TOBACCO CONTROL ENDGAMES

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Global initiatives and implications for the UK

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A report by Ruth Malone, Patricia McDaniel
And Elizabeth Smith
Commissioned by Cancer Research UK

Executive Summary

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For media enquiries please contact:
Cancer Research UK press office on: 0203 469 8300;
Out of hours: 07050 264 059

The authors

Ruth E. Malone, RN, PhD, FAAN*
University of California, San Francisco
School of Nursing
Department of Social and Behavioural Sciences
3333 California Street, Suite 455
San Francisco, CA 94118
ruth.malone@ucsf.edu

Patricia A. McDaniel, PhD
University of California, San Francisco
School of Nursing
Department of Social and Behavioural Sciences

Elizabeth A. Smith, PhD
University of California, San Francisco
School of Nursing
Department of Social and Behavioural Sciences

*Corresponding author

The leading risk factor in the UK in 2010 was tobacco smoking, as it was in 1990. It remains the most important risk despite a 41% … decrease in attributable D[isability] A[djusted] L[ife] Y[ear]s… Our analysis of age-specific mortality has shown that the UK significantly improved relative to other nations between 1990 and 2010 only for men older than 55 years… Despite falling rates of tobacco-attributable burden for both men and women, the UK has a more advanced epidemic than most high-income nations; tobacco remains the leading risk factor in the UK in 2010.[1]

Executive Summary

The tobacco disease epidemic is an industrially-produced phenomenon of the last century. The vector of this epidemic is an industry that aggressively promotes the use of deadly products and obstructs public health measures. This creates dynamics that require extending the disease prevention and reduction foci beyond the physiological and behavioural aspects of disease to include the "upstream" realms of policy and community norm change. There is an emerging consensus, supported by research, that continuing with present measures alone will not be sufficient to contain the epidemic. Thus, the idea of planning for an endgame has recently gained traction in the global public health community.

Endgame discourse centres around the idea that it is necessary to move beyond a focus on tobacco *control* (and its concomitant assumptions that tobacco is here to stay and that regulating the time, place and manner of its use is the policy objective) toward a focus on planning how to reach a *tobacco-free future.* Endgame initiatives are being discussed globally and some countries regarded as tobacco control leaders are instituting endgame planning. For the purposes of this report, we define tobacco endgame thinking as follows: *Initiatives designed to change/eliminate permanently the structural, political and social dynamics that sustain the tobacco epidemic, in order to achieve within a specific time an endpoint for the tobacco epidemic.*

At this point, "endgame thinking" is about refocusing the discussion toward developing a plan for ending the epidemic. Thus, the endgame is not yet about any *specific* prescription for policy action—and in fact, endgame planning may play out very differently in different countries.

Major advances in tobacco control have been achieved in recent years, particularly in countries signing and ratifying the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), adopted in 2003 and ratified as of this writing by more than 170 countries, including the UK in 2004. Key components of FCTC implementation include protection of public health and tobacco control policymaking from tobacco industry interference (Article 5.3), banning tobacco advertising, promotion and sponsorship (Article 13), increasing taxes and raising the price of tobacco (Article 6), and instituting smokefree policies to protect non-smokers (Article 8), among others. Some pragmatists argue that continuing to implement these key measures will eventually result in tobacco use prevalence so low that the epidemic is virtually eliminated. Implementation and better enforcement of measures proven to work, they argue, is the answer, and this should be the current focus. In this view, envisioning endgames may divert resources and distract from more immediate work that is politically possible to achieve within the next few years.

Endgame proponents, in turn, argue that we should indeed continue to implement all of these proven tobacco control measures while also preparing for the next set of priorities by explicitly defining an endgame as our goal. The failure to set specific targets by mapping backward from an endpoint we wish to achieve in the future will unnecessarily prolong the epidemic and contribute too many more preventable premature deaths.

This report reviews the existing and rapidly-emerging literature on tobacco endgames, presents case studies of jurisdictions regarded as leaders in moving toward an end to the epidemic, and discusses key strategic issues related to endgame planning for the UK. It concludes with a set of short-term and longer-term recommendations designed to guide tobacco control policy thinking and initiatives in the UK toward an appropriate tobacco endgame.

Endgame proposals currently under discussion focus on the product, the user, the retail level, and the market system. Product-centred ideas include regulating nicotine levels to make cigarettes non- or less addictive, redesigning the cigarette to make it unappealing to smoke, banning the commercial sale of combustible tobacco, or placing combustible cigarettes at a regulatory or market disadvantage compared to non-combustible, "cleaner" nicotine products. User-centred endgame proposals include requiring smokers to obtain government-issued licence or doctors' prescriptions in order to purchase tobacco. At the retail level, researchers have proposed licensing requirements, outlet restrictions, product display bans, and price controls; restricting sales by year born; and standardized packaging. Market-centred endgame proposals envision transforming the supply side by assigning distribution and/or manufacture of tobacco products to a single agency with a health-promotion goal, establishing a steadily declining quota on the import and manufacture of tobacco products, or capping the maximum wholesale price of cigarettes.

While the UK has been a global leader in certain tobacco control policies, most notably in offering smoking cessation services, there is much to learn from other countries that have explored endgame scenarios. To date, Scotland is the only UK jurisdiction to have set a target of achieving smoking prevalence of 5% or less by 2034.

For example, **Australia** has led the world in becoming the first country to require tobacco products to be sold in plain, standardised packaging. Although there is no official endgame plan as such, the Australian federal Government has set a goal of reducing smoking prevalence to 10% by 2018 (from 17.5% currently); informants stressed that this prevalence should be achieved across all demographic groups. Informants were generally of the opinion that strengthening policies known to work such as raising taxes, denormalisation, and cessation help should be the main focus of current activity. Other options thought worth considering included banning menthol or other flavourings, reducing nicotine content in cigarettes, and banning filters. Most informants agreed that eventually combustible cigarettes should be available for purchase only on a much more restricted basis.

Canada has achieved reductions in smoking through a number of measures but its main policy innovation was being the first country to require picture-based health warnings on cigarette packs in 2000. Plain packaging is seen as the logical next step while other possible measures include greater controls on retail sales, for example, increasing the price of retail licensing or reducing the number of outlets. Informants thought that successful tobacco litigation at the provincial level could result in the federal government giving greater consideration to endgame proposals.

Finland has a long history of tobacco control, being one of the first jurisdictions to implement a comprehensive package of measures through its Tobacco Control Act of 1976.

It is also a leader in endgame thinking, formalised through the passing of the 2010 Tobacco Act which commits the country to the goal of eliminating tobacco use. Crucially, the tobacco industry has a very negative public image in Finland and industry representatives are not allowed to meet with government officials. Most informants did not support harm reduction, preferring instead to work towards the goal of a nicotine-free Finland.

Endgame discussions in **New Zealand** began in the early 2000s prompting health campaigners to advocate for a smokefree New Zealand and the government's formal adoption of the goal to be smokefree by 2025 (defined as less than 5% smoking prevalence). Many campaigners believe this has galvanised tobacco control efforts, for example, through dramatic increases in tobacco taxes and moves towards adopting standardised packaging. There were mixed views on the pros and cons of harm reduction approaches, particularly as regards the use of electronic cigarettes.

Singapore was the first nation to ban tobacco advertising in 1971 (across all media) and one of the first to ban smoking in public places. At least one local neighbourhood has pledged to become totally tobacco-free (including inside private residences) which appears to have popular support. A key component of Singapore's endgame thinking is the Tobacco Free Generation proposal which would ban the supply of tobacco to anyone born after the year 2000.

With an adult smoking prevalence of just 12.7%, **California** has the second-lowest adult smoking prevalence of any US state, and has achieved significant reductions in smoking largely due to its 20-year plus tobacco control programme funded through dedicated tobacco taxes. Success has been achieved through a combination of community-based coalition work for smokefree and other policies at local levels, and mass media campaigns, particularly with a focus on tobacco industry denormalisation. The programme has never had a major focus on smoking cessation, but has achieved significant increases in cessation through a focus on changing social norms. For the next 10 years, it's envisaged that the programme will continue with an emphasis on social denormalisation and regulating the retail sector.

For the UK, strategic considerations in endgame planning include how to frame and implement a legitimate harm reduction strategy while sustaining a cohesive tobacco control community, how to navigate EU and cross-border issues, how tobacco companies may respond, how to sequence endgame measures, and how to translate measures for the UK context that have proven successful in other places.

In addition to continuing, sustained work to implement all provisions of the WHO FCTC, the UK should consider initiating the endgame planning process for tobacco.

Recommendations

These recommendations are proposed for closer consideration in UK end game thinking. They have been selected and adapted from the various endgame proposals to be the most relevant for the UK context.

All recommendations in this report are predicated upon the assumption that the UK continues to work aggressively to implement all provisions of the WHO FCTC. The report's focus on endgame planning is not intended to supplant current initiatives, but to focus longer term planning efforts toward ending the tobacco epidemic that was created during the last century. Recommendations are clustered below into two sections, representing shorter-term and longer-term recommendations to engage the UK in endgame planning.

Near Term Recommendations

1. Develop an endgame dialogue, narrative, and communications plan

    a. Convene a summit to develop a comprehensive, integrated tobacco endgame strategic plan and timeline and prioritize research, education and practice needs. Without an explicit engagement with the idea that an endgame for tobacco is possible, such an outcome cannot be achieved.[2]

    b. Develop, test and fund a phased, sustained mass media-supported tobacco industry denormalisation campaign aimed at laying the groundwork for future endgame initiatives.

    c. Develop effective messaging to engage community coalitions, policymakers, and other target audiences by characterizing current tobacco control policy initiatives as part of long-term endgame planning.

    d. Fund endgame strategic planning research and evaluation studies.

2. Take specific actions to constrain the tobacco industry

    a. Fully integrate throughout government strong, effective measures to implement WHO FCTC Article 5.3, in order to protect public health policymaking from tobacco industry interference. This should at minimum include transparency/disclosure provisions regarding policymaker meetings with the tobacco industry and enhanced tobacco industry monitoring and surveillance programs.

    b. Withdraw any tax incentive for tobacco marketing (40% of spend reportedly currently deductible).

    c. Establish universal registration of tobacco retailers in order to better track compliance with existing policies (e.g., prohibitions on underage sales).

    d. Combine comprehensive regulation of e-cigarettes with equally comprehensive and specific plans for correspondingly reducing the accessibility, affordability, and attractiveness of conventional cigarettes and roll-your-own tobacco.

Longer Term Recommendations

3. Create a tobacco regulatory authority with monitoring and regulatory powers, authority to set price floors and caps, control marketing, fund research, and set endgame targets, implementing additional tiered/phased measures to meet them. The creation of such an agency would ensure consistent goals and strategies throughout different arenas, which is often lacking (e.g., the goals of agencies designed to support trade and industry may conflict with those designed to support public health).

4. Develop incentives to gradually reduce the number and density of tobacco retail outlets, perhaps by providing incentives to retailers who agree to end tobacco sales or through charging an annual fee for tobacco retailer registration, increasing or decreasing it annually based on sales volume.

5. Create a national plan for addressing gradual reductions in tobacco company workforce and tax receipts.

Conventional cigarettes are fundamentally defective products; it is time to seriously consider what it would take to achieve their eventual phase-out. At a recent meeting in New Delhi focused on the tobacco endgame discussion, WHO Director General Dr. Margaret Chan cautioned that endgame planning itself came with risks. If endgame discussions draw resources and attention away from implementation of all FCTC provisions, they will undermine their own goals. If, however, they serve to focus that current work around creating new and more explicit visions of the concrete possibility of ending the tobacco epidemic, they will advance both. One thing is certain: if the public health community does not begin the endgame conversation, no one else will do so. For the sake of future generations, we should start now.

References

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