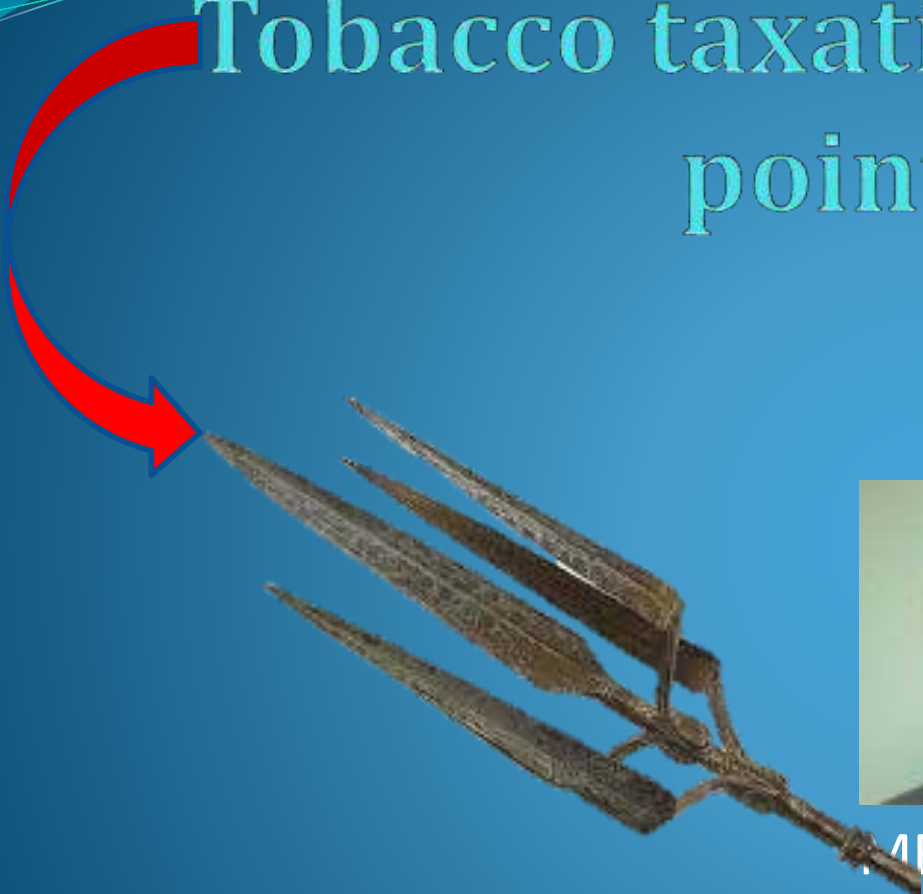


M
P
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W
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Raise taxes on tobacco



Tobacco taxation: the sharpest point of the FCTC and empowerment spear



Professor Judith Mackay

MBChB (Edin), FRCP (Edin), FRCP (Lon)

Senior Policy Advisor, WHO

Senior Advisor, World Lung Foundation

SEATCA, Manila

May 2014



**WORLD LUNG
FOUNDATION**

Article 6 FCTC recommends that the percentage of tobacco taxes to be more than **75% of the retail price.**



For every one ringgit you spend on tobacco product, 75 cents is paying for its TAX



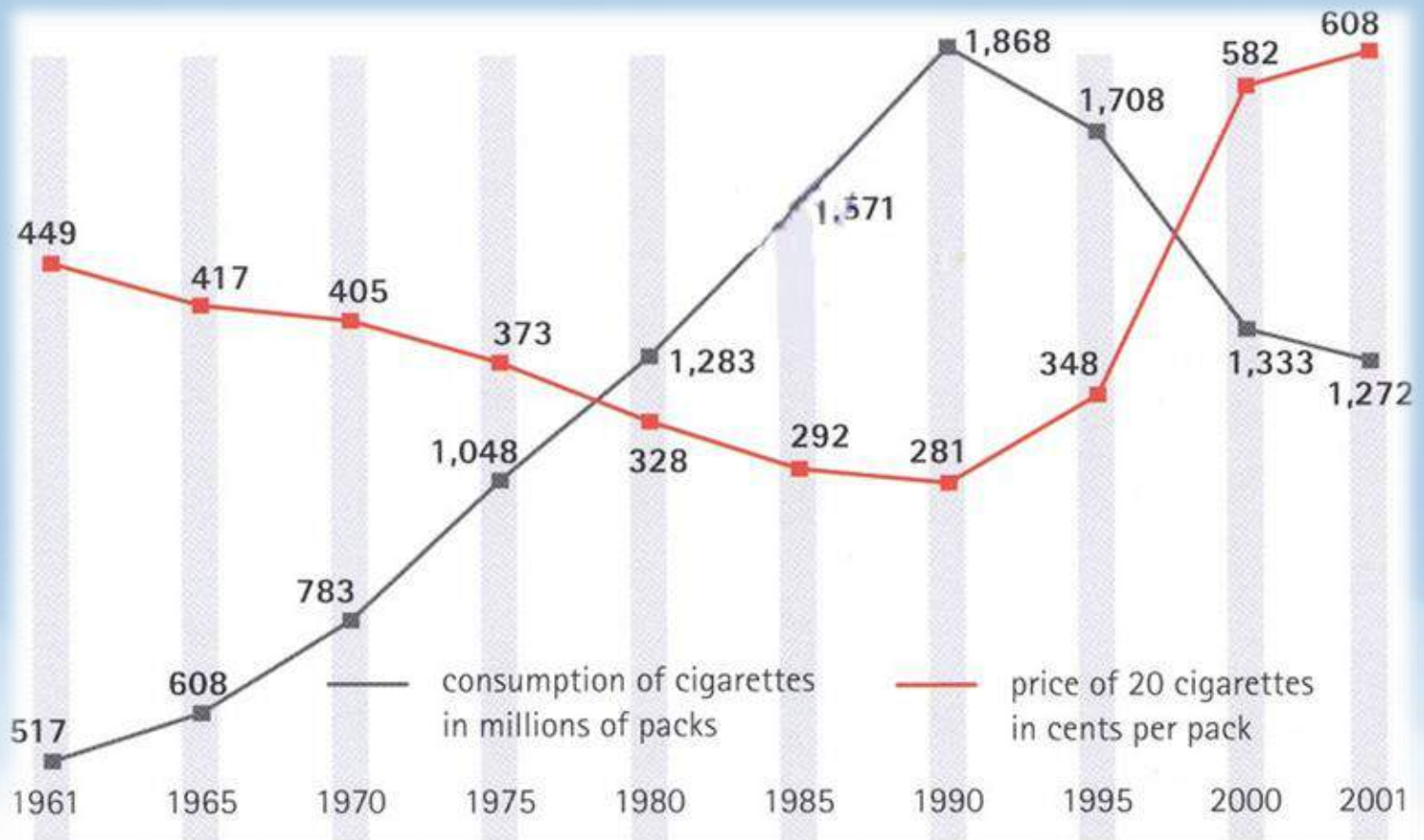
"Get your governments to raise taxes on tobacco products. Doing so is unquestionably the most effective demand reduction strategy set out in the WHO FCTC. Remarkably, it is also the least used, largely because of interference from the tobacco industry."

- WHO Director General Margaret Chan, Inter-Parliamentary Union Assembly, 19 Oct 2015





THE CASE OF : **SOUTH AFRICA**



Relationship between cigarette price and cigarette consumption from 1961 - 2001



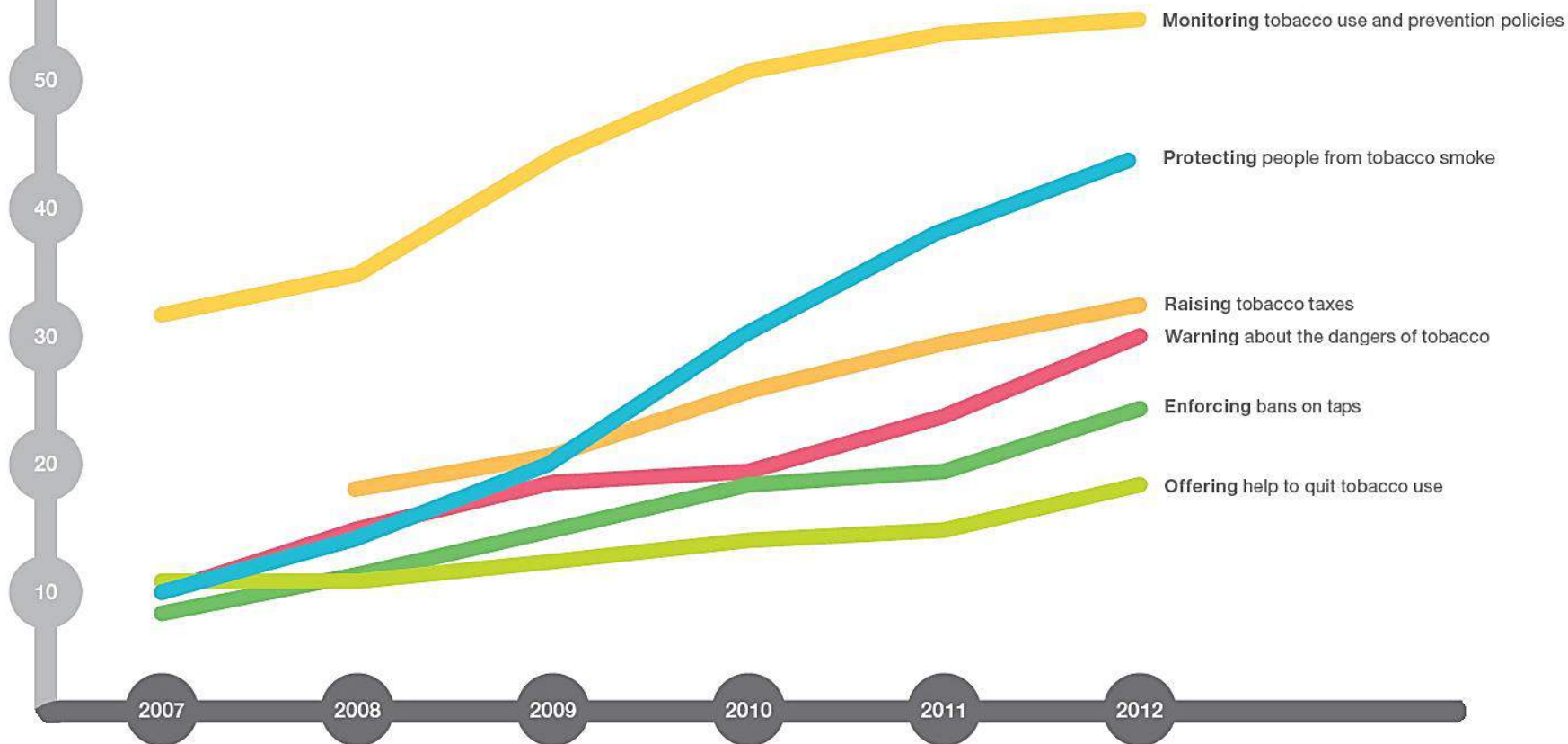


Does MPOWER work?



Number of countries with measures at the highest level of implementation

MPOWER progress 2007–2012



Source: WHO Report on the Global Tobacco Epidemic, 2013





Does the MPOWER work ?

7.4 million

premature **deaths will be averted** due to the MPOWER measures being adopted from 2007 to 2010 **at the highest levels.**



30 countries

with more than 1 billion people now mandate best-practice **health warning labels.**



2.3 billion

people are now covered by **at least one** MPOWER measure at the highest level of achievement.



530 million

people are now living in countries with the recommended minimum tobacco taxes.

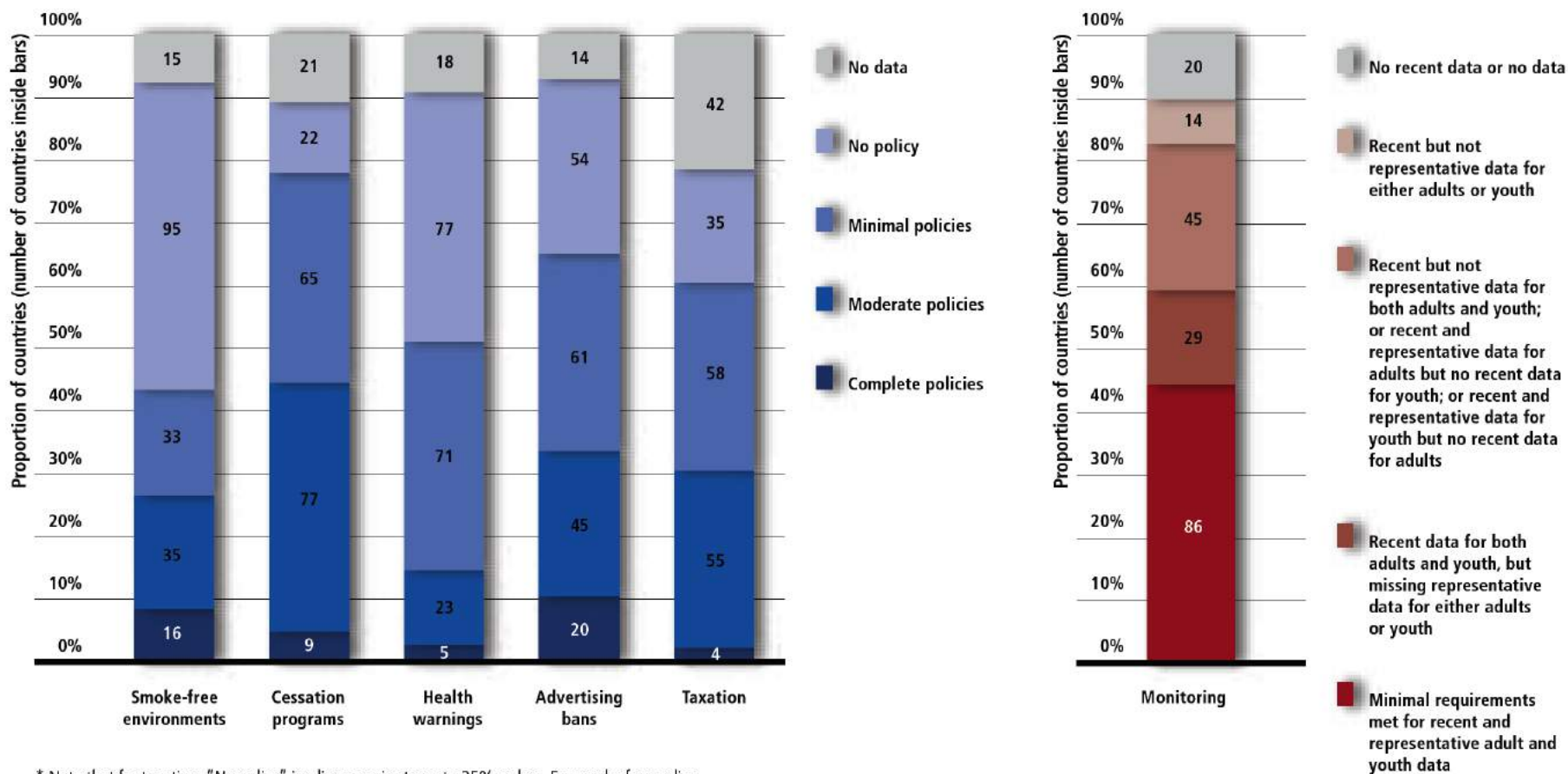


>1 billion

people are protected from second-hand smoke by comprehensive national **smoke-free laws** in 43 countries.



Most Countries Have Not Implemented Effective Tobacco Control Policies



* Note that for taxation, "No policy" implies an excise tax rate 25% or less. For smoke-free policy, "No policy" means no smoke-free legislation or no smoke-free legislation covering either health care or educational facilities.

GOOD vs EVIL

**TOBACCO
INDUSTRY**

**ANTI
TOBACCO**



Tobacco Control: **Eliminating the Vector**

At the 16th World Conference on Tobacco or Health in Abu Dhabi (2015), the WHO Director General, Margaret Chan, urged global action to drive tobacco companies “**out of business**”.

"It's going to be a tough fight... but we should not give up until we make sure that the tobacco industry goes out of business,"



Dr Margaret Chan
Director-General



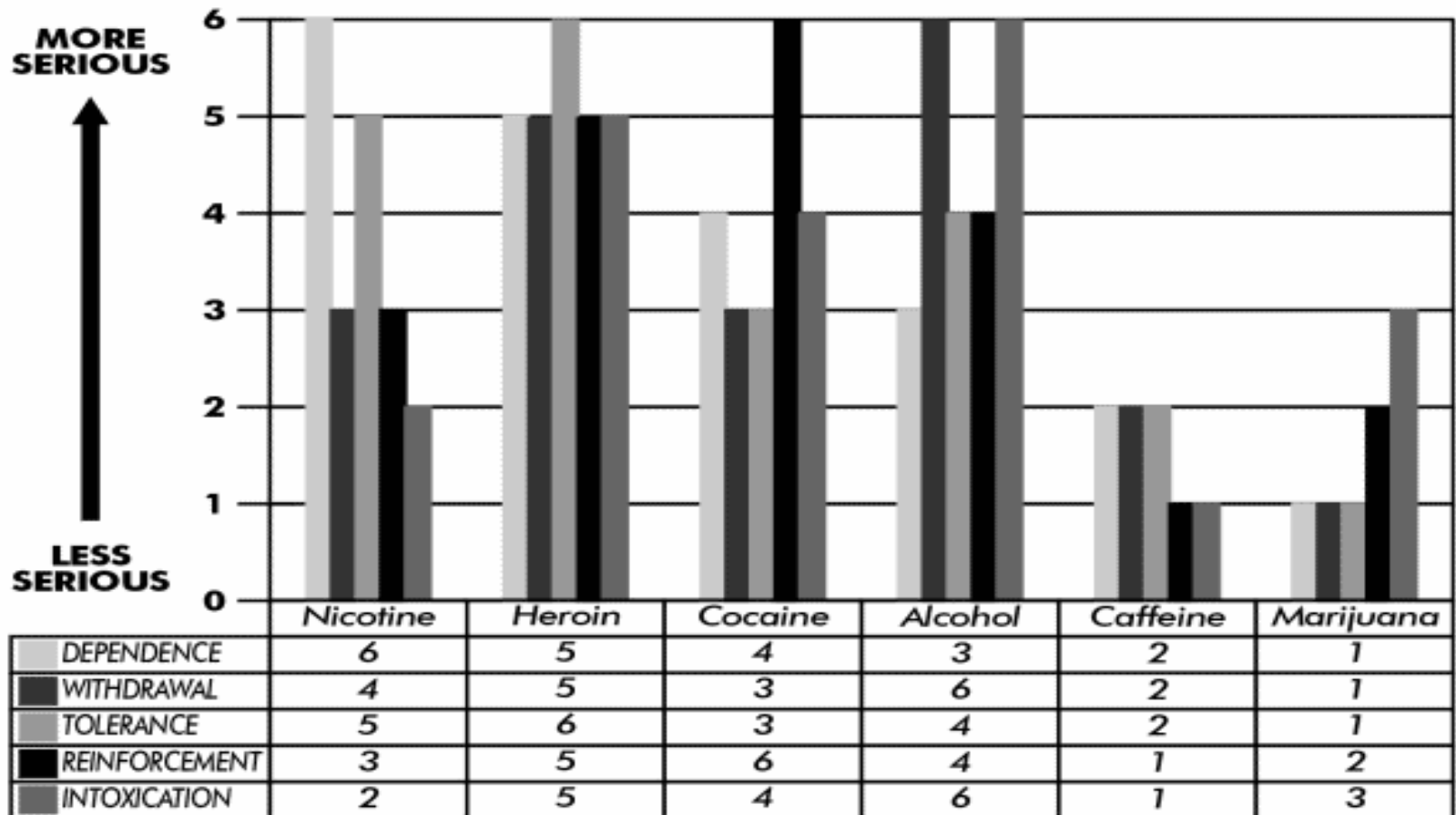
TOBACCO AND
NON-COMMUNICABLE DISEASES

Abu Dhabi United Arab Emirates
17-21 March 2015 WCTOH.org



Comparing Dangers of Popular Drugs

(Lower score indicates less serious effect)



Nicotine is a **highly addictive** substance AND can be legally purchased.





World Health Organization criticizes tobacco industry focusing on Asian young people

Tobacco companies are targeting the half billion young people in the Asia Pacific region by linking smoking to glamorous and attractive lifestyles, the U.N. World Health Organization said Friday.

"The bombardment of messages through billboards, newspapers, magazines, radio and television ads, as well as sports and fashion sponsorships and other ploys, are meant to deceive young people into trying their first stick," Shigeru Omi, WHO regional director for the Western Pacific, said in the statement.



WHO FCTC is a international treaty against tobacco use and the MPOWER strategy is a tool for governments to reduce smoking prevalence, for the common goal of achieving the EndGame of Tobacco, globally.





Why bother?





Thank you for supporting Smokefree Malaysia

