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### Media Centre -Tobacco

Fact sheet Updated May 2017

#### Key facts <a href="http://www.who.int/mediacentre/factsheets/fs339/en/">http://www.who.int/mediacentre/factsheets/fs339/en/</a>

- Tobacco kills up to half of its users.
- 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 non-smokers being exposed to second-hand smoke.
- Nearly 80% of the world's more than 1 billion smokers live in low- and middle-income countries.

#### Leading cause of death, illness and impoverishment

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 7 million people a year. More than 6 million of those deaths are the result of direct tobacco use while around 890 000 are the result of non-smokers being exposed to second-hand smoke.

Nearly 80% of the more than 1 billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest.

# Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development.

In some countries, children from poor households are frequently employed in tobacco farming to provide family income. These children are especially vulnerable to "green tobacco sickness", which is caused by the nicotine that is absorbed through the skin from the handling of wet tobacco leaves.

#### Surveillance is key

Good monitoring tracks the extent and character of the tobacco epidemic and indicates how best to tailor policies. Only 1 in 3 countries, representing one third of the world's population, monitors tobacco use by repeating nationally representative youth and adult surveys at least once every 5 years.

#### Second-hand smoke kills

Second-hand smoke is the smoke that fills restaurants, offices or other enclosed spaces when people burn tobacco products such as cigarettes, *bidis* and water-pipes. There are more than 4000 chemicals in



## tobacco smoke, of which at least 250 are known to be harmful and more than 50 are known to cause cancer.

#### There is no safe level of exposure to second-hand tobacco smoke.

- In adults, second-hand smoke causes serious cardiovascular and respiratory diseases, including coronary heart disease and lung cancer. In infants, it causes sudden death. In pregnant women, it causes low birth weight.
- Almost half of children regularly breathe air polluted by tobacco smoke in public places.
- Second-hand smoke causes more than 890 000 premature deaths per year.
- In 2004, children accounted for 28% of the deaths attributable to second-hand smoke.

Every person should be able to breathe tobacco-smoke-free air. Smoke-free laws protect the health of non-smokers, are popular, do not harm business and encourage smokers to quit. Over 1.3 billion people, or 18% of the world's population, are protected by comprehensive national smoke-free laws.

#### Tobacco users need help to quit

**Studies show that few people understand the specific health risks of tobacco use.** For example, a 2009 survey in China revealed that only 38% of smokers knew that smoking causes coronary heart disease and only 27% knew that it causes stroke. Among smokers who are aware of the dangers of tobacco, most want to quit. Counselling and medication can more than double the chance that a smoker who tries to quit will succeed. National comprehensive cessation services with full or partial cost-coverage are available to assist tobacco users to quit in only 24 countries, representing 15% of the world's population. There is no cessation assistance of any kind in one quarter of low-income countries.

#### **Picture warnings work**

Hard-hitting anti-tobacco advertisements and graphic pack warnings – especially those that include pictures – reduce the number of children who begin smoking and increase the number of smokers who quit.

**Graphic warnings** can persuade smokers to protect the health of non-smokers by smoking less inside the home and avoiding smoking near children. **Studies carried out after the implementation of pictorial package warnings in Brazil, Canada, Singapore and Thailand consistently show that pictorial warnings significantly increase people's awareness of the harms of tobacco use.** 

Only 42 countries, representing 19% of the world's population, meet the best practice for pictorial warnings, which includes the warnings in the local language and cover an average of at least half of the front and back of cigarette packs. Most of these countries are low- or middle-income countries. Mass media campaigns can also reduce tobacco consumption by influencing people to protect non-smokers and convincing youths to stop using tobacco. Over half of the world's population live in the 39 countries that have aired at least 1 strong anti-tobacco mass media campaign within the last 2 years.



#### Ad bans lower consumption

Bans on tobacco advertising, promotion and sponsorship can reduce tobacco consumption.

- A comprehensive ban on all tobacco advertising, promotion and sponsorship could decrease tobacco consumption by an average of about 7%, with some countries experiencing a decline in consumption of up to 16%.
- Only 29 countries, representing 12% of the world's population, have completely banned all forms of tobacco advertising, promotion and sponsorship.
- Around 1 country in 3 has minimal or no restrictions at all on tobacco advertising, promotion and sponsorship.

#### Taxes discourage tobacco use

Tobacco taxes are the most cost-effective way to reduce tobacco use, especially among young and poor people. A tax increase that increases tobacco prices by 10% decreases tobacco consumption by about 4% in high-income countries and about 5% in low- and middle-income countries.

Even so, high tobacco taxes is a measure that is rarely implemented. Only 33 countries, with 10% of the world's population, have introduced taxes on tobacco products so that more than 75% of the retail price is tax. Tobacco tax revenues are on average 269 times higher than spending on tobacco control, based on available data.

#### Illicit trade of tobacco products must be stopped

The illicit trade in tobacco products poses major health, economic and security concerns around the world. It is estimated that 1 in every 10 cigarettes and tobacco products consumed globally is illicit. The illicit market is supported by various players, ranging from petty peddlers to organized criminal networks involved in arms and human trafficking.

Tax avoidance (licit) and tax evasion (illicit) undermine the effectiveness of tobacco control policies, particularly higher tobacco taxes. These activities range from legal actions, such as purchasing tobacco products in lower tax jurisdictions, to illegal ones such as smuggling, illicit manufacturing and counterfeiting.

The tobacco industry and others often argue that high tobacco product taxes lead to tax evasion. However, the evidence shows that non-tax factors including weak governance, high levels of corruption, poor government commitment to tackling illicit tobacco, ineffective customs and tax administration, and informal distribution channels for tobacco products are often of equal or greater importance.

There is broad agreement that control of illicit trade benefits tobacco control and public health and result in broader benefits for governments. Critically, this will reduce premature deaths from tobacco



use and raise tax revenue for governments. Stopping illicit trade in tobacco products is a health priority, and is achievable. But to do so requires improvement of national and sub-national tax administration systems and international collaboration. The WHO FCTC Protocol to Eliminate the Illicit Trade of Tobacco Products (ITP) is the key supply side policy to reduce tobacco use and its health and economic consequences.

While publicly stating its support for action against the illicit trade, the tobacco industry's behind-thescenes behaviour has been very different. Internal industry documents released as a result of court cases demonstrate that the tobacco industry <u>has actively fostered the illicit trade globally. It also</u> works to block implementation of tobacco control measures, such as tax increases and pictorial health warnings, by misleadingly arguing they will fuel the illicit trade.

**Experience from many countries demonstrate that illicit trade can be successfully addressed even when tobacco taxes and prices are raised,** resulting in increased tax revenues and reduced tobacco use. Implementing and enforcing strong measures to control illicit trade enhances the effectiveness of significantly increased tobacco taxes and prices, as well as strong tobacco control policies, in reducing tobacco use and its health and economic consequences.

#### WHO response

**WHO is committed to fighting the global tobacco epidemic**. The WHO Framework Convention on Tobacco Control (WHO FCTC) **entered into force in February 2005** and has today 180 Parties covering more than 90% of the world's population.

The WHO FCTC is a milestone in the promotion of public health. It is an evidence-based treaty that reaffirms the right of people to the highest standard of health, provides legal dimensions for international health cooperation and sets high standards for compliance.

In 2008, WHO introduced a practical, cost-effective way to scale up implementation of the main demand reduction provisions of the WHO FCTC on the ground: MPOWER. Each MPOWER measure corresponds to at least 1 provision of the WHO Framework Convention on Tobacco Control.

The 6 MPOWER measures are:

- Monitor tobacco use and prevention policies
- Protect people from tobacco use
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

For more details on progress made for tobacco control at global, regional and country level, please refer to the series of WHO reports on the global tobacco epidemic.



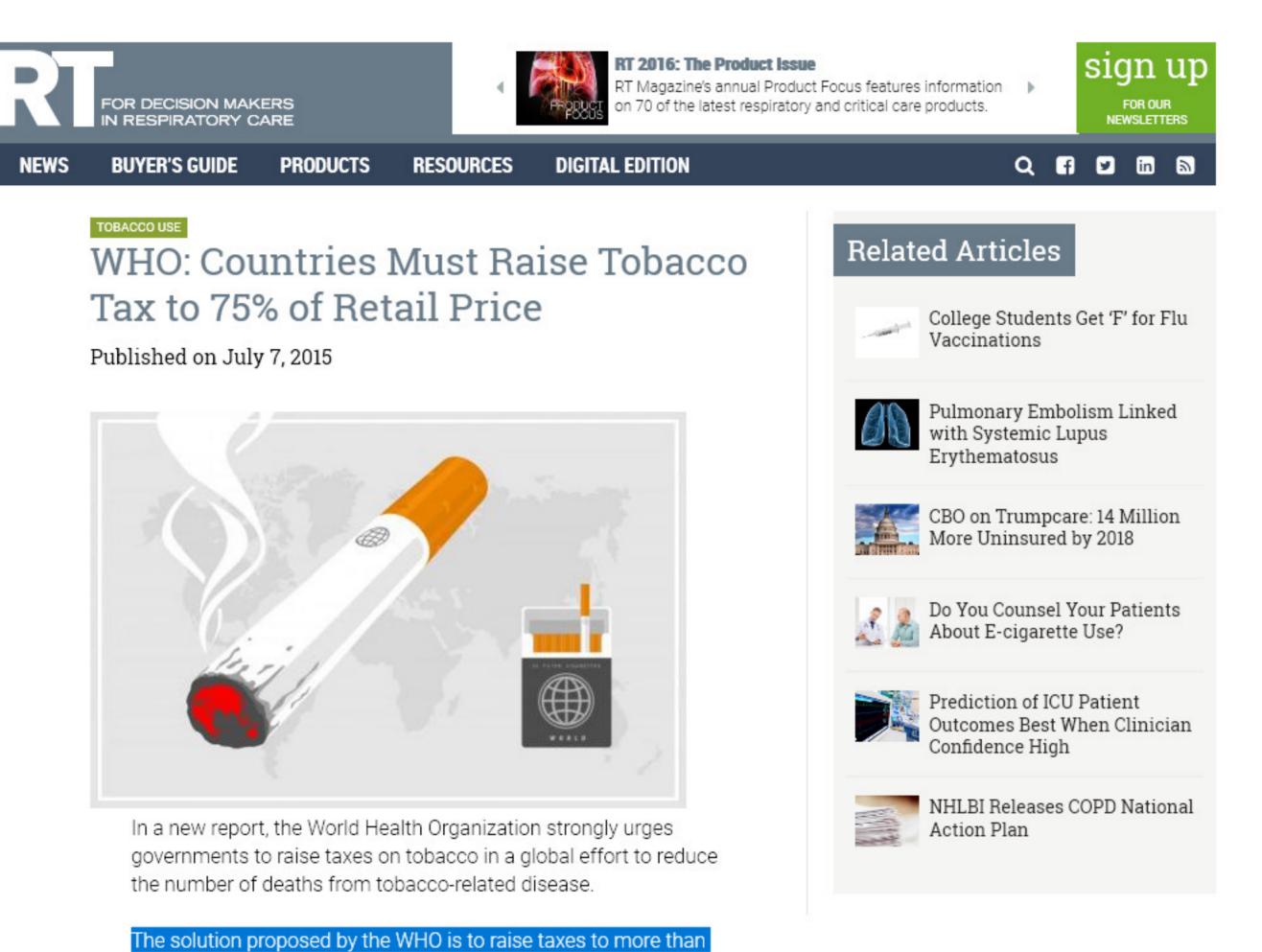
• WHO report on the global tobacco epidemic 2015

The Protocol to Eliminate Illicit Trade in Tobacco Products requires a wide range of measures **relating to the tobacco supply chain**, including the licensing of imports, exports and manufacture of tobacco products; **the establishment of tracking and tracing systems** and **the imposition of penal sanctions on those responsible for illicit trade.** It would also criminalize illicit production and cross-border smuggling. The Protocol to Eliminate Illicit Trade in Tobacco Products, the first Protocol to the Convention, was adopted in November 2012 at the fifth session of the Conference of the Parties in Seoul, Republic of Korea, and is currently open for ratification, acceptance, approval, or accession by the Parties to the WHO FCTC.

#### For more information contact:

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Cigarette Brand	Price/Pack	Excise % of retail			
DOUBLE HAPPINESS	48	79.41%			
ZHONG NAN HAI	51	74.74%			
NEXT	52	73.30%			
Basic	52	73.30%			
PALL MALL (Winfield)	52	73.30%			
More	52	73.30%			
Winston	52	73.30%			
Lucky Strike	55	69.30%			
Viceroy	55	69.30%			
Hilton	55	69.30%			
Marlboro	57	66.87%			
KENT	57	66.87%			
Camel	57	66.87%			
Mevius	57	66.87%			
Salem	57	66.87%			
ESSE	57	66.87%			
VIRGINIA	60	63.53%			
CAPRI	60	63.53%			
DAVIDOFF	62	61.48%			
CHUNGWA	65	58.64%			
Duty per pack HK\$ 38.12	HK\$				
Source: COSH 31/5/2017					
Hong Kong retail prices May 3					
WHO - tax to be more than 75% of retail price					
https://tinyurl.com/qe5m7bc					



75% of the retail price. The organization claims this is "among the most effective and cost-effective tobacco control interventions,"

costs little to implement and increases government revenues.

The report also contains guidelines on how to implement price and tax measures to reduce the demand for tobacco.

Despite the effectiveness of this high-tax intervention, the report notes that only a few countries have taken this step. By 2014, 33 countries had implemented high-tax measures, but still only 10% of the world's population live in countries with tobacco taxes that WHO consider to be sufficiently high.

Read more at www.medicalnewstoday.com



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