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WHO Framework Convention on Tobacco Control. Impact 20 years after its creation

Convenio Marco de la OMS para el Control del Tabaco. El impacto a 20 años de su creación

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The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC)[1] it is the first international public health treaty that addresses all the essential facets for tobacco control, which causes 8 million deaths annually, the highest number of deaths in the 20th century, and premature death in half of the persistent users.[2] The generation and implementation of the FCTC of the WHO strengthened the international collaboration of the public health sectors, with other government sectors, and with civil society organizations.

The main provisions to reduce the demand for tobacco, are contained in articles 6 to 14 and include:

1. Protection against exposure to tobacco smoke, by promoting public spaces free of tobacco smoke and emissions.
2. Regulation of the content of the tobacco products by verifying the ingredients declared on the packaging and the their concentration, and the presence of health warnings.
3. Regulation of tobacco products disclosure. The promotion of tobacco products at public events and in the media is prohibited.
4. Educate, communicate, train and create awareness in the public through public health promotion, of the tobacco control and information campaigns on the risks caused by first- and second-hand exposure to tobacco smoke.
5. Wide access measures that help people who want to quit smoking throughout the health care sector, helplines, tobacco cessation care from the first level of health care, access to medicines to quit smoking, and specialized clinics for tobacco users that require more intensive and comprehensive supports.
6. Periodic surveillance of the state of the tobacco pandemic through systematic and standardized national surveys, in the adult population, in children and youth.
7. The need to legislate to reduce the risks of smoking, without the involvement of the tobacco industry (TI), avoiding conflicts of interest as much as possible, that is, that the economy and profits are not prioritized over public health.

After the ratification of the FCTC, laws for tobacco control, rules or regulations that give precision and detail to the measures according to the FCTC have been managed.

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In Mexico, the General Law on Tobacco Control (GLTC),[3] was published in 2009, achieving most of the objectives described in the FCTC, with some gaps generated by the interference of TI and its defenders, which have been the subject of subsequent efforts to comply with them. Australia, the United Kingdom and Ireland are examples of countries that have excelled in the successful implementation of the effective FCTC policies, which have led to a substantial decrease in tobacco use and an improvement in public health.[4-7]

According to the 2023 report on global progress in the implementation of the FCTC (2023),[7] there is precisely a progressive fulfillment of the postulates over two decades. For example, in Mexico, in 2022, amendments were made to the GLTC regulations, with provisions in the total prohibition of all forms of advertising and promotion of tobacco products, including their display at points of sale, and the expansion of protection against smoke and emissions of any tobacco and nicotine product at national level.[8] It is still pending to achieve advances in so-called generic packs, with neutral packaging, without distinctive details of the brands, which attract consumption by themselves.

There is still a need at the international level to strengthen the implementation of tobacco taxes, the most cost-effective way to reduce tobacco use and health care costs especially among young and low-income people, while increasing government revenues in many countries.[9]

The beneficial impact is not only related to reducing smoking rates, but also to protecting non-tobacco users from tobacco smoke and promoting healthier lifestyles, as well as an improvement in labor productivity. For example, in women in the United States, the odds of achieving a reduction in smoking with the implementation of legislative bans on smoking in public spaces and workplaces were significantly higher at 28%.[10]

The most arduous battle against the tobacco epidemic is the one that, in a practical sense, is carried out against the interests of TI, which defends its profits and frequently relies on free trade agreements or treaties. The strategy is similar to the actions carried out by the food industry, the sugary drinks industry, and the alcohol industry to avoid restrictions that could reduce their very large profits, even if they are implemented in order to favor public health. These powerful industries have influential lobbies, legal departments, and advocates in all government powers, but especially in government areas dealing with commerce and the economy.

TI has sponsored research and investigators, which more frequently than independent findings deny or minimize harms from tobacco use or new tobacco products.[11] Previously, low-tar, filtered, or mentholated cigars were misleadingly promoted as lower risk than regular cigars. There is concern about the growing popularity of e-cigarettes and other novel products among young people and adolescents that increase the likelihood of nicotine addiction, and already installed it is difficult to quit, generating for TI one more customer for life. New products, such as e-cigarettes, heated tobacco, smokeless tobacco, and bagged nicotine, predominantly impact children and adolescents at increased risk of addiction. Many of the new users have never smoked and in this group the risk reduction is ruled out, in addition to a group of them subsequently using regular cigarettes either exclusively, or combined as dual users.[12,13]

The rise of alternative tobacco products is one of the main threats to the continued advancement of tobacco control, as increasing health harms are described over time. There are currently systematic reviews and meta-analyses that have shown that e-cigarette use is associated with an increased risk of initiating subsequent conventional tobacco use (3.62; 95% CI 2.42-5.41) and of continuing smoking during the last 30 days in adolescents and young adults (4.28; 95% CI 2.52-7.27).[14] Additionally, the existing evidence on the risks of dual use is worrying, since the harms of respiratory and cardiovascular diseases are potentiated (range of e-cigarettes: 1.24 to 1.47; dual use, 1.49 to 3.29).[14] It is therefore important to develop updated regulatory frameworks, ensuring that new products receive at least the same restrictions as those of traditional tobacco products, including impeding access to children and adolescents.

The implementation of the FCTC has heterogeneous levels in the different countries of low to middle income secondary to the lack of economic resources, health infrastructure and adequate control, such as those required for adequate surveillance of illicit trade in tobacco products, for which international collaboration is essential.

Despite the FCTC and the gradual reduction in the percentage of smoking prevalence in many countries, the number of tobacco users is still high, which generates disease, high costs in its treatment, disability and deaths. Therefore, the principles of the FCTC remain in force, but they need to be updated to consider new nicotine delivery products, which cannot be achieved without the collaboration of various international organizations, which facilitate the accession of all countries to the FCTC and, in addition, similar internal work in each country and province.

The FCTC celebrates its 20th year of persisting in the fight against tobacco with undeniable achievements and progress, including significant reductions in smoking. In these 20 years, TI, in addition to continuing to sell and promote traditional cigarettes, has managed to put new nicotine-addictive products on the market, trying to avoid the restrictions implemented in order to protect the population from the impacts of smoking. Countering

this influence requires international coordination and cooperation between the public sector, non-governmental organizations and the general population. Fortunately, the strategies have been specified in the FCTC and its MPOWER instrumentation tools, which will also be essential to control new nicotine addiction products.

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