A roadmap for reducing cardiovascular mortality through tobacco control

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Tobacco control
Assets:

- Access to patients
- Evidence
- NCDS
- Credibility
- Influence
- Connected to power
- Money
- Integrative approach
Challenges:

 Think it’s all about data
 Lack expertise on tobacco
 Not listeners
 Work alone
 Not prevention oriented
 Little capacity in law and economics

 BUSY

 Dislike controversy
WHF CVD roadmap on tobacco control

- Mobilize broader base of support for implementing the WHO FCTC.

- Increase CVD community’s impact in tobacco control.
Roadblocks to reducing prevalence of tobacco use and exposure to secondhand smoke
WHO FCTC
Article 6, 15, 16

Availability/affordability of tobacco

Combat illicit trade

Raise tobacco taxes

Ban vending machines and sales to minors
Availability and affordability of tobacco: Fabian
WHO FCTC
Article 8, 12, 13

Perceptions/norms support smoking

- Enact and enforce 100% smoke-free policies
- Develop and run media campaigns
- Enact and enforce comprehensive ad (TAPS) bans

World Heart Federation®
WHO FCTC
Article 11,12

- Poor awareness of risks of tobacco use
- Include graphic warning labels on all tobacco products
- Require plain packaging of tobacco products
- Develop and run media campaigns
WHO FCTC
Article 14

Poor accessibility and affordability of cessation support

- Provide systematic brief advice
- Make medication and counselling available/affordable
- Establish quitlines

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Integrating cessation into primary care: Yvonne
Improving access to cessation support: private sector: Holly
WHO FCTC
Article 8, 12

- Institute 100% smoke-free public places
- Develop and run media campaigns
- Advocate for smoke-free homes and cars
Roadblocks to sustaining Implementation of comprehensive tobacco control
Tobacco industry interference

Enact laws to end interference

Expose and counter tobacco industry tactics
Fighting tobacco industry interference: Anna
Anti-tobacco law in Russian: story of success

- In 2013 Russia implemented anti-tobacco law with serious advertisements bans and amendments to the administrative offenses code. The law prohibits all promotion and sponsorship of tobacco products, including point of sale, free distribution, promotional sales, brand stretching, sponsorship.

Prevalence of smoking in Russia decreasing.

What is more important in spite of obesity and elevated blood pressure increasing and social and economic difficulties mortality in Russia continuing to decrease (one of the explanation is smoking dynamics)
Tobacco industry interference and its overcoming

- During 12 months when draft of anti-tobacco law was open for public discussions there were active TI attempts of interference to delay it or make it softer.

  1. For example TI lobby included:
     - Ministry of culture (argument social responsibility of TI, supporting cultural events and objects)
     - National anticorruption committee (argument Ministry of health stimulate corruption by this law because of moving consumers and TI to “gray schemes”).
     - Russian union of industrialists and entrepreneurs (argument are the big problems for part of the business)
     - Some parliamentarians were against the law or its part, including one head of the rather big fraction which made the prognoses on tobacco rebellion.

  2. Philip Morris proposed to Russian government building of factory for electronic cigarettes manufacturing giving the economic arguments of new workplaces, additional taxes and saying that the health damage is much lower and so on.

How it was overcame?

- Ministry of health asked the experts’ opinion
  - And it was negative on the main lobby aspects
- Public opinion was studied and it was positive on the main aspects of the law

That was inferred in the final version of the law: tobacco taxation
- And square of the magazines where tobacco can be sold
How the sellers find the ways to workaround the advertisement bans?

• Large shops strictly follows the advertisements bans, but small do not, packages are visible
• The sign “Tobacco” on the T-shirt of man or women who invites you to such small tobacco shops
• Advertisement of non-tobacco smoking products
Low priority within governments

- Support tobacco control alliances
- Show cost-effectiveness of tobacco control policy
- Engage non-health sectors
Developing Political Will: Kellen
Inadequate resources for implementation

- Raise tobacco taxes and earmark and increase domestic allocations for tobacco control
- Leverage existing programs and infrastructure
- Integrate into development plans
Poor intersectoral coordination

Develop coordinating mechanism

Convene key sectors
How tobacco control reduces CVD: causal cascade

Outcomes delivered by a strong system for policy implementation (based on priority barriers reported to COP by Parties)

Outcomes delivered by specific policies of the WHO FCTC (focusing largely on MPOWER policies)

Impact on CVD

- No tobacco industry interference
- Tobacco control is priority for whole government
- Intersectoral coordination is strong
- Tobacco control policy is implemented and enforced
- Tobacco is expensive and hard to buy
- People fear the dangers of tobacco
- Tobacco use no longer normal or fashionable
- Tobacco users have help quitting
- Air is free of secondhand smoke
- Prevalence of tobacco use decreases
- Exposure to tobacco smoke decreases
- CVD mortality decreases (25x25)
Intersectoral coordination: Elvis
Tools for building roadmaps

Online tool for building country roadmaps (and uploading case studies)

www.cvdroadmaps.org

Text for Roadmaps (Global Heart)

http://www.globalheart-journal.com/article/S2211-8160(15)00149-0/abstract
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