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GLOBAL SMOKELESS TOBACCO CONTROL POLICIES AND THEIR IMPLEMENTATION

EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

A. INTRODUCTION

The present report is prepared in accordance with the decisions taken by the Conference of the Parties (COP) at its sixth session in October 2014 (FCTC/COP/6/9). It provides an over view of the status of smokeless tobacco (SLT) control policy and its implementation by the Parties to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). Besides facilitating an exclusive discussion on SLT policy related matters in an Inter-Party Meeting cum Global Expert Consultation, it also provides a comparative progress with progress indicators for cigarettes, some key observations on the progress made in SLT control policy by Parties, and further explores opportunities and challenges related to the specific Articles under the Convention along with proposed recommendations.

B. METHODOLOGY

The report is based on systematic compilation of standard data that is validated by numerous cross-checks by team of experts at the WHO FCTC Global Knowledge Hub on Smokeless Tobacco at ICMR-National Institute of Cancer Prevention and Research (NICPR), Noida, Uttar Pradesh, India.

Information for the study is sourced from WHO FCTC reporting instrument, WHO global tobacco epidemic report 2013, 2015 and 2017, WHO smokeless tobacco survey report, tobacco control legislation, regulation, decree of individual country, and published articles in peer reviewed journals and validated by at least one additional document. For regional analysis, parties were categorized into two major groups - High-Resource Parties by combining High Income (HIC) and Upper Middle Income (UMIC) Parties; and Low-Resource Parties by combining Lower Middle Income (LMIC) and Low Income (LIC) Parties. In addition, another criteria for consideration was Parties having >1 million SLT users or prevalence of $\geq 10\%$ in males or females as high SLT burden Parties.

EXECUTIVE SUMMARY

The present report presents policy progress of the Convention with analysis at the following levels:

1. Number and percentage of Parties, policy progress on Articles 1(f), 6, 9, 10, 11, 12, 13, 14, 16, and 20; and in addition, some other relevant issues pertinent to SLT were also included.
2. Annual Policy progress has been mapped.
3. Examples of recent and innovative activities, legislative processes and other actions have been presented as case studies.
4. It does not always include the enforcement and compliance aspects unless some outcome or process indicators are cited in some reports at national level.

The report presents overall recommendations for inclusion of SLT in the legislative and regulatory framework of a Party as considered in line with Article 1(f) of the Treaty, which mentions that “Tobacco products” means products entirely or partly made of the leaf tobacco as raw material which is manufactured to be used for smoking, sucking, chewing or snuffing.”

Out of 179 Parties, 135 Parties have included SLT under ‘tobacco products’ in their laws. Of 135 Parties, 112 have expressly and 23 included either generally or in an obscure way. Forty-Four Parties have either not included SLT or laws were not available in English language.

C. FINDINGS

1. Article 6: Price and Tax Measures on SLT

Since Smokeless tobacco consists of a wide range of heterogeneous products which are manufactured and sold in a variety of forms, it is difficult to establish a standardized unit for the purposes of pricing or taxing. Price and tax measures on these products are often confusing and require more clarity to have an effective tax policy on SLTs.

EXECUTIVE SUMMARY

Taxes on SLTs are imposed either as ad valorem or specific. In several Parties, there is a federal level excise tax and a state level sales or value added tax. Tax on SLTs varies considerably across Parties, from 0% in 7 Parties (i.e. no tax of any kind on SLTs) to 72.4% in Sudan. Only 4 Parties had SLT tax incidence of 70% and above. Similarly, there is also larger variation in prices of SLTs across Parties and within the Party, across products. Although there is no discernible pattern in tax incidence across income group, the retail prices (PPP dollars) were on average lower for SLT products in low-resource Parties and higher in high-resource Parties. This could explain the relatively high prevalence of SLT use in low-resource Parties. Nineteen out of 32 Parties had unit prices of SLTs at least two PPP \$ lower than that of cigarettes. Available estimates show that the price elasticity's for various SLTs are largely negative and less than one. Based on the findings, taxation can be used as an effective tool not only to decrease consumption of SLTs, but also to increase tax revenue. Empirical evidence from both India and Bangladesh suggest that high taxation has reduced SLT use in the general adult population. Available estimates on affordability of SLTs indicate that these products have become more affordable in India while the affordability has remained the same in Bangladesh over the years. The compounded levy system followed in India to tax SLT products has been found quite effective after incorporating 'speed of packing machines' (used to pack SLT products) into the 'deemed production' (as declared by the manufacturer). This could be emulated in similar settings elsewhere in the world.

Taxation on SLT should be such that it keeps up with inflation whilst simultaneously ensuring their prices sufficiently increase with the objective of making SLTs more unaffordable. Tax rates should be standardized across the SLT products and in a manner that discourages substitution with other tobacco products. It is important to set a minimum floor price on all tobacco products, including SLT, that are sold in a country. The minimum floor price per the lowest unit of the tobacco product sold should be equalized across all tobacco product categories. Governments, India in particular, should be able to exercise excise taxation option on SLTs to adequately raise their tax burden consistently.

EXECUTIVE SUMMARY

2. Article 9 & 10: Regulation of SLT Contents and its Disclosures

Article 9 deals with testing, measuring and regulating of the contents as well as emissions of tobacco products. Article 10 deals with disclosure by manufacturers and importers of tobacco products about the contents and emissions of tobacco products to governmental authorities and the public. As Article 9 & 10 articles are closely related, the therefore, guidelines for implementation of Articles 9 and 10 have been developed together. Effective regulation of tobacco products in line with Articles 9 and 10 will act as a milestone if the long-term objective of reducing the danger of SLT products is to be achieved by the Parties.

According to the FCTC reporting instruments, the average implementation rate for Articles 9 and 10 was nearly 50% during 2012–16, but these were mainly related to cigarettes. Respectively forty-one and thirty-one Parties have laws banning the display of quantitative information on emission yields (such as nicotine) on cigarettes and SLT packaging. The majority of them were high-resource Parties. Law mandates the display of qualitative information on relevant constituents and emissions of cigarettes and SLT packaging, in 64 and 22 Parties respectively.

Thirteen percent (n = 24) of Parties have done analysis of the chemical composition of SLT on an ad hoc basis. Not all SLT products available in these Parties had been analyzed, nor were they analyzed on a periodic basis.

It was further noted that levels of NNK, NNN, B[a]P, heavy metals, pH and nicotine content had a diverse range in various analysis. The estimated levels were inconsistent among various SLT products, individual brands of the same product, and also within the brand in that Party. The establishment of a tobacco testing laboratory network across the globe is limited, with minimal focus on SLT.

Parties should encourage and invest in further research on SLT products, their ingredients and emissions for effective regulation of SLT products. Major initiatives are required that promote collaborations between academia, researchers, scientists and governments to ensure that reports from the laboratory are quickly interpreted and efficiently translated for implementation.

EXECUTIVE SUMMARY

Detailed guidelines on Articles 9 and 10 including information on SLT should be developed. Parties should contribute towards development of comprehensive guidelines for Articles 9 and 10 as well as support their adoption.

3. Article 11: Packaging and Labeling of SLT

Article 11 pertains to effective packaging and labeling of tobacco products. The impact of this has proven outstanding for smoked products especially cigarettes. The emphasis on implementing the health warnings (HW) has always been on cigarettes, with minimal focus on other tobacco products. This is despite evidence that effectiveness of health warnings (HW) applies to SLT as well. There has been rapid progress in HW (30% size) since FCTC adoption. However, this is disproportionately focused on Cigarettes as compared to SLT. By 2016, nearly half of Parties (51%) had notified HW on SLT, whereas three-quarter of Parties (77%) had HW on cigarettes. Large HWs (50% size) were notified by one-quarter of Parties (27%) on SLT packages, as compared to more than half the Parties (56%) for cigarettes packages. PHWs were notified by one-fifth of Parties (20%) for SLT and more than half the Parties (56%) for cigarettes. Similarly, multiple HWs (2 specific warnings) were notified by one-quarter of the Parties (27%) for SLT and two-thirds of the Parties (66%) for cigarettes. For cigarettes, all above provisions were notified by higher proportion of high-resource Parties as compared to low-resource Parties. On the other hand, for SLT, low-resource parties showed better compliance. Overall, SEAR recorded best compliance in accordance with provisions of Article 11 for SLT. Among high-burden Parties for SLT, India.

Nepal, Philippines, Egypt, Kenya, Uruguay and Kyrgyzstan have complete policies and their implementation. In Bangladesh, Myanmar, Colombia, Cambodia and Burkina Faso has complete law in place, but not implemented. Globally, only 16% (n = 28) Parties have complete policies for SLT.

The current findings emphasize the need for comprehensive policy formulation and implementation of Article 11 for all tobacco products. Parties need to implement large warnings with pictorial representations and multiple messages on various diseases for all tobacco products.

EXECUTIVE SUMMARY

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

Article 12 creates an obligation for the Parties to “promote and strengthen public awareness of tobacco control issues, using all available communications tools, as appropriate.”

Global FCTC Implementation Progress Report 2016 indicates that 70% of the reporting Parties have implemented Article 12 in their jurisdictions. The WHO Global Tobacco Epidemic Report (2015 and 2017) indicates that nearly 39% Parties in 2014 and 36% Parties in 2016 had conducted at least one anti-tobacco national mass media campaign. Neither report provides any specific information on implementation of Article 12 with respect to SLT.

High-resource Parties include SLT in their campaign wherever required. Some of the low-resource Parties (India, Bangladesh, Nepal, Pakistan etc.) and several high-resource Parties, including one non-Party (United States), have implemented some form of national and sub-national mass media campaign on SLT prevention and control. Parties have also gained media coverage from various events and activities highlighting the hazards of SLT products. Among high SLT burden Parties, only India has implemented a dedicated national mass media on anti-SLT awareness (GATS India 2010).

Global School Personnel Survey (GSPS) undertaken by several Parties indicated that curricular and co-curricular activities on tobacco are almost negligible. School personnel who wish to have training on youth tobacco prevention and cessation do not have access to teaching and learning material, and have not been formally trained on tobacco cessation.

Several national and local surveys have indicated that people were unaware about the harmful effects of SLT use, instead subscribing to myths regarding its use.

There is an urgent need to implement dedicated national mass media and social media campaigns focused on reducing SLT use.

EXECUTIVE SUMMARY

5. Article 13: Ban on SLT Advertisement, Promotion and Sponsorship (TAPS)

Article 13 provides guidelines to Parties for a comprehensive ban on TAPS. Evidence suggests that TAPS bans reduce tobacco use, especially among young people. However, partial advertising bans provide tobacco companies opportunities to find new ways to market their products.

According to the WHO Global Tobacco Epidemic Report 2017, >65% of the Parties have banned SLT advertisement in 'national TV and radio', 'national print media' and 'billboards'. More than half of the Parties (59%) have banned SLT 'advertisement on international TV and radio'. Majority of the Parties have not banned 'advertisement at point of sale' (58%) and in 'international print media' (47%). Half of the Parties (50%) have banned SLT promotions and sponsorship. Only 8% Parties (n = 15) have framed comprehensive policies for SLT TAPS ban. Implementation status over high SLT burden Parties such as India is poor and exposure to SLT advertisements and promotion among adults is higher as compared to smoked products.

A distinct gap is noticed among cigarettes and SLT products for all provisions under Article 13, with 'advertisement at point of sale' and 'international print media' being the least notified regulations. A comprehensive ban on TAPS should be affected towards implementation of Article 13 for all tobacco products by all Parties.

6. Article 14: Demand Reduction Measures Concerning SLT Dependence and Cessation

Article 14 of WHO FCTC deals with demand reduction measures concerning tobacco dependence and cessation. Tobacco cessation support and national toll-free quit lines are available in very few Parties (<20% and 31% respectively), mostly in high-resource Parties and those of the European region. Nicotine Replacement Therapy (NRT) is legally available in the jurisdiction of almost three-quarters of the Parties (70%). Very few Parties (12%) have reported full coverage of the costs of tobacco cessation treatment or available pharmaceutical products, in at least one of their tobacco cessation support facilities.

EXECUTIVE SUMMARY

Findings from the Global Adult Tobacco Survey (GATS) reports from various Parties show that health care professionals advise at least 50% smokers to quit while they advise the same to only 25% of SLT users.

Global Health Professions Students Survey indicates that medical, dentistry; pharmacy and nursing students have agreed that tobacco cessation is the primary function of health care providers. They also wish to have training on tobacco cessation, but have not been formally trained.

A literature search shows that only 5 Parties (3%) have experience in SLT cessation. Meta-analysis has shown that behavioral intervention alone has 60% more chance of quitting and is the most effective way of intervention both for low- and high-resource settings. Tobacco cessation with behavioral intervention in low-resource and high SLT burden Parties are the most suitable solutions and are thus recommended. Health care providers need to be sensitized to provide equal care to both smokers as well as to SLT users.

7. Article 16: Access and Availability of SLT to Minors

Article 16 of WHO FCTC focuses upon restricting tobacco sales to and by minors. Several studies have revealed that successful prohibition of sale of tobacco to minors can reduce youth tobacco usage.

Nearly two-thirds of the Parties (67%) have banned sale of SLT to minors. Nearly 10% of the Parties have notified all provisions of Article 16 (1) for SLT, implying a complete policy for ban on Sale to minor. These Parties mostly belonged to high-resource group. Most of the high SLT burden Parties do not have comprehensive ban on sale of SLT to minors. Nearly half of the Parties (45%) have banned sale of SLT by minors.

A comprehensive policy formulation on banning sale of tobacco to minors and its proper enforcement is required to prevent access and availability of tobacco including SLT to the minors.

EXECUTIVE SUMMARY

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

Data on SLT use among adults is available at a national level in 129 Parties. Of these, only 10% of Parties have recent data (2012–17). Globally, nearly 2 in 10 adults smoke and nearly one in 10 adults use SLT. Unlike other regions, in SEAR SLT use among adults is greater than smoking. SEAR has double burden of high prevalence of smoking (1 in 5) and SLT use (1 in 5). Among women tobacco users globally, SLT is the predominant form of tobacco used. SLT use is higher in rural areas (1.25–3 times) and in the poorest communities (3–17 times) in SEAR and African Region. SLT use among adults decreased in India from 25.9% in 2010 to 21.4% in 2016. Meanwhile SLT use is on the rise in Myanmar.

Data on SLT use among adolescent at national level is available for 103 Parties. Of these, only 20% of Parties have recent data (2012–17). Unusually SLT use among adolescents in SEAR is higher than smoking. SLT product prevalence for both adults and adolescents is available for limited number of Parties (n = 5). SLT use among adolescents has markedly increased in few of the SEAR Parties.

Only 10 Parties have SLT-attributable morbidity and mortality data. Only 35 Parties have price and tax incidence rates for SLT. Bangladesh has one health cost study specific to SLT and India has two in series.

It is recommended that Parties conduct tobacco specific surveys and include SLT use and its related indicators or should include standard tobacco questions (TQS) in their ongoing health surveys at periodic intervals. The Parties should be supported for engaging in SLT control research as per their needs.

EXECUTIVE SUMMARY

9. Prohibition on Import, Manufacture and Sale of SLT

Almost one-quarter of the Parties have enacted laws to ban the trade of SLT in some form. However, the impact of these laws on the use of SLT has been different for different Parties. Most of these trade restrictions are partial, either on manufacture, import, sale or a combination. However four Parties (Bhutan, Australia, Singapore and Sri Lanka) have prohibited all three. The prohibition on different aspects of SLT trade has been imposed under different laws and not only under a tobacco control law. For example, India used the food safety law; Brazil used its national health and sanitary surveillance agency; and European countries used the Tobacco Product Directives of the European Union. These prohibitions have led to mixed outcomes with limited effect on prevalence of SLT use. For example, there has been a 1% reduction in the percentage of adult population using Gutkha in India, while in Bhutan there has been an increase of almost 12% among adolescents using SLT.

10. Ban on Spitting and SLT use in Public Places

SLT-related spitting in public places presents a complex and widespread challenge to public health. Opinions of experts globally are divided about the adverse health consequences of exposure to public spitting. However, there is historical precedence of countries imposing bans on public spitting to curb the epidemic of tuberculosis. Public notice with this effect was common sight in US, France and England in late 19th century and early 20th century. Public spitting due to chewing tobacco, betel quid and others, is a highly vexing issue in public hygiene management. It is considered a leading cause behind the spread of communicable diseases like tuberculosis, swine flu, avian flu, pneumonia and gastro-intestinal diseases. Chewing tobacco increases the frequency of public spitting. People not only endanger their life by using SLT products, but also of the people around them by spitting.

EXECUTIVE SUMMARY

However, several Parties, provinces and cities continue to prohibit spitting in public places. Such prohibition has been imposed with different intentions in different parts of the world. The reasons mainly included are, to control communicable diseases, maintain public cleanliness and hygiene and as a preventive measure to reduce SLT use. For example, among developed Parties, Singapore has a complete prohibition on spitting in public places. The London Borough of Brent (United Kingdom) and Fairfield Municipal Area (Australia) have also implemented such prohibition. Among developing Parties, Nepal, Bhutan, Papua New Guinea, and several states and cities in India have prohibited using SLT and spitting in public places. The majority of respondents in a study among SLT users wanted to quit because they felt embarrassed of the SLT-induced spitting in public.

CONCLUSION

In 2014 at the WHO FCTC COP6, the Parties agreed to accelerate implementation of the Convention including on SLT products and agreed for strict regulation of new and existing SLT products. This report is a maiden effort towards compiling the progress made by Parties in the regulation and enforcement provisions of the Convention on SLT. In keeping with the intent of the Parties, this review reveals that some progress has been made on most of the Treaty articles.

Article 1(f) provides a clear definition of all kinds of tobacco products. Out of 179 Parties to the Treaty, 135 Parties have included SLT in their definition of tobacco products. Among these 135 Parties, 112 have clearly and categorically defined SLT (Fig 3.1).

Since COP6 in 2014, Parties resolved to increase focus on SLT prevention and control. This has led to an increase in research, surveillance and exchange of information (Article 20) related to SLT. Nearly three quarters of the Parties (72%) have data on SLT use among adults at a national level (Fig 3.1). Among them, less than half of the Parties (44%) have recent data. Only 10% of the Parties have two time points of data on SLT prevalence (Fig 3.1), mostly from high-resource Parties. The good news is that the Parties that are home for nearly three-quarters of global SLT users have two or more-time point data with which to observe the trend. SLT use among adolescents is known for nearly 60% of the Parties. Some information is also available on health (10 Parties) and economic (32 Parties) consequences of SLT use. Besides strengthening and substantiating the existing systems, further efforts are required to develop research surveillance and information networks on SLT.

Nearly 72% Parties have prohibited direct SLT advertisement on TV and radio (Fig 3.1). However, less than 20% of Parties have implemented a comprehensive ban on TAPS on SLT and cigarettes (Fig 3.1). Online exposure to SLT product promotion remains a challenge for all Parties, especially in SEAR and European Region. Unlike smoking, most Parties, except India and Bangladesh, have not collected data on exposure to SLT advertisement under GTSS. In India, exposure to SLT advertisement is higher than that of smoking products.

CONCLUSION

However, there has been a decrease in this exposure between 2010 and 2016, especially advertisements in contexts other than at point-of-sale.

A total of 120 Parties (67%) have implemented the provisions of Article 16 for SLT products, i.e. restricting its access to minors. 10% of Parties have implemented a comprehensive policy against minors' access to SLT. The accessibility of cigarettes to minors has been monitored at a national level by most of the Parties, but none of them monitored for SLT.

Pictorial health warnings (PHWs) are one of the most effective tobacco control measures. Around half of the Parties (51%) implemented PHWs on SLT, whilst over three-quarters of the Parties implemented PHWs on cigarettes (77%). A higher proportion of low-resource Parties (55%) implemented PHW on SLT as compared to high-resource Parties (48%). Conversely, a significantly higher proportion of high-resource Parties (80%) implemented PHW on cigarettes as compared to low resource Parties (71%). Among the high SLT burden Parties only five have implemented complete policy, encompassing large and multiple PHWs. Nepal is the frontrunner, with PHWs coverings of 90% on both sides of the packages.

Mass media, education, communication, training, specific interventions targeted to different audience and different tobacco products, and awareness against harmful effects of tobacco through school and institutional programs were undertaken by several Parties. In 2016, 36% of Parties conducted at least one national mass media campaign (Fig 3.1). However, inclusion of an SLT component in these campaigns is not known. Four Parties from Asia have used mass media, earned media, social media etc. for raising awareness on harmful effects of SLT use. India is the only Party to have implemented a comprehensive mass media campaign against SLT use. Unlike smoking products, Parties do not include SLT indicators related to Article 12 while conducting surveys under GTSS. Several opportunities for implementing Article 12 by using technology-driven media and social media have not been explored for SLT products.

CONCLUSION

Nearly one-third of the Parties (31%) have a national quitline. However, only a few Parties (2%) have experience in SLT cessation (Fig 3.1). Further, tobacco cessation support in health care facilities is available in less than 20% Parties, while national quitlines and NRT are largely available in high-resource Parties, especially in European Region. More smokers (50%) are advised to quit by health care professionals than by SLT users (25%). There is a lack of formal training in SLT cessation among health professionals, health profession students and school personnel. Cessation practices by health care providers for SLT users have only been studied in three Parties, namely India, Bangladesh and Kenya.

With regard to Article 6, a key demand reduction measure requires data on price and tax of SLT. This information is only available for 32 Parties. Tax on SLTs varies considerably across Parties. It ranges from 0% in seven Parties (i.e. no tax of any kind on SLTs) to 72.4% in Sudan. Tax incidence of 70% or more is reported in only four Parties. Analyses of chemical composition of SLT products have been done by only 18 Parties on an ad hoc basis where government initiatives may not be involved.

Moreover, not all available SLT products were analyzed and product analysis occurs irregularly. Most Parties do not have tobacco testing laboratories. Testing has been done only in seven Parties and one non-Party (the USA). There is no regulation on the chemical composition of SLT products. The levels of carcinogens detected in SLT products are beyond the standards recommended by the WHO.

Although not required under the FCTC, it has been recommended that the countries that do not have burdensome levels of SLT use should ban its manufacture, sale and import as a preemptive measure. Three Parties, Australia, Bhutan and Sri Lanka have already implemented this prohibition. Further, sale of SLT products is prohibited by 45 Parties, mostly from the European Region. Among the high SLT burden Parties, this prohibition is implemented completely in Sri Lanka, and partially in India and Germany.

CONCLUSION

With the ban on Gutkha in India, there has been a reduction in Gutkha use from 7% to 6%. However, in spite of a complete ban on SLT in Bhutan, there is an increasing use of SLT among adolescents. Effective enforcement is crucial to the successful implementation of these policies.

SLT use induces spitting that may be responsible for spreading communicable diseases. It is a definite impediment to public cleanliness and hygiene. Several Parties have already prohibited spitting and/or use of SLT in public places at the national, state or sub-regional level.

Overall Limitations

Articles 5.3 (Industries unique tactics of interference in SLT prevention and control policy making and implementation), 15 (Illicit trade in tobacco), 17 (Provision of support for economically viable alternative activities), 18 (Protection of the environment), and 19 (Liability) are out of the scope of this report.

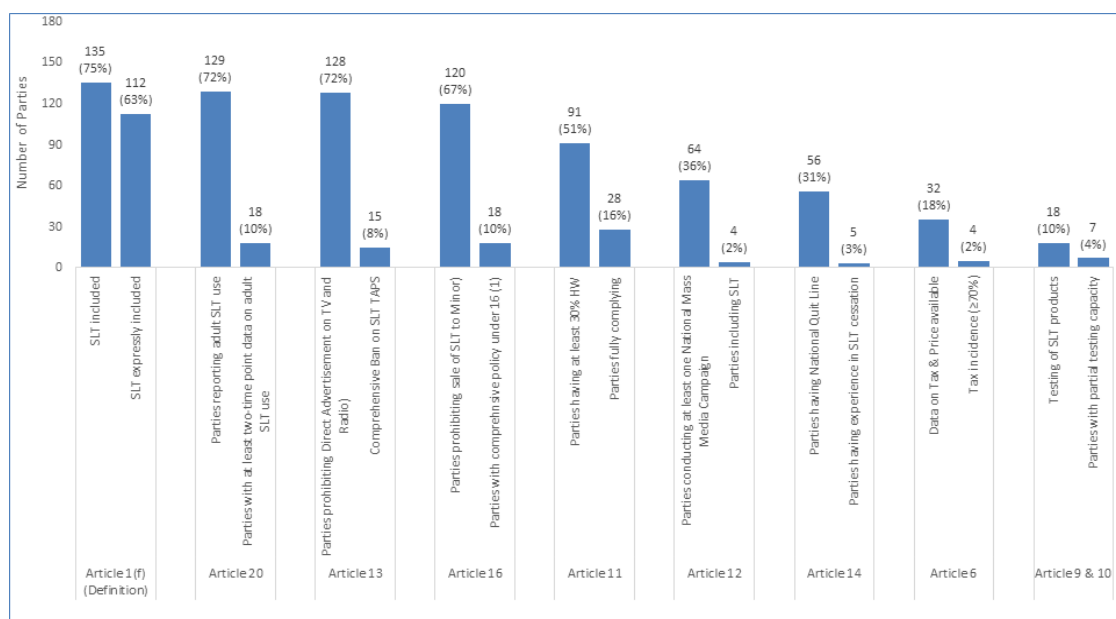


Fig. 3.1: Number and percentage of Parties implementing different FCTC provisions with reference to SLT (percentage in bracket)

RECOMMENDATIONS

Based on the above review and conclusions, adherence to key recommendations maybe considered by the Parties in order to effectively implement SLT prevention and control measures in line with the Treaty mandates:

1. Adopt the FCTC Article 1(f) definition of “tobacco products” under domestic law explicitly for comprehensive regulation of all kinds of tobacco products including SLT.
2. Consider taxing all kinds of SLT products at a rate uniform with other smoking products. Such taxation should be inflation-adjusted.
3. For effective regulation of SLT product content and emissions, build capacity for product testing.
4. Adopt comprehensive guidelines for Articles 9 and 10 with special reference to SLT.
5. Implement large, effective, multiple and rotating SLT-specific PHWs on all SLT products, based on scientific evidence.
6. Implement comprehensive mass media, education, communication, training and awareness programs and activities on the health effects of SLT. Collect and report such efforts and their effects through a standard tobacco surveillance system.
7. Implement comprehensive TAPS ban for SLT, including cross border TAPS.
8. Train and build the capacity of the health professionals to provide behavioral interventions specifically for SLT cessation.
9. Prevent sale of SLT products to and by minors with strict enforcement of all provisions under Article 16.

RECOMMENDATIONS

10. The WHO FCTC Global Knowledge Hub on SLT, WHO and other stake holders of tobacco control should help in increasing the capacity of SLT prevention control in low-resource Parties as their SLT burden is high.
11. While adopting a ban on manufacture, sale and import of SLT, use a comprehensive approach with effective enforcement strategies.
12. Consider implementing regulations against spitting in public places, which might help in denormalizing SLT use and help SLT users quit.

WAY FORWARD

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, SLT-KH 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, organized 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.

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 mixing tobacco with other ingredients such as betel nut, herbs, flavouring agents, lime, etc., in several Parties. 	<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".* In addition, as FCTC Article 2.1 encourages Parties to implement measures beyond those required by the Convention, national laws need to define tobacco products comprehensively and contextually to cover all products in use by the population.
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.

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

	<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 & 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

WAY FORWARD

11	<ul style="list-style-type: none"> Low-resource Parties[†] tend to have better policy adoption to implement Article 11 provisions on SLT products compared to high-resource Parties[‡]. 	<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 do not include 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.

[†] Low-Resource Parties are Low and Lower Middle Income Countries

[‡] High-Resource Parties are High Income and Upper Middle Income Countries

WAY FORWARD

	<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 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], or 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 behavior change.
13	<ul style="list-style-type: none"> The 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 & affordability of cessation interventions specific to SLT. (E.g. meta-analysis of data from 	<ul style="list-style-type: none"> Parties could make brief advice, mhealth and quitlines more broadly to promote SLT cessation in line with FCTC Article 14 guidelines.

WAY FORWARD

	<p>diverse parties show that only 25% of SLT users received advice to quit in comparison to 50% of smokers).</p>	<ul style="list-style-type: none"> • Health care professionals should be further sensitized 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 behavioral interventions are effective in facilitating quitting SLT use. 	<ul style="list-style-type: none"> • Identify opportunities to integrate SLT cessation into relevant health programs 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 Parties[§] 	<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 	<ul style="list-style-type: none"> • Use the existing FCTC reporting

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

	(optional module) of the FCTC reporting instrument that features a section on SLT policies is under-utilised by the Parties.	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 the manufacture, sale and/or import. – Personal importation of tobacco products by international travelers 	<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 Eliminate Illicit Trade in Tobacco Products as early as possible to help address the illegal trans-boundary supply of SLTs. • 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 behavior 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.

WAY FORWARD

	<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, KH-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 lunchtime 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.
<p>Research recommendations</p>	<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 mother and 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. 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. 7. KH-SLT could serve as a repository/clearinghouse, facilitating collation and dissemination, of SLT related research. 	