

Anti-smoking: The battle continues

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**Vital
Strategies**

7th Asian Preventive Cardiology &
Cardiac Rehabilitation Conference

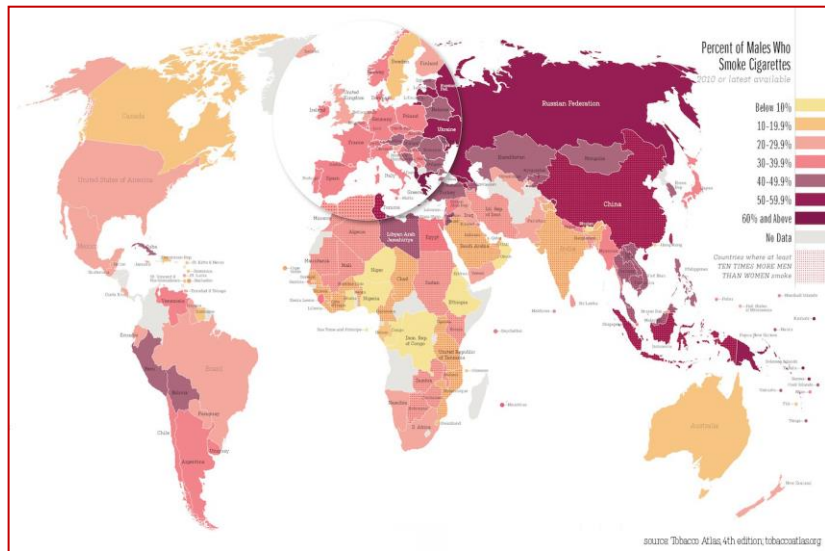
Hong Kong; 10 November 2018

Outline of lecture

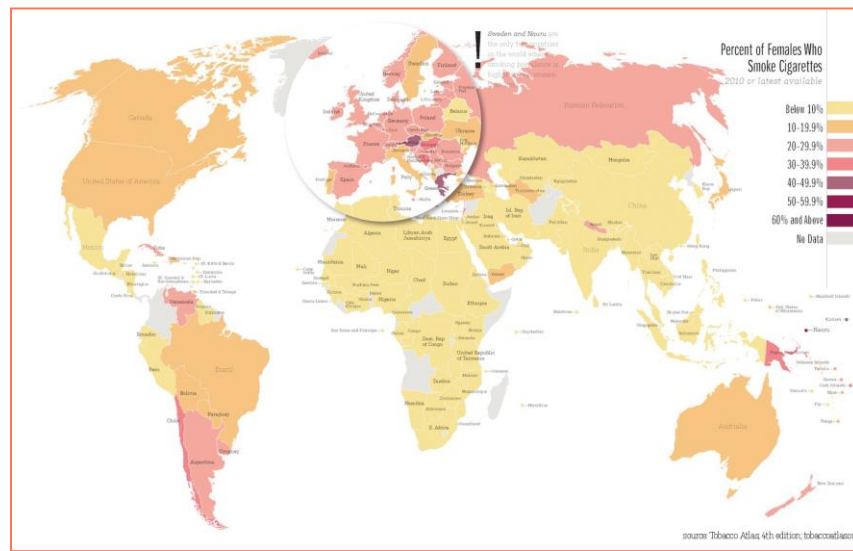
1. Tobacco Epidemic
2. New challenges
3. Obstacles
4. Action
5. Role of cardiologist



Smoking prevalence

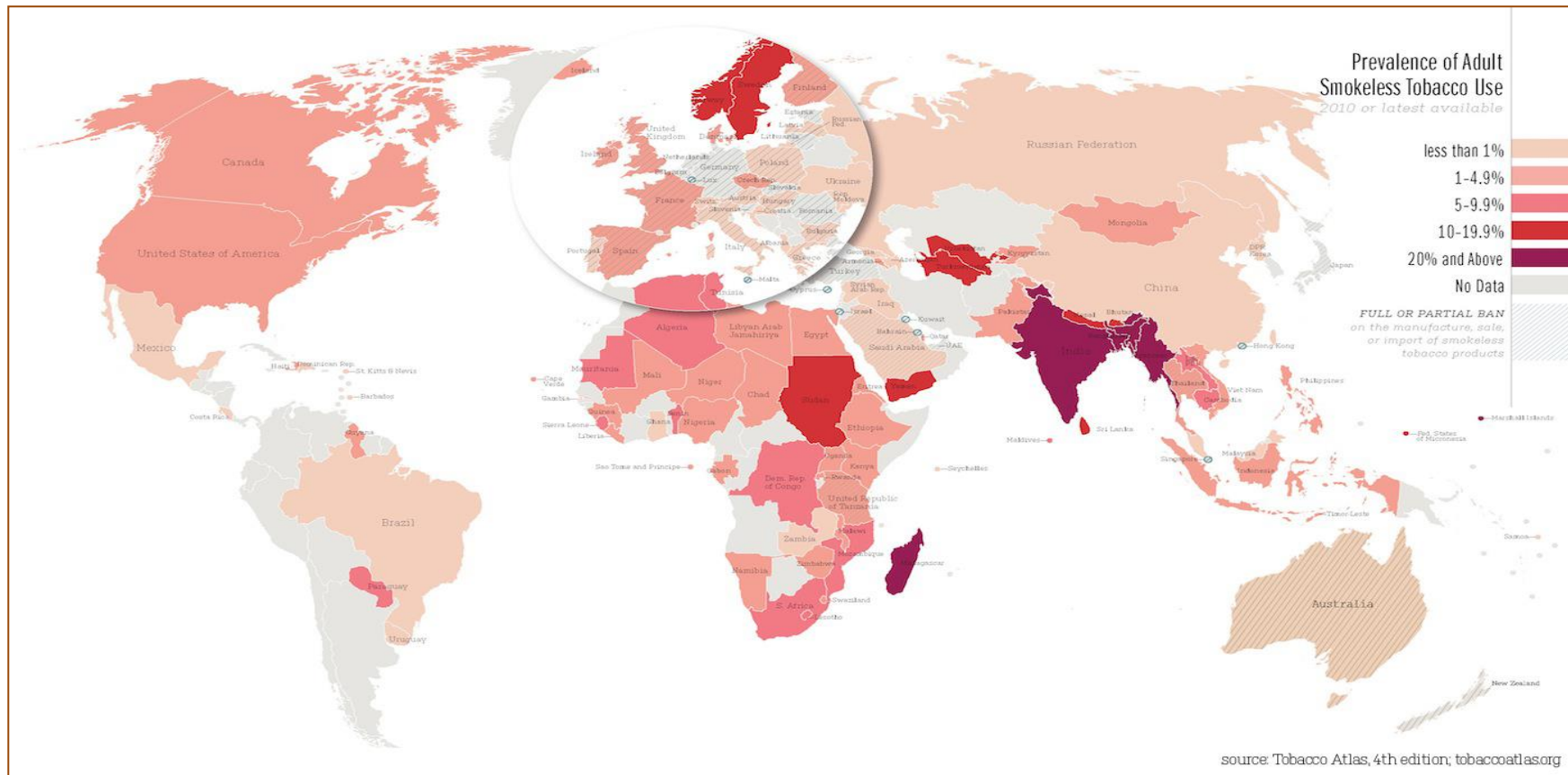


Male



Female

Smokeless tobacco

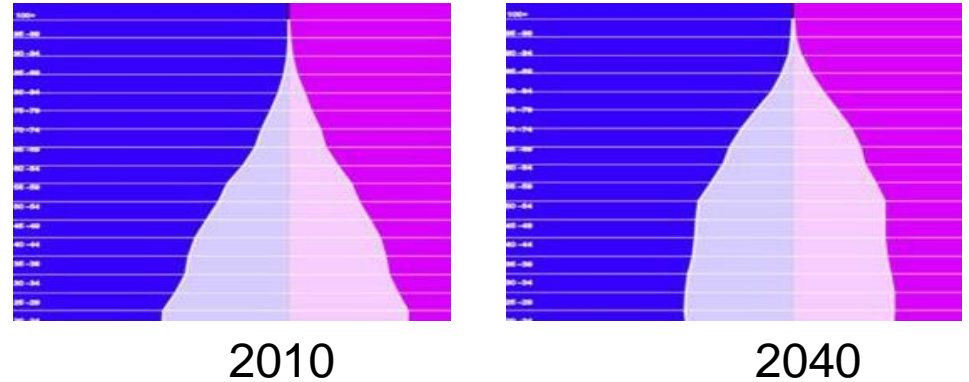


Future: Increase tobacco pandemic

- More people in world 7b->9b in 2040
- More people living longer

Therefore more:

- Smokers
- Disease and deaths
- Burden on health systems
- Jobs for farmers, manufacturers
- Tax for governments
- Profits for tobacco industry



***** Red alert: EMR + AFR prevalence will increase *****

2. New products

- E-cigarettes
- Heat not burn



Questions about new products



- Gateway to youth smoking?
- Help smokers quit OR keep them smoking/dual use?
- Ingredients?
- Re-normalisation smoking?
- TAPS: Tob ads, promo, sponsorship

Ads for e-cigs

Smoking Redefined

- Freedom to Enjoy Anywhere
- No Tar, No Ash, No Odor
- #1 Selling Electronic Cigarette
- U.S.A. Made Flavors

blu PREMIER ELECTRONIC CIGARETTE
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- Full Flavoring, Smooth, Only Nicotine
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Green Smoke
TEA BLEND CIGARETTE

NO SECONDHAND SMOKE
NO TAR... NO TOBACCO...
NO CARBON MONOXIDE...

JUST THE NICOTINE...

50th ANNIVERSARY

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LOOKS, FEELS & TASTES
LIKE A REAL CIGARETTE...

THE BETTER SMOKING CHOICE
Make the Switch Today and Live Healthier

Green Smoke
TEA BLEND CIGARETTE

Taste the smoothness...

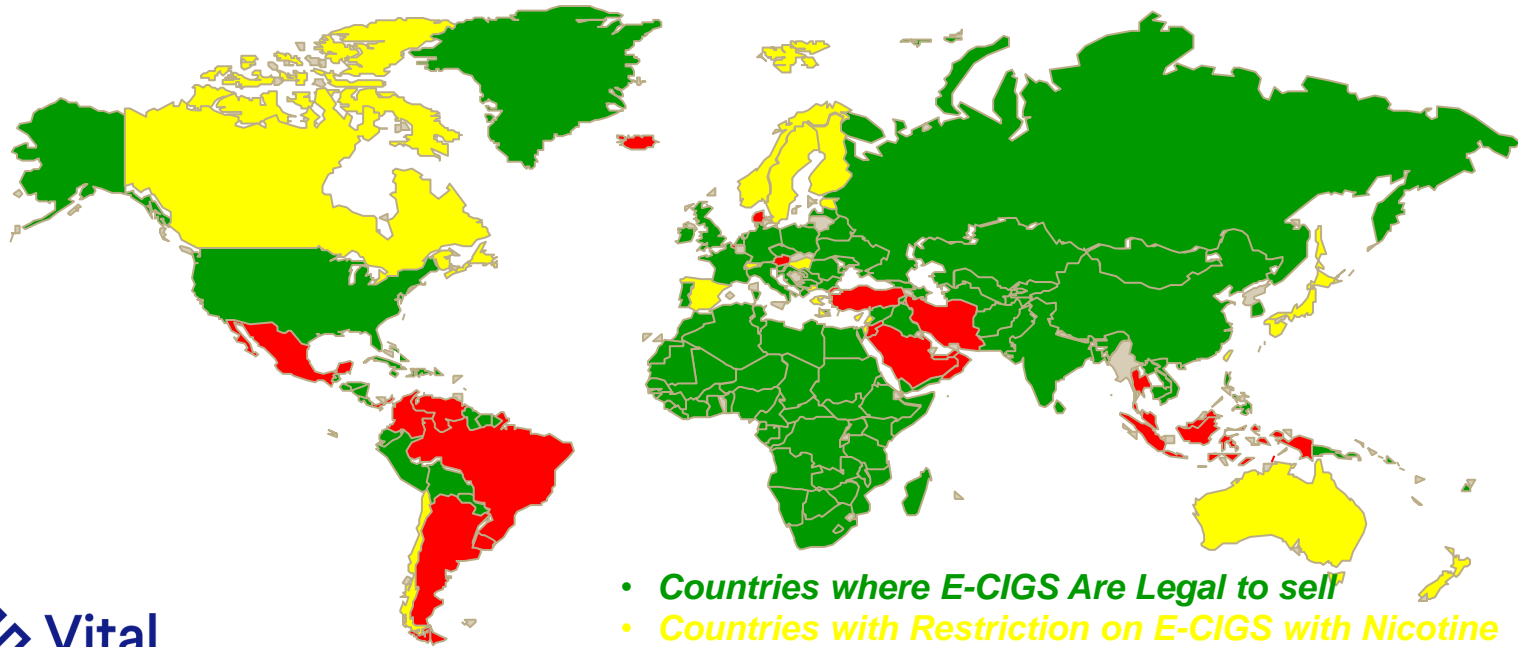
Asia Promo



Japan,
China



VARYING APPROACHES: GLOBAL E-CIGARETTE REGULATORY MAP, 2013



- **Countries where E-CIGS Are Legal to sell**
- **Countries with Restriction on E-CIGS with Nicotine**
- **Countries with Complete Ban on import, advertising and sale of E-CIGS**
- **Countries where regulation is Not Clear**

What to do about these new products?

- Governments having to introduce policy ahead of the evidence (not the first time in public health).
- Ecig: WHO advises precautionary principle.
- HNB: 2018 WHO COP8 - HNB is a tobacco product and therefore is under WHO FCTC.

ALL AGREE: Action

AGREE

1. Monitor in all studies on prevalence, harm, attitudes, economics, policies.
2. Monitor harm (especially youth uptake, dual use, effect on cessation).
3. Require disclosure of ingredients (or government testing), and set standards.
4. Ban promotion of all unproven health claims.
5. Ban marketing and sales to youth.
6. Require warning labels on packets.
7. Ban vaping in non-smoking areas.

3. Obstacles

1. Focus on cure not prevention
2. Mis-economic and tax arguments
3. Lack health knowledge
4. Lack of funds
5. Tobacco industry promotion and interference



A SOUTH CHINA MORNING POST PUBLICATION
SMP 20.2.05: 1
Experts' 5-year research likely to bolster push for law change

HK learns the full, 'alarming' costs of smoking

Raymond Ma

Landmark findings on the financial strain that cigarette smoking is putting on Hong Kong's health system will be unveiled by international academics this week. The figures would cause alarm, smokers and legislators predicted.

The estimate of the economic costs of smoking – the fruit of five years' research, will be included in a 30-page report to be released on Thursday. The report is expected to amount to a major step in an estimation of the cost of smoking in Hong Kong fell far short of the mark.

"Having this new information should remove any shred of doubt that we need to move ahead with more effective smoke-free laws as soon as possible," Sarah McChie, of the University of Queensland in Brisbane, Australia, project leader, said. "Until now we have not had a comprehensive, up-to-date, reliable estimate of the cost of diseases caused by tobacco, including passive smoking."

"Having this information at our fingertips should remove any shred of doubt that we need to move ahead with more effective smoke-free laws as soon as possible."

Smoking kills up to 7,000 each year in Hong Kong, according to previous studies – including 1,300 non-smokers who die from passive smoking.

In Australia, three studies – all co-authored by Dr Lapley – have been carried out for the federal government since 1991.

The latest, published in 2002, put the annual cost of smoking at \$2.1 billion (\$25.7 billion a year – was released by the government late last year.

The latest study, led by 1821 academics, is based on more expensive data and, for the first time, takes into account passive smoking in cars.

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Professor Sarah McChie

Global forms of Tobacco Industry Interference



1.

Manoeuvring to hijack the political and legislative process

2.

Exaggerating the economic importance of the industry

3.

Manipulating public opinion to gain the appearance of respectability

4.

Fabricating support through front groups

5.

Discrediting proven science and economic evidence

6.

Intimidating governments with litigation or the threat of litigation, or trade threats



Industry perpetrates Economic myths

Health
Economics

Tobacco industry says	Health economists say
Tobacco control will lead to job and business losses for farmers, factory workers, retailers, the hospitality industry and other businesses, and governments	NOT TRUE
The creation of smoke-free areas will cause loss of income for restaurant owners.	NOT TRUE
TAPS bans will severely affect the advertising industry	NOT TRUE
Increasing tobacco taxes will harm the poor and increase illicit trade	NOT TRUE

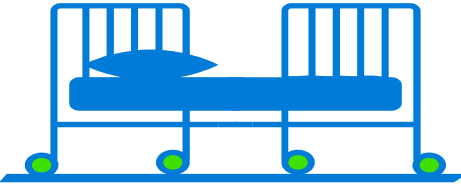


Many governments echo these concerns, to the extent these mistaken economic arguments are the major obstacle to tobacco control



Economic harm



DIRECT HEALTH COSTS	INDIRECT COSTS
 <p>Medical and healthcare costs, including: Secondhand smoke risks</p>	<p>Loss labour productivity</p> <p>Time off for “smoke breaks”</p> <p>Higher absence rates</p> <p>Loss of skilled workers by premature death</p> <p>Increased early retirement due to ill health</p> <p>Fires caused by careless smoking</p> <p>Damage to building fabric</p> <p>Litter of billions of cigarettes, matches, packets, lighters</p> <p>Environmental degradation</p> <p>Human suffering</p>

Industry front groups



港人每3包煙 一包屬走私貨

私煙天堂

香港海關私煙估計 去年銷量增33%

年份	銷量 (萬包)	增幅
2011	10.2	33%
2010	7.7	11%
2009	7.0	11%
2008	6.3	11%
2007	5.7	11%
2006	5.1	11%
2005	4.6	11%
2004	4.1	11%
2003	3.7	11%
2002	3.3	11%
2001	3.0	11%
2000	2.7	11%
1999	2.4	11%
1998	2.2	11%
1997	2.0	11%
1996	1.8	11%
1995	1.6	11%
1994	1.5	11%
1993	1.4	11%
1992	1.3	11%
1991	1.2	11%
1990	1.1	11%
1989	1.0	11%
1988	0.9	11%
1987	0.8	11%
1986	0.7	11%
1985	0.6	11%
1984	0.5	11%
1983	0.4	11%
1982	0.3	11%
1981	0.2	11%
1980	0.1	11%

香港海關發言人表示，去年全港私煙銷量增加33%，達10.2億支。走私私煙佔全港銷量的36%，去年全港共耗18億元。走私私煙佔全港銷量的36%，去年全港共耗18億元。走私私煙佔全港銷量的36%，去年全港共耗18億元。



港三分一香煙屬私煙 庫房去年料少33億稅收

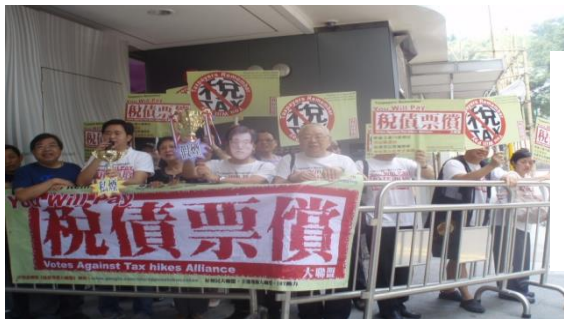
【香港訊】一項由香港海關委託香港大學進行的研究顯示，去年全港有三分一香煙屬私煙，估計去年全港共耗18億元。走私私煙佔全港銷量的36%，去年全港共耗18億元。走私私煙佔全港銷量的36%，去年全港共耗18億元。

禁止買賣 建議立法阻嚇

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首八個月 檢獲六千萬支

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Economic misinformation. Employ KPMG, Auditors



2001: predicted following a smoking ban:

- Spending will fall by HK\$7.9 billion **per year** in cafes, bars and F&B outlets of hotels.
- Potential loss 21,500 jobs in hospitality trade.
- **Receipts would fall in restaurants by 9.2%**



WRONG WRONG WRONG

Hong Kong
Restaurant
Tax Receipts

Before ban and
2 years later:

↑ **31%**

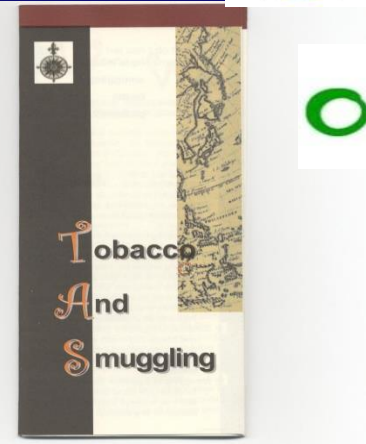
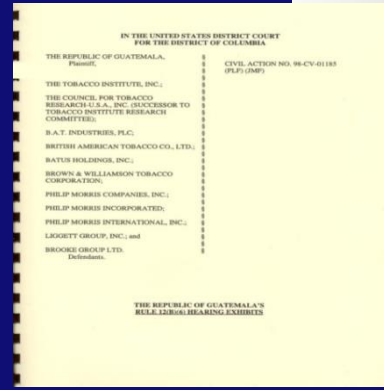
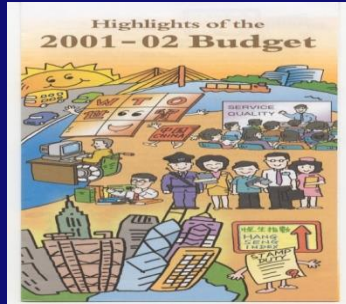
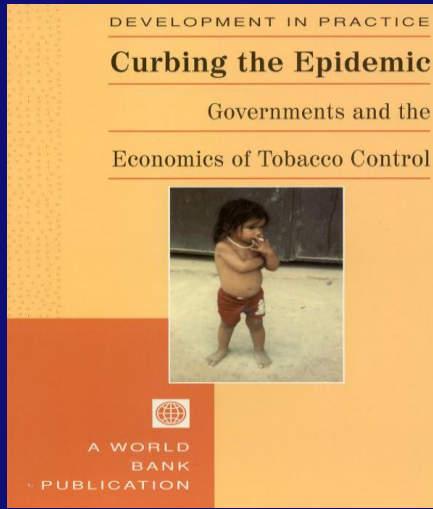
PMI-funded Foundation for a Smoke-free World, 2017



1. Philip Morris Int: USD1 billion.
2. Headed by Dr Derek Yach, ex-WHO.
3. Hijacked the terminology.
4. Denounced by major health groups.
5. Tobacco industry has never shown itself to be credible, eg low tar cigarettes, lying about harm, etc.
6. Part-aim to convert smokers to iQOS and stop smoking cigarettes.

BUT PMI quoted in 2017 as saying they will be in cigarette business for 'much longer than 40 years!'

4. ACTION: Traditional Medical Model Not Enough



We already know what works

Ranking	Policy in 41 countries
1	Taxes (75% of retail price)
2	Smoke-free
3	Warnings
4	Cessation
5	Marketing bans



We know what works from the tobacco industry “Scream test”



If the industry screams, the measure will be effective:

- Tobacco tax, price
- Smoke-free areas
- Bans on promotion
- Packaging: large graphic warnings, plain packaging.

If they ignore a measure, probably useless:

- School health education
- Ban on sales to minors

Our research is done for us.



A powerful tool – the WHO FCTC uses international law for public health

Main provisions of the WHO FCTC

Regulation of:

- contents, packaging and labelling of tobacco products
- prohibition of sales to and by minors
- illicit trade in tobacco products
- smoking in work and public places

Reduction in consumer demand by:

- price and tax measures
- comprehensive ban on tobacco advertising, promotion and sponsorship
- education, training, raising public awareness and assistance with quitting

Protection of the environment and the health of tobacco workers

Support for economically viable alternative activities

Research, surveillance and exchange of information

Support for legislative action to deal with liability

WPR still only
region with
100% ratification



F C T C

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Article 5.3. In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.

And Guidelines



Firewall...



Altria



and monopolies

Frame within NCDs: 60% Global Deaths

Major NCD	Major modifiable causative Risk Factors			
	Tobacco Use	Unhealthy Diet	Physical Inactivity	Harmful Use of Alcohol
Heart Disease & Stroke	√	√	√	√
Diabetes	√	√	√	√
Cancer	√	√	√	√
Chronic Lung Disease	√			

Endgame targets A: Prevalence 5%



Country	Target date	Latest/2016 Prevalence %	Target smoking Prevalence %	Whose target?
New Zealand	2025	14	5	Government
Ireland	2025	19	5	Government
Scotland	2034	18	5	Government
Finland	2040	15	5	Government
Malaysia	2025 2045	23	15 5	Government
UK		16		Govt pending
Canada	2035	13	5	Government
Japan	?	18	12	Government
Singapore	2018	13	SF generation	NGO
Pacific Islands	2025	varied	<5	WHO
HK	As soon as possible	10.5	Single figures	NGO



UNDERSTANDING
THE ENDCAME

- Base on evidence-based policy of what works.
- Base on principles of **prevention, protection, cessation.**
- Some preceded by public consultation.
- Define responsible agencies.
- Set interim goals.
- Combine proven strategies + new ideas.



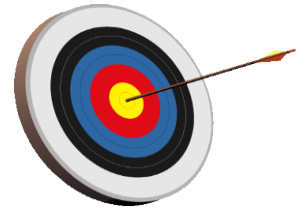
SDG/WHO target



A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ by 2025 from 2010.

BUT at present rate of progress:

- Only 1/3 will meet target
- Final reduction will be 18% not 30%



- **HK 2025 prevalence will need to be 7.8% by 2025 to comply with the accepted WHO target**

Benefits of endgame



- Confidence in the belief that epidemic can be beaten.
- Focusses governments on strategies to reach endgame
- Orderly plan of action.
- No longer need to fight every annual action, eg tax increases.



www.GOV.cn

中华人民共和国中央人民政府

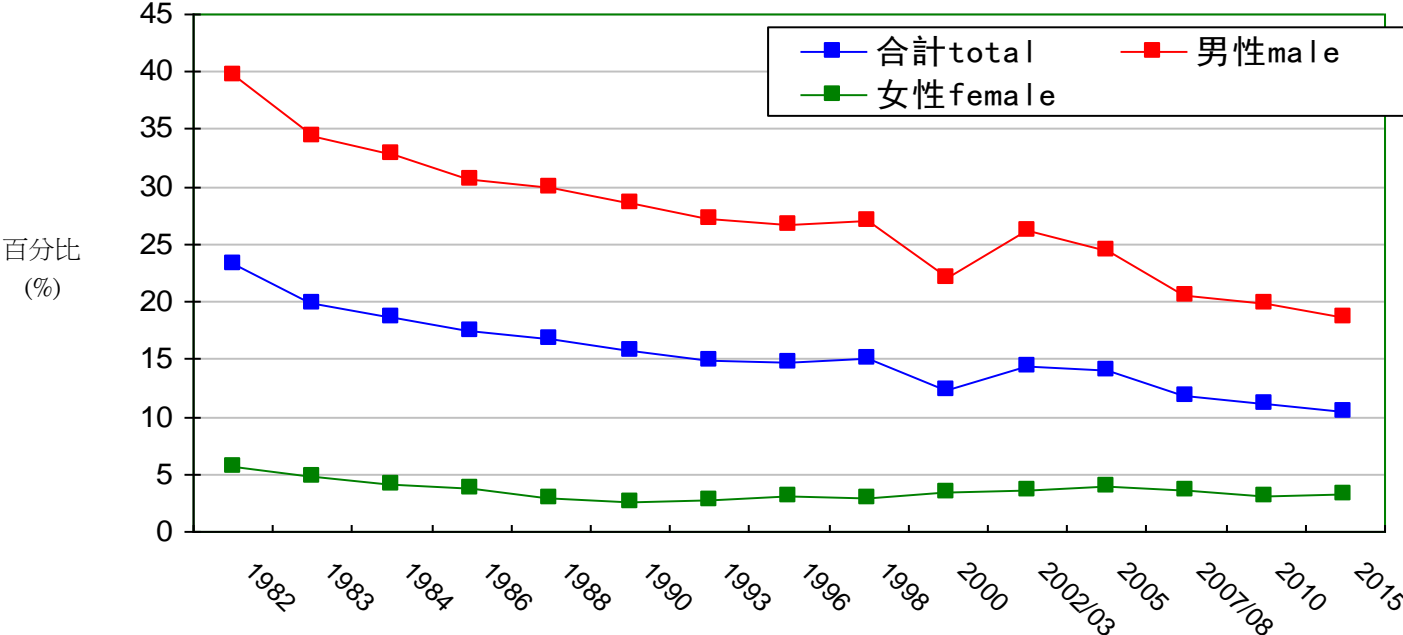
The Central People's Government of the People's Republic of China

	CHINA 2013-2018	
2013	China Central Party School	240-page report on tobacco
2013	State Council Directive	Government employees: no smoking in smoke-free areas or at official functions; smoke-free offices; no free gifts
2014	Ministry Education	No smoking in schools, universities, no ads, no sales
2014	PLA Notice	Strengthening Tobacco Banning and Control in Army
2015-	Smoke-free cities	Beijing 2015; Shenzhen 2017; Shanghai 2017
2010s~	Commission Health	Drafting of National smoke-free law. Stuck in 2018
2014	National Health City Standards	Included tobacco control
2015	China Academy of Governance	Became involved with Tobacco control
2015	Ministry Industry	New law on banning advertising
2015	Tax increases	Increase passed on to the consumer
2016	Philanthropy Law	Tobacco donation allowed. Publicity of tobacco donation banned. No punishment for violation
2017	Sina Weibo	Smoking removed from 'Cool' emoji
2018~	Health Promotion Law	Draft has weak tobacco clauses. (still negotiating)
2018	National Health Commission	Tobacco control moved from MIIT and industry
2018	STMA	Ban sales E-cig to minors



Smoking prevalence in Hong Kong

From 1982 to 2017, smoking rate dropped from 23.3% to **10.1%**



5. Role of cardiologist

1. Personal example
2. Don't invest tobacco companies
3. Offices and conferences smoke-free
4. Conferences – greater emphasis on prevention
5. With patients...
6. With public...
7. With governments: Support tobacco control action, especially tax/price increases

He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

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The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.

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CAMELS Costlier Tobaccos



Code of Action on Tobacco Control for Health Professional Organizations

WHO Meeting on Health Professionals
and Tobacco Control
Geneva, Switzerland
28 – 30 January 2004



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Thank you...

(fighting the tobacco industry!)

