

# ICO-WHO SYMPOSIA ON TOBACCO CONTROL

2016 Symposium

## **The WHO Framework Convention on Tobacco Control: challenges ahead**

*Abstracts and biosketches  
of presenters and moderators*



Generalitat de Catalunya  
**Departament  
de Salut**



**ICO**  
Institut Català d'Oncologia



World Health  
Organization  
REGIONAL OFFICE FOR  
Europe

## **Welcome conference**

### **Global tobacco epidemic through the European lens**

*Kristina Mauer-Stender, Tobacco Control Programme, WHO Regional Office for Europe*

After more than a decade from the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC), it is an opportune time to look back to see where is the WHO European Region in terms of the implementation of the Treaty and what lies ahead.

It is important to recall that the WHO FCTC coming to life was a long process that started in 1996 and finished with the adoption of the WHO FCTC by the World Health Assembly in 2003. The Treaty was not born overnight but was rather a result of complex global negotiations and commitment of countries to stop tobacco epidemic. It is important to remember this as we work in countries to support them to fully implement the Treaty.

In the European Region, the political commitment for the WHO FCTC is strong with 50 Parties out of 53 countries while more needs to be done in order to achieve the full implementation of the Treaty and achieve the global voluntary target in tobacco use by 2025.

Where and how do we move from here keeping in mind the global voluntary target in NCDs by 2025, the new Social Development Goals by 2030? Despite of the slowly decreasing tobacco smoking prevalence in the Region since 2000, based on the modelling we know that the Region will not achieve the 2025 voluntary target in tobacco use by 2025 unless something more will be done to reach the full implementation of the WHO FCTC in countries and in the European Region.

**Kristina Mauer-Stender** graduated from Strasbourg, France, in 1996 with a Masters in International Public law and Human Rights Comparative law. She joined the WHO in 2003, starting out as Technical Officer of the Tobacco Control Program at the WHO Regional Office for Europe in Copenhagen, Denmark. After several successful years, Kristina is now the Program Manager where she advises policy makers from health and other key sectors on tobacco control policies and strategies in line with the WHO Framework Convention on Tobacco Control (FCTC), existing international evidence and good practices.

She is also responsible for providing advise to Health Ministries along with other inter-sectoral partners for enhancement of their capacities to effectively implement the WHO Framework Convention. Kristina works daily with policy makers and other cross-societal partners in around 25 countries in the European Region, occasionally also with 53 countries through regional meetings and consultations. She is also leading the work of the WHO European Office on the vision of the tobacco-free European Region which is a follow-up to the Ashgabat Declaration from 2013 and the Roadmap of actions to strengthen the implementation of the FCTC in the European Region 2015-2025, commitment of 53 Ministers of Health from September 2015.

## **Opening conference**

### **Entering the second decade of FCTC implementation: progress so far and challenges ahead**

*Tibor Szilágyi, Secretariat WHO FCTC*

The WHO Framework Convention on Tobacco Control is the world's first public health treaty and is a powerful international binding tool to address the global tobacco epidemic. The FCTC has its own Secretariat, based in Geneva and hosted by the World Health Organization that assists the Parties

in their implementation work. The Conference of the Parties is the governing body of the Convention, the world's only intergovernmental body solely dedicated to tobacco control.

The Convention entered into force on 28 February 2005 and evolved significantly in the past almost 12 years. The Conference of the Parties adopted by consensus a number of instruments (guidelines, policy options and recommendations) to facilitate implementation work by the Parties. Furthermore, in 2012, the fifth session of the Conference of the Parties adopted the Protocol to Eliminate Illicit Trade in Tobacco Products, a new international legal instrument that still waits to enter into force.

In the past 12 years we all witnessed remarkable developments in global tobacco control. 82% of Parties have strengthened their existing or adopted new tobacco control legislation after ratifying the Convention. Some other areas of progress include, for example: 1) since the advent of the Convention, the cost of a packet of cigarettes has, on average, increased by 150%; 2) smoke-free environments have been extended to cover outdoors areas, as well as private spaces, like cars and even homes; 3) health warnings on tobacco packages have increased in size and improved in their content; furthermore, there is a domino effect as more Parties introduce plain/standardized packaging of tobacco products; 4) advertising bans now include bans of display of tobacco products at the points of sale; a move which was difficult to imagine before the Convention entered into force.

The Convention was the first international treaty to open itself up to comprehensive impact evaluation and assessment. A report on its effectiveness was finalized earlier this year and presented to the Conference of the Parties in November 2016.

But challenges still remain. There is need for heightened awareness of tobacco industry interference – interference with tobacco control policies is what Parties most frequently mention as barrier for implementation. Stronger intersectoral cooperation is also crucial to improve efficiency of the Convention. Political support and will is to be sustained to ensure the Convention reaches its full impact. The outcomes of the most recent, seventh session of the Conference of the Parties are paramount in facilitating this effort.

**Tibor Szilágyi** is a medical doctor with a postgraduate diploma in internal medicine. He holds an MPhilPH degree from the University of Sydney (Australia) and an MSc in Traditional Chinese Medicine from the University of Pécs (Hungary). He began to work in tobacco control in 1998 in his home country where he ran a number of projects, including on tobacco control policy development. Later he became an international tobacco control advocate. He joined the Convention Secretariat in November 2007, where he has worked on a variety of tobacco control matters, including coordination of reporting on the implementation of the Convention by the Parties. Since 2010, he has been involved in providing assistance to Parties in their implementation efforts, primarily through participating in and leading needs assessment missions. He currently works as Team Leader, Reporting and Knowledge Management in the Convention Secretariat.

## **Second conference**

### **The EU Tobacco Product Directive: dream, mirage or nemesis?**

*Constantine Vardavas*, European Network for Smoking and Tobacco Prevention

Within this presentation Dr Vardavas will provide an overview of the main points of the European Tobacco Products Directive (TPD) and the outcomes of studies performed to support the regulatory activities across the European population of 508 million people in 28 Member States. This presentation will also cover the development of a common reporting format for submission of data on ingredients contained in tobacco and related products, the role of packaging and labelling, the regulation of electronic cigarettes and also the impact of the TPD on European public health. Finally, this presentation will conclude on how regulatory actions impact population indexes and upcoming exciting actions and challenges that will be faced.

**Constantine Vardavas** is a medical epidemiologist by training (MD, RN, MPH, PhD). He is very active in European Regulatory Science and public policy, including the scientific basis for the European Tobacco Products Directive (TPD). He is the coordinator or partner in a number of projects - including Horizon2020s, DG SANTE Tenders and CHAFEA 3rd Health Programme projects. He currently is the coordinator of "EUREST-PLUS" a Horizon2020 study to evaluate the population impact of the TPD and was Scientific Team Leader of three studies for the European Commission with regards to product reporting, e-cigarettes and priority additives.

## **Third conference**

### **Supporting cessation using mobile phones: The Be He@lthy Be Mobile initiative**

*Susannah Robinson*, The Be He@lthy Be Mobile initiative, WHO

In order to expand access to tobacco cessation services, the World Health Organization (WHO) has begun looking at how mobile technology can be used to deliver cessation support. Evidence from clinical trials indicates that SMS-based tobacco cessation (mTobaccoCessation) can increase the chances of a successful quit attempt, especially when used alongside traditional cessation services.

In partnership with the UN agency for ICTs, the International Telecommunications Union, WHO has founded an initiative which helps governments introduce large-scale mTobaccoCessation services. The initiative, Be He@lthy, Be Mobile, shares evidence-based best practices with countries to create sustainable mobile-based services to help people quit tobacco. Country experiences and additional content are then collated into a global evidence base for other countries to use for their own programs.

This presentation will explain how Be He@lthy, Be Mobile works with global experts and national governments to create the programs, and will look at some of the country programs which have been launched to date. It will also consider how this technology can help the global community meet the targets for tobacco and health outlined in the Sustainable Development Goals.

**Susannah Robinson** is a consultant for the World Health Organization, where she supports country implementation of mHealth programs for noncommunicable diseases. Prior to joining WHO she worked with the UK Cabinet Office and has experience in international development policy and investment philanthropy. She holds degrees from the University of Cambridge and the London School of Economics and Political Sciences.

## **Fourth conference**

### **Are the world achieving the 2025 target on tobacco use?**

Alison Commar, Comprehensive Information Systems on Tobacco Control, WHO

Noncommunicable diseases (NCDs) are collectively responsible for almost 70% of all deaths worldwide. WHO has unleashed a concerted global attack on NCDs by encouraging all countries to work together to slash the number of premature deaths from NCDs, including specific targets for reducing tobacco use. WHO is already monitoring the progress countries have made to date towards meeting the targets, projecting likely outcomes and identifying roadblocks to success.

**Alison Commar** has worked in tobacco control and prevention of noncommunicable diseases at the World Health Organization since 2009. A demographer by training, Alison previously worked for the Australian government researching policy triggers to encourage population-wide behavioural change in the fields of health and employment. She is an expert on global tobacco use prevalence, and is a major contributor to the biennial WHO global report on trends in tobacco smoking and WHO Report on the Global Tobacco Epidemic.

## **Fifth conference**

### **Have smoking bans after WHO FCTC worked in reducing harms of passive smoking?"**

*Cecily Kelleher*, University College Dublin.

The FCTC is the first international treaty negotiated under the auspices of WHO and multi-component tobacco control strategies are much needed to combat the ongoing threat to public health of both active and passive smoking. There is emerging evidence that legislative smoking bans at region and country level are having a health impact. Our group's first Cochrane review, published in 2010 (Callinan et al, 2010), aimed to assess the extent to which legislative smoking bans reduced passive smoke exposure, helped people who wished to do so, to quit smoking and what health impacts were. Bans are the result of policy action and are rarely evaluated in a formal randomized controlled trial for a variety of logistical reasons, being quasi experimental in form. The data are therefore observational. Of 50 studies identified in the first review, all had measures of second-hand smoke (SHS) exposure and requisite pre and post ban data. There was clear evidence of reduced exposure to SHS in these studies, the effect on active smoking was less consistent, in part from paucity of data. In the 2016 follow-up a much larger literature was found and the updated review concentrated on studies with health impact information; 77 studies were identified with a number of health outcomes, the most consistent evidence was on cardiovascular outcomes.

The Republic of Ireland was the first country to ban smoking outright in 2004 and our university teaching hospital instituted a campus wide ban in 2009. We conducted a further systematic review of institutional smoking bans since 2005, the date from which country-wide bans became more frequent. Of 17 studies identified, 12 were in hospitals, 3 in prisons and 2 in universities. A pooled analysis of 11 of these studies showed a significant impact on active smoking in these settings. Overall the quality of the data in systematic terms remains relatively low however. Settings bans have a key role to play in multi-component strategies and further robust studies with controlled designs and longer follow-up are needed, as well as studies that focus on vulnerable and disadvantaged groups.

**Cecily Kelleher** (DMed, MD FRCPI, MPH, FFPHMI) is Chair of Public Health Medicine and Epidemiology, Consultant in Preventive Medicine and Principal of the College of Health and Agricultural Sciences at University College Dublin. She has over 500 published papers, reports and abstracts and has research interests in health promotion, health inequalities and in cardiovascular, nutritional and lifecourse epidemiology. She has served on numerous National and International advisory bodies. She was instrumental in implementing an outright campus ban in her teaching hospital, which has won an ENSH gold-level International award and is senior author on three Cochrane systematic reviews on the impact of legislative smoking bans.

## **Closing conference**

### **Plain packaging –why it matters, and how to make it happen”**

*Mike Daube, Curtin University, Perth, Australia*

In Australia, the latest high-profile battle between governments, health authorities and the tobacco industry has been over the recent successful introduction of ‘plain packaging’ of all tobacco products. ‘Plain packaging’ is of course a euphemism—the packs are dominated by strong, graphic warnings; the pack design and colour are carefully researched to be as unattractive as possible; and the overall impact is to turn the pack into something neither children nor adults want to be associated with.

On 1 December 2012, Australia became the first country in the world to require all tobacco products to be sold with plain packaging. The Australian plain packaging story is well described by Chapman and Freeman in their book, ‘Removing the Emperor's Clothes: Australia and Tobacco Plain Packaging’. The Irish and UK governments have recently legislated to introduce plain packaging; other countries have declared an interest in following their example, and the battleground has shifted from Australia to those countries and international trade disputes.

Plain packaging was never seen as the magic bullet for tobacco cessation: it was and remains part of a comprehensive approach to tobacco control that includes taxation, regulation (for example on advertising bans, point-of-sale promotion and protection from the harms of passive smoking) and strong, sustained public education campaigns. The primary aim of plain packaging was to discourage future generations from starting to smoke. The impacts of plain packaging should therefore be considered in a long-term context. However, early indications show a wide range of positive impacts relating to adults, children and adolescents. Peer-reviewed research shows many beneficial outcomes including in areas such as outdoor smoking, reductions in noticeable public display of packs, calls to telephone support and coaching services aimed at smoking cessation (e.g. Quitline), propensity to smoke, attitudes to brand image and support among smokers.

In global terms, Australia is a small tobacco market. The epic fight against plain packaging in Australia was never simply about preserving that small, local market. It was rather an attempt to avoid the creation of this successful precedent for action elsewhere. For more than 2 years, there are important lessons from the Australian experience for other countries. Plain packaging has been described as ‘a case book example of effective tobacco control—a policy measure driven by evidence, carefully designed and now rigorously assessed’. It is clear that it can bring substantial benefits to the community as part of a comprehensive approach to tobacco control. The tobacco industry's arguments failed in Australia; they should not be allowed to become zombie arguments—killed off in one country, but brought back to life in others in the hope that credulous decision-makers will not be aware of experience elsewhere. Governments should follow expert health advice and implement this important, evidence-based public health measure.

**Mike Daube** is Professor of Health Policy at Curtin University. He has extensive national and international experience in public health. Prof Daube was Western Australia's first Director General of Health from 2001 – 2005 and Chair of the National Public Health Partnership. He has been a consultant for the World Health Organisation, the International Union against Cancer, and governments and NGOs in over 30 countries. He has been honoured for his work by many national and international organisations, including recently the American Cancer Society's Luther Terry Distinguished Career Award.

Prof Daube is President of the Australian Council on Smoking and Health, Co-chair of the National Alliance for Action on Alcohol, Chair of the WA Network of Alcohol and Other Drugs, Patron of Local Drug Action Groups Inc. and chair or member of many other government and NGO committees. He was previously President of the Public Health Association of Australia and Deputy Chair of the National Preventative Health Taskforce.

Prof Daube received an Officer of the Order of Australia (AO) on the 2014 Australia Day Honours List for distinguished service to medicine, particularly in the area of public health policy and reform, through advisory roles with leading national and international organisations, and to youth.

## **Moderators of sessions**

**Carmen Cabezas** (MD, PhD) studied medicine at the University of Barcelona and specialized in Family medicine as well as in Preventive Medicine. She has been involved in several research and training programmes in Primary Health care and was the Director of Research at the Fundació Jordi Gol i Gurina. She is the Deputy Director General of Health Promotion at the Department of Health of the Generalitat de Catalunya. Dr. Cabezas has worked in health promotion and control of risk factors for chronic diseases, with special emphasis in tobacco control.

**Silvano Gallus** is Doctor in Computer Science from the University of Milan (1999). Since 1997, Dr. Gallus has been a researcher at the Department of Epidemiology of "Mario Negri" Institute. Since 2001, Dr. Gallus is responsible for the epidemiology of tobacco smoking in his Institute. He has therefore dealt with the monitoring of smoking prevalence and trends, their determinants and strategies to control tobacco in Italy and Europe. Moreover, he participated as Principal Investigator or Work-Package leader in two international projects on economic aspects of smoking in Europe, supported by the European Commission. In 2006 Dr. Gallus was promoted as a chief of the Epidemiology for Clinical Research Unit. He has published more than 250 papers, including more than 230 research articles in peer-reviewed journals.

**Cristina Martínez** is an Associate Researcher at the Tobacco Control Unit at ICO. She obtained her Bachelor degree in Nursing Science and Social Anthropology and in 2007 was awarded by the Caixa Foundation to pursue postgraduate education in Health Policy at the University of California San Francisco (UCSF). She received her PhD from the University of Barcelona in 2011. Dr. Martínez main areas of research include the evaluation of tobacco control policies in health care services, by assessing the impact of smoke-free policies and evaluating the effectiveness of smoking cessation and training programs.

**Regina Dalmau** is a cardiologist at "La Paz" University Hospital in Madrid. She is the Spanish National Coordinator for cardiovascular prevention at the European Society of Cardiology. Dr. Dalmau is the current President of the Spanish National Committee for Smoking Prevention. She is particularly involved in cardiac rehabilitation and smoking cessation interventions in cardiovascular disease patients.

**Cornel Radu-Loghin** is Secretary General of the European Network for Smoking and Tobacco Prevention (ENSP), a position he has held since May 2015. Previously, from 2009, he served as the ENSP Director of Policy and Strategy where he was responsible for coordinating and advocating the ENSP policies at the EU level, working in cooperation with European organizations and institutions involved in tobacco control and health promotion. Overall, he has more than two decades of experience in tobacco control at national and international levels with experience in lobby and advocacy for FCTC ratification and implementation. He also served for three years as a board member for the Framework Convention Alliance (FCA).

**Josep Maria Suelves** studied psychology at the University of Barcelona and specialized in addictions. He is currently the Head of the Tobacco and Injuries Programme at the Public Health Agency of Catalonia, in charge of tobacco control interventions in primary health care, hospitals, and public campaigns. He is member of the Board of the Spanish National Committee for Smoking Prevention.

**Xisca Sureda** (BPHarm, MPH, PhD) is Assistant Professor of Epidemiology and Public Health in the Department of Surgery, Medical and Social Science at Alcalá University, research associate at the Social and Cardiovascular Epidemiology Research Group (EPISOC) at the Alcalá University, and adjunct researcher at the Tobacco Control Unit of the Catalan Institute of Oncology. Dra. Sureda's main areas of research include tobacco and alcohol epidemiology, and social epidemiology. Her research lines have been focused on the evaluation of the impact of tobacco smoke free policies on people attitudes and behavioral changes, smoking patterns and second-hand smoke exposure. She is interested in epidemiological methods, and social and political determinants of health, specifically the impact of the tobacco and alcohol environments on smoking and drinking behaviors. She has written several papers in peer reviewed journals. She is a member of the tobacco working group in the Spanish Society of Epidemiology and she serves as reviewer for different international journals.