Module 1: Fundamentals of Tobacco Control

Course Introduction



Welcome to Global Tobacco Control: Learning from the Experts. In the video, you will hear from Dr. Joanna Cohen, the director of the Institute for Global Tobacco Control. You will hear about what to expect throughout the course.

Fundamentals of Tobacco Control Video Transcript

The Johns Hopkins Bloomberg School of Public Health logo is shown. Text reads: Institute for Global Tobacco Control.

The scene changes to show Earth from space. The camera zooms in on a map of Baltimore, Maryland. The Johns Hopkins Bloomberg School of Public Health is pinpointed.

The entrance to the Bloomberg School of Public Health is shown. Students and staff enter and exit a revolving door.

Dr. Joanna Cohen (narrates): Welcome to the Johns Hopkins Bloomberg School of Public Health in Baltimore. Many of you will be taking this course far from campus, but I want to assure you that you are here in spirit as part of our extended family.

Dr. Cohen is shown speaking. Text reads: Joanna Cohen, PhD, Director, Institute for

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Global Tobacco Control.

Dr. Cohen: I'm Joanna Cohen, Director of the Institute for Global Tobacco Control and I'm excited to introduce you to our updated, refreshed, and revitalized online course, Global Tobacco Control: Learning from the Experts.

Text reads: Global Tobacco Control: Learning from the Experts.

A webpage of the US Center for Disease Control and Prevention (CDC) is shown with facts about tobacco use. A URL reads: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Dr. Cohen (narrates): Tobacco is the leading cause of preventable death in the world.

Michael Bloomberg's portrait is shown. An image of Michael Bloomberg speaking at a podium is shown. A third image shows Michael Bloomberg with a group of people. Text reads: Bloomberg Philanthropies Awards for Global Tobacco Control.

Dr. Cohen (narrates): We are thankful to Michael Bloomberg for his strategic vision to invest in reducing tobacco use across the globe. The Bloomberg Initiative to Reduce Tobacco Use involves building capacity to ensure the passage and implementation of effective tobacco control policies. This course contributes to those goals.

The Johns Hopkins Bloomberg School of Public Health webpage is shown with the headline: Hopkins Names Public Health School for Michael Bloomberg.

Dr. Cohen (narrates): We are also thankful for his generous investment in the Johns Hopkins Bloomberg School of Public Health. With this support, we continue to be on the cutting edge of protecting health and saving lives, millions at a time.

Dr. Cohen is shown in a classroom. Students are shown. Dr. Cohen teaches; she points to a smartboard as students raise hands and ask questions.

Dr. Cohen (narrates): This free course provides you with a solid foundation of knowledge to help you on your tobacco control journey. Whether you are a seasoned veteran or a new advocate, this course will help you navigate the broad

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landscape of tobacco control and its many nuances.

Dr. Cohen is shown speaking.

Dr. Cohen: Since 2007, this course has been an important resource for a generation of tobacco control professionals. We hope that our updated version will continue this tradition. This course has been organized into convenient modules.

Text reads: Course Modules: Module 1: Fundamentals of Tobacco Control

Dr. Cohen (narrates): Module 1 covers the spread of tobacco across the globe to the evolution of the modern cigarette. The Framework Convention on Tobacco Control is discussed, as well as the MPOWER policy package.

Text reads: Module 2: Tobacco or Health

Dr. Cohen (narrates): In Module 2, the addictive nature of tobacco and some of the many health effects caused by tobacco products are examined.

Text reads: Module 3: Tobacco Industry.

Dr. Cohen (narrates): In Module 3, we'll look at tobacco industry strategies and tactics for promoting their products, recruiting new users, and preventing current users from quitting.

Text reads: Module 4: Economics

Dr. Cohen (narrates): Module 4 covers the economics of the tobacco epidemic. We will discuss the costs of smoking and explain how direct and indirect costs of smoking are measured

Text reads: Module 5: Tobacco Control Interventions

Dr. Cohen (narrates): Module 5 covers tried and true tobacco control strategies. Text reads: Module 6: Surveillance and Evaluation

Dr. Cohen (narrates): Module 6 covers the surveillance and evaluation of tobacco use and tobacco control interventions.

One student is shown working on a laptop computer. Then two students are shown working together on a laptop.

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Dr. Cohen (narrates): In each module, there will be a number of lectures addressing specific topics. The course is entirely online, so you will need access to the Internet. You can complete the course at your own pace. We encourage you to complete all modules.

Dr. Cohen is shown speaking.

Dr. Cohen: There will be some interactive exercises as you go through the lectures. We hope these exercises will help you engage with the course material and spark your curiosity.

A Certificate of Completion appears onscreen.

Dr. Cohen (narrates): Once you have completed all lectures and modules, you will be able to print a Certificate of Completion.

Text reads: Upon Completion

- Describe the reach of the tobacco epidemic and the global initiatives aimed at curbing it
- Discuss the scope of the health and economic burden of tobacco use worldwide
- Describe the tactics of transnational tobacco companies and the steps to counter them
- Describe a components of a comprehensive tobacco control strategy

Dr. Cohen (narrates, paraphrasing): After completing the modules, you will be able to:

- Describe the reach of the tobacco epidemic and the global initiatives aimed at curbing it
- Discuss the worldwide health and economic burden of tobacco use
- Describe the tactics transnational tobacco companies use, as well as steps to counter their efforts
- Describe a comprehensive tobacco control strategy and all of its components Dr. Cohen is shown speaking.

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Dr. Cohen: I hope you're as excited as I am to begin. Let's get started!

Global Tobacco Epidemic Overview

Dr. Joanna Cohen, the Bloomberg Professor of Disease Prevention and the Director of the Institute for Global Tobacco Control at the Johns Hopkins Bloomberg School of Public Health, introduces the Global Tobacco Epidemic Overview Lecture.

So how *did* the global tobacco epidemic start? How did the introduction of this plant to Christopher Columbus and his crew lead to a global epidemic?

Learning Objectives

- Identify the extent of the global tobacco epidemic.
- Describe the evolution of the tobacco industry and the modern cigarette.

Historical Overview/Spread Around World

As you complete the exercises in this section, you will get an historical overview of the spread of tobacco use around the world, you'll learn about the emergence of the tobacco industry (TI)* and the impact of the modern cigarette created by multinational tobacco companies, as well as develop an understanding of some tobacco control measures to stop the spread of this epidemic.

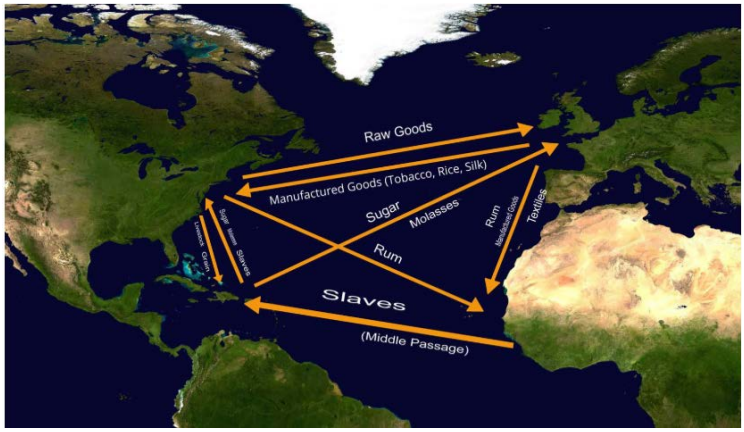
*The term tobacco industry (TI) comprises those persons and companies engaged in the growth, preparation for sale, shipment, advertisement, lobbying, and distribution of tobacco and tobacco-related products. This includes tobacco companies, organizations that represent the interests of these companies (i.e., front groups), and non-governmental organizations/research organizations sponsored by tobacco companies (e.g., the Foundation for a Smoke-Free World).

Occasionally, the term tobacco industry is used instead of tobacco companies. When this is the case, please remember how closely intertwined these tobacco companies are with the tobacco industry they fund and promote.

Tobacco Trade Routes

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- Sugar, tobacco, and cotton were shipped from the Americas to Europe.
- Textiles, rum, and manufactured goods were shipped from Europe to Africa.
- Slaves were shipped from Africa to the Americas.



Tobacco and the Americas

- The tobacco industry has a long history in the Americas.
- Originally grown in Mesoamerica, tobacco flourished in the Southern states.



How People Began Using Tobacco

Dr. Cohen discusses how people began using tobacco.

Let's explore a brief history of how people started using tobacco and how it eventually spread throughout the world.

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The tobacco plant was a new world plant. It grew wildly, but was also cultivated by Native Americans. In fact, Native Americans smoked tobacco, ingested tobacco orally as a syrup, snuffed tobacco, and even sometimes used it as a suppository.







Native Americans

Tobacco's potent properties were noted and were included as part of various rituals. For example, nicotine at high levels causes paralysis. Native Americans believed that this altered state of consciousness created a spiritual connection allowing communication between humans and the spiritual world. After inducing a state of paralysis, a Native American shaman then seemed to rise from the dead when the effects wore off.

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Wild vs. Cultivated Tobacco

Wild Tobacco (*Nicotiana Rustica*)

- Shamans often used it for religious, or spiritual, purposes.
- Naturally contains nicotine content of up to 9%; this is about 3 to 9 times more nicotine than cultivated tobacco, which contains about 1 to 3% nicotine content.



Cultivated Tobacco (*Nicotiana Tabacum*)

Commercially grown, the leaves are typically processed into tobacco products (e.g., cigars, cigarettes, etc.).

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Timeline of the Spread of the Introduction of Tobacco

A timeline has images and a line with various highlighted bulleted points that can be selected. The image of a Mayan temple is shown.

470–620: During the Mayan empire tobacco smoke was used in religious ceremonies, but as the narcotic effects of tobacco became more widely known, smoking for pleasure expanded across the Americas.

A man captaining a tall wooden ship with a crew is shown.

1492: Columbus and crew arrived on San Salvador in the Bahamas and were introduced to tobacco by local natives, including the Taino Arawak people. Tobacco smoking was then brought to Europe.

White men with whips are shown ordering slaves.

1560: Spanish and Portuguese sailors, who controlled the slave trade on both coasts of the African continent, brought tobacco with them, and their caravans conveyed it to the African interior. The Dutch brought tobacco south to the Cape of Good Hope, where it spread north through present-day South Africa.

A map of Southeast Asia is shown.

1575: The tobacco plant was brought to the Philippines in the Western Pacific by Spaniards from Mexico, then to Southeast China by sailors.

A map of the Middle East is shown.

1598: Tobacco was first introduced to the Eastern Mediterranean when Turks

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brought it to Egypt and Syria.

Common Types of Tobacco

Combustible Tobacco

- cigarette – a roll of cut tobacco leaves enclosed in a thin paper
- cigar –roll of chopped fermented tobacco leaves wrapped in either a tobacco leaf or paper made of tobacco pulp
- cigarillo – short and thin roll of chopped tobacco leaf wrapped in a tobacco leaf or paper made of tobacco pulp; a small cigar that usually does not include a filter
- bidi – hand-rolled, flavored or unflavored cigarette made of unprocessed tobacco wrapped in tendu leaves; smoke from a bidi contains 3–5 times the amount of nicotine as a regular cigarette
- kretek – cigarette blend of tobacco and cloves, also referred to as clove cigarettes; originated from Indonesia
- roll-your-own – do-it-yourself cigarettes made of loose tobacco and rolling paper
- waterpipe/hookah/narghile/shisha – instrument that burns tobacco using specialized hookah charcoal; the smoke passes through water contained in a bowl via a long tube
- shisha tobacco – usually a combination of tobacco and flavors with aromatic substances, or simply molasses-based tobacco

Smokeless Tobacco

- chewing tobacco – tobacco that is chewed
- snuff – powdered tobacco sniffed up the nose
- dipping tobacco (dip, rub) – finely chopped tobacco placed in a lump between the lip and the gum

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- snus – refrigerated, moist powdered tobacco product placed between the lip and gum originated from Sweden in the early 19th century; contains similar levels of nicotine content to cigarettes, though considered to be less harmful
- dissolvable – tobacco shaped in small lozenges, orbs, pellets, strips, or tooth-pick sized sticks that dissolves in the mouth
- naswar – powdered mixture of tobacco, lime, indigo, cardamom, oil and menthol placed in the floor of the mouth under the lip or inside the cheek; most commonly used in Central Asia, Iran, Afghanistan and Pakistan
- gutka – crushed areca nut, tobacco, catechu, paraffin wax, slaked lime, and sweet/savory flavorings
- khaini/jarda – finely chopped mix of tobacco and lime placed between the lip and gum
- qiwam – dried paste made from tobacco leaves that were boiled and soaked with spices, then mashed and strained into a pulp

Other

- electronic cigarettes, vaping devices, electronic nicotine delivery devices, etc. – these products heat a liquid that may contain nicotine and produces an aerosol that is inhaled
- heat-not-burn – battery operated product that heats tobacco into an aerosol. Unlike e-cigarettes, these products contain tobacco

Different Types of Tobacco Text Version

Which tobacco product is considered combustible, smokeless, or other?

List each tobacco product in its appropriate category:

- electronic cigarette
- heated
- bidi
- gutka
- cigarette
- vaping device
- snus

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- chewing tobacco
- cigar

Answer

Combustible

- bidi
- cigarette
- cigar

Smokeless

- chewing tobacco
- gutka
- snus

Other

- electronic cigarette
- heated
- vaping device

The Evolution of the Modern Cigarette

Dr. Cohen discusses the evolution of the modern cigarette.

Although they look quite simple, cigarettes are carefully engineered deadly products.

Modern Cigarette

Inspect the modern cigarette closer. Select the label to learn more about each part of the modern cigarette.

An image of a cigarette is shown. By using the mouse, the user can rotate the cigarette. There are also four call-out areas on the cigarette that can be selected to learn more about each component of the modern cigarette. Once each call-out area is selected, text is displayed.

Call-out Area 1

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filter This part is located at the tip that the smoker puts between their lips. Although filters may retain larger particles, finer particles still make their way through the filter and get deposited deep in the lungs.

Call-Out Area 2

ventilation holes Built into the wrapper, ventilation holes allow for dilution of cigarette smoke. Dilution of cigarette smoke allows smoking machines to detect lower levels of tar, CO and nicotine, thus creating the false impression that they are safer. In cigarettes that contain ventilation holes, smokers can compensate by blocking the holes, inhaling deeper and more rapidly, and smoking more cigarettes per day.

Call-Out Area 3

cigarette wrapper/paper The wrapper/paper contains chemicals such as printing dye, etc. These chemicals form harmful compounds when burned, which are part of the smoke that is inhaled into the lungs or by people around the smoker.

Call-out Area 4

tobacco blend

The tobacco blend is the particular way that different tobaccos (Virginia, Burley, Turkish, etc.) with different taste characteristics (sweet, spicy, musky, etc.) are mixed together to create a unique taste profile.

Timeline of Cigarette Evolution

Cigarettes have undergone changes over the years. Let's take a trip through time to uncover important changes that have been made. Select each bulleted year in the timeline to learn more about cigarette evolution.

A timeline has images and a line with various points that can be selected. The image of stacked cigarettes is shown.

1854: Phillip Morris sells handmade cigarettes in a tobacco shop in London.

A tobacco factory is shown. Women sit at machines rolling cigarettes.

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1880: The Bonsack machine, a cigarette rolling machine, is invented and produces cigarettes in large numbers. The Bonsack machine changes small tobacco shops into larger factories.

The image of stacked cigarettes is shown.

1913: A blend of tobacco known as the “American blend” is introduced; this blend consists of Virginia tobacco, Burley tobacco, and Oriental (Turkish) tobacco. The 20-cigarette pack is introduced.

1940s: This period ushers in a change in cigarette length; a longer cigarette length allows a more precise manipulation of cigarette emissions by the cigarette companies. Longer cigarettes generate higher tar and nicotine levels.

1950s: Filters begin to be introduced in response to emerging evidence of the negative health effects of cigarettes. Filters were thought to be protective and marketed as such. Also flavoring agents were being added to the tobacco blend. Flavor reduces the harshness of cigarette smoke and makes cigarettes more palatable and attractive. A wrapper with ventilation holes gains wider use and allows more oxygen to mix with the burning tobacco. It also helps dilute the mainstream smoke and reduces the level of nicotine and CO measured by smoking machines.

The image of stacked cigarettes is shown. The hazardous chemicals symbol is shown (a skull and crossbones in a triangle). The word Ammonia also appears in a box.

1960s: Expanded blends reduced the total volume of tobacco, but also meant lower nicotine yields and lower smoking satisfaction. To enhance the impact of nicotine, ammonia technology was introduced to increase absorption of nicotine by converting nicotine into more absorbable forms.

An image of the ventilation system in a cigarette is shown. A cigarette filter plug and top section are cut away. Air dilution grooves are labeled. Air intake holes in the wrapper are labeled. The filter plug is labeled.

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1970s: Ventilation and dilution techniques were perfected, further enabling tobacco companies to reduce the level of nicotine and CO.

Different cigarettes are shown in different comparative lengths. There is a regular size (shortest), king size and slim (same length but king size is thicker), superslim (longer than king size and slim, but thinner), 100s (same length as superslim, but thicker) and 120s (longest).

1980s: Modifications in cigarette length continues, further manipulating the measurement of nicotine, tar, CO and other emissions.

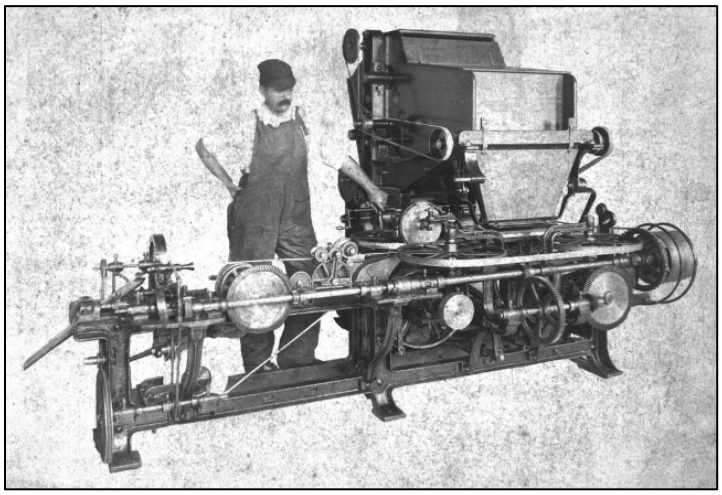
Heated e-cigarettes are shown.
1990s: Alternative smoking prototypes are introduced (e.g., heated products).

Chemicals and glass jars and glass flasks are shown in a lab.

Beyond 2000: More features are incorporated into the engineering of cigarettes, such as different types of flavors, capsules, etc.

The Bonsack Machine

The Bonsack machine, invented by James A. Bonsack in 1880, replaced the older and slower handmade cigarette rolling process. The Bonsack machine could produce 120,000 cigarettes in 10 hours. This machine helped increase cigarette availability, and popularity.



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Bonsack machine and operator." Circa 1880s. North Carolina State Archives, call no. N_75_12_206. Online at http://www.flickr.com/photos/north-carolina-state-archives/2944530630/

Chemicals in Cigarette Smoke

Cigarette smoke contains over 7,000 chemicals. Select the image to enlarge and reveal more information.

An infographic titled “What’s in Cigarette Smoke?” is shown. Text at the top reads: There are more than 7,000 chemicals in tobacco smoke. Hundreds are toxic and at least 70 are known to cause cancer.

Images related to eight chemicals are shown.

- Cadmium (with the image of a car battery): active component in battery acid.
- Methanol (with the image of a rocket ship blasting off): a main component in rocket fuel.
- Formaldehyde (with the image of a foot with a tag on the toe): embalming fluid.
- Ammonia (with the image of a hand holding a spray cleaning bottle): a common household cleaner.
- Arsenic (with the image of a rat crossed out): used in rat poison.
- Carbon Monoxide (with the image of a car with exhaust): released in car exhaust fumes.
- Hexamine (with the image of a lit match and lighter fluid bottle): found in barbecues lighter fluid.
- Nicotine (with image of an insect crossed out): used as insecticide.

The infographic’s source is the American Lung Association. The City of Hope cancer treatment and research center has created the infographic. Their three pillars are research, treatment, and cures.

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Flavoring in Cigarettes

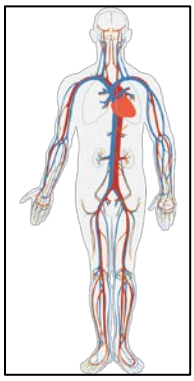
In order to mask the harsh taste, flavors, sugars, and additives are added to cigarettes. These flavors make tobacco products more appealing to new users. They include menthol, clove, fruit, and alcohol flavors.



Some additives dilate the lungs, enlarging their surface area, and thus increasing the amount of nicotine that can be absorbed. When these flavors and additives burn as the cigarette is smoked, new toxic or cancer-causing chemical compounds are generated.

Health Effects

The eyes, nose, and throat of a smoker are exposed to and irritated by tobacco smoke while smoking. Initially, tobacco smoke spreads into the lungs as all the toxic chemicals—including addictive nicotine—are absorbed in the bloodstream, and then distributed throughout the smoker's body.



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Health Effects (continued)

Dr. Cohen discusses health effects of mainstream and sidestream smoke.

Now that you know what a modern cigarette is made of and how it works, let's find out what active and passive smoking mean and what mainstream and sidestream smoke are.

Active Smoking



Passive Smoking



Active Smoking

Scientists have known about the harmful effects of smoking since the early 20th century.

In 1938, Dr. Raymond Pearl of Johns Hopkins was studying the health of families in east Baltimore. He looked at how long people lived among those who smoked and

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who did not. Dr. Pearl saw an average life expectancy reduced by about ten years in smokers compared to the nonsmokers.

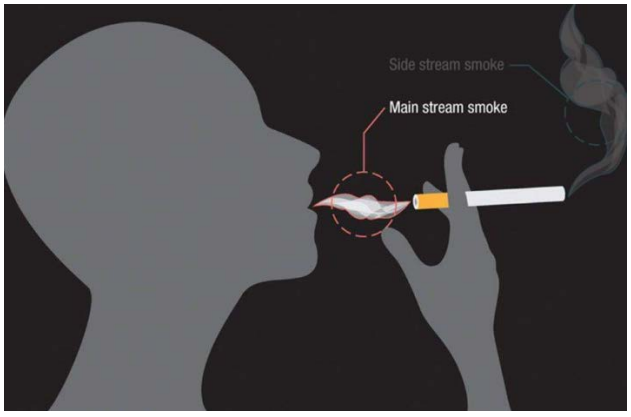


Passive Smoking

Passive smoking is the same as exposure to secondhand smoke or involuntary smoking. The tobacco industry has created a term to make secondhand smoke seem less personal. Environmental Tobacco Smoke (ETS) is their term, but it doesn't change the effect.

Mainstream Smoke

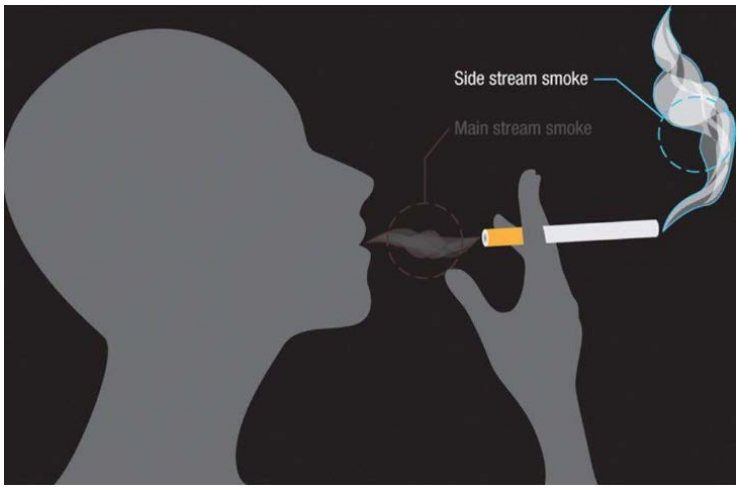
Smoke that is inhaled and exhaled by smokers.



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Sidestream Smoke

Smoke that is emitted from the smoldering cigarette between puffs.



Secondhand Smoke

Dr. Cohen discusses secondhand smoke.

The US Surgeon General's Report in 1986 concluded that exposure to secondhand smoke causes disease, including lung cancer in healthy nonsmokers. And, the 2001 US Surgeon General's Report (on the health consequences of involuntary exposure to tobacco smoke) concluded that there are no safe levels of exposure.

An infographic titled "Diseases and Health Problems Linked to Smoking" is shown. Text reads: 1 out of 3 cancer deaths could be prevented. Smoking causes cancer in the lungs, trachea, bronchus, esophagus, oral cavity, lip, nasopharynx, nasal cavity, larynx, stomach, bladder, pancreas, kidney, liver, uterine cervix, colon and rectum, and causes leukemia. Smoking can cause cancer almost anywhere in the body.

Images related to six diseases are shown on the image of a person.

- Lung
- Kidney
- Pancreas
- Colon
- Bladder

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- Liver

The infographic's source is the Center for Disease Control and Prevention.

Smokeless Tobacco

Dr. Cohen discusses smokeless tobacco.

You just learned that cigarette smoke is harmful. But what about smokeless tobacco?

While smokeless tobacco does not generate smoke, it contains deadly chemicals that get absorbed into the user's body.

For example, when a user places a smokeless tobacco product like dip or jarda in the cheek, the tobacco juices and chemicals in it are eventually absorbed into the bloodstream.

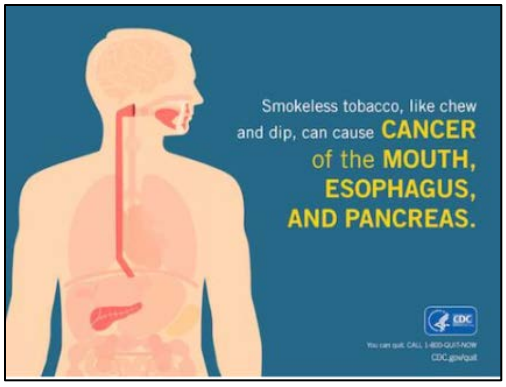


Smokeless Tobacco Affects the Body

Smokeless tobaccos have been linked to oral cancers (lip, tongue, cheek, gum) as well as that of the esophagus, and the pancreas. They cause gum disease, tooth wear and decay.

Other effects include: heart disease and high blood pressure, increased risk of heart attack and stroke, increased risk of premature delivery and still birth, and nicotine poisoning in children.

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An infographic titled “Smokeless Tobacco Affects the Body” is shown. Text reads: Smokeless tobacco, like chew and dip, can cause cancer of the mouth, esophagus, and pancreas. The cross-section of a person is shown and the internal organs affected by smokeless tobacco.

The infographic’s source is the Center for Disease Control and Prevention. The CDC provides a quit line. Text reads: You can quit. Call 1-800-Q-U-I-T-N-O-W.

The Tobacco Epidemic

Dr. Cohen discusses who is affected by the tobacco epidemic.

Who is affected by the tobacco epidemic? Everyone is affected—men and women; children, teenagers, and adults. People in low-income, middle-income, and high-income countries. Tobacco kills half of its long-term users.



Four infographics are grouped together. The four infographics are grouped under the shared title: “Tobacco Threatens Us All.” The four sections are titled: “Environment,” “Women and Children,” “Health and Economic Impact,” and “Poverty.”

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Facts from the four sections of the infographic are listed below.

Environment

- Text reads: Up to 10 billion cigarettes are disposed of in the environment every day.
- Tobacco waste contains over 7,000 toxic chemicals. An image of a poison bottle is shown.
- Cigarette butts account for 30 to 40 percent of all items collected in coastal and urban clean-ups. The image of a crushed cigarette butt is shown.
- Tobacco smoke emissions contribute thousands of tons of human carcinogens, toxicants, and greenhouse gases.
- A social media hash tag is shown: #Notobacco – hashtag No Tobacco.

Women and Children

- Text reads: The tobacco industry targets women by implying tobacco use enhances gender equality, glamour, sociability, and success. Image of the female symbol is shown. It is a circle with a plus sign attached to it.
- Up to 7 in 10 tobacco farm workers are women and are in close contact with often hazardous chemicals. Images of women in outline are shown. Seven out of 10 are shaded in.
- One in 2 children is exposed to secondhand smoke. Image of a child is shown in outline.
- Up to 14 percent of children from families who farm tobacco don't attend school and, instead, work in tobacco fields.
- A social media hash tag is shown: #Notobacco – hashtag No Tobacco.

Health and Economic Impact

- Text reads: Tobacco kills more than 7 million people every year. Tobacco threatens health, economics, and development.
- Twelve percent of deaths of all people aged over 30 are due to tobacco. Image of skull and crossbones is shown.

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- Global annual costs from tobacco use are in US dollars 1.4 trillion in healthcare expenditure and lost productivity from illness and premature death. Image of a broken and cracked dollar sign is shown.
- A social media hash tag is shown: #Notobacco – hashtag No Tobacco.

Poverty

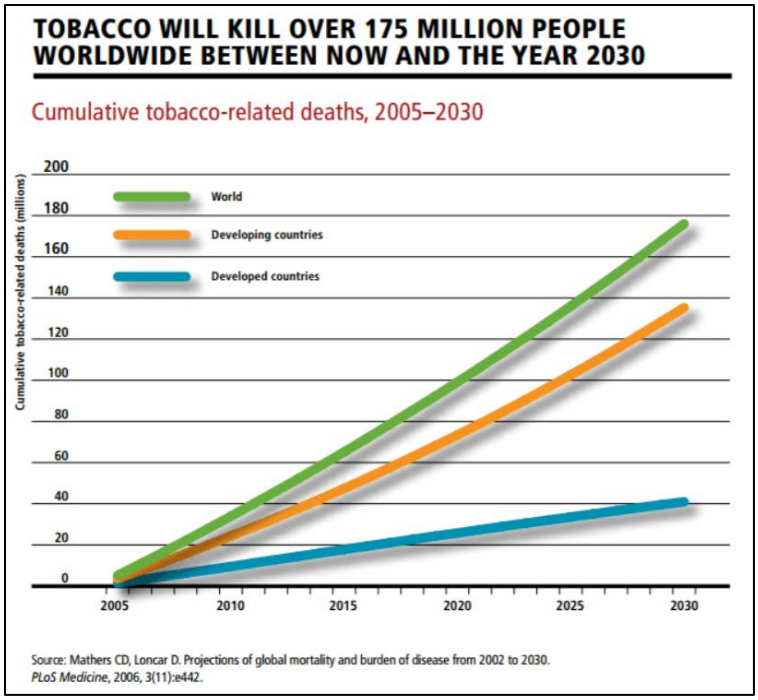
- Text reads: Globally, around 226 million adult tobacco users live in poverty. Images of money are shown.
- In low-income countries, sometimes more than 10 percent of household income is spent on tobacco products—meaning less money for food, education, and healthcare. Images of pills are shown.
- Tobacco-related illness, including heart and lung diseases and cancer, leaves many families without main salary earners, while at the same time increase healthcare costs.
- A social media hash tag is shown: #Notobacco – hashtag No Tobacco.

The infographic's source is the World Health Organization.

Affected Most

Although there is a decline in smoking rates in many high-income countries, the epidemic continues to ravage low- and middle-income countries. It has been estimated that between 2005 and 2030, 175 million people across the globe will die from tobacco-related disease if immediate steps aren't taken to curb the epidemic.

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A chart titled "Cumulative tobacco-related deaths, 2005–2030" is shown. It has text above it that reads: Tobacco will kill over 175 million people worldwide between now and the year 2030.

The *x*-axis is labeled in increments of years starting at 2005 and ending at 2030. The *y*-axis is labeled "Cumulative tobacco-related deaths (millions)." The *y*-axis starts at zero and increases in increments of 20 to 200.

Three populations are charted: the world, developing countries, and developed countries. The chart of the world population begins at zero in the year 2005 and rises to approximately 175 in the year 2030. The developing world population begins at zero in 2005 and rises to approximately 135 million in the year 2030. The developed world begins at zero in 2005 and rises to approximately 40 million in the year 2030.

The infographic's source is Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. PLos Medicine, 2006, 3(11):3442.

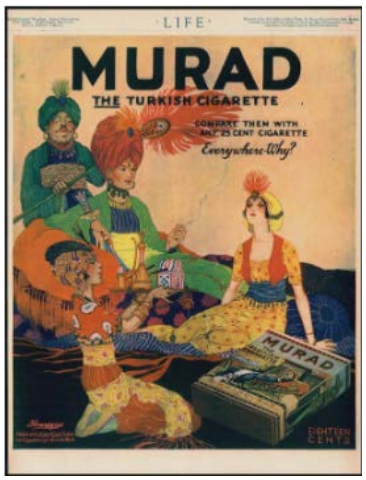
The chart is included in the WHO Report on the Global Tobacco Epidemic, 2008.

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Tobacco Use and Tobacco Control Milestones

But how did we get to this point in the tobacco epidemic? By looking at some milestones and markers throughout the last century, we might better understand the current epidemic.

During the first decades of the 20th century, smoking was a socially acceptable behavior. Initially, men comprised the largest share of the tobacco industry's customers. But as marketing efforts diversified, women began smoking in increasing numbers.



Tobacco Use and Tobacco Control Milestones 1950s–1990s

A timeline has images and a line with various highlighted bullet points that can be selected.

An image of a report is shown. Text reads: Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service. Cigarettes are shown.

1964: US Surgeon General's report released in 1964 links smoking to lung cancer.

A TV is shown.

1965: In 1965, the United Kingdom banned TV advertising of cigarettes.

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1967: The First World Conference on Smoking and Health was held in New York City in 1967.

1972: In 1972, the health warning, 'Smoking is a Health Hazard' was compulsory on cigarette packets in Australia.

1977: In January 1977, Sweden became the first country to have rotated health warning labels on cigarette packaging.

An airplane is shown.

1990: On February 25, 1990 smoking was banned on all US commercial airline flights flying between any two airports in the United States if the flights last six hours or less.

Tobacco executives are shown swearing to tell the truth before congress.

1994: In 1994, the tobacco executives of seven leading tobacco companies swore under oath during hearings by a US Congressional subcommittee on health and the environment chaired by Henry Waxman, that "nicotine is not addictive."

An image of the Master Settlement is shown. Text reads: 1998 Master Settlement Agreement Reached between 46 states and the tobacco industry.

1998: Several of the largest US tobacco companies paid US states billions of dollars through the Master Settlement Agreement (MSA) in 1998. Providing $206 billion in payments to states over 25 years, the MSA also imposed restrictions on advertising and lobbying.

Tobacco Use and Tobacco Control Milestones 2000s–Present

A timeline has images and a line with various highlighted bullet points that can be selected.

A pack of cigarettes is shown.

2001: Canada was the first country to require picture warnings on cigarette packs.

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2003: Norway became the first party to the framework Convention on Tobacco Control (FCTC).

2004: Ireland became the first country to require smoke-free bars.

The FCTC logo is shown. Text reads: WHO Framework Convention on Tobacco Control

2005: The World Health Organization (WHO) FCTC went into effect in 2005.

The Bloomberg Philanthropies logo is shown. Text reads: Bloomberg Philanthropies.

2007: Since 2007, Bloomberg Philanthropies has funded global tobacco control efforts, committing nearly $1 billion to combat tobacco use worldwide.

The Bill and Melinda Gates Foundation logo is shown. Text reads: Bill and Melinda Gates Foundation.

2008: Since 2008, the Gates Foundation has committed nearly $210 million to address the tobacco epidemic in more than 30 countries in Africa and Asia. WHO's MPOWER strategies were released in 2008 to help participating countries implement FCTC.

2009: In 2009, Uruguay became the first country with a single (brand) presentation requirement. (In 2010, three subsidiaries of Philip Morris International initiated a trade-related complaint, but in July 2016, a tribunal of the International Centre for Settlement of Investment Disputes (ICSID) dismissed all claims by Philip Morris.)

Two cigarette packs are covered in plain packaging. Health warning labels cover the packs.

2012: In 2012, Australia became the first country to implement plain packaging.

Tobacco Industry Response

The tobacco industry continues to find new ways to market its deadly products and addict consumers.

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The TI targets vulnerable populations more susceptible and highly responsive to marketing. These populations include youth and young adults, women, and racial/minority communities.

Tobacco Industry Response (continued)

Marketing themes for youth and young adults often associate smoking with being stylish or fashionable.





While marketing themes for women, associate smoking with social desirability, independence, and weight control.

Racial/minority tobacco marketing often promotes images of an "ideal" person as a smoker who is happy, successful, and attractive.

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Stats on Smoking

Currently, tobacco kills more than 7 million people each year. More than 6 million of those deaths are the result of direct tobacco use while around 890,000 are the result of nonsmokers being exposed to second-hand smoke.



An infographic titled "Tobacco's Shifting Burden: From the Rich to the Poor" is shown. Text at the top reads: More and more people in developing countries are taking up smoking, while people in developed nations are quitting. This means tobacco-related deaths are shifting to low- and middle-income countries.

Text reads: Where do most of the world's smokers live? Fifty percent of all smokers live in just five countries—Brazil, China, India, Indonesia, and Russia. A map of all the countries is shown. Several countries are highlighted. These countries include: Brazil, China, India, Indonesia, and Russia.

Text reads: Global Tobacco-Related Deaths.

Under the heading twentieth century, a pie chart is shown. Chart reads: seventy percent high-income countries, thirty percent low- and middle-income countries, 100 million (people).

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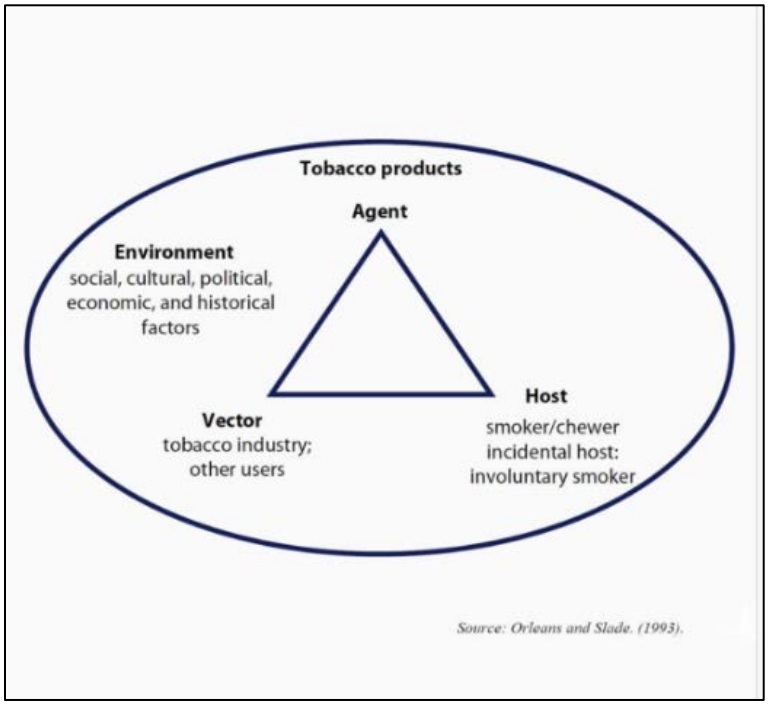
Under the twenty-first century header, a larger pie chart is shown. Chart reads: thirty percent high-income countries, seventy percent low-and middle-income countries, 1 billion (projected).

The infographic's sources are R. Peto (Oxford University), P. Jha (University of Toronto), WHO 2009. You can find out more at theworld.org/cancer.

Spread of the Epidemic

To get a broader understanding of the tobacco epidemic, let's look at an image. The epidemiological triangle, originating from the area of infective diseases—also known as the HAVE model—consists of a host, agent, vector, and environment. The four factors all play a role in the spread of an epidemic and need to be considered to fight/address the epidemic.

In tobacco control, the host is the consumer, the agent is the tobacco product, the environment consists of factors conducive—as well as protective against—smoking, while the vector is what spreads the agent throughout the environment and to the hosts.



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An infographic titled “HAVE Model – Epidemiological Triangle” is shown. Text at the top reads: Tobacco products.

A triangle is shown. Above the top point text reads: Agent. One bottom point of the triangle reads: Host, smoker/chewer, incidental host, involuntary smoker. The other bottom point of the triangle reads: Vector, tobacco industry; other users.

Around the triangle there is a circle. In the circle text reads: Environment, social, cultural, political, economic, and historical factors.

Once the image is selected additional text displays. Text reads: In tobacco control, the host is the consumer, the agent is the tobacco product, the environment consists of factors conducive—as well as protective against—smoking, while the vector is what spreads the agent throughout the environment and to the hosts.

The infographic’s source is Orleans and Slade (1993).

Summary



Dr. Cohen summarizes the Global Tobacco Epidemic lecture.

We have just learned about the origins of tobacco use and explored different elements of the growing tobacco epidemic. From what you can see, if strong measures are not taken tobacco products will continue to impact more and more people, ending in tragic disease and death.
Coming up, we will learn how to tackle this growing problem and what steps have already been taken.

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What Is the Framework Convention on Tobacco?



Introduction

Dr. Maria Carmen Audera-Lopez, Program Manager of the Convention Secretariat to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), introduces the Framework Convention on Tobacco Control Lecture.

The WHO Framework Convention on Tobacco Control (FCTC) is an international legally binding Treaty that provides an evidence based comprehensive approach to tobacco control.

Note that the FCTC is a baseline of how countries can begin implementing tobacco control programs. The treaty sets a floor, not a ceiling.

Learning Objectives

- Describe the WHO Framework Convention on Tobacco Control.
- Define the role of civil society in the WHO FCTC process.

What Is the Framework Convention on Tobacco Control?

Learn what the objectives of the WHO FCTC include.

Protect

Protect present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and tobacco smoke exposure.

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Present

Present a roadmap that leads to comprehensive tobacco control programs and strategies at the international, national, regional, and local levels.

Why Is the WHO FCTC Unique?

Dr. Audera-Lopez discusses why the WHO FCTC is unique.

Advocacy at the country level can remind Contracting Parties of their obligations under this evidence-based treaty.

Learn why WHO FCTC is unique to other UN Framework Conventions.

- Supply and Demand: It addresses tobacco control from both supply- and demand-side perspectives.
- Tobacco Companies: It includes provisions relating to the potential saboteurs of its implementation—the tobacco companies.
- International Law: It is the first international public health treaty negotiated under the auspices of the WHO; the first convention to utilize international law to further public health.

The WHO FCTC Beginnings

A timeline has images and a line with various highlighted bullet points that can be selected.

A map of the world is shown.

May 1995: During the 48th World Health Assembly, resolution WHA48.11, 'An international strategy for tobacco control' which was drafted during the 9th World Conference on Tobacco or Health in October 1994 is passed.

The logo of the World Health Organization is shown. The medical symbol with a snake on a pole is the staff of Asclepius; it is set before a map of the world which is outlined by a laurel wreath.

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May 1996: The World Health Assembly adopted a resolution calling for an international framework convention on tobacco control; the first time WHO used its authority to utilize international law for a public health goal.

July 1998: The WHO Tobacco Free Initiative (TFI) was created.

The logo for the framework Convention Alliance is shown. It is a circle with lines drawn on it.

October 1998: In collaboration with civil society, WHO TFI created and continues to support the Framework Convention Alliance, comprised of nongovernmental organizations, to ensure the development, ratification, and implementation of the WHO FCTC.

May 1999: The World Health Assembly officially launched work on WHO FCTC by establishing both an intergovernmental negotiating body tasked with drafting and eventually finalizing the WHO FCTC and a working group of WHO Member States tasked to pull together the evidence base for the treaty.

February 2003: During the 6th Intergovernmental Negotiating Session, the final treaty text was agreed upon by over 170 countries.

May 2003: The World Health Assembly unanimously adopted the WHO FCTC.

May 2003: The World Health Assembly formed the Conference of Parties (COP), the governing body of the WHO FCTC responsible for its implementation.

The logo for the European Union is shown. Twelve gold stars are arranged in a circle on a blue flag.

June 2003: WHO FCTC opened for signatures; the European Commission (EC), representing the European Union, was the first to sign.

An outline of the country of Peru is shown draped in the colors of the Peruvian flag. The flag is a vertical triband with red outer bands and a single white middle band. The coat of arms features a llama and chichona tree, and a centered cornucopia representing prosperity.

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December 2004: The 40th country, Peru, ratified the WHO FCTC, allowing the WHO FCTC to enter into force.

February 28, 2005: Treaty entered into force (became binding on countries that have ratified the treaty).

Conference of Parties

The COP is responsible for evaluating the implementation of the treaty and defining the WHO FCTC Guidelines. Some highlights of the COP include the following:

- The first COP was held in February 2006, and then continued annually until the third COP in November 2008.
- After the third COP, regular sessions have been held every two years.
- NGOs in official relations with WHO (e.g., the FCA) can participate as observers.

Users are then directed to access the Conference of Parties website. The URL is: http://www.who.int/fctc/cop/en/.

WHO FCTC Success and the Framework Convention Alliance (FCA) Role

Dr. Audera-Lopez discusses WHO FCTC success and the Framework Convention Alliance (FCA) role.

A key element of WHO FCTC success is ensuring that voices of the world's citizens are present, with the exception of the tobacco industry. Civil society continues to play an important role in the implementation of the WHO FCTC.

The **FCA** is a global tobacco control coalition that consists of health, consumer, human rights, environmental, religious, and other groups to address tobacco control. The FCA plays an influential role at negotiating sessions, regional treaty meetings, annual meetings of the World Health Assembly, and at COP and Expert Working group meetings.

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WHO FCTC Success and the Framework Convention Alliance (FCA) Role (continued)

Learn more about the FCA's mission.

- Develop tobacco control capacity to support the ratification, accession, implementation, and monitoring of the WHO FCTC.
- Carry out effectively the watchdog function for the WHO FCTC.

Users are then directed to access the Framework Convention Alliance website. The URL is: https://www.fctc.org/.

Critical Contributions by Civil Society

Dr. Audera-Lopez discusses the critical contributions by civil society.

WHO FCTC Article 4.7 states that "the participation of civil society is essential in achieving the objectives of the Convention and its protocols." Active participation by civil society is a key aspect of democracy and good governance.

Learn more about critical contributions by civil society to the success of the creation of the WHO FCTC.

- Provided high level expertise during WHO FCTC negotiations.
- Distributed daily publications among country delegates attending negotiations for the WHO FCTC (e.g., Orchid Award and Ashtray Award).
- Implemented international advocacy campaigns which were instrumental in collecting signatures for the WHO FCTC.

The role of civil society was critical to the WHO FCTC process.

- Engagement of civil society in a treaty-making process is a key aspect of democracy and good governance.
- Continued involvement creates more political independence than just having governments and WHO involved.

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The WHO FCTC: The Articles

Dr. Audera-Lopez discusses the WHO FCTC articles.

Now let's look at some of the WHO FCTC articles a bit more closely. It's important to remember that these provision are legally binding; contracting Parties are encouraged to carry out these minimum standard recommendations that will assist Parties to fully implement the WHO FCTC provisions. First we'll look at demand reduction strategies and then supply reduction strategies.

The WHO FCTC: Demand Reduction Strategies (Articles 6, 7, and 8)

a) Demand Reduction Strategies

- Article 6: Price and tax measures to reduce the demand for tobacco
    - Price and tax measures are among the most effective measures to reduce tobacco consumption (particularly in young people). These price and tax measures require Parties to implement tax (and, where appropriate, price) policies that help to reduce tobacco affordability.

Learn about Article 7 and Article 8.

- Article 7: Non-price measures to reduce the demand for tobacco
    - Comprehensive non-price measures are also effective strategies to reduce tobacco consumption.
- Article 8: Protection from exposure to tobacco smoke
    - Requires Parties, as determined by national law, to implement smoke-free policies in public places, workplaces, and public transport.

The WHO FCTC: Demand Reduction Strategies (Articles 9, 10, and 11)

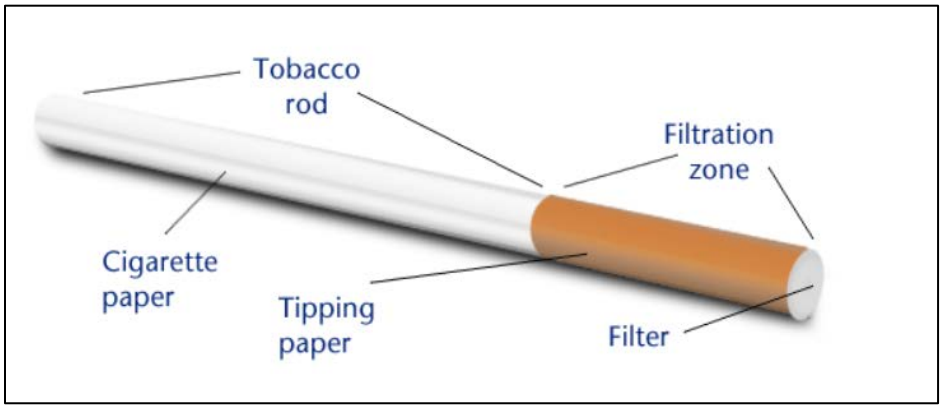
- **Product Regulation Provisions (Articles 9, 10, and 11)**: These articles provide oversight of the manufacturing, packaging and labeling, and

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distribution of tobacco products, and should be treated as a single set of interrelated and mutually reinforcing regulations.

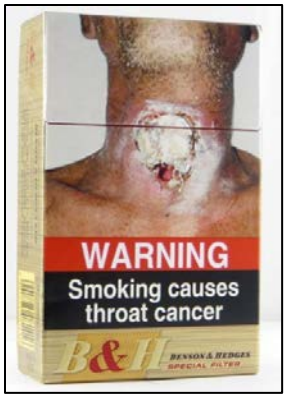
Learn about Article 9, Article 10, and Article 11.

- Article 9: Regulation of contents of tobacco products
    - Requires that Parties adopt and implement effective measures (legislative, executive, administrative, etc.,) for testing, measuring, and regulating content and emission of tobacco products.



- Article 10: Tobacco product disclosures
    - Requires Parties to, in accordance with the respective national law, implement measures that require manufacturers to disclose to government authorities information derived from their testing and measuring of tobacco contents and emissions.
- Article 11: Packaging and labelling of tobacco products
    - Obligates Parties to require, in accordance with its national law, rotating HWLs that cover at least 30%— preferably 50%—of the principal display area and may include pictures or pictograms.

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The WHO FCTC: Demand Reduction Strategies (Articles 12, 13, and 14)

- Article 12: Education, communication, training, and public awareness
    - Requires Parties, in accordance with national law, to promote broad access to comprehensive effective public awareness and training or sensitization programs on tobacco control addressed to health workers, community workers, social workers, etc.

Learn about Article 13 and Article 14.

- Article 13: Tobacco advertising, promotion, and sponsorship
    - Requires Parties to prohibit/restrict, in accordance with its constitution or constitutional principles, all forms of tobacco advertising, promotion, and sponsorship. Requires health warning messages to accompany all advertising.



- Article 14: Tobacco dependence and cessation

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    - Requires Parties to develop accessible, affordable, and effective cessation programs in a variety of settings such as educational institutions, healthcare facilities, workplaces, and sporting activities. Cessation activities include diagnosis and treatment of tobacco dependence, as well as counseling services.
- **Write down why you want to quit. Do you want to—**
    - Be around for your loved ones?
    - Have better health?
    - Set a good example for your children?
    - Protect your family from breathing other people's smoke?
    - Really wanting to quit smoking is very important to how much success you will have in quitting
- **Setting a date to quit.**

  You will have a better chance of quitting if you pick a date when you will start your quit. Why not Monday? Visit. The URL is: http://www.mondaycampaigns.org/campaigns/quit-stay-quit-monday/.
- **Developing coping skills.**

  Identify and practice ways to control your urges to smoke. These are called "coping or problem solving skills." Example: Learning to cope with smoking urges by distracting yourself or changing your lifestyle to reduce stress.

The WHO FCTC: Supply Reduction Strategies (Article 15)

Parties to the WHO FCTC are encouraged to ratify The Protocol to Eliminate Illicit trade in Tobacco products and implement its provisions to fight illicit trade globally.

Learn about Article 15.

- Article 15: Illicit trade in tobacco products

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- Requires Parties, in accordance with national law, where manufacturing occurs to ensure that tobacco packaging bears a clear mark of origin.
- Requires Parties that import tobacco products to prohibit the sale of any product that does not have a clearly specified destination market.

The WHO FCTC: Supply Reduction Strategies (Article 16)

- Article 16: Sales to and by minors
  - Requires Parties to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen and, if in doubt, request age verification prior to sale.

Learn about Article 16.

Examples:

- Ensure that vending machines selling tobacco are not accessible to minors and do not promote the sale of tobacco to minors.
- Prevent sales of loosies (single cigarette sticks instead of the pack), as well as sale of sweets, snacks toys, or any objects in the form of tobacco products which appeal to kids.



The WHO FCTC: Supply Reduction Strategies (Articles 17 and 21)

a) Article 21: Reporting and exchange of information

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    - Requires Parties to submit periodic WHO FCTC implementation reports to the WHO FCTC secretariat "to enable Parties to learn from each other's experience in implementation and not to develop a checklist on implementation."
- Article 17: Provision of support for economically viable alternative activities
    - Calls upon Parties to cooperate with each other and intergovernmental organizations as deemed appropriate to promote economically viable alternatives for tobacco workers, farmers, and sellers.

Impact of WHO FCTC and Its Role in Implementation

Dr. Audera-Lopez discusses the impact of WHO FCTC and its role in implementation.

According to the 2017 WHO report on the global tobacco epidemic, 4.7 billion people worldwide are protected by at least one best-practice measure as defined by WHO FCTC.

Learn more about the status of the tobacco epidemic and the continuous impact of the WHO FCTC to stop it. Users are then directed to access the WHO Report on the Global Tobacco Epidemic 2017. The URL is: http://www.who.int/tobacco/global_report/en/.

Summary

Dr. Audera-Lopez summarizes the Framework Convention on Tobacco Control (FCTC) Lecture.

We have just learned about the WHO FCTC and the role of civil society in helping the FCTC spur action at the global and country levels against the tobacco epidemic. With the WHO FCTC we can reverse the tobacco epidemic and prevent millions of tobacco-related deaths.

The Convention Secretariat of the WHO FCTC video plays.

Music plays throughout video.

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The insignia of the WHO is shown next to text FCTC WHO Framework Convention on Tobacco Control Secretariat.

Smoke fills the screen as text reads: Tobacco kills. As smoke blows each letter away a count up begins: 1 – 2 – 3 – 4 – 5 – 6.

Text reads: (Tobacco kills) 6 million people in a year.

A newspaper is shown. The headline reads: UN Tobacco Control: WHO FCTC inspires and Informs the United Nations to work on global tobacco control.

A map of the world is shown. Parties (countries) to the FCTC are highlighted. Non-Parties are not highlighted. Not Applicable is also listed. Text reads: 180 Parties are committed to implement the WHO FCTC.

As the map dissolves the insignia of the WHO is shown next to text: FCTC WHO Framework Convention on Tobacco Control Secretariat. Text reads: The Convention Secretariat, hosted by WHO, is a global authority concerning the implementation of the treaty.

As the text fades the insignia gets smaller and is surrounded by 6 icons. Text reads: Its (FCTC's) work is organized around six activity areas. As each icon is identified text is displayed:

1. Serving Governing and Subsidiary Bodies: the icon of a globe surrounded by stick figures of people is highlighted.
2. Supporting the Development of Protocols and Guidelines: the icon of a question bubble is surrounded by people working together is highlighted.
3. Assessing Progress and Sharing Knowledge: the icon of a bar graph with an arrow pointing up is highlighted.
4. Assisting Parties in Implementing Specific Provisions of the Convention: the icon of gears tumbling together is highlighted.
5. Promoting International Cooperation: the icon of a handshake is highlighted.
6. Raising Awareness and Mobilizing Resources: the icon of a loudspeaker is highlighted.

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As the icons dissolve text reads: United We Can Do More. A social media hashtag reads: #UNtobaccocontrol.

The video ends with the image of the insignia of the WHO shown next to text: FCTC WHO Framework Convention on Tobacco Control Secretariat.

The MPOWER Package: Effective Global Strategies for Tackling the Global Tobacco Epidemic

Introduction

Dr. Douglas Bettcher, Director of the Department for Prevention of Noncommunicable Diseases at the World Health Organization (WHO), and previous Director of the WHO's Tobacco Free Initiative Department, introduces the MPOWER Lecture.

Many of you have heard of MPOWER. In the following section we will briefly go over what it stands for, introducing you to the MPOWER model. You will get a more in-depth look at MPOWER in Module 5.

Learning Objectives

- Describe the MPOWER policy package.

What Is MPOWER?

Dr. Bettcher discusses what is MPOWER.

MPOWER is a package of six important and effective tobacco control policy measures in line with the demand reduction provisions contained in the WHO Framework Convention on Tobacco Control. These policies are proven to help countries implement the WHO FCTC and counter the tobacco epidemic. They consist primarily of strategies that are effective in reducing the demand for tobacco.

5.8 trillion: number of cigarettes smoked worldwide in 2014.

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Launching MPOWER

The WHO Report on the Global Tobacco Epidemic: The MPOWER Package was launched on February 7, 2008 by the former WHO Director-General Dr. Margaret Chan with Michael Bloomberg, who was the mayor of New York City at the time. This comprehensive report presented an analysis of global tobacco use and the measures to combat the tobacco epidemic.

Access the WHO MPOWER Report. Users are then directed to access the WHO MPOWER Report. The URL is: http://apps.who.int/iris/handle/10665/43888.

What MPOWER Stands for

Now let's briefly describe what the acronym MPOWER means.

M—Monitor tobacco use and prevention policies.

In line with Article 20 of the WHO FCTC, monitoring entails collecting data on tobacco use among youth and adults, and tobacco-related death and disease. Other relevant data that help understand the current tobacco control situation in a country are also used to develop new policies or strengthen existing ones (e.g., how well a smoke-free law is enforced or complied with or an advertising ban worked or what the tobacco industry practices are to bypass the laws). Data help us assess the extent of the tobacco epidemic and monitor the impact of tobacco control interventions on tobacco use.

Best practice involves conducting surveillance of tobacco use behaviors among a representative sample of both adults and youth, at least every five years. The US Centers for Disease Control and Prevention has been the lead agency to help governments across the globe collect tobacco use data. You will hear more about these data collection efforts in Module 6.

P—Protect people from tobacco smoke.

In line with Article 8 of the WHO FCTC and Guidelines for implementation of the provision, best practice includes having all enclosed public places be completely smoke free without exemptions, such as separated smoking rooms (or at least have

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90% of the population covered by complete subnational smoke-free legislation). Smoke-free public places include healthcare facilities, educational facilities, workplaces, restaurants, bars, indoor public places, and public transportation.

O—Offer help to quit tobacco.

In line with Article 14 of the WHO FCTC and Guidelines for implementation of the provision, best practice comprises having a national, easily accessible and toll-free telephone quit line, access to free or low-cost cessation medicines, as well as tobacco cessation advice built into primary and routine health-care services.



W—Warn about the dangers of tobacco.

In line with Articles 11 and 12 of the WHO FCTC and Guidelines for implementation of those provisions, the objective is to raise awareness of the health risks and consequences of tobacco use and of exposure to secondhand smoke.

Learn about best practices:

Tobacco Packaging Warning

Having large warnings on tobacco packaging that cover at least 50% of the principal display area and includes the graphic health warnings and messages on the front and back of each pack; warnings on top of the principal display area rather than on the bottom; the use of color (rather than black and white) for the image; and health warning labels that are rotated periodically so that they continue to attract the attention of the public.

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Tobacco Control Media Campaign

Airing anti-tobacco mass media campaigns on national television and/or radio; the campaigns should be hard-hitting; graphic images that demonstrate the physical harm caused by tobacco use are especially effective.

E—Enforce bans on tobacco advertising, promotion, and sponsorship (TAPS).

In line with Article 13 of the WHO FCTC and Guidelines for implementation of the provision, best practice requires implementing a comprehensive ban on all forms of direct and indirect advertising at the national level (or at least have 90% of the population covered by complete subnational bans).

Learn about direct advertising bans.



Direct advertising bans include broadcast, print, billboards, online advertising, and other advertising (e.g., transportation or stations), while indirect advertising ban

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includes brand stretching, point-of-sale display, and tobacco industry supported CSR (Corporate Social Responsibility) activities.

R—Raise taxes on tobacco.

R implements Article 6 of the WHO FCTC and Guidelines for implementation of the provision. This is considered the single most effective intervention. Increasing the price of tobacco makes it less affordable and discourages use—it saves lives while increasing government revenue.

Best practice requires designating >75% of retail price as tobacco tax.

Summary

Dr. Bettcher summarizes the MPOWER Lecture.

We have just learned about the MPOWER policy package. Coming up, we will learn more about tobacco addiction, about how tobacco affects the health of everyone it touches, including the health of children, nonsmokers, and the environment.



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