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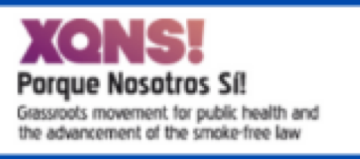
ACTION
ON SMOKING & HEALTH

Global action for everyone's health.

nofumadores.org

Por el derecho a vivir sin humo de tabaco

Declaración Endgame del Tabaco - España



Why tobacco endgame, and why now?

Reflections on a decade of endgame conversations

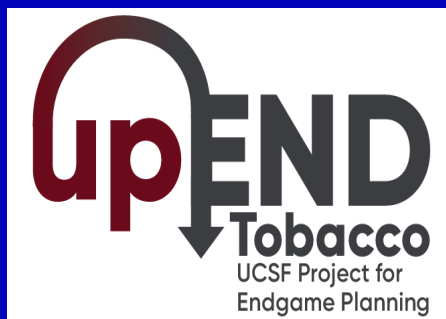
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Endgame Spanish Webinar, February 11, 2021



2010 Editorial

Downloaded from tobaccocontrol.bmj.com on September 17, 2014 - Published by group.bmj.com

Editorial

Imagining things otherwise: new endgame ideas for tobacco control

Ruth E Malone

Where are we going in tobacco control long-term, and how will we get there? This issue of *Tobacco Control* features three new contributions to the growing 'endgame' literature with possible answers to those questions: big-picture radical ideas that seek to propel the tobacco control movement more quickly towards a time when the global tobacco disease pandemic that began in the 20th century will be ended. Could the multitude of social structures and institutions that sustain the tobacco problem be unlinked? Could altered market forces—price controls, supply controls—render tobacco less attractive to those who profit most from continuing to addict new genera-

In this issue, Gilmore and colleagues¹³ argue that regulating prices of tobacco through capping of manufacturers' prices could reduce tobacco industry market power by eliminating manufacturers' ability to disguise price increases and achieve higher profits. As they point out, in higher-tax western countries, the industry's profits are increasing despite declining sales—profits that are then available to the industry to further promote tobacco use in the emerging markets of low-income countries.¹⁴ The thoughtful argument by Gilmore *et al* extends ongoing conversations about regulatory approaches to the tobacco market¹⁵ and offers an incentive for

approach could radically alter the tobacco control landscape within a country.

Could any of these latest big picture ideas really work? Perhaps not immediately, but they inspire us all to think beyond the next smoke-free ordinance or tobacco quitline. Perhaps they could not work in one country, but could be done in another—in one with more easily controlled borders, for example, in the New Zealand case, or in a country generally supportive of government regulation, as in the UK and Singapore.

It was through such visionary thinking that we began to understand that the suffering and death tobacco causes is not merely a problem of poor individual health behaviour choices, but of the rise of an entire industry focused on aggressively promoting deadly addictive products. It was through visionary thinking that we began to question whether breathing the smoke from others' cigarettes might be harmful to non-smokers. It is visionary thinking, combined with skilled advocacy, that pushes governments to act more decisively to protect the public and to rein in the activities of tobacco companies.

May 2013 Volume 22 Supplement 1

TOBACCO CONTROL



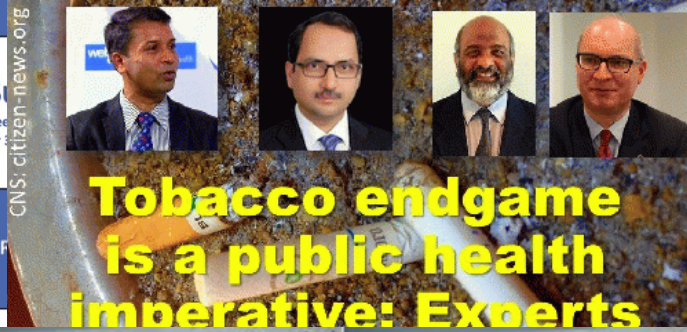
of tobacco?

The Tobacco Endgame

tobaccocontrol.bmj.com

BMJ

Many endgame conversations



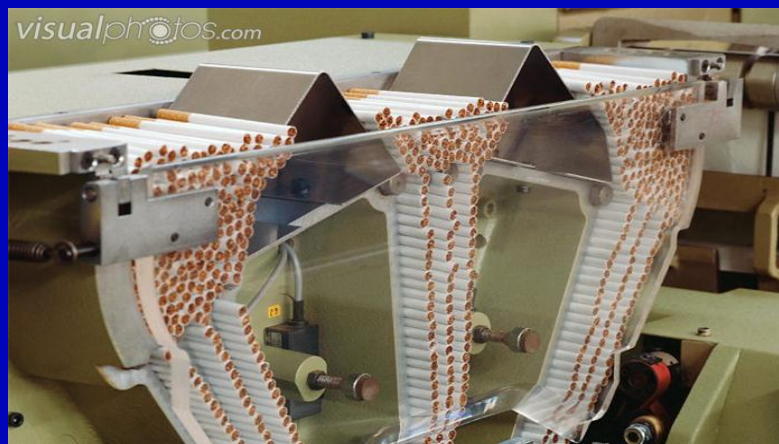
Endgame of tobacco: Experiences and perspectives from Finland



What *is* an 'endgame' policy?

- *Initiatives designed to change permanently the structural, political and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time.*

--Adapted from: Malone, R. E., McDaniel, P. A., Smith, E. A. (2014). Tobacco Control Endgames: Global Initiatives and Implications for the UK. *Cancer Research UK*



What sustains the epidemic?

- Structural : *Unequal distribution of burdens, e.g. greater number and density of tobacco retailers in disadvantaged neighborhoods*
- Political: *Industry lobbying influence, particularly at national level; industry front groups*
- Social: *Acceptance of tobacco as normal consumer product widely sold, despite its deadliness when used as intended*

How do we create lasting change?



Policy approaches to endgame

- Regulate product—flavors, ingredients, design, packaging, warnings
- Regulate users—smokefree policies
- Regulate retail market

Examples of endgame-oriented policy options

- Reduce retail availability of tobacco
 - Completely ban vending machines*
 - Incentive program for retailers who commit to end sales
 - Retailer-free buffer zones around youth-oriented places*
 - Minimum distance between retailers*
 - Cap number of licenses*
 - Stop issuing new licenses*
 - Reduce number of available licenses
 - Ban sale of flavored tobacco products*
 - Ban sales of all tobacco products*

*At least one jurisdiction in CA has adopted

Endgame-oriented policy options

- Different approaches to sales phase out, e.g. “Tobacco-Free Generation” idea
- Reduce affordability of tobacco products
 - Establish a minimum price*
 - Raise minimum price regularly and steeply
 - Prohibit redemption of cigarette discounts and coupons*

*At least one jurisdiction in CA has adopted

Endgame in your community:
starting the conversation



Driving question

How is it that the single most deadly consumer product ever made continues to be sold on every street corner?



Beverly Hills, CA: First US city ordinance



Possible messaging elements

We made it – we can unmake it

- Industrially produced epidemic
- Most lethal consumer product in history

We have lost too many loved ones

- We are losing our wise elders too soon
- Tobacco companies are targeting new generations

Possible messaging elements

Level playing field

- Compare with other dangerous products phased out or strictly regulated
- Other products must meet safety standards

The Cigarette Century is over

- Not a “normal business” anymore
- It's time to plan and prepare for the transition

“You can’t...”

- Have nonsmoking sections in restaurants
- Ban smoking on airplanes
- Have smokefree workplaces
- Have smokefree bars



TOBACCO CONTROL

BRITISH MEDICAL JOURNAL

LONDON SATURDAY SEPTEMBER 30 1950

SMOKING AND CARCINOMA OF THE LUNG

PRELIMINARY REPORT

BY

RICHARD DOLL, M.D., M.R.C.P.

Member of the Statistical Research Unit of the Medical Research Council

AND

A. BRADFORD HILL, Ph.D., D.Sc.

Professor of Medical Statistics, London School of Hygiene and Tropical Medicine; Honorary Director of the Statistical Research Unit of the Medical Research Council

In England and Wales the phenomenal increase in the number of deaths attributed to cancer of the lung provides one of the most striking changes in the pattern of mortality recorded by the Registrar-General. For example, in the quarter of a century between 1922 and 1947 the annual number of deaths recorded increased from 512 to 9,287, or roughly fifteenfold. This remarkable increase is, of course, not of all proportion to the increase of population—both in total and, particularly, in its older age groups. Stocks (1947), using standardized death rates to allow for these population changes, shows the following trend: rate per 100,000 in 1905–20, males 1.1, females 0.7; rate per 100,000 in 1936–9, males 13.6, females 2.5. The rise seems to have been particularly rapid since the end of the first world war; between 1921–30 and 1936–9 the death rate of men at ages 45 and over increased sixfold and of women of the same ages approximately threefold. This increase is still continuing. It has occurred, too, in Switzerland, Denmark, the U.S.A., Canada, and Australia, and has been reported from Turkey and Japan.

Many writers have studied these changes, considering whether they denote a real increase in the incidence of the disease or are due merely to improved standards of diagnosis. Some believe that the latter factor can be regarded as wholly, or at least mainly, responsible—for example, Wells (1946), Clemmensen and Bush (1947), and Straker (1947). On the other hand, Klemm and Klemm (1947) and Stocks (1947) have given good reasons for believing that the rise is at least partly real. The latter, for instance, has pointed out that "the increase of certified respiratory cancer mortality during the past 20 years has been so rapid in country districts as in the cities with the best diagnostic facilities, a fact which does not support the view that such increase merely reflects improved diagnosis of cases previously certified as bronchitis or other respiratory afflictions." He also draws attention to differences in mortality between some of the large cities of England and Wales, differences which it is difficult to explain in terms of diagnostic standards.

The large and continued increase in the recorded deaths even within the last five years, both in the national figures and in those from teaching hospitals, also makes it hard to believe that improved diagnosis is entirely responsible. In short, there is sufficient reason to reject that factor as the

whole explanation, although no one would deny that it may well have been contributory. As a corollary, it is right and proper to seek for other causes.

Possible Causes of the Increase

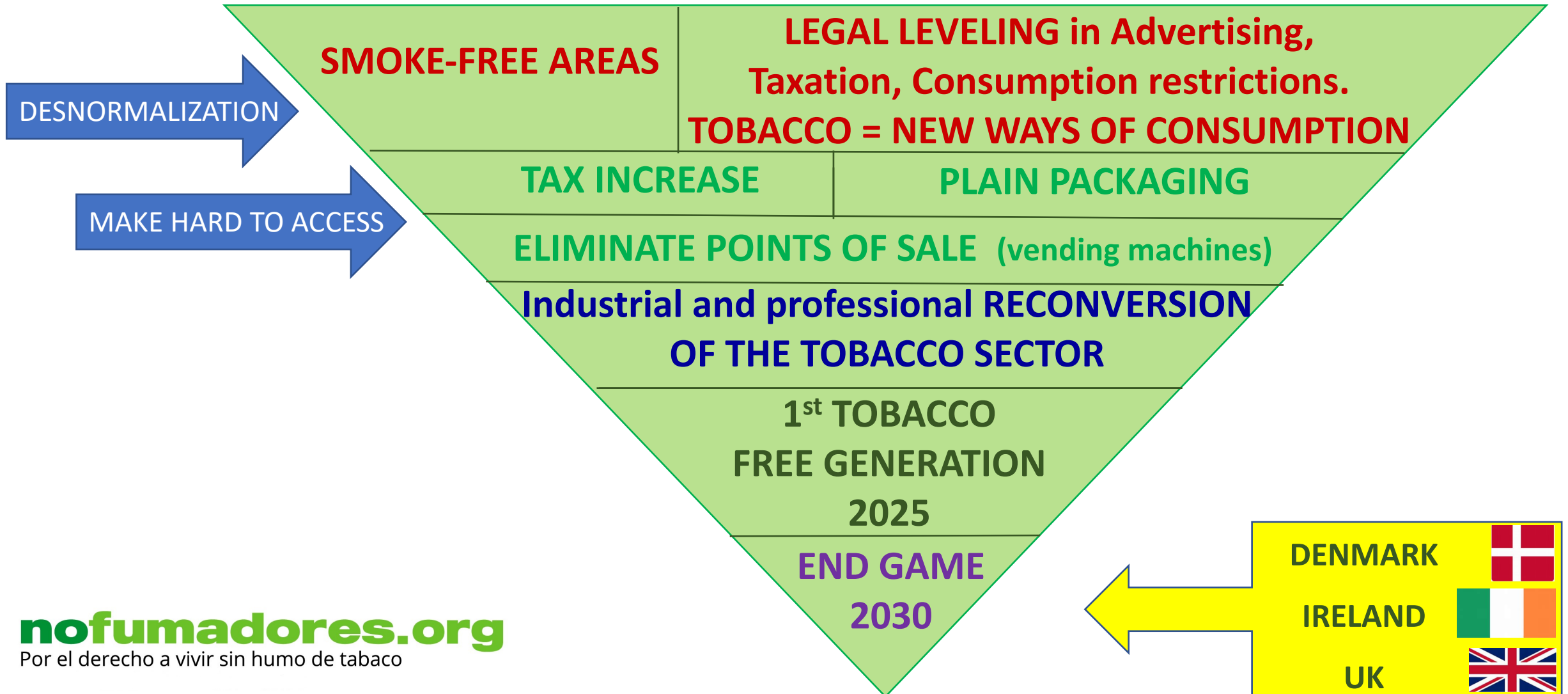
Two main causes have from time to time been put forward: (1) a general atmospheric pollution from the exhaust fumes of cars, from the surface dust of tarred roads, and from gas-works, industrial plants, and coal fires; and (2) the smoking of tobacco. Some characteristics of the former have certainly become more persistent in the last 30 years, and there is also no doubt that the smoking of cigarettes has greatly increased. Such associated changes in time and increase, however, by no means suggestively and would merely show that there has been a general rise in the incidence. That evidence, based upon clinical experience and records, relates mainly to the use of tobacco. For instance, in Germany, Müller (1939) found that only 3 out of 86 male patients with cancer of the lung were non-smokers, while 56 were heavy smokers, and, in contrast, among 16 "healthy men of the same age groups" there were 14 non-smokers and only 31 heavy smokers. Similarly, in America, Schick and his co-workers (1950) reported that 14.6% of 81 male patients with cancer of the lung were non-smokers, against 23.9% of 512 male patients admitted with cancer of sites other than the upper respiratory and digestive tracts. In this country, Tidwell Jones (1949)—personal communication—found 6 non-smokers in 82 patients with proved carcinoma of the lung, compared with 11 in a corresponding group of patients with diseases other than cancer; this difference is slight, but it is more striking that there were 26 heavy smokers in the cancer group, against 14 in the comparative group.

Clearly none of these small-scale inquiries can be accepted as conclusive, but they all point in the same direction. Their evidence has now been borne out by the results of a large-scale inquiry undertaken in the U.S.A. by Wynder and Graham (1950).

Wynder and Graham found that of 603 men with epidermoid, undifferentiated, or histologically unclassified types of bronchial carcinoma only 1.3% were "non-smokers"—that is, had smoked less than one cigarette a day for the last 20 years—whereas 71.2% of them had smoked more than 20 cigarettes a day over the same

2010-2020 → 550.000 TOBACCO DEATHS IN SPAIN

“TOBACCO CONTROL SPANISH PROGRAM”

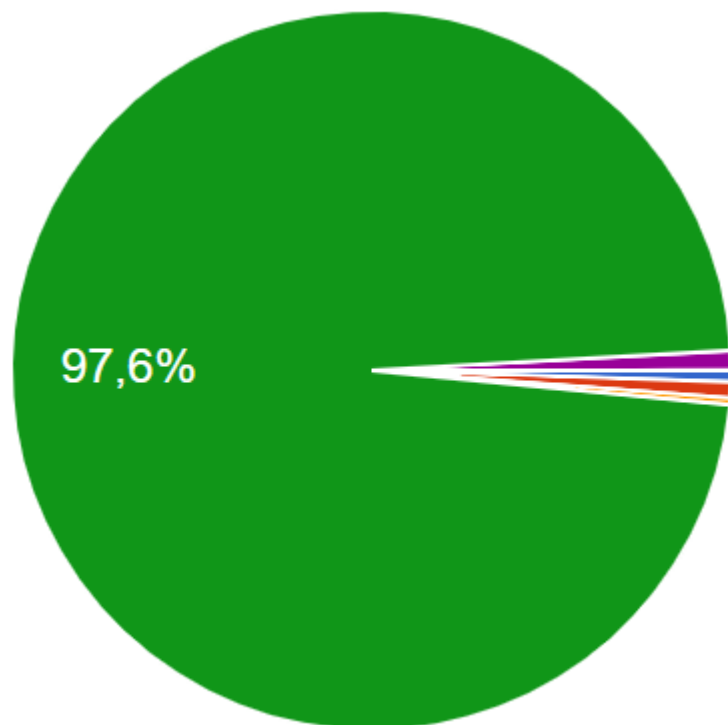


2010-2020 → 550.000 MUERTES POR TABAQUISMO

"PROGRAMA DE LUCHA CONTRA EL TABACO EN ESPAÑA"



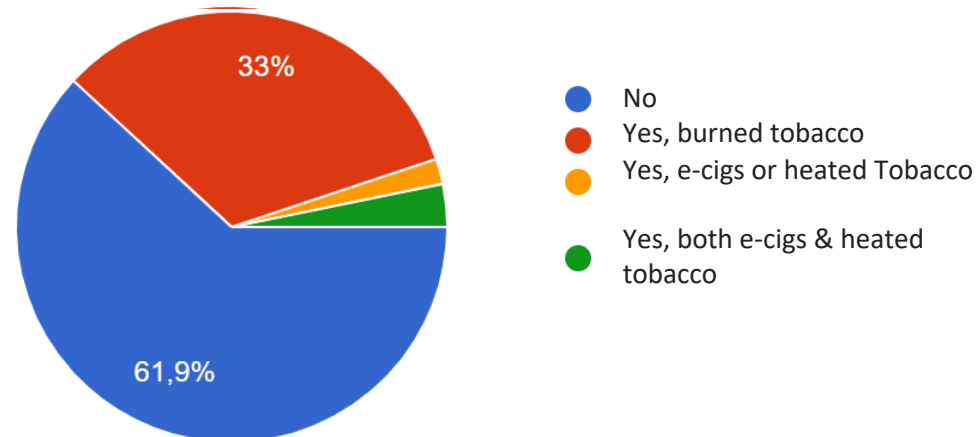
AT WHAT AGE DO YOU WANT YOUR OFFSPRING TO START SMOKING?



- 14 (average age in Spain)
- 18 (legal age in Spain)
- 21 (legal age in USA)
- Never
- I don't care

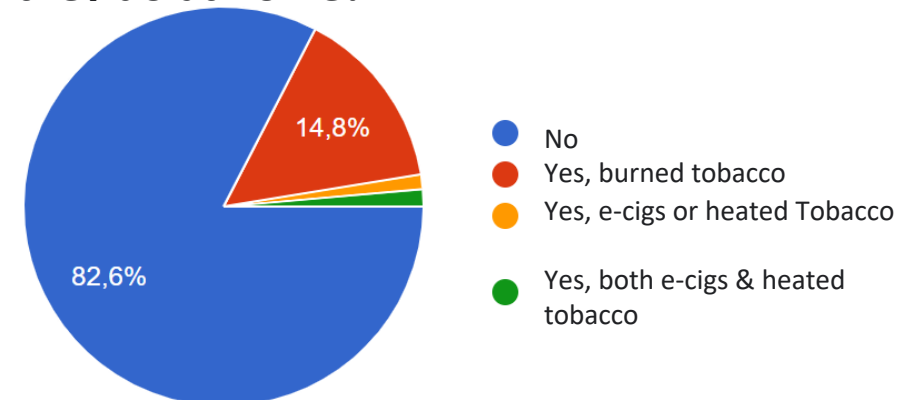
5,066 answers

Does anyone in your household smoke, use electronic cigarettes or heated tobacco?



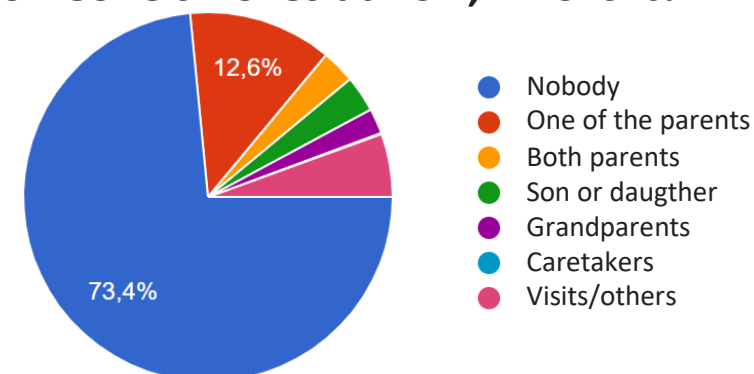
- No
- Yes, burned tobacco
- Yes, e-cigs or heated Tobacco
- Yes, both e-cigs & heated tobacco

Do they do at home?



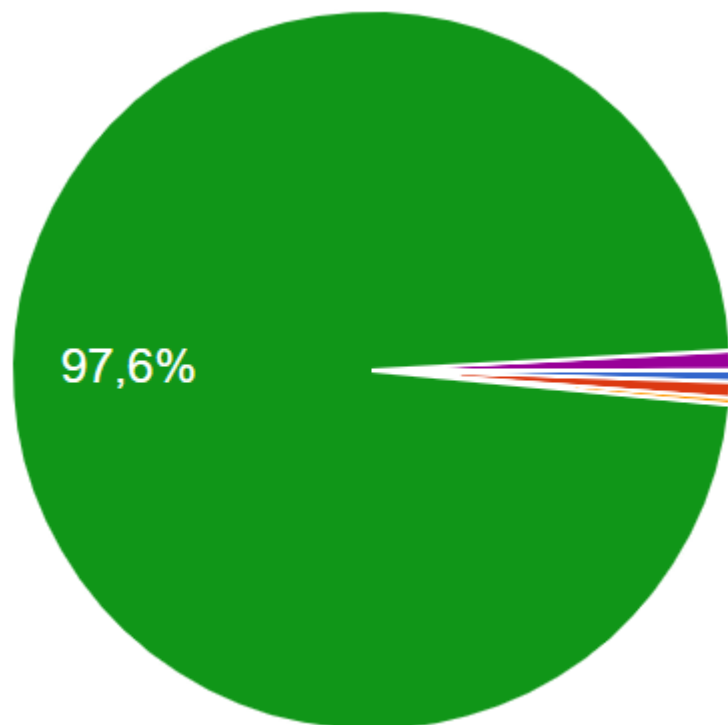
- No
- Yes, burned tobacco
- Yes, e-cigs or heated Tobacco
- Yes, both e-cigs & heated tobacco

If someone smokes at how, who is it?



- Nobody
- One of the parents
- Both parents
- Son or daughter
- Grandparents
- Caretakers
- Visits/others

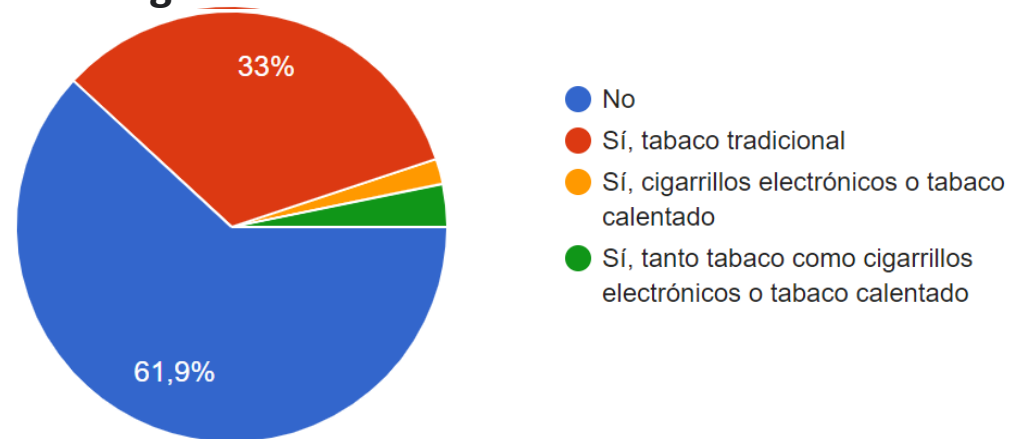
¿A QUÉ EDAD QUIERES QUE TU HIJO/A EMPIECE A FUMAR?



- 14 (edad media en España)
- 18 (edad legal en España)
- 21 (edad legal en EE.UU.)
- Nunca
- Me da igual

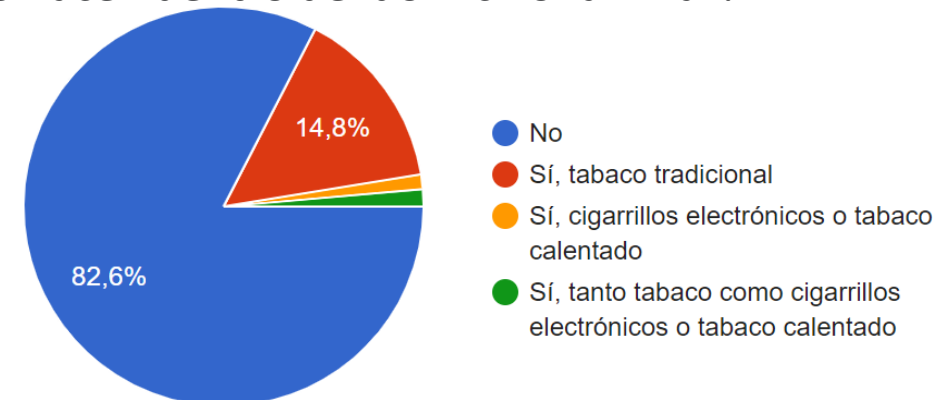
5.066 respuestas

¿Alguna persona de tu núcleo familiar fuma, consume cigarrillos electrónicos o tabaco calentado?



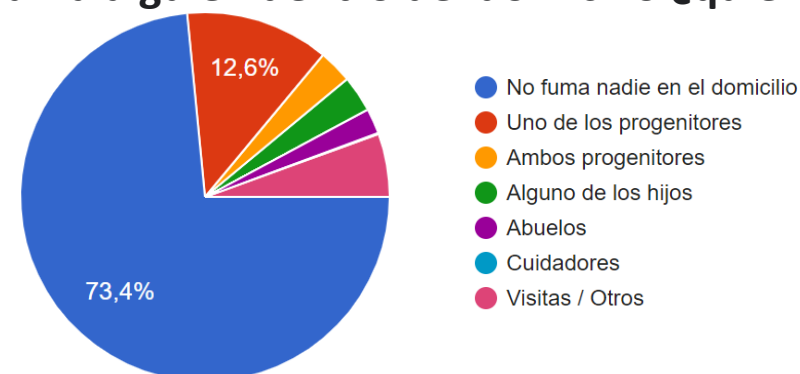
- No
- Sí, tabaco tradicional
- Sí, cigarrillos electrónicos o tabaco calentado
- Sí, tanto tabaco como cigarrillos electrónicos o tabaco calentado

¿Lo hacen dentro del domicilio familiar?



- No
- Sí, tabaco tradicional
- Sí, cigarrillos electrónicos o tabaco calentado
- Sí, tanto tabaco como cigarrillos electrónicos o tabaco calentado

Si fuma alguien dentro del domicilio ¿quién es?



- No fuma nadie en el domicilio
- Uno de los progenitores
- Ambos progenitores
- Alguno de los hijos
- Abuelos
- Cuidadores
- Visitas / Otros



PROJECT SUNSET
ash.org/sunset



Danish Institute for Human Rights

“there can be no doubt that the production and marketing of tobacco is irreconcilable with the human right to health. For the tobacco industry, the UNGPs therefore *require the cessation of the production and marketing of tobacco.*”





Basics



- Phase-in approach
- Focused primarily on cigarettes/combustible tobacco
- Focused on advocacy rather than policy development
- Focused on human rights - disparities and health equity
- Not prescriptive re: other products
- Not prescriptive re: specific policy – must envision zero sales
- Sales, not possession or use
- Cessation imperative



Visions

- Global – *Phase-out the sale of commercial combustible tobacco products*
- U.S. – *Phase tobacco products out of the market*
- California (under contract) – *Prevalence for all commercial tobacco product use at or below 1.9% by 2035.*



Cardinal rules

- Sales, not possession or use
- Access to cessation imperative
- Ensure against inequitable enforcement





Global - Goals

- Inspire and assist national Project Sunset movements
- PS becomes “normal” topic in tobacco control/public health conversations
- Support the generation and communication of evidence (where it’s lacking) to support the vision
- Establish a viable and effective global Project Sunset network with regional hubs
- Seek legal/litigation support for sub-global movements
- Economic modelling





Thank you

Chris Bostic

Action on Smoking and Health

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#PhaseOutCigs



@ASHorg



@ASHglobalAction





Towards a tobacco free future in the Netherlands

Building a strong alliance with partners working together on one strategy: the Smokefree Generation



**GEZONDHEIDSFONDSEN
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Hartstichting



LONG
FONDS



KWF

Daniëlle Arnold

Policy advisor at Health Funds for a Smokefree Netherlands

The facts

- The Dutch situation:
 - 21,7% of adults smoked (16% daily) in 2019
 - 7,7% of youth (12-16 years) smoked (in month before survey)
 - Each year 20.000 people die from smoking
 - Every week hundreds of children start with daily smoking
 - Two third of the current smokers started before they turned 18



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Tobacco control: where we came from (1)



[ABOUT US](#) [OUR POLICY WORK](#) [NEWS](#) [JOIN SFP](#) [CONTACT](#)



Minister of "Tobacco" - Netherlands

October 2011, The Netherlands - A Dutch documentary entitled "Minister of Tobacco" has recently been released detailing alleged links between the Netherlands Minister of Health, Edith Schippers, and the tobacco industry.

The documentary describes and provides evidence of Ministry of Health officials having made frequent contact with the tobacco industry. The Ministry declined an invitation to be interviewed regarding the topic.

Since October 2010, at which point Edith Schippers came into office, tobacco control initiatives in the Netherlands have been weakened or cancelled - including the reversal of the smoke-free law in small bars, funding cuts for media campaigns and the cancellation of reimbursement for stop-smoking medications.

The documentary was aired on 21 October in the Netherlands and is available at <http://zembla.vara.nl/> (in Dutch only).

To see an English transcript of the Documentary, please [click here](#)

VOOR ROOKVRIJ



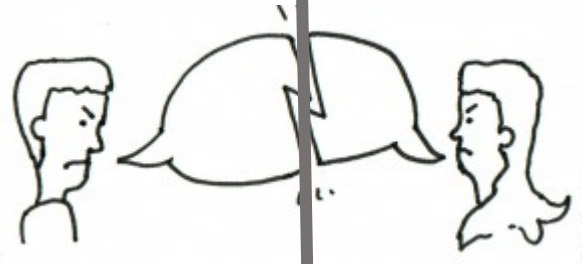
Tobacco control: where we came from (2)

- Polarized society:

Tobacco control supporters



Fun corrupter
Nosy-parker
Health freaks



Freedom of choice

Tobacco control opponents



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Turning the tide

- November 2013: Dutch Alliance for a Smokefree Society was founded
- Within a year +/- 40 partners joined the network
- Taking FCTC as a starting point, first question to answer:

What is the fastest road towards a smokefree Netherlands?



Unite forces → Joint strategy



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Roadmap towards a Smokefree Netherlands: goals



- More and structural public, political and societal **support** for a smokefree Netherlands



- **Focus** towards feasible and effective measures (based on FCTC) to realize a smokefree Netherlands as quickly as ...



- Making **friends** among cr stakeholders



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The Frame: the Smokefree Generation

- We are going to **protect youth** against tobacco
- We strive for a society in which parents of children born from 2017 onwards can raise them **free from exposure to smoking and passive smoking**
- We try to make sure these children **never decide to start smoking themselves**



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Characteristics of the frame (1)

- **Protecting youth is key**, hardly anyone is against this
- Increased support for measures through **stepwise approach**, following life path of children born in 2017
- **Consistent with all political colors**, takes away polarization and opens conversation
- It **does not prohibit** smoking, but calls on smokers not to smoke in front of children and offers help to stop
- A **positive tone of voice** in all communication



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Characteristics of the frame (2)

- Works as a **positive ‘umbrella’**
- Creates a **relationship** between various initiatives
- **Everybody can contribute**

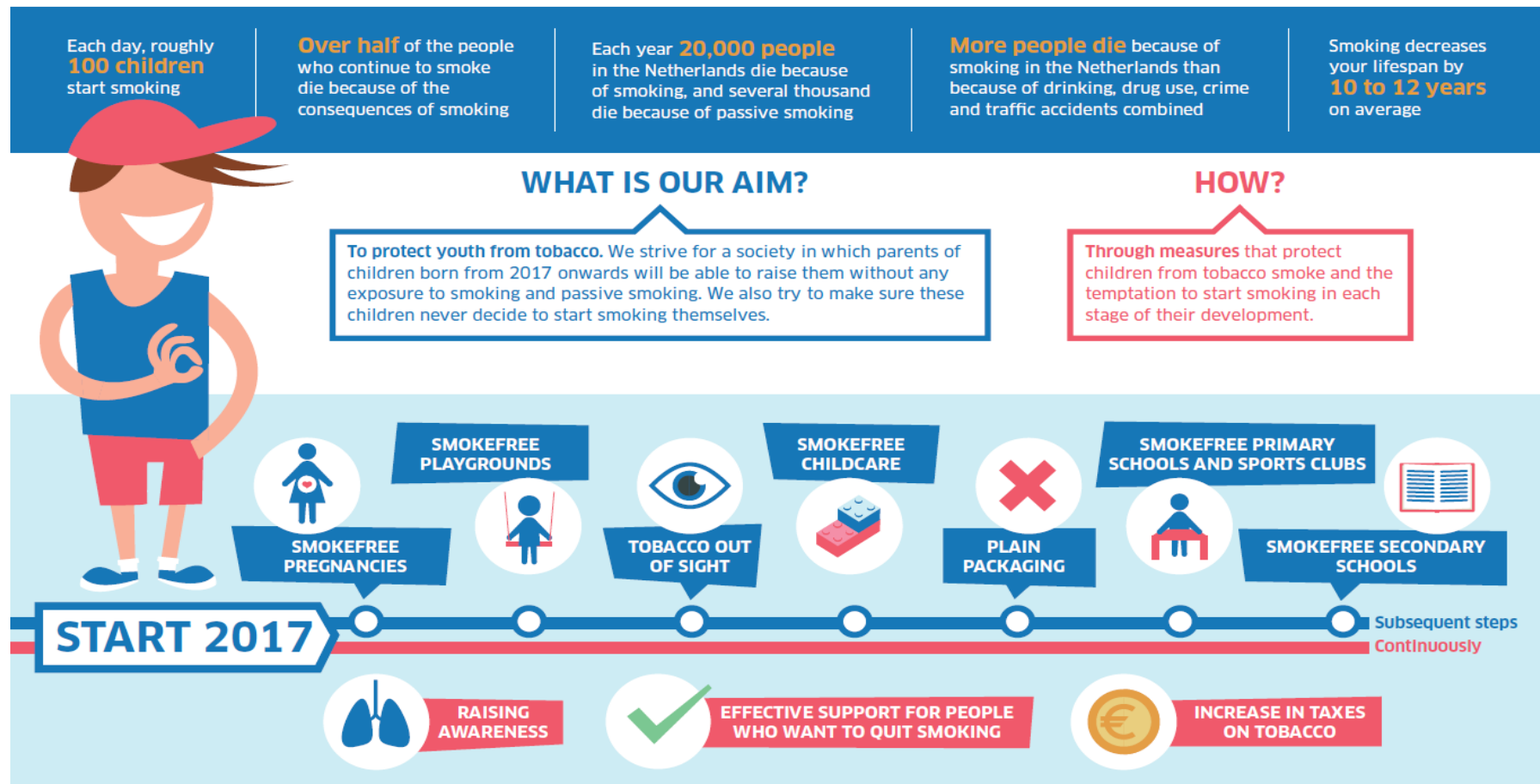


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Characteristics of the frame (3)

TOWARDS A SMOKEFREE GENERATION IN THE NETHERLANDS



General successes

- Joining forces in the same direction has led to **more power and better results**
- **Support** for tobacco control has increased significantly
- The movement has **rapidly expanded**
- The movement becomes **more and more visible**, growth in smokefree environments



Political successes: National Prevention Agreement



- Concluded by societal organizations & government in 2018
- **Goal:** Smokefree Generation by 2040
- Package of actions and measures, e.g.:
 - Societal actions (e.g. smokefree sports clubs, hospitals, playgrounds)
 - Tax increases
 - Smoking cessation campaigns & improved cessation aid (incl. funding)
 - Display ban
 - Plain packaging
 - Smoking ban on school premises
 - Reducing number of tobacco points of sale



Recent success: plan to reduce tobacco points of sale (1)

- Approach:
 - **Increase awareness and support** among population, using Smokefree Generation frame & campaigns, with result:

% that (totally) agrees	2016	2017	2018	2019	2020
The government should reduce the number of tobacco points of sale to prevent smoking initiation among youth	62%	68%	66%	64%	71%
The government should make sure that tobacco products can only be sold in tobacconist shops to prevent smoking initiation among youth	61%	64%	66%	64%	73 %

*Research by Kantar in commission of Health Funds for a Smokefree Netherlands,
N (2020)= 1,358*

- **Influence government action** through lobbying



Recent success: plan to reduce tobacco points of sale (2)

- **Societal successes:** several store chains and national railway service phase(d) out tobacco sales in 2018-2020
- Government presented **policy plan**:
 - Ban on **online sale** of tobacco and related products in 2023
 - Ban on sale in **supermarkets** in 2024
 - At a later stage: phasing out sale in **gas stations and convenience stores...**
 - so that eventually the sale is limited to **tobacco shops**



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Q&A

Stay Involved



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@LaurentHuber



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Info@ash.org

Recursos Adicionales

- [Una Generación sin Tabaco](#)
- [Tabaco y COVID-19](#)
- [ENDGAME DEL TABACO EN ESPAÑA](#)
- [“¿Cuándo quieres que tus hijos empiecen a fumar?”](#)

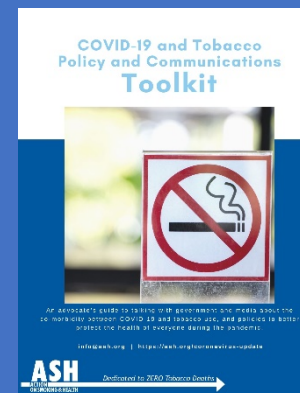
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Thank you for your participation!
Please stay tuned for announcements about our upcoming webinars.



Recordings from previous webinars and Live Chats on social media, under “Resources from ASH” here:

ash.org/coronavirus-update



Toolkit for Advocates

Talking with government and media about the COVID-19 and tobacco use co-morbidity and policies to protect the health of everyone during the pandemic.

ash.org/covid19