ICMR- National Institute of Cancer Prevention & Research

WHO FCTC Global Knowledge Hub on Smokeless Tobacco

INTER-COUNTRY MEETING ON SMOKELESS TOBACCO POLICY

16th -18th AUG 2017

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Report on Global Smokeless Tobacco Control Policies and their Implementation

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Introduction & Methodology

- First attempt
- Sixth session of the Conference of the Parties' (COP) (FCTC/COP/6/9).
- Supported by WHO FCTC Secretariat
- Compilation of information on Parties' smokeless tobacco control policies progress

Scope

1. Comprehensive global review of current knowledge on SLT control policy, through systematic and standard method
2. Reviewed by several internal reviewers and evaluated by two external independent experts outside Hub.
3. Comparison of similar indicators for cigarettes and SLT products for clear understanding.
4. Issues specific to SLT high burden Parties
5. Opportunities and challenges related to the specific Articles of FCTC
6. Implementation Gaps wherever possible
7. Recommendations based on scientific evidence and lessons learnt by Parties and expert

Articles Included:

Article 1(f): Use of terms – Defining Smokeless Tobacco (SLT)

Article 6: Price and Tax measures on SLT

Article 9: Regulation of Contents of SLT

Article 10: Regulation of SLT disclosures

Article 11: Packaging and Labeling of SLT

Article 12: Education, Communication, Training and Public Awareness on SLT

Article 13: Ban on SLT Advertisement, Promotion and Sponsorship

Article 14: Demand Reduction measures concerning SLT Dependence and Cessation

Article 16: Access and availability of SLT to Minors

Article 20: Research, Surveillance and Exchange of Information on SLT

Prohibition on Import, manufacture and sale of SLT

Ban on Spitting and SLT use in Public Places

Articles excluded:

Article 5.3 – General obligations – protection of public health policies from commercial and other vested interests of the tobacco industry.

Article 7 - Non-price measures to reduce the demand for tobacco

Article 15 - Illicit trade in tobacco products

Article 17 - Provision of support for economically viable alternative activities

Article 18 - Protection of the environment and the health of persons

Article 19 - Liability

Methodology: Sources of information

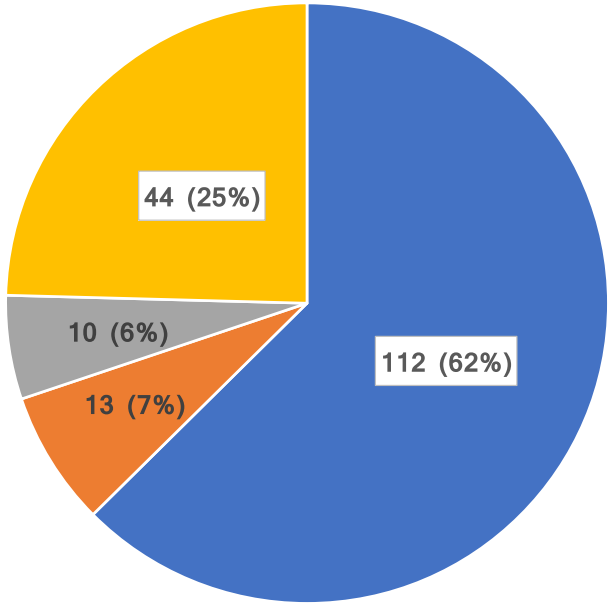
- Tobacco control legislations (available at http://www.tobaccocontrollaws.org and individual country's ministry websites)
- FCTC reporting instrument of different reporting cycles 2012, 2014 and 2016
- WHO report on the global tobacco epidemic 2015 and 2017 (MPOWER)
- WHO smokeless tobacco survey report (contained in FCTC/COP/6/9)
- Global, regional and country level smokeless tobacco control reports, survey reports, monographs etc.
- Published articles in peer reviewed journals

Methodology (Standard Processes)

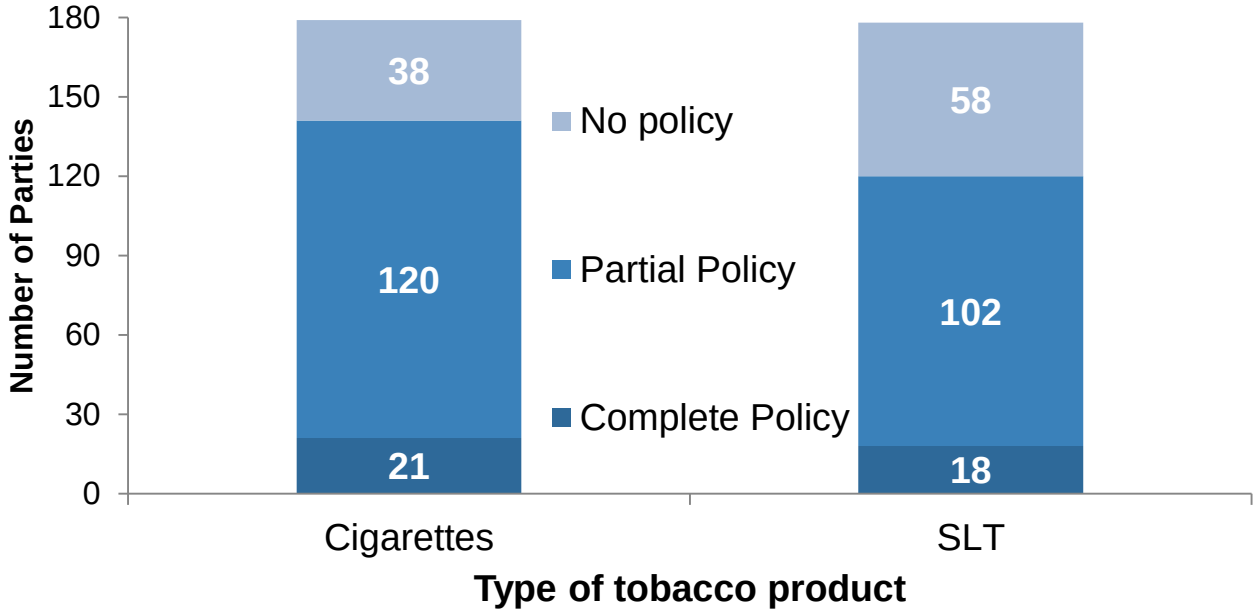
- Parties' implementation reports or any other reports were validated by at least one additional document.
- Denominator: 179 Parties.
- Parties having definition of SLT (n = 135)
- Comparison of provisions on cigarettes and SLT
- Comprehensiveness of policies (partial / complete)
- Results have been expressed in terms of number and percentage of Parties; by year; by WHO regions; by World Bank Income groups and by high SLT burden Parties.

Inclusion of SLT definition: Article 1(f)

Figure: 1 Proportions of Parties Defining Smokeless Tobacco

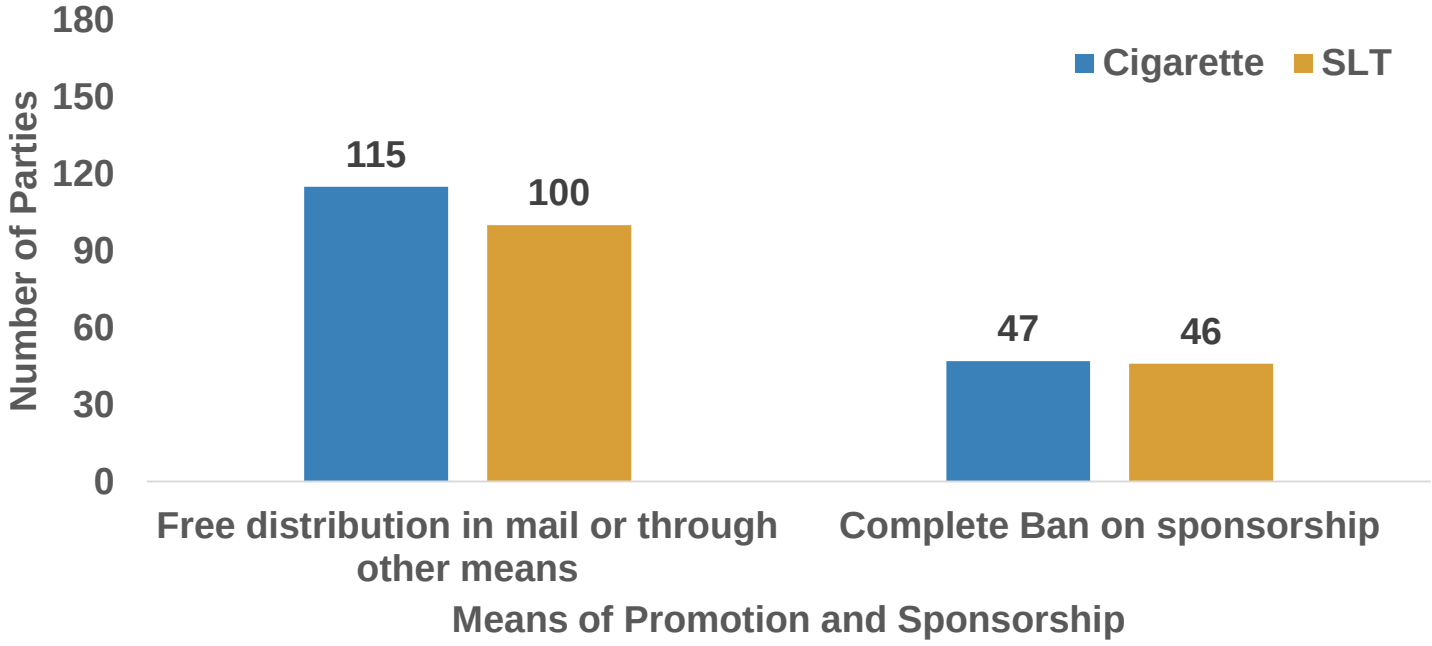


Comparison among SLT and Cigarettes

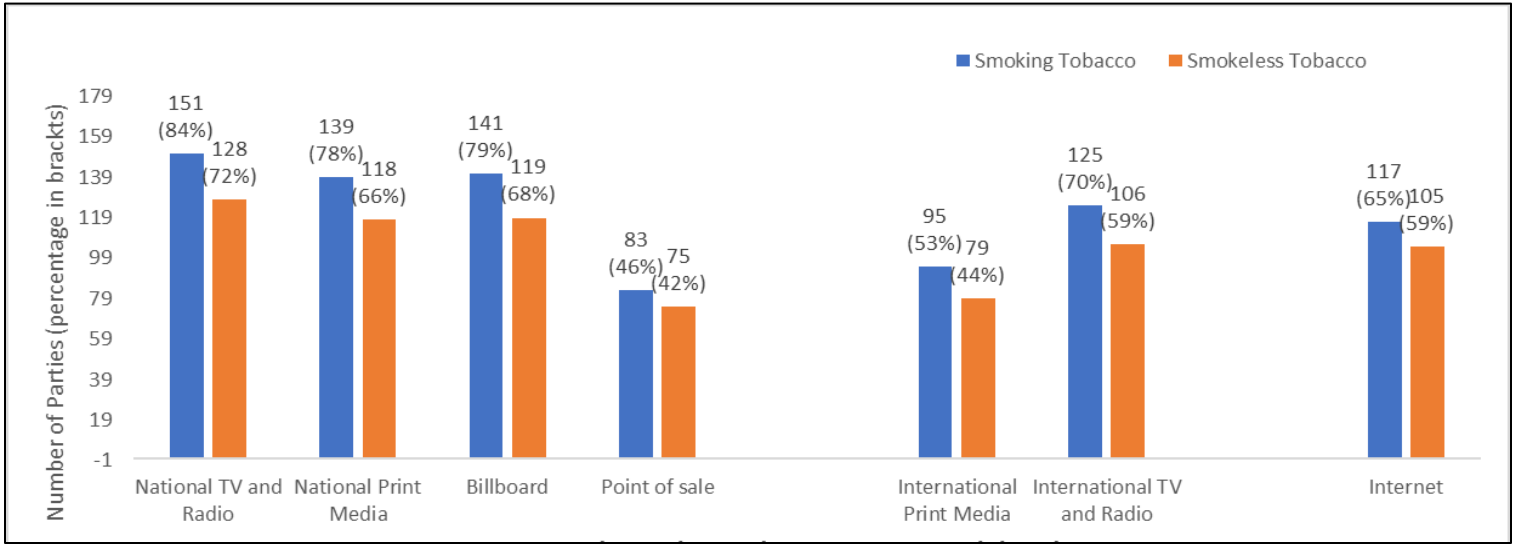


Number of Parties having policy on ban of sale to minor

Complete / Partial policies

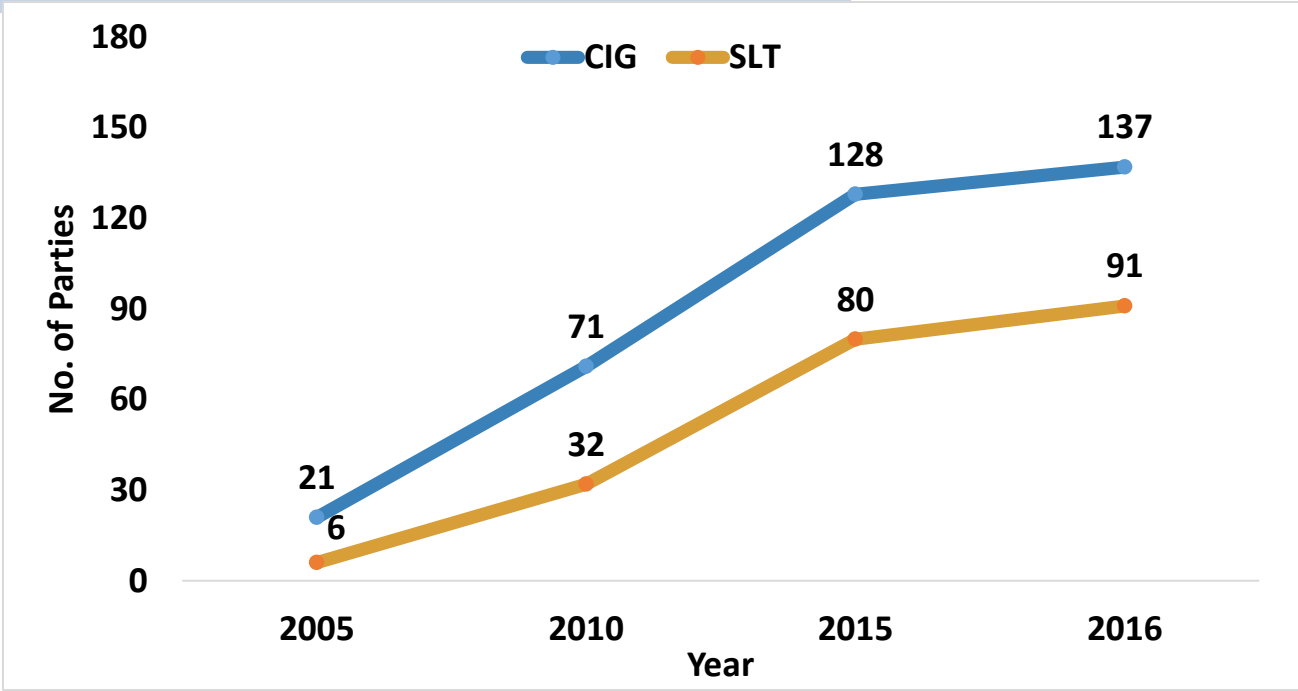


Policy progress - by number & percentage of Parties



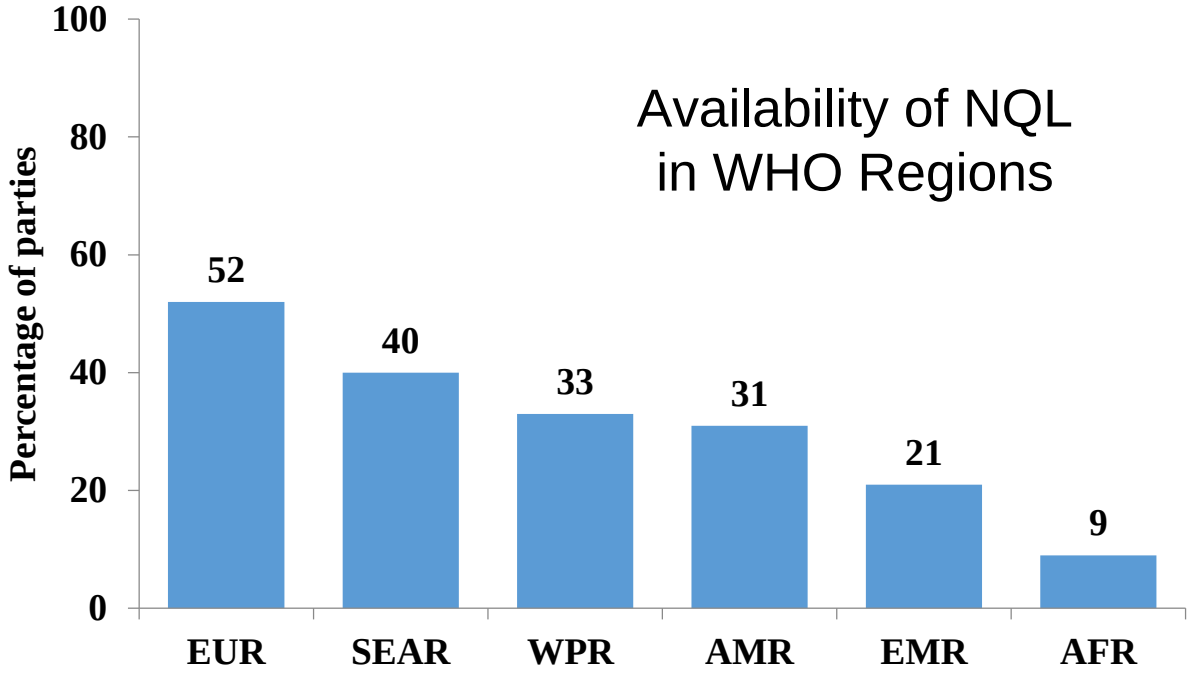
Number and percentage of Parties prohibiting mediums of Direct Advertisement

Policy progress - by year



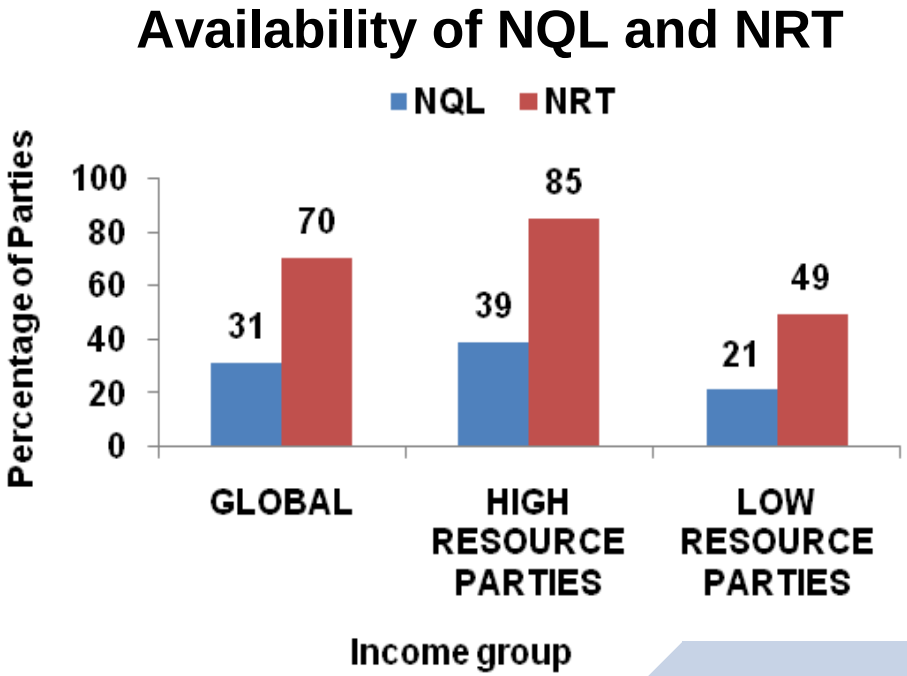
Parties' progress in notifying HW (≥30%) on cigarette and SLT

Policy provisions - by WHO regions

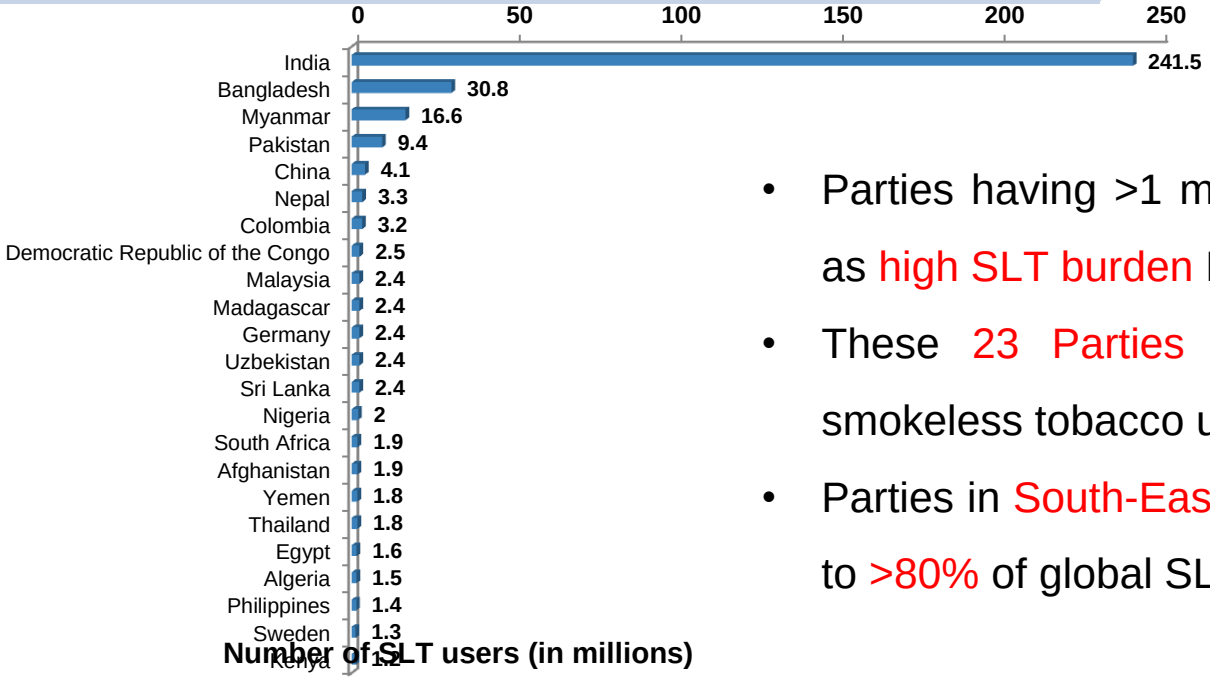


Policy provisions - by Income groups

- High Resource Parties: High income (HIC) and upper middle income (UMIC) Parties combined
- Low Resource Parties: Lower Middle Income (LMIC) and Lower income (LIC) Parties combined



High SLT burden Parties



Number of SLT users (in millions)

- Parties having >1 million SLT users were classified as high SLT burden Parties.
- These 23 Parties are home to 95% of global smokeless tobacco users.
- Parties in South-East Asia Region (SEAR) are home to >80% of global SLT users.

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Policy progress and implementation status in high SLT burden Parties

Countries	Complying / Non-complying	Implementation status
India	**C**	√
Bangladesh	C	Not yet
Myanmar	C	Not yet
Pakistan	X	X
Dem. Rep. of Congo	X	X
China	X	X
Nepal	**C**	√
Colombia	C	Not yet
Malaysia	X	X
Madagascar	P	X
Germany	P	X
Uzbekistan	P	X
Sri Lanka	N/A	N/A
Nigeria	P	X
South Africa	X	X
Afghanistan	P	X
Yemen	P	X
Thailand	N/A	N/A
Egypt	**C**	√
Algeria	X	X
Philippines	**C**	√
Sweden	P	X
Kenya	**C**	√

Partial (P) = any one provision of Article 11 covering 30% or more

Complete (C) = PHW covering 30% or more and having multiple rotating HWs

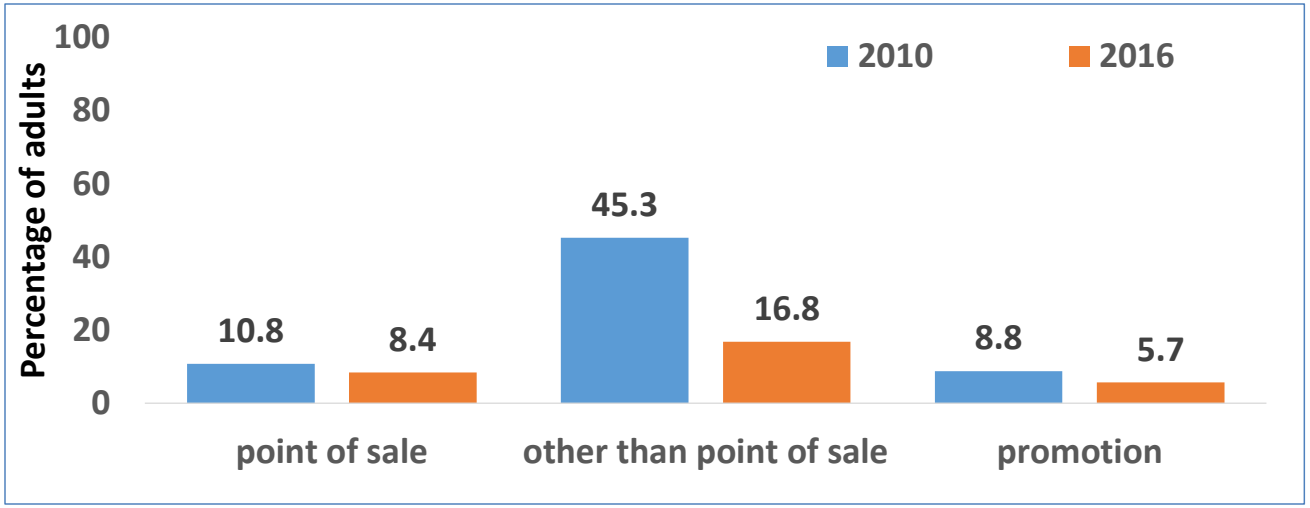
Non-complying (X)

Not Applicable (N/A)

Implementation Indicators

Implementation - by pertinent indicators

Progress in implementation was evaluated by pertinent indicators in surveillance systems.



Exposure to SLT advertisements and promotion in India by year

Effectiveness of Interventions in Specific Groups/Geographical Areas

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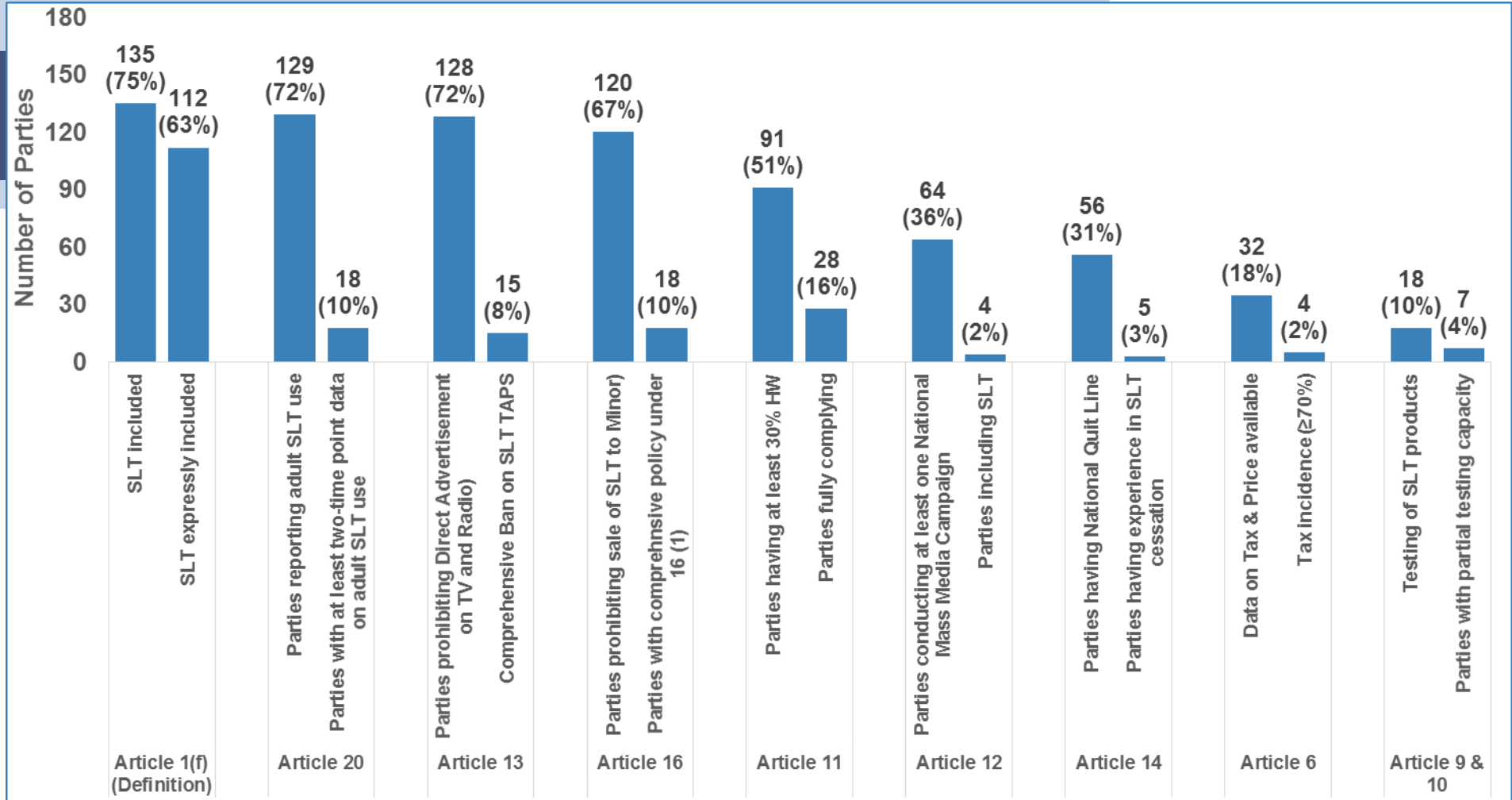
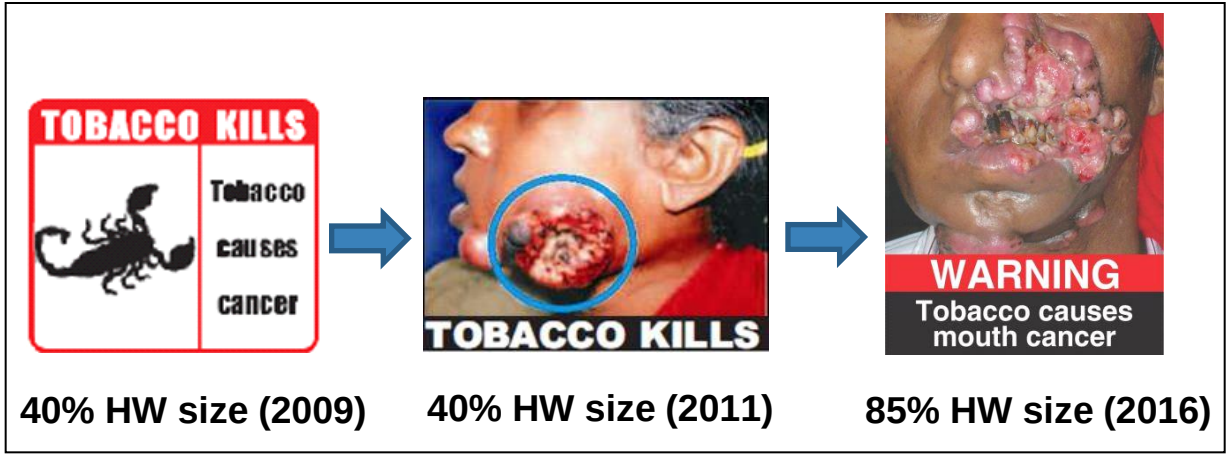
Number and Percentage of Parties implementing different FCTC provisions on SLT in general and by its comprehensiveness


Number of Parties
180
150
120
90
60
30
0
135 (75%)
112 (63%)
129 (72%)
18 (10%)
128 (72%)
15 (8%)
120 (67%)
18 (10%)
91 (51%)
28 (16%)
64 (36%)
4 (2%)
56 (31%)
5 (3%)
32 (18%)
4 (2%)
18 (10%)
7 (4%)
SLT Included
SLT expressly included
Parties reporting adult SLT use
Parties with at least two-time point data on adult SLT use
Parties prohibiting Direct Advertisement on TV and Radio)
Comprehensive Ban on SLT TAPS
Parties prohibiting sale of SLT to Minor)
Parties with comprehnsive policy under 16 (1)
Parties having at least 30% HW
Parties fully complying
Parties conducting at least one National Mass Media Campaign
Parties including SLT
Parties having National Quit Line
Parties having experience in SLT cessation
Data on Tax & Price available
Tax incidence (≥70%)
Testing of SLT products
Parties with partial testing capacity
Article 1(f) (Definition)
Article 20
Article 13
Article 16
Article 11
Article 12
Article 14
Article 6
Article 9 & 10

Percentage of SLT users who thought of quitting because of warnings seen on SLT packs: India



40% HW size (2009) | 40% HW size (2011) | 85% HW size (2016)

34%

SLT prevalence: 25.9%

46%

SLT prevalence: 21.4%

Source: India Global Adult Tobacco Survey (2009-10 and 2016)

Mass Media Programs in India

Indian government airs campaign to highlight dangers of smokeless tobacco

Within its National Tobacco Control Programme, the Government of India allocates approximately US$ 5 million annually to anti-tobacco mass media campaigns. Based on increasing evidence, including the recent Global Adult Tobacco Survey that shows smokeless tobacco is used by more than a quarter of all adults in India, one of the most recent campaigns highlights the harmful effects of smokeless tobacco use.

The campaign was run in three 6-week phases for more than a year to warn the public about the dangers of smokeless tobacco use. The first phase of the campaign, which aired on television and radio in November and December 2009 in 11 local languages, included hard-hitting footage of patients with tobacco-related cancers and featured an oral cancer surgeon describing the disfigurements suffered by tobacco chewers. The campaign was also adapted for northeastern Indian audiences and ran for eight weeks in early 2010. An evaluation of the campaign showed high recall and impact (75).

The second phase of the campaign against smokeless tobacco aired on television and radio from January to March 2011 in 16 languages. It featured Mukesh Harane, a 24-year-old smokeless tobacco user who died from oral cancer caused by chewing tobacco, and showed other patients at Tata Memorial Hospital in Mumbai who suffered from disfiguring and deadly cancers attributable to its use. The campaign generated considerable press coverage and helped bring facts about the smokeless tobacco epidemic in the country to the forefront.

A web site (http://www.chewonthis.in) has been developed and launched jointly by the Ministry of Health and Family Welfare and Tata Memorial Hospital as an advocacy platform to highlight the dangers of smokeless tobacco products. An innovative mobile technology using text messaging has also been used to supplement television and radio advertising on the harms of smokeless tobacco use.

Evaluation of the Campaign

The campaign affected SLT users as intended:

- 63% of smokeless and 72% of dual users recalled the campaign (mostly through TV).
- Over 70% of them said that it made them stop and think, was relevant to their lives and provided new information.
- 75% of smokeless and 77% of dual users said that it made them feel concerned about their habit.
- Campaign awareness was associated with better knowledge, more negative attitudes towards smokeless tobacco and greater cessation-oriented intentions and behaviours among smokeless tobacco users.

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Source: **Murukutla N,** Turk T, Prasad CVS*, et al.* Results of a national mass media campaign in India to warn against the dangers of smokeless tobacco consumption *Tobacco Control* 2012;**21:**12-17.

National Bilingual mCessation - India

- Ministry of Health and Family Welfare, Government of India, introduced mobile based cessation support in 2016.
  - More than 2 million tobacco users enrolled
  - Average quit rate among 12000 registered users: 7% for both smokers and SLT users on 6 month follow up.
  - Interactive Voice response to be expanded in five additional language.

Data-driven actions to advance FCTC progres

- Nepal – Pictorial Health Warnings
- India – PHWs and Mobile Based Cessation
- Philippines – Sin Tax Reform
- India and Thailand - Two point in series data on SLT showing declining trend

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Taxation India and Bangladesh

- Just as in the case of cigarettes, taxation can be an effective tool to reduce consumption of and increase tax revenue from SLT products.
- Tax increases have been effective in reducing ST use in both India and Bangladesh.
- Successive GATS surveys done in 2010 and 2017 in India and ITC surveys done in 2009 and 2012 in Bangladesh show significant reductions in the prevalence of ST use in the general adult population.
- Significant tax increases on ST products also have occurred during this period in both countries. In India, in particular, it was found that increasing the price of ST products may discourage ST use among men and youth.*

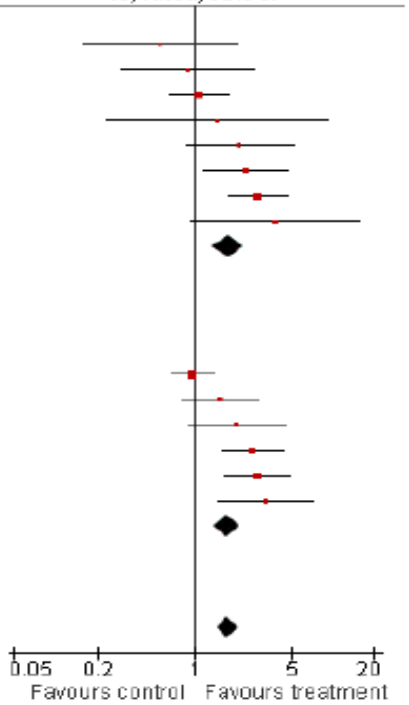
***Source:** Kostova D, Dave D. Smokeless tobacco use in India: Role of prices and advertising. *Social Science & Medicine* 2015;**138**:82–90. doi:10.1016/j.socscimed.2015.05.036; Joseph RA, Chaloupka FJ. The Influence of Prices on Youth Tobacco Use in India. *Nicotine Tob Res* 2014;**16**:S24–9. doi:10.1093/ntr/ntt041

SLT & Smoking Cessation Interventions among Adults

(Cochrane Library 2012)

Figure 1. Forest plot of comparison: 1 Behavioral interventions versus control, outcome: 1.1 Abstinence at longest follow-up.

Study or Subgroup	log[Adjusted Odds Ratio]	SE	Intervention N Total	Control N Total	Weight	Adjusted Odds Ratio IV, Fixed, 95% CI
1.1.1 Cigarette Smokers						
Lando 2007	-0.5773	0.6544	61	63	1.8%	0.56 [0.16, 2.02]
Ebbert 2007	-0.1178	0.5648	60	22	2.3%	0.89 [0.29, 2.69]
Severson 1998	0.0739	0.2478	1374	1350	12.2%	1.08 [0.66, 1.75]
Binnie 2007	0.3874	0.9324	59	57	0.9%	1.47 [0.24, 9.16]
Gordon 2010a	0.7488	0.4499	793	550	3.7%	2.11 [0.88, 5.11]
Nohlert 2009	0.8387	0.3597	150	150	5.8%	2.31 [1.14, 4.68]
Gordon 2010b	1.0603	0.2527	1394	1165	11.7%	2.89 [1.76, 4.74]
Hanioka 2010	1.3375	0.7171	33	23	1.5%	3.81 [0.93, 15.53]
Subtotal (95% CI)			**3924**	**3370**	**39.9%**	**1.74 [1.33, 2.27]**
Heterogeneity: Chi² = 14.21, df = 7 (P = 0.05); I² = 51%						
Test for overall effect: Z = 4.02 (P < 0.0001)						
1.1.2 Smokeless Tobacco Users						
Gansky 2005	-0.0341	0.1805	285	352	23.0%	0.97 [0.68, 1.38]
Stevens 1995	0.4181	0.318	245	273	7.4%	1.52 [0.81, 2.83]
Walsh 2003	0.7068	0.4181	141	166	4.3%	2.03 [0.89, 4.60]
Severson 2009	0.9665	0.2645	393	393	10.7%	2.63 [1.57, 4.41]
Walsh 1999	1.0525	0.2728	171	169	10.1%	2.86 [1.68, 4.89]
Andrews 1999	1.1826	0.4015	394	239	4.6%	3.26 [1.49, 7.17]
Subtotal (95% CI)			**1629**	**1612**	**60.1%**	**1.70 [1.36, 2.11]**
Heterogeneity: Chi² = 19.10, df = 5 (P = 0.002); I² = 74%						
Test for overall effect: Z = 4.74 (P < 0.00001)						
Total (95% CI)			**5553**	**4982**	**100.0%**	**1.71 [1.44, 2.03]**
Heterogeneity: Chi² = 33.33, df = 13 (P = 0.002); I² = 61%						
Test for overall effect: Z = 6.21 (P < 0.00001)						
Test for subgroup differences: Chi² = 0.02, df = 1 (P = 0.90), I² = 0%						

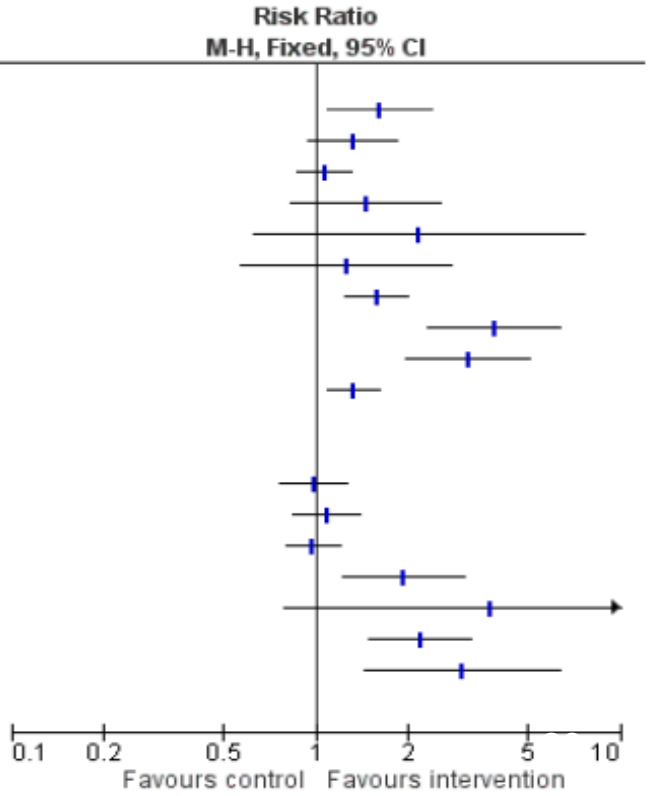


SLT Use Cessation Interventions among Adults

(Cochrane Library 2015)

Figure 1. Behavioural interventions: Abstinence from all tobacco use (where reported) at 6 months or more.

Study or Subgroup	Intervention Events	Intervention Total	Control Events	Control Total	Risk Ratio M-H, Fixed, 95% CI
4.1.1 Individual randomisation					
Boyle 2004	44	109	28	112	1.61 [1.09, 2.39]
Severson 2007	69	535	52	534	1.32 [0.94, 1.86]
Danaher 2013	159	857	149	859	1.07 [0.87, 1.31]
Stevens 1995	25	245	19	273	1.47 [0.83, 2.60]
Cigrang 2002	7	31	3	29	2.18 [0.62, 7.65]
Stotts 2003	19	198	8	105	1.26 [0.57, 2.78]
Severson 2008	159	1260	100	1263	1.59 [1.26, 2.02]
Severson 2009	69	392	18	393	3.84 [2.33, 6.33]
Boyle 2008	62	201	20	205	3.16 [1.99, 5.03]
Danaher 2015a (1)	356	1259	90	424	1.33 [1.09, 1.63]
4.1.2 Randomisation by organisation					
Cummings 1995	76	316	102	417	0.98 [0.76, 1.27]
Walsh 2010	64	123	59	123	1.08 [0.84, 1.39]
Gansky 2005	103	285	130	352	0.98 [0.80, 1.20]
Walsh 2003	38	141	23	166	1.95 [1.22, 3.10]
Virtanen 2015	7	94	2	100	3.72 [0.79, 17.47]
Walsh 1999	60	171	30	189	2.21 [1.50, 3.25]
Severson 1998	40	394	8	239	3.03 [1.44, 6.37]



Anti-Tobacco Community Education Program (ATCEP)

(1986-1992)

Kolar (Karnataka, India)

(Anantha et al. 1995)

- Tobacco education interventions raising awareness about the harmful effects of tobacco with the help of health workers.
- Quit rate of male SLT users was 32.0% at follow up survey at 2 years & 30.2% at the final survey at 3 years.

World No Tobacco Day Cessation program (WNTD) (2007-08)

Chemical Industrial unit at Ratnagiri (Maharashtra, India)

(Mishra et al. 2009)

- Weak evidence from one Indian interventional cohort of focus group sessions were).
- Also, behavioural support plus pharmacotherapy (Bupropion) can have a positive effect on stopping tobacco use among South Asians (overall quit rate =20%)

Project MYTRI (Mobilizing Youth for Tobacco-Related Initiatives in India (2004-06)

Delhi & Chennai (India)

(Perry et al. 2009, Stigler et al. 2007)

- Interventions by peers can have a positive effect on reducing tobacco use.
- Limited evidence from one Indian cluster RCT (Goenka et al. 2010) showed that training of teachers had a positive effect on implementation of intervention components and objectives and better intervention outcomes.

Bangladeshi Stop Tobacco Project (BSTP)

United Kingdom

- Moderate evidence from one UK quasi-experimental study (Croucher et al. 2003) shows that brief advice and encouragement can have a positive effect on quitting tobacco among South Asians.
- Croucher et al. (2011) showed use of NRT with behavioural support as beneficial in cessation (OR=5.38, 95% CI 2.71, 10.70), while Croucher et al. (2003) found that at the end of 4 weeks, 19.5% stopped tobacco use: of which 22% had received NRT in addition to behavioral support.


Thank
you