# **TOBACCO THREATENS US ALL**



# SAY NO TO TOBACCO

### **PROTECT HEALTH**, REDUCE POVERTY AND PROMOTE DEVELOPMENT







**31MAY:**WORLD**NOTOBACCO**DAY www.who.int/tobacco #NoTobacco

# **TOBACCO THREATENS US ALL**

# SAY NO TO TOBACCO

### **PROTECT HEALTH**, REDUCE POVERTY AND PROMOTE DEVELOPMENT





31MAY:WORLDNOTOBACCODAY www.who.int/tobacco #NoTobacco WHO/NMH/PND/17.2

#### © World Health Organization 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. World No Tobacco Day 2017. Tobacco threatens us all: protect health, reduce poverty and promote development. Geneva: World Health Organization; 2017 (WH0/NMH/PND/17.2). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Design and layout: NOVASB

Printed in Switzerland

This document is available electronically at www.who.int/tobacco

Any queries regarding this document should be addressed to: tfi@who.int

# CONTENTS

TOBACCO CONTROL PROMOTES SUSTAINABLE DEVELOPMENT	1
HOW DOES TOBACCO USE CHALLENGE SUSTAINABLE DEVELOPMENT?	2
HEALTH & ECONOMIC IMPACTS	3
WOMEN & CHILDREN	4
POVERTY	5
ENVIRONMENT	6
TOBACCO CONTROL: A BOOST FOR SUSTAINABLE DEVELOPMENT	7
WHAT SHOULD COUNTRIES DO?	9
REFERENCES	10

### TOBACCO CONTROL PROMOTES SUSTAINABLE DEVELOPMENT

The 2030 Agenda for Sustainable Development was adopted by countries at the United Nations in September 2015. Its far-reaching agenda focuses on eradicating poverty in all its forms and leaving no one behind. This new agenda comprises 17 Sustainable Development Goals (SDGs) complete with 169 targets. The means of implementation are encompassed by the Addis Ababa Action Agenda adopted at the Third International Conference on Financing for Development, in 2015, and a renewed and strengthened Global Partnership for Sustainable Development (SDG 17).

Tobacco control is well reflected in these goals and targets. In particular, enshrined in SDG 3 – to "ensure healthy lives and promote well-being for all at all ages" – are specific targets on reducing premature mortality from noncommunicable diseases (NCDs) by one third by 2030 (target 3.4), and strengthening implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate (target 3.a). The Addis Ababa Action Agenda emphasizes the importance of tobacco control for revenue generation to achieve the 2030 Agenda. In particular, it states "price and tax measures on tobacco can be an effective and important means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development in many countries".

### HOW DOES TOBACCO USE CHALLENGE SUSTAINABLE DEVELOPMENT?

Tobacco use has devastating health, social, environmental and economic consequences. It represents a major barrier to sustainable development that impacts health, poverty, global hunger, education, economic growth, gender equality, the environment, finance and governance.

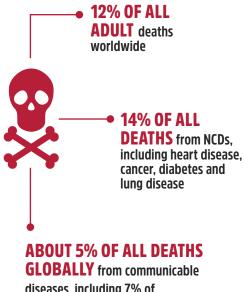
Each year, more than 7 million people die from tobacco use (1), with over 80% of deaths occurring in low- or middle-income countries (LMICs) (2).

Tobacco use also imposes a heavy economic burden on the world: the cost of smoking alone is estimated to be US\$ 1400 billion, or 1.8% of global gross domestic product (GDP) (3).



#### **TOBACCO'S IMPACT ON HEALTH AND ECONOMIC PROSPERITY**

Tobacco kills people prematurely. On average, tobacco users lose 15 years of life (4). Up to half of all tobacco users will die of tobacco-related causes (5). The health toll from tobacco use (5) includes:



diseases, including 7% of tuberculosis deaths and 12% of deaths due to lower respiratory infections Annual global health care costs associated with smoking are estimated at US\$ 422 billion, equivalent to US\$ 56.34 per person (*3*). This represents 5.7% of total health expenditure worldwide (*3*).

Tobacco use also has indirect costs such as lost productivity due to illness and premature death, amounting to US\$ 1000 billion per year (6).

The total annual cost of smoking globally is equivalent to:

- 10 times the amount spent on aid worldwide (7)
- 40% of total government expenditure on education in 2012 (8)
- nearly all the GDP of Canada, the world's tenth richest country (9).



#### TOBACCO'S IMPACT ON VULNERABLE GROUPS, SUCH AS WOMEN AND CHILDREN

The tobacco industry actively targets women by linking tobacco use to women's rights, gender equality, glamour, sociability, success, and slimness (10). The industry uses various strategies to promote the social acceptability of smoking by women, including product development. design and advertising, involvement in social responsibility programmes, and using the influence of popular media.

Tobacco growing and production often involve hazardous chemicals, which endanger the health of workers, including women and children. Up to 7 in 10 tobacco farm workers are women (*11*) and around 1.3 million children aged 14 years and under are exploited through tobacco farming in the 12 major tobacco-growing countries (*12*).

The tobacco industry relies heavily on child labour and results in many children missing out on school. Key facts include:

- 63% of children of tobaccogrowing families are involved in child labour (13)
- 32% of children in tobacco-growing families are exposed to hazardous work environments (13)
- 24% of children apply dangerous chemicals (13)
- 10–14% of children from tobacco-growing families miss school due to working in tobacco fields (10).

About half the world's children and women of reproductive age are regularly exposed to second-hand smoke (14), which kills almost 900 000 people each year (1).



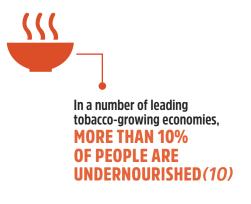
#### **TOBACCO'S IMPACT ON POVERTY AND HUNGER**

Tobacco use is mainly concentrated among the poor, and is a significant cause of health disparities between the rich and poor. These disparities are exacerbated by the limited access many people from poorer backgrounds have to health care. Tobacco spending also drains resources from households that could have been spent on other basic needs, such as food, education and shelter.

In a number of leading tobacco-growing economies, more than 10% of people are undernourished (10).

Illnesses caused by tobacco use contribute to poverty by increasing health care spending for people and families.

Tobacco farming also uses agricultural land where food could have been grown, often in countries where food insecurity and productivity are major concerns. In addition, tobacco use has a greater impact on populations experiencing both food insecurity and a high prevalence of undernutrition, especially in South-East Asia, where tobacco consumption is high (15).





#### **TOBACCO'S IMPACT ON** THE ENVIRONMENT

The tobacco industry damages the environment in many ways that go far beyond the effects of cigarette smoke being expelled into the air. The harmful impact of the tobacco industry on deforestation, climate change, litter and forest fires is enormous and growing, threatening both the environment and public health.

Tobacco farming involves heavy use of pesticides, growth regulators and chemical fertilizers (11). These can create environmental health problems, particularly in LMICs with limited regulatory standards. Tobacco waste contains over 7000 toxic chemicals, including human carcinogens. Tobacco smoke emissions also contribute thousands of tonnes of human carcinogens, toxicants and greenhouse gases to the environment.

Tobacco growing is also a contributor to deforestation. One tree is lost for every 300 cigarettes/1.5 cartons produced (11). This deforestation can contribute to climate change, by removing trees that eliminate carbon dioxide (CO<sub>2</sub>) from the atmosphere (11).

Litter from cigarettes fouls the environment. Up to 680 000 tonnes of discarded waste from global cigarette consumption are generated annually. Cigarette butts account for 30-40% of all items picked up in annual international coastal and urban clean-ups. Material that leaches out of these filters is toxic to aquatic life (16-19).



TOBACCO SMOKE EMISSIONS also contribute thousands of tonnes of human carcinogens. toxicants and greenhouse gases to the environment

Tobacco waste contains over

including human carcinogens

6

### TOBACCO CONTROL: A BOOST FOR SUSTAINABLE DEVELOPMENT

Tobacco control can drive sustainable development. It offers a comprehensive and cost–effective solution to the challenges tobacco poses, from promoting health and economic prosperity to protecting vulnerable groups and the environment.

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the most powerful tool available to counter tobacco's negative impacts on development. Some 179 countries and the European Union are parties to the WHO FCTC, demonstrating national commitments to implement tobacco control policies and, in doing so, save lives and promote development. Implementing the provisions of this legallybinding, evidence-based treaty can also help governments meet the target of a 30% relative reduction in current tobacco use by 2025 (20).

The WHO FCTC contains both tobacco demand and supply reduction measures. In particular, Article 6 of the WHO FCTC encourages price and tax measures to reduce demand for tobacco. These include tax increases resulting in an increase in the sales price of tobacco products, and prohibiting or restricting sales of tax- and duty-free tobacco products.

In line with the WHO FCTC, WHO introduced the MPOWER measures in 2008 – a set of six cost– effective and high-impact measures that help countries reduce demand for tobacco. These measures include:

- monitoring tobacco use and prevention policies;
- protecting people from tobacco smoke;
- offering help to quit tobacco use;
- warning about the dangers of tobacco;
- enforcing bans on tobacco advertising, promotion and sponsorship;
- raising taxes on tobacco.

Today, more than half of all countries, with nearly 40% of the world's population (2.8 billion people), have implemented at least one MPOWER measure to the highest level of achievement (21).

Increasing tobacco tax and prices has proven to be one of the most effective, yet least-utilized tobacco control measures that countries can use to address various development issues. Increasing tobacco taxation represents a "phenomenal" (22) return on investment within the SDG framework. Governments collect nearly US\$ 270 billion in tobacco excise tax revenues each year (22). This could increase by over 50%, generating an additional US\$ 141 billion, simply from raising taxes on cigarettes by just US\$ 0.80 per pack (equivalent to one international dollar) in all countries (5). Increased tobacco revenues would strengthen taxation domestic resource mobilization, creating the fiscal space needed for countries to meet development priorities under the 2030 Agenda.

Tobacco use impacts the health and income of the poor in many countries. Therefore, it is essential that tobacco control measures reach those who are most affected.

Tobacco taxation is often wrongly seen as disproportionately affecting vulnerable people. But the reality is very different. By increasing prices, taxation protects the poor from exposure to a product that kills and causes disease. Taxation, in fact, is the most effective means to motivate current, mostly male, tobacco users to quit. This is especially so for lower-income populations, and tobacco users in LMICs, where 75% of smokers live. And by stopping people smoking, tobacco taxes also reduce exposure to second-hand smoke among non-smokers, including children and women.

Measures also exist to control tobacco supply. The Protocol to Eliminate Illicit Trade in Tobacco Products to the WHO FCTC is the key policy tool to reduce tobacco use and its health and economic consequences. Other measures, such as supporting viable alternatives to tobacco production, and restricting access of children and youth to tobacco products, are effective, especially as part of a comprehensive strategy to reduce tobacco use.

# WHAT SHOULD COUNTRIES DO?

The vast majority of people in the world are not adequately covered by the most effective tobacco control interventions. These include sufficiently high levels of tobacco taxation, comprehensive smoke-free policies, complete bans on tobacco marketing, information interventions, and cessation support.

Therefore, all countries should adopt a wholeof-government approach to do the following.

- Ensure tobacco control is included in national SDG implementation frameworks, plans and policies.
- Fully implement the WHO FCTC.
- Encourage countries that are not Parties to look to the WHO FCTC as the foundational instrument in global tobacco control.
- Implement the MPOWER measures at the highest level in line with the WHO FCTC, as these are most impactful and cost-effective in reducing tobacco use.
- Raise taxes on tobacco as the most costeffective method of demand reduction, and as a mechanism to increase domestic

resource mobilization and funding for attaining the SDGs.

- Ensure effective governance of tobacco control policy-making by creating a firewall with the tobacco industry.
- Adopt a human-centred development approach to meet the needs of individuals in tobacco control and empower people in supporting tobacco control.
  - Help individuals take steps to beat tobacco.
    People can support government tobacco control policies and programmes, including compliance with tobacco control laws.
    Tobacco users should also quit to protect their own health and that of their loved ones and other members of their communities.
    In their various ways, such steps also help make communities and countries more resilient and sustainable.

# REFERENCES

- GBD 2015 Risk Factors Collaborators. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990– 2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016; 388(10053):1659–724.
- 2. Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. PLoS Med. 2006 Nov; 3 (11); e442. DOI: 10.1371/journal.pmed.0030442.
- United States National Cancer Institute, World Health Organization. The economics of tobacco and tobacco control. Bethesda (MD): United States Department of Health and Human Services, National Institutes of Health, National Cancer Institute/Geneva: World Health Organization; 2016 (National Cancer Institute Tobacco Control Monograph 21. NIH Publication No. 16-CA-8029A).
- 4. WHO report on the global tobacco epidemic, 2008: the MPOWER package. Geneva: World Health Organization; 2008.
- 5. WHO global report: mortality attributable to tobacco. Geneva: World Health Organization; 2012.
- Goodchild M, Nargis N, Tursan d'Espaignet E. Global economic cost of smokingattributable diseases. Tobacco Control Published Online First: 30 January 2017. DOI: 10.1136/ tobaccocontrol-2016-053305.
- OECD Development Assistance Committee. Gross bilateral ODA: OECD, 2014-2015 average.
   Paris: Organisation for Economic Co-operation and Development (https://public.tableau.com/ views/AidAtAGlance/DACmembers?:embed=y&:display\_count=no?&:showVizHome=no, accessed 15 May 2017).
- 8. Government expenditure on education, total (% of GDP). Washington (DC): World Bank; (http:// data.worldbank.org/indicator/SE.XPD.TOTL.GD.ZS, accessed 15 May 2017).
- 9. Gross domestic product. Washington (DC): World Bank; 2015 (http://databank.worldbank.org/ data/download/GDP.pdf, accessed 15 May 2017).
- 10. The tobacco atlas. Atlanta (GA): American Cancer Society; 2015 (http://3pk43x313ggr4cy0lh3tctjh. wpengine.netdna-cdn.com/wp-content/uploads/2015/03/TA5\_2015\_WEB.pdf, accessed 15 May 2017).
- Nguyen TH, Hoang VM, Kim BG, Nguyen TL. Impact of tobacco growing on the livelihood and health of tobacco farmers and the environment: a preliminary study in Vietnam. Bangkok: Southeast Asia Tobacco Control Alliance. 2009.

- 12. Otañez M, Glantz SA. Social responsibility in tobacco production? Tobacco companies' use of green supply chains to obscure the real costs of tobacco farming. Tob. Control. 2011;20 (6):403–11.
- 13. Child labour in tobacco growing. ECLT Foundation, 2008 (http://www.eclt.org/wp-content/ uploads/2014/04/malawi\_iclep\_baseline\_survey.pdf, accessed 15 May 2017).
- 14. Second-hand smoke, women, and children. In: Samet JM, Yoon SY, editors. Gender, women, and the tobacco epidemic. Geneva: World Health Organization; 2010:65–101 (http://www.who. int/tobacco/publications/gender/en\_tfi\_gender\_women\_second\_hand\_smoke\_women\_children. pdf, accessed 15 May 2017).
- 15. Efroymson D, Ahmed S, Townsend J, Alam SM, Dey AR, Saha R et al. Hungry for tobacco: an analysis of the economic impact of the impact of tobacco consumption on the poor in Bangladesh. Tob. Control. 2001; 10(3):212–7.
- 16. Slaughter E, Gersberg RM, Watanabe K, Rudolph J, Stransky C, Novotny TE. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. Tob. Control. 2011;20 Suppl. 1:i25–9.
- 17. Novotny T, Slaughter E. Tobacco product waste: an environmental approach to reduce tobacco consumption. Curr Envir Health Rep. 2014; 1(3):208–16.
- Novotny TE, Lum K, Smith E, Wang V, Barnes R. Cigarettes butts and the case for an environmental policy on hazardous cigarette waste. Int J Environ Res Public Health. 2009 May;6(5):1691–705.
- 19. Osmond DL, Kang J. Soil facts: nutrient removal by crops in North Carolina. Raleigh (NC): North Carolina Cooperative Extension Service; 2008.
- 20. WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases, 2013–2020. Geneva: World Health Organization; 2013.
- 21. WHO report on the global tobacco epidemic, 2015: raising taxes on tobacco. Geneva: World Health Organization; 2015.
- 22. Preliminary benefit-cost assessment of final OWG targets. Copenhagen: Copenhagen Consensus Center (http://www.copenhagenconsensus.com/publication/preliminary-benefit-costassessment-final-owg-targets, accessed 15 May 2017).

### **31MAY:**WORLD**NOTOBACCO**DAY www.who.int/tobacco #NoTobacco





