

INTER-COUNTRY MEETING ON SMOKELESS TOBACCO POLICY

**16-18 August 2017
New Delhi, India**

18 August 2017

In accordance with the work plan and budget adopted by the sixth session of the FCTC Conference of the Parties for the financial period 2016-2017, WHO FCTC Secretariat's Global Knowledge Hub on Smokeless Tobacco (GKHSLT) prepared a report reviewing smokeless tobacco (SLT) policies across FCTC Parties. The Hub, along with the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC) and the WHO Regional Office for South-East Asia, organised an inter-country meeting to discuss the findings of the report. The meeting brought together Party representatives from within and outside the Region, as well as subject experts from international agencies, to discuss policy options for prevention and control of SLT products.

Participants' key observations about the global SLT policy scenario and their proposals on the way forward to address the challenges identified are summarised here. These are meant to inform the work of Parties to the Convention, of states non-Parties and other interested stakeholders on policies to prevent and control SLT use, and to also inform future agenda of the Conference of the Parties, the governing body of the WHO FCTC, as well as other international efforts.

KEY OBSERVATIONS AND THE WAY FORWARD

Article of the Convention	Key observations	Way forward
	<ul style="list-style-type: none"> Parties' implementation of FCTC provisions on smokeless tobacco (SLT) products, their promotion, trade and use lags behind in comparison to cigarettes. 	<ul style="list-style-type: none"> FCTC provisions need to be applied to all types of tobacco products, including SLT.
1 (f)	<ul style="list-style-type: none"> All national tobacco control laws, related policies and programmatic documents do not apply or explicitly refer to SLT. Tobacco is used in ways other than those defined in the FCTC, including in unmanufactured forms and preparations self-made by users or prepared by the vendors by 	<ul style="list-style-type: none"> The definition of tobacco products in the Use of terms in FCTC Article 1 (f) includes SLT products and is to be utilized. It is as follows: "products entirely or partly made of the leaf tobacco as raw material which are manufactured to be used for smoking, sucking, chewing or snuffing".¹ In addition, as FCTC Article 2.1 encourages Parties to implement measures beyond those required by the Convention, national laws need to define tobacco

¹ One Party reported using a broader definition for SLT in its national legislation.

	<p>mixing tobacco with other ingredients such as betel nut, herbs, flavouring agents, lime, etc, in several Parties.</p>	<p>products comprehensively and contextually to cover all products in use by the population.</p>
6	<ul style="list-style-type: none"> Taxes on SLT products are still very low compared to cigarettes in most Parties. 	<ul style="list-style-type: none"> FCTC Article 6 Guidelines recommend measures to progressively increase taxes on all tobacco products including SLT. Taxes on SLT products should meet the WHO recommendation for the proportion of taxes in their price, ensuring that they are not affordable and avoid substitution between products.
	<ul style="list-style-type: none"> Tax administration is weak and tax evasion along the supply chain is rampant in many Parties. 	<ul style="list-style-type: none"> In addition to FCTC Article 6 Guidelines, other measures to strengthen tax administration and prevent tax evasion can be found in the Protocol to Eliminate Illicit Trade of Tobacco Products.
9 and 10	<ul style="list-style-type: none"> Parties' capacity for testing contents of SLT products is inadequate. 	<ul style="list-style-type: none"> Develop new or facilitate use of existing laboratory capacity in the WHO regions to test and measure contents of SLT products. (For example, three tobacco testing laboratories are being established by the Government of India, one of which is going to be established in the institution hosting the Global Knowledge Hub on Smokeless Tobacco. These laboratories will test all tobacco products, including SLT.)
	<ul style="list-style-type: none"> Standard operating procedures (SOPs) to test and measure exist only for a limited number of contents of SLT products but there are no internationally agreed approaches for testing the contents or emissions of SLTs. (e.g: SOPs to test and measure microbial contamination of SLT is currently unavailable). 	<ul style="list-style-type: none"> Continue the efforts to develop and verify or validate SOPs for testing key contents of SLT (e.g. aflatoxin), as required under decision FCTC/COP7 (14) para 5) and to internationally agree SLT methods which could be utilised by parties.
	<ul style="list-style-type: none"> The applicability of Article 9 and 10 (partial) guidelines to testing and measuring SLT products is incomplete. 	<ul style="list-style-type: none"> Evidence based practices and lessons should be documented and shared to inform the further development of the guidelines on Articles 9 and 10.

	<ul style="list-style-type: none"> Assessment presented at the meeting did not include measures to reduce SLT toxicity, addictiveness and attractiveness. 	<ul style="list-style-type: none"> Future work needs to examine the Parties efforts to address toxicity, addictiveness and attractiveness of SLT products. This will further inform the development of the guidelines on articles 9 and 10
11	<ul style="list-style-type: none"> Low resource Parties² tend to have better policy adoption to implement Article 11 provisions on SLT products compared to high resource Parties³. 	<ul style="list-style-type: none"> FCTC Article 11 guidelines require parties to implement large, pictorial warnings on all tobacco products. Practices and learning from low resource Parties can be shared with high resource Parties to improve the implementation of Article 11 Specify multiple messages relevant to SLT products.
	<ul style="list-style-type: none"> Absence of specific dimensions of health warnings (HW) on SLT packages allows manufacturers to make them invisible; this problem is compounded by non-standardised SLT packs that differ in size, quantity, shape and other package characteristics. 	<ul style="list-style-type: none"> Good practices of prescribed minimal dimensions that make the HW visible and effective are already available in some Parties, they should be collected and shared among Parties. The KH could serve as repository for such good practices.
	<ul style="list-style-type: none"> Tailor made and home-made SLT products do not carry health warnings. 	<ul style="list-style-type: none"> Health warnings (both graphic and text) at points of sale can provide the necessary information to users of such products.
	<ul style="list-style-type: none"> SLT specific pictures in the WHO health warnings database are limited; and these are not currently organized under an SLT category. 	<ul style="list-style-type: none"> GKH to collect existing SLT package pictures for eventual addition to the WHO Health Warnings Database; WHO to create a SLT category in the database.
12	<ul style="list-style-type: none"> There are limited SLT specific mass media campaigns; and even fewer evaluated ones. 	<ul style="list-style-type: none"> GKH to develop an inventory of SLT media campaigns and practices of culturally relevant interventions and make them available through their website. Parties to undertake anti-tobacco campaigns, including mass media, social and digital media campaigns, and evaluate their outcomes.
	<ul style="list-style-type: none"> Some Parties have successfully engaged media for tobacco control messaging at low to no cost. 	<ul style="list-style-type: none"> There needs to be more SLT related earned media such as by requiring anti-tobacco spots in

² Low Resource Parties are Low and Lower Middle Income Countries

³ High Resource Parties are High Income and Upper Middle Income Countries

		movies, and TV.
	<ul style="list-style-type: none"> Existing cultural practices and the misconception that SLT is beneficial to health present specific challenges for their control and related communication (e.g. offering betel leaf tray with tobacco is offered to monks (Sri Lanka), offering tobacco during marriages (Bangladesh, India, Nepal). 	<ul style="list-style-type: none"> Explore locally relevant community and policy interventions to address the socio-cultural roots of using and spitting smokeless tobacco. (For instance, the initiative promoting new betel leaf tray without tobacco and areca nut). Education and communication strategies, messages and materials need to be tailor made to dispel myths among specific target populations and aimed at behaviour change.
13	<ul style="list-style-type: none"> Majority of Parties have no law prohibiting tobacco advertising, promotion and sponsorship (TAPS) at points of sale, including of SLT. Surrogate advertising, brand-sharing and brand-stretching of SLT products and their ingredients is prevalent and increasing in several Parties. 	<ul style="list-style-type: none"> FCTC Article 13 guidelines recommend comprehensive measures that Parties can implement to ban all forms of TAPS across tobacco products. Additionally, resources available from other Parties (from the website of the convention secretariat) could also be utilised.
	<ul style="list-style-type: none"> SLT advertising, promotion and sponsorship via the Internet and social media is a global phenomenon. Cross border TAPS of all tobacco products, including on social media, is an area of concern. 	<ul style="list-style-type: none"> These need to be brought to the attention of the FCTC Expert Group on cross border advertising established at COP7.
14	<ul style="list-style-type: none"> Lack of availability, accessibility and affordability of cessation interventions specific to SLT. (e.g. meta-analysis of data from diverse parties show that only 25% of SLT users received advice to quit in comparison to 50% of smokers). 	<ul style="list-style-type: none"> Parties could make brief advice, mhealth and quit lines more broadly to promote SLT cessation in line with FCTC Article 14 guidelines. Health care professionals should be further sensitised and trained to enquire about any tobacco use and give cessation advice equally to users of all forms of tobacco. Health systems need to be more responsive to address the need for quitting tobacco use
	<ul style="list-style-type: none"> Even brief behavioural interventions are effective in facilitating quitting SLT use. 	<ul style="list-style-type: none"> Identify opportunities to integrate SLT cessation into relevant health programmes and services, including but not limited to TB control, oral health, substance abuse and NCDs.

16	<ul style="list-style-type: none"> Few Parties have provisions prohibiting the sale of SLT to minors. 	<ul style="list-style-type: none"> In order to help Parties to meet their obligations with respect to FCTC Article 16, this provision could form part of tobacco control or any relevant legislation, including those on child and juvenile protection.
	<ul style="list-style-type: none"> Availability of SLT products in small packs/sachets makes it affordable to minors. 	<ul style="list-style-type: none"> Sale of SLT products in small packs/sachets to be prohibited.
20	<ul style="list-style-type: none"> SLT prevalence is increasing among several high burden Parties⁴ 	<ul style="list-style-type: none"> This calls for full implementation of the FCTC and improved enforcement of existing laws in relation to SLT.
	<ul style="list-style-type: none"> SLT use data collected so far is insufficient to monitor prevalence and establish trends. 	<ul style="list-style-type: none"> Conduct periodic surveys (at regular intervals) to track population level trends in prevalence and health, economic, social and environmental consequences of SLT, especially for high burden Parties. SLT related questions should be included in national data collection systems such as national surveys on tobacco use, morbidity and mortality.
	<ul style="list-style-type: none"> The additional questions (optional module) of the FCTC reporting instrument that features a section on SLT policies is underutilised by the Parties. 	<ul style="list-style-type: none"> Use the existing FCTC reporting instrument, the core questionnaire and the optional module and the WHO FCTC Indicator Compendium.
Manufacture, sale & importation	<ul style="list-style-type: none"> Several Parties, including a few high burden Parties, have banned the manufacture, sale and/or import of SLT or other forms of tobacco products. 	<ul style="list-style-type: none"> In line with Decision FCTC/COP6(8), Parties may consider prohibiting the manufacture, sale, transportation and import of SLTs through appropriate regulatory mechanisms to help achieve their tobacco control objectives. Parties may also use relevant existing consumer, food safety and environmental laws to limit SLT manufacture, sale, as relevant to national context.
	<ul style="list-style-type: none"> Existing challenges include : <ul style="list-style-type: none"> State ownership of tobacco industry Illegal supply of SLTs from countries that have banned 	<ul style="list-style-type: none"> Address matters related to state tobacco monopolies as recommended in the guidelines on Article 5.3. Parties should consider ratifying or acceding to the Protocol to

⁴ High Burden Parties are those with over 1 million SLT users or prevalence higher than 10% SLT prevalence, among any gender.

	<p>the manufacture, sale and/or import.</p> <ul style="list-style-type: none"> – Personal importation of tobacco products by international travellers 	<p>Eliminate Illicit Trade in Tobacco Products as early as possible to help address the illegal trans-boundary supply of SLTs.</p> <ul style="list-style-type: none"> • Parties should strengthen implementation of FCTC Article 6 and its guidelines to prohibit or restrict such importations. •
Other matters considered	<ul style="list-style-type: none"> • Spitting behaviour related to smokeless tobacco use gives rise to unhygienic conditions in public places. • Not banning spitting in public places facilitates continued tobacco use. 	<ul style="list-style-type: none"> • Evidence on the economic, social and environmental impact of spitting tobacco should be generated. • Discourage spitting in public places, and consider regulating it.
	<ul style="list-style-type: none"> • Areca nut as a key ingredient of several SLT products and raises serious health concerns. 	<ul style="list-style-type: none"> • Policies and interventions to address SLT products need to apply, as relevant, to its harmful ingredients, such as areca nut.
	<ul style="list-style-type: none"> • Insufficient capacity for comprehensive SLT control in Parties with SLT burden. 	<ul style="list-style-type: none"> • The FCTC Secretariat, WHO FCTC Global Knowledge Hub on SLT, WHO and other stakeholders of tobacco control should help Parties in increasing capacity for SLT control, including efforts to raise awareness of Parties on existing technical resources • Organise a lunch time seminar on SLT at COP 8 • Consider including SLT on the agenda of COP 8.
	<ul style="list-style-type: none"> • SLT related industry tactics do not get as much attention as those of the cigarette industry. 	<ul style="list-style-type: none"> • Consider setting up tobacco industry observatories to monitor SLT industry tactics and campaigns.
Research recommendations	<ol style="list-style-type: none"> 1. Continue the research on the health effects of SLT products (e.g. the effects of SLT use in pregnancy, impact on the health of the mother and the child). 2. Research on the effectiveness of policy interventions to control SLT products (related to various articles of the Convention, including that of public awareness campaigns). 3. Research examining the impact of exposure to tobacco products and their marketing on youth tobacco use. 4. Economic research on affordability and price elasticities of SLT products and health cost related to their use. 5. Impact evaluation of measures such as displaying graphic health warnings at points of sale, and programmes that inform users of unmanufactured and self-prepared forms of SLT. 	

	<ol style="list-style-type: none"><li data-bbox="459 56 1428 203">6. Review evidence of the effectiveness and cost benefit analysis of SLT-cessation interventions, including pharmacological interventions, and alternative and traditional methods. Document and share indigenous methods that are evaluated to be effective in cessation.<li data-bbox="459 203 1332 280">7. GKHSLT could serve as a repository/clearinghouse, facilitating collation and dissemination, of SLT related research.
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