Full Implementation of the WHO FCTC Demand Reduction Measures to mitigate the Global Smokeless Tobacco Burden

SLT Prevention and Control – A WHO FCTC Perspective and Experience from the Past Conference of Parties (COPs)

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GLOBAL BURDEN

✓ Tobacco kills up to half of its users.
✓ Tobacco kills more than 7 million people each year.
✓ Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development.

Prevalence of Tobacco

– In 140 countries, there were estimated 356 million SLT users, out of which 65.8% (234 million) were males while 34.2% (122 million) were females
– And 82% of 356 million SLT users live in the SEAR.

Variations in the use of tobacco

• Smoking – Cigarette, Bidi, Hukkah, Cigar and E-cigarette.
• Smokeless - Khaini, Snus, Snuff, Surti, Betel Quid, Gutkha etc.
• Drinking Tobacco - Tuibur
History of Framework Convention on Tobacco Control (FCTC)

• The Convention came into force in 2005

• The first Global Health Treaty negotiated under the auspices of WHO.

• It has become one of the most widely embraced treaties in United Nations history, with, by the end of 2018, 181 Parties.
  – Signatories to the WHO FCTC: 168

• With its multisectoral approach to both the supply and demand sides of tobacco use, and a mandate for international cooperation, the treaty is a significant global public health accomplishment.

• WHO Convention Secretariat has prepared seven reports that document global progress in the implementation of FCTC measures
Specific Development on Smokeless Tobacco (SLT)

• At its fourth session, Conference of the Parties (COP4) to the WHO FCTC was held from 15 to 20 November 2010 in Punta del Este, Uruguay. The COP took note of the report by the Convention Secretariat on smokeless tobacco products (SLT).

• WHO’s Tobacco Free Initiative prepared a comprehensive report based on the experience of Parties on the matter of SLT products, for consideration by the COP at its fifth session.

• SLT has been proved to be a major cause of disease, disability and death in countries with high prevalence of SLT use.

• Globally, policy-makers and researchers have paid very little attention to SLT.
Experiences from the COPs

• The sixth session of the Conference of the Parties (COP6) to the WHO FCTC took place in Moscow, Russian Federation, from 13 to 18 October 2014.
  • The session was attended by the delegations of 135 Parties, as well as the representatives of six States non-Party, four international intergovernmental and 10 nongovernmental organizations accredited as observers.
  • The COP gave guidance on smokeless tobacco products, electronic nicotine delivery systems and electronic non-nicotine delivery systems and waterpipe tobacco products.
Experiences from the COPs

- The seventh session of the Conference of the Parties (COP7) to the WHO FCTC was held at the India Exposition Mart (IEML) in Noida, India, from 7 to 12 November 2016.
  - Representatives of 134 Parties to the Convention took part. Also present were representatives of five State non-Parties as well as four intergovernmental organizations and 13 nongovernmental organizations (NGOs) accredited as observers
  - KH-SLT participated in its first COP.
ESTABLISHMENT OF
WHO FCTC GLOBAL KNOWLEDGE HUB ON SMOKLESS TOBACCO

Inauguration of WHO FCTC Global Knowledge Hub on Smokeless Tobacco (KH-SLT) - 6th April, 2016
Role of KH-SLT

- Generate knowledge, share expertise and information on SLT through a web portal.
- Assist Parties of the Convention to develop programs and policies.
- Support the Convention Secretariat in its work to promote control of SLT use globally.

This report is a first attempt to document Parties progress made in implementing SLT policies within the realm of WHO FCTC. The Report has been prepared by KH-SLT in accordance with the decisions taken by the WHO FCTC Conference of the Parties (COP) at its sixth session [FCTC/COP/6/9].

CONCLUSION

• FCTC plays a key role in regulation of all tobacco products, however, the policy recommended in FCTC do not apply equally well to smokeless tobacco.

• Countries need to recognize the high burden of smokeless tobacco and implement relevant legislative measures.

• The formulation of guidelines under FCTC are evidence based and requires commitment from member countries.

• Improvement in reporting instrument has provided Parties to collect more information on different aspects of SLT control issues.
Q & A!

THANK YOU

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Global Policy Progress on Smokeless Tobacco Prevention and Control

ANSHIKA CHANDRA

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Smokeless Tobacco (SLT) use is a recognized public health challenge with more than 350 million users in over 140 countries especially in South Asia.

It constitutes a plethora of unregulated, under-researched and unidentified products. Considering the growing socio-economic and health concerns related to SLT, particularly in low and lower-middle-income countries, a need for research on various aspects, including effective regulation of SLT use, has been highlighted in various sessions of the Conference of Parties (COP) of the WHO Framework Convention on Tobacco Control (FCTC).

Out of 179 Parties, 135 Parties have included SLT under tobacco products definition in their laws.

This article indicates that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.
Tax on SLT products varies considerably across Parties, from 0% in 7 Parties (i.e. no tax of any kind) to 72.4% in Sudan.

WAY FORWARD

• All SLT products tax rates should be standardized in a manner that discourages substitution with other tobacco products.

• It is important to set a minimum floor price on all tobacco products, including SLT.

• Governments, India in particular, should be able to exercise excise taxation on SLT products to adequately raise their tax burden.

Article 9 deals with testing, measuring and regulation of the contents of SLT products.

Article 10 deals with disclosure by manufacturers and importers about the contents of SLT products to governmental authorities and the public.

WHO Framework Convention on Tobacco Control: Articles 9 and 10
http://www.who.int/tobacco/industry/product_regulation/articles_9_10_fctc/en/
### FINDINGS

**Range of N-Nitrosonornicotine (NNK), and N-Nitrosonornicotine (NNN) from different brands of SLT products**


<table>
<thead>
<tr>
<th>Countries</th>
<th>SLT Products</th>
<th>NNN (µg/g)</th>
<th>NNK (µg/g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>Khaini</td>
<td>39.4–76.9</td>
<td>2.34–28.4</td>
</tr>
<tr>
<td></td>
<td>Zarda</td>
<td>4.81–19.9</td>
<td>3.09–16.4</td>
</tr>
<tr>
<td></td>
<td>Gutkha</td>
<td>0.09–1.09</td>
<td>0.04–0.43</td>
</tr>
<tr>
<td>Oman</td>
<td>Afzal</td>
<td>1.18–1.22</td>
<td>1.01–1.02</td>
</tr>
<tr>
<td>Sweden</td>
<td>Snus</td>
<td>0.42–3.28</td>
<td>0.13–1.1</td>
</tr>
<tr>
<td>Canada</td>
<td>Moist Snuff</td>
<td>0.8–6.78</td>
<td>0.38–2.5</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>Nasvai</td>
<td>1.12–1.26</td>
<td>0.17–0.21</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>Nasvai</td>
<td>0.59–0.69</td>
<td>0.07–0.07</td>
</tr>
<tr>
<td>Turkey</td>
<td>Maras Powder</td>
<td>2.2–2.8</td>
<td>0.63–0.77</td>
</tr>
<tr>
<td>USA*</td>
<td>Iqa’nik</td>
<td>1.99–4</td>
<td>0.13–0.96</td>
</tr>
<tr>
<td></td>
<td>Snus</td>
<td>0.95–5.30</td>
<td>0.08–0.36</td>
</tr>
<tr>
<td></td>
<td>Moist Snuff</td>
<td>0.89–42.55</td>
<td>0.20–9.95</td>
</tr>
<tr>
<td>Sudan</td>
<td>Tombak</td>
<td>141–3085</td>
<td>188–7870</td>
</tr>
<tr>
<td>Germany</td>
<td>Dry Snuff</td>
<td>2.4–18.1</td>
<td>0.58–6.4</td>
</tr>
</tbody>
</table>

*Not a Party to the Convention*
WAY FORWARD

• Parties should emphasize the establishment of tobacco testing laboratories in every region to identify and quantify the toxic and hazardous constituents of SLT products.

• Parties should encourage and invest more in research on SLT products.

• Global co-operation and collaboration among Parties is necessary for effective progress on regulation of SLT.

ARTICLE 11

This article indicates about tobacco products packaging and labeling which do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products.

Parties progress in notifying Health Warnings on Smokeless Tobacco products

WAY FORWARD

• A comprehensive policy formulation and total implementation of Article 11 for all tobacco products.

• Parties need to implement large pictorial HWs and multiple messages on various diseases caused by all tobacco products.

ARTICLE 12

It promotes and strengthens public awareness of tobacco control issues, using all available communications tools, as appropriate.

Guidelines for implementation of Article 12: Guidelines on education, communication, training and public awareness (http://www.who.int/fctc/guidelines/adopted/article_12/en/)
FINDINGS

- Conducted at least one NMM Campaign: 64 (36%)
- Never conducted any NMM Campaign: 82 (46%)
- No information available NMM Campaign: 33 (18%)

**Party conducted at least one National Mass Media (NMM) Campaign**
**Based on the Global Progress Report on implementation of WHO FCTC 2016.**

There is an urgent need to implement dedicated national mass media and social media campaigns focused on reducing SLT use.

This Article provide guidance in order to eliminate tobacco advertising, promotion and sponsorship (TAPS) effectively at both domestic and international levels.

Guidelines for implementation of Article 13: Guidelines on tobacco advertising, promotion and sponsorship (http://www.who.int/fctc/guidelines/adopted/article_13/en/)
Number and percentage of Parties prohibiting mediums of direct advertisement

A comprehensive ban on TAPS should be affected towards implementation of Article 13 for all tobacco products by all Parties.

This Article deals with demand reduction measures concerning tobacco dependence and cessation.

Guidelines for implementation of Article 14: Guidelines on demand reduction measures concerning tobacco dependence and cessation (http://www.who.int/fctc/guidelines/adopted/article_14/en/)
### Availability of tobacco cessation facilities in different medical sectors


<table>
<thead>
<tr>
<th>Medical Sectors</th>
<th>Percentage of Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY CARE FACILITIES</td>
<td>82% YES 18% NO</td>
</tr>
<tr>
<td>HOSPITALS</td>
<td>85% YES 15% NO</td>
</tr>
<tr>
<td>OFFICES OF HEALTH PROFESSIONALS</td>
<td>92% YES 8% NO</td>
</tr>
<tr>
<td>THE COMMUNITY</td>
<td>95% YES 5% NO</td>
</tr>
<tr>
<td>OTHERS</td>
<td>98% YES 2% NO</td>
</tr>
</tbody>
</table>

![Bar chart showing percentage of tobacco cessation facilities in different medical sectors](chart.png)
Tobacco cessation with behavioral intervention in low resource and high SLT burden Parties is the most suitable solution. Health care providers need to be sensitized to provide equal care to both smokers as well as to SLT users.

This article indicates that Parties should adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen.
FINDINGS

Number of Parties having policy on ban of sale to minors

A comprehensive policy formulation on banning sale of tobacco to minors and its proper enforcement is required to prevent access and availability of tobacco including SLT to the minors.

Under Article 20, Parties undertake to develop and promote national research and to coordinate research programmes internationally, as well as to establish and strengthen surveillance for tobacco control and to promote exchange of information in relevant fields.
FINDINGS

Proportion of SLT users among adolescents by WHO


Western Pacific Region
Eastern Mediterranean Region
European Region
American Region
African Region
South East Asian Region
It is recommended that Parties must conduct tobacco specific surveys and include SLT usage and its related indicators or should include standard tobacco questions (TQS) in their ongoing health surveys at periodic intervals.

The Parties should be supported for engaging in SLT control research as per their needs.

• More participation is needed from the parties to initiate the implementation of these articles implementing these articles.

• SLT prevention has received much less attention than smoking prevention.

• Since there is evidence that partial policies are not very effective, more attention needs to be given to make them comprehensive. Even where there are policies on SLT, often they have not yet been implemented effectively.
GLOBAL SMOKELESS TOBACCO CONTROL POLICIES AND THEIR IMPLEMENTATION

THANK YOU