

photo: Chris Stowers/PANOS

Tobacco is extraordinarily dangerous to human health and highly damaging to national economies.

Nearly 1 billion people in the world smoke every day; about 80 percent of them are in low- and middle-income countries (LMICs).¹

Over 6 million people die from tobacco use every year, the majority in their most productive years (30-69 years of age).²

Over-burdened health systems in all countries are already caring for countless people who have been disabled by cancer, stroke, emphysema and the myriad other non-communicable diseases (NCDs) caused by tobacco.

Tobacco-related illnesses and premature mortality impose high productivity costs on economies because of sick workers and those who die prematurely during their working years. Lost economic opportunities in highly-populated developing countries will be particularly severe as tobacco use is high and growing in those areas.

The vector of the tobacco epidemic is a wealthy, powerful, transnational industry.

From 1970 to 2000, cigarette consumption tripled in developing countries³ due to aggressive acquisition and marketing strategies.

Tobacco industry revenue dwarfs the GDP of many countries. Manufacturers' worldwide profits were about US\$50 billion in 2012.⁴ The industry uses its wealth to battle for market share in the developing world.⁵

We know exactly how to tackle the scourge of tobacco.

We have an internationally negotiated, legally binding package of evidence-based tobacco control measures, the WHO Framework Convention on Tobacco Control, ⁶ the first modernday public health treaty. Parties to the FCTC include 179 countries and the European Union. Unfortunately, the slow pace of FCTC implementation costs countless lives and imposes economic hardship on governments facing rising health care costs and lost opportunities to invest in sustainable development.

31 MAY 2017: WORLD NO TOBACCO DAY "TOBACCO – A THREAT TO DEVELOPMENT"

#NoTobacco

http://www.who.int/campaigns/no-tobacco-day/2017



photo: G.M.B. Akash/PANOS

The intersection of tobacco and the SDGs

Goal 1: End poverty in all its forms everywhere

Tobacco use is highest among the poor. Money spent on tobacco is unavailable to be spent on basic necessities such as food, education and health care. 10

For those families living on very low incomes, even a small diversion of resources to buy tobacco can have a significant impact on health and nutrition. ¹¹

In the poorest households in some African countries, 15 percent of disposable income is spent on tobacco. 12

Health care costs for tobacco-related illnesses in Bangladesh amount to 10 percent of monthly household expenditure. 13

Goal 2: End hunger, achieve food security, improved nutrition and promote sustainable agriculture

Tobacco growing occupies about 3.8 million hectares of agricultural land. 14

About 90 percent of commercial tobacco leaf is grown in the global south, ¹⁵ often in countries where undernourishment and child labour are major problems.

In 2011, Malawi, a top tobacco-producing country with an undernourishment rate of 20 percent, dedicated 4.5 percent of arable land to growing tobacco. ¹⁶

Many other crops, crop combinations, farming systems and livelihood strategies offer better opportunities for farmers.¹⁷

Goal 3: Ensure healthy lives and promote wellbeing for all at all ages

Tobacco use is a leading driver of the NCD epidemic and the number one cause of preventable disease and death worldwide, killing over 6 million people each year.

Exposure to second-hand smoke is responsible for at least 600,000 deaths each year among non-smokers; nearly half of these deaths occur among women and over a quarter among children under the age of five. 18

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

In Viet Nam, smokers spent 3.6 times more on tobacco than on education in 2003. 19

Child tobacco workers are regularly denied opportunities to pursue education.

Goal 5: Achieve gender equality and empower all women and girls

Women comprise about 20 percent of the world's smokers and are ruthlessly targeted by tobacco companies to increase uptake of smoking.²⁰

Goal 6: Ensure availability and sustainable management of water and sanitation for all

Tobacco farming in LMICs causes environmental damage, including pollution of waterways.²¹

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all

Reduced costs associated with the tobacco epidemic could generate funds to be invested in developing renewable energy infrastructure.

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Global cigarette production is dominated by a few transnational countries, with profits largely flowing to a few Northern countries. The tobacco business worsens LMICs' balance of trade, destroys human capital and diverts resources into a product that significantly drains government and household finances.

Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation

Researchers are using tobacco plants as hosts for bioengineering processes to produce new medicines, biodegradable plastics and industrial solvents. 22 Most recently, these techniques were used to develop ZMapp for the treatment of Ebola patients. 23

« Among the revenue proposals I have examined, tobacco taxes are especially attractive because they encourage smokers to quit and discourage people from starting to smoke, as well as generate significant revenues. It's a win-win for global health. »

— Bill Gates

REDUCING TOBACCO USE IS CRITICAL TO ACHIEVING EVERY SUSTAINABLE DEVELOPMENT GOAL

Goal 10: Reduce inequality within and among countries

By 2030, tobacco use is projected to kill over 8 million people a year, more than 80 percent of these deaths in LMICs. Reducing tobacco use and exposure is a key to reducing economic and health disparities, and eliminating this threat to development.²⁴

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Tobacco smoke is a major source of indoor air pollution.²⁵

Smoke-free work places and public places across cities are a vital part of de-normalising tobacco.

Goal 12: Ensure sustainable consumption and production patterns

Tobacco farming as it is practised in LMICs today leaves many farmers accumulating debt under contracts with transnational leaf buyers. Tobacco companies routinely offer inducements and loans to farmers to begin growing, often based on unrealistically optimistic forecasts of prices and yields. Tobacco companies routinely offer inducements and loans to farmers to begin growing, often based on unrealistically optimistic forecasts of prices and yields.

Goal 13: Take urgent action to combat climate change and its impacts

In LMICs, tobacco farming causes deforestation: trees are cut down to make room for tobacco crops, and more trees are removed and used during the curing process and for the construction of curing barns.²⁸

Around 600 million trees are cut down every year to produce tobacco products. ²⁹

Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Cigarette filters are made from cellulose acetate, a type of plastic that can take up to 12 years to decompose. The 2013 International Coastal Clean-up in 92 countries found that cigarette butts constituted 15 percent of the total pieces of debris collected, the most common single item.³⁰

Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Tobacco farming in LMICs causes severe land and soil degradation and a host of other ecosystem disruptions.³¹

What a pack of cigarettes could buy...



Purchasing the necessities in life is made more difficult with each extra pack of cigarettes purchased. This matters most for people in low socioeconomic status groups, who make the greatest financial trade-offs to continue smoking. Source: Tobacco Atlas, 5th edition, tobaccoatlas.org

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

The tobacco industry abuses domestic and international legal systems in order to prevent or delay tobacco control measures, often launching cases without legal merit in order to apply "regulatory chill" to governments and maintain its markets. 32

Goal 17: Strengthen the means of implementation and revitalise the global partnership for sustainable development

WHO, World Bank, UNDP, the wider UN system and other global and regional organisations have emphasized the importance of prioritising tobacco control within the development agenda.

Strengthening implementation of the FCTC as part of achieving sustainable human development will provide a major boost to global development by delivering rapid and quantifiable benefits of lives saved and health care costs reduced, and a sustainable return on investment in a healthier, more able and productive global population.

The FCTC has spurred countries around the world to implement science-based measures to reduce tobacco use and improve health outcomes:

- Pictorial warnings on cigarette packs are now required in 105 jurisdictions. In Nepal, warnings cover 90 percent of the package front and back, while in India and Thailand, the size is 85 percent.³³
- At least 54 countries have enacted comprehensive smoke-free policies for all workplaces and public places.³⁴
- A comprehensive ban on tobacco advertisement, promotion and sponsorship is now in place in at least 38 countries.³⁵
- Tobacco taxes of 75 percent or more of the price of the most widely sold brands are in place in 33 countries.³⁶
- Australia, France, the United Kingdom and Hungary have now finalized requirements for plain packaging for cigarettes. At least 14 additional countries are also in the process of, or formally considering, doing so.³⁷

Despite this progress, more must be done to achieve global targets to reduce premature deaths from NCDs³⁸ and to achieve future sustainable development goals.

The treaty process has highlighted the tobacco industry's relentless efforts to fight these measures and sell more of its deadly and addictive products, especially in LMICs.

In 2001, British company Imperial Tobacco struck a 25-year deal with Lao PDR to limit tax on tobacco. Between 2002 and 2013, the Lao government suffered revenue losses of \$79.42m due to this unfair contract – money that could have been used for health and social development.³⁹

Countries must be as aggressive in fighting the tobacco epidemic as the tobacco industry is in perpetuating it.

Yet national tobacco control and NCD programmes in many LMICs are inadequately staffed and seriously under-resourced.

Development assistance for tobacco control has been negligible to date. ⁴⁰ Major philanthropic funding in recent years ^{41,42} has made a significant impact but more must be done.

All countries must commit to strengthening national tobacco control and NCD policies, in addition to reorienting health systems to address prevention of NCDs, most notably through tobacco control. It is especially critical that nations step up efforts to increase tobacco taxes, which is the most direct and effective strategy to reduce tobacco use and can provide sustainable domestic funding for tobacco control.

Tax is the subject of FCTC Article 6 and best practice guidelines on implementation were approved by all Parties to the treaty in 2014. 43

Country experiences shows higher taxes increase government revenues, in spite of reduced consumption.

A 10 percent increase in cigarette prices reduces cigarette demand by about 4 percent in high-income countries and by about 6 percent in LMICs.⁴⁴ If tax increases result in just a 10 percent increase in cigarette prices, the number of smokers worldwide would decline by 42 million (38m in LMICs).

Governments collect around \$145 billion in tobacco *excise* tax revenues each year; and this increases to around \$300 billion taking into account all taxes. 45,46

Appropriately structured, tobacco taxes have the potential to pay for tobacco control, and for action on other sustainable development goals.









www.fctc.org

It is vital and high time to intensify work on the implementation of the health SDG (Goal 3):

- 3.4 By 2030 reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through
 prevention and treatment, and promote mental health and wellbeing
- 3a Strengthen implementation of the Framework Convention on Tobacco Control in all countries as appropriate

The return on investment in tobacco control is enormous. Prioritising FCTC implementation in all countries is critical to the achievement of the NCD target and health goal, but cannot be done without meaningful financial and technical assistance.

- Ng et al. Smoking Prevalence and Cigarette Consumption in 187 Countries, 1980-2012 JAMA, 2014;311(2):183-192.
- Global Burden of Disease Study 2013, The Lancet, Volume 385, Issue 9963 (GBD)
- World Health Organization (2005). The millennium development goals and tobacco control.
- The Tobacco Atlas. Fourth Ed. American Cancer Society; World Lung Foundation, 2012.
- Bostic, C. (Ed.) (2012) Tobacco Watch: Monitoring countries' performance on the global treaty. Framework Convention Alliance
- 6 www.who.int/fctc.
- Ciapponi et al. (2011) Systematic review of the link between tobacco and poverty. Iberoamerican Cochrane Network for WHO.
- Efroymson et al (2001) Hungry for tobacco: an analysis of the economic impact of tobacco on the poor in Bangladesh. Tobacco Control.
- Hoang et al (2005) Tobacco over education: an examination of the opportunity losses for smoking households. HealthBridge Vietnam.
- Hu et al Tobacco taxation and its potential impact in China (2008). International Union Against Tuberculosis and Lung Disease.
- Ciapponi et al. (2011) Systematic review of the link between tobacco and poverty. Iberoamerican Cochrane Network for WHO.
- United Nations 2010. Note by the Secretary-General on global status of NCDs, A/65/362.
- WHO. Impact of Tobacco-related Illnesses in Bangladesh, 2005.
- The Tobacco Atlas. Fourth Ed. American Cancer Society; World Lung Foundation, 2012.
- Leppan et al. IDRC Policy Brief: Tobacco Control and Tobacco Farming: Separating Myth from Reality, IDRC, 2014.
- The Tobacco Atlas. Fifth Ed. American Cancer Society; World Lung Foundation, 2015.
- 17 Leppan ibid.
- Mortality and burden of disease from second-hand smoke, Global Health Observatory, WHO
- The Tobacco Atlas. Fourth Ed. American Cancer Society; World Lung Foundation, 2012.
- World Health Organization (WHO). Women and tobacco. Bulletin of the World Health Organization 2010; 88:563-563. doi: 10.2471/BLT.10.080747.
- Leppan ibid.
- New Healthy & Constructive Uses For Tobacco Leaf, Campaign for Tobacco-Free Kids, 2000.
- http://www.bloomberg.com/news/articles/2014-10-10/new-method-sought-to-make-ebola-drug-grown-from-tobacco.
- ASH Scotland, Tobacco and inequalities, 2011. http://www.ashscotland.org.uk/media/3862/Tobaccoandinequalities.pdf
- Zhang et al. Indoor air pollution: a global health concern. Br Med Bull (2003) 68 (1): 209-225.doi: 10.1093/bmb/ldg029
- Leppan ibid.
- Ahsan et al. Socio-economic conditions of tobacco framers and laborers in Indonesia: A case study of three provinces of tobacco main producers, 2008.
- Leppan ibid.
- Geist et al. Tobacco growers at the cross-roads: Towards a comparison of diversification and ecosystem impacts. Land Use Policy, 2009
- International Coastal Cleanup 2013, Ocean Conservatory.
- Leppan ibid.
- Stumberg R. Safeguards for Tobacco Control: Options for the TPPA. American Journal of Law & Medicine, 39 (2013): 382-
- Cigarette Package Health Warnings International Status Report, Fifth Edition, Canadian Cancer Society, 2016.
- Country legislation available at http://tobaccocontrollaws.org
- 35 Ibid
- WHO Report on Global Tobacco Epidemic, 2015.
- Cigarette Package Health Warnings International Status Report, ibid.
- Kontis et al. Contribution of six risk factors to achieving the 25x25 non-communicable disease mortality reduction target: a modelling study. Lancet, 2014
- http://seatca.org/dmdocuments/SEATCA%20Press%20Release_LaoUnfairContractPetition_16Jan2015_Final.pdf
- http://www.cgdev.org/publication/where-have-all-donors-gone-scarce-donor-funding-non-communicable-diseases-working-paper
- http://www.bloomberg.org/program/public-health/tobacco-control/
- http://www.gatesfoundation.org/What-We-Do/Global-Policy/Tobacco-Control
- Guidelines for Implementation of Article 6 of the WHO Framework Convention on Tobacco Control.
- ⁴⁴ IARC Handbooks of Cancer Prevention, Vol.14: Effectiveness of Tax and Price Policies for Tobacco Control, 2011.
- WHO report on the global tobacco epidemic 2013.
- Jha and Peto. Global Effects of Smoking, of Quitting, and of Taxing Tobacco, N Engl J Med 2014.