

Going Beyond the World Health Organization Framework Convention on Tobacco Control: An Environmental Scan

**by
Jacqui Drope
Global Tobacco Control Consultant**

**Working paper
prepared for Health Canada
under contract #4500425209**

March 2022

Going Beyond the WHO Framework Convention on Tobacco Control: An Environmental Scan

Background

In May 2021, Health Canada's Tobacco Control Directorate (TCD) commissioned an environmental scan and report to determine what measures Parties to the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) have implemented, or could implement, that go beyond the WHO FCTC and its guidelines, including measures from other non-Party WHO Member States.

This scan was motivated by Article 2.1 of the [WHO FCTC](#) that states:

"In order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from imposing stricter requirements that are consistent with their provisions and are in accordance with international law."⁽¹⁾

Overall, there appears to be at least two interpretations of Article 2.1. The first is the strictly legal basis for the Article, which is to cover Parties who take measures beyond what is explicit or implicit in the treaty and may need to defend such measures in the face of a legal challenge. This type of language is common practice in other similar types of treaty instruments.

However, for many, this seems to be only part of the rationale for Article 2.1. Governments negotiating the treaty also included it to encourage Parties to think beyond the WHO FCTC measures because they knew the measures included in the treaty were of necessity bound in time, specifically 2003 when the negotiations ended and the Convention was signed. Some negotiators believed that as the thinking on tobacco control evolved, new measures would be suggested and/or developed. The treaty was intended to be the 'floor' and not the 'ceiling'. They knew that they could not foresee every development, but wanted to provide an opening for Parties to be creative and introduce new measures that reflected the evolving science upon which tobacco control measures are based.

The following scan focuses solely on this second rationale for Article 2.1. It provides a list of the measures identified, short descriptions and references. This working paper is primarily intended to be a resource for future discussion among Parties to the WHO FCTC and civil society as they consider measures that can aid in accelerating the achievement of WHO FCTC objectives.

Approach

The first step of the scan was an informal consultation process through email and Zoom exchanges with 18 tobacco control professionals who acted as informants. Each were selected by the author of this report because they work on tobacco control at either a regional or global level and could provide a broad perspective. This group was representative of people in governmental organizations, academia and civil society.

Each informant was asked to provide suggestions of ideas, strategies or measures they thought went “beyond” the WHO FCTC, with “beyond” defined as not being found in the WHO FCTC or its guidelines. Where possible, they were asked to share materials or links to support their suggestions. Consultations were stopped when few new ideas were being generated and a literature search was conducted. A draft working paper was shared with ten reviewers to provide feedback, generate additional ideas and fill gaps.

The literature review included both published and grey literature. Initial search terms were drawn from ideas from informants followed by a snowball technique of searches using key words and websites, journal article citations and Google Scholar forward citation searches. Over 200 items were collected and organized for analysis.

Each idea, strategy or intervention was then cross referenced against the WHO FCTC and its guidelines, an analysis was conducted, and a decision was taken as to whether it was explicitly in either the WHO FCTC or its guidelines. This list was presented to the TCD for further discussion and agreement on the parameters of the scan (more information in limitations section below). Based on this agreement, the report includes two categories: (1) items that are deemed explicitly not included in the WHO FCTC or its guidelines and (2) items that are deemed implicitly covered by the WHO FCTC and/or its guidelines but not explicitly mentioned.

Many of the reports, journal articles and websites identified for the scan mentioned more than one type of measure that were classified as beyond the WHO FCTC. However, for ease of reporting, the author has limited analysis and citations to papers that are illustrative of the total and, where feasible, attempted to highlight the people or countries where the measure either originated, was recently contemplated or has been successfully implemented.

Limitations

It is important to highlight that this working paper is meant solely to be a scan and is not an analysis. No attempt was made to assess the value, impact or benefit of any idea, strategy or intervention identified in this scan, nor does its inclusion imply it is a recommendation. In fact, when ideas were suggested by those consulted, it was often with a stated caveat that raising the idea did not mean they agreed with it or recommended it. As well, any legal challenges brought by the tobacco industry against measures included on the list were not considered as criteria for inclusion or exclusion.

Measures such as blanket bans on, or abolition of, tobacco products were deemed out of scope for this report by TCD, including bans on electronic nicotine device systems (ENDS) and heated tobacco products (HTPs). Blanket bans on the sale, possession or use of a product are a well-known supply reduction tool in the area of addictive substances. The rationale for excluding blanket bans from this report is that Parties are already aware of this type of intervention, the WHO FCTC does not preclude Parties from using this tool if they so choose, and if a Party chooses to implement such an approach, theoretically then it does not need the WHO FCTC.

Other limitations included varied levels of understanding among key informants of the details of what is included in the WHO FCTC and its guidelines, which resulted in many suggestions from informants that are covered by the WHO FCTC. One point of confusion may have arisen from informants intermixing the concept of “beyond” the WHO FCTC and “endgame” strategies. The goal of endgame strategies is to get to zero, or near zero, prevalence within a specified period. In the literature search, the “beyond” measures outlined below were often found in endgame plans alongside measures that are clear obligations of the WHO FCTC. Nuance in descriptions and language in these endgame strategies made it challenging to decipher if some ideas or plans fell in the “beyond” category.

Another limitation stemmed from a lack of consensus among key informants and reviewers over what policies are explicitly in the WHO FCTC and its guidelines versus policies that are implicitly in the WHO FCTC and its guidelines. Moreover, some thought the paper should only cover the explicit items while others thought it was important to include the implicit ones as by the nature of them being implicit, they might be overlooked by Parties.

Many of the informants also questioned why some Parties consider meeting the minimum requirements set out in the WHO FCTC as being sufficient to fulfil their obligations and do not push “beyond” them as these measures are intended to be a floor and not a ceiling (e.g., minimum taxation levels or minimum size requirements for graphic warning labels). Such discussion, however, was not within the scope of this scan and working paper.

Some informants thought this discussion of “beyond” was premature in their country or region as they are still grappling with trying to implement measures that are explicitly outlined in the WHO FCTC and its guidelines. They thought this discussion was a luxury of countries that are more advanced in their implementation of the WHO FCTC.

Finally, the author acknowledges that while this scan is likely one of the first comprehensive attempts to itemize measures with a focus on what goes beyond the WHO FCTC and its guidelines, the search was conducted in English, so there are unquestionably examples that were not found within the limits of the scope and timelines allocated to this assignment. The examples provided are offered solely to help guide future discussions.

Items that go beyond the WHO FCTC

The following¹, in no order of priority or theme, are items found that were deemed not explicit in the WHO FCTC or its guidelines:

	Measure	Description
1	Smokefree private spaces (2)(3)(4)(5)(6)(7)(8) (9)	These measures regulate or ban smoking in private places. A range of these measures have been implemented and enforced around the world in a variety of different places including: private homes, vehicles, multi-unit housing, government-subsidized housing, balconies, patios and yards belonging to housing complexes.
2	Restrictions or bans on consumption or possession for vulnerable groups (2)(10)(11)(12)	This measure legislates bans on consumption and/or possession of tobacco aimed at protecting vulnerable populations. There are many examples from countries and jurisdictions around the world. Nepal introduced a ban on sales of tobacco to pregnant women as part of its tobacco control legislation. The Republic of Congo has legislation that strictly forbids the consumption, purchase and possession of tobacco to minors, pregnant women and the mentally ill. Burundi has prohibited sale and consumption of tobacco to minors and pregnant women and Chad has prohibited the consumption of tobacco for both these groups.
3	Tobacco free investment portfolios (13)	This strategy involves engaging and educating key leaders in financial institutions globally to reconsider commercial relationships with the tobacco industry and to consider excluding the industry from their investment, lending and insurance activities.
4	Controlling the marketing of tobacco products through a regulated market model (<u>1</u>)(15)(16)	This strategy proposes controlling marketing with a government-owned agency set up to market and distribute tobacco products that are manufactured by free enterprise companies. The agency would be backed by legislation that made tobacco a controlled substance with possession, sale and use only allowed as permitted by the regulations, under the purview of the agency. This “regulated market model” would eliminate most of the incentives and remaining opportunities for commercial promotion of tobacco and create incentives to encourage the development of less harmful tobacco products.
5	Transferring the supply of cigarettes from for-profit	This strategy proposes to address the fact that demand side measures in the WHO FCTC are impeded and undermined by private tobacco companies that are, as for-profit companies,

¹ Numbers in parentheses point to documents referenced at the end of this report

	corporations to non-profit enterprises with a public health mandate (17)	obligated by law to maximise profits and thus are compelled to maintain and expand cigarette sales. The solution proposed is that tobacco could be supplied through non-profit enterprises that share a public health mandate. The elimination of profit driven behaviour from the supply of tobacco would enhance the ability of public health authorities to reduce tobacco use.
6	Tobacco price regulation to promote the health of markets, government revenue and the public (1)(18)	This idea explores how the tobacco industry frequently uses tax increases to "over-shift" cigarette prices beyond the tax increase to further maximize firms' profits and shift the focus to the tax instead of their profit-maximization. One proposed solution is a price cap regulation wherein a cap is placed on the pre-tax manufacturers' price but not on the retail price that consumers face. This maximum manufacturers' price would be based on an assessment of the genuine operational costs that firms face and a small profit. The end result would not affect the government's ability to raise taxes or place any limit on retail prices but would significantly limit cigarette firms' profits and market power.
7	Restricting the sale of any tobacco product or similar products to state-owned tobacco stores (3)(19)(20)(21)(22)	This strategy involves creating government-owned or licensed retail outlets to sell tobacco. Some suggest these highly regulated outlets could offer cessation services and volume purchases to reduce wholesale prices while allowing high net prices via taxation. Hungary, for example, limits the distribution of tobacco through a network of government-licensed and designated retail outlets nationwide. France's government-licensed tobacco shops require mandatory training for tobacco retailers on tobacco and public health regulations and the health risks of smoking.
8	Designate specific store types to sell tobacco (23)(24)(25)(26)(21)	This strategy involves designating specific store types to sell tobacco. The types of ideas that have been explored include selling tobacco products only in specialist stores or selling in pharmacies only as an option that could provide a strong link with smoking cessation advice. Hungary, for example, has an established network of government-licensed and designated specialty retail outlets called "National Tobacco Shops". The Dutch government announced a ban on the sale of cigarettes in supermarkets that will come into effect in 2024. The plan is to phase out tobacco sales in store to the point where only specialist retailers will sell cigarettes and tobacco products after 2030.
9	"Tobacco-Free Generation". Restrict the acquisition of	This strategy aims to restrict as comprehensively as possible the acquisition of tobacco and/or new forms of tobacco products to all those born in a certain year or after they reach

	tobacco or new forms of tobacco products to all those born in or after a certain year (27)(29)(30)(31) (32)(33)(34)(35)(36)	a certain age. The intent is to phase-in and end tobacco use through prevention of young people becoming tobacco users.
10	“Sinking lid” on the volume of tobacco allowed to be sold each year and cap-and-trade system (37)(19)	The “sinking lid” strategy involves regularly requiring reductions in the amount of tobacco released to the market for sale, sufficient to achieve the desired level of commercial sales by a target date. Tobacco manufacturers would periodically bid to the government for a residual quota (the allowed quantity after considering the reduction imposed by the law). Prices would increase as supply is reduced. The price level would be influenced by demand, which in turn would reflect the impact of other interventions to reduce demand and the changing normality of smoking. Similarly, under a cap-and-trade system, a defined and constant-declining cap is placed on supply. Producers who exceed their cap can, for a fee, trade their overage to other suppliers who were under their cap, ensuring the cap is maintained for the entire industry. (A system that has been used for carbon emissions.)
11	Decreasing the number and density of outlets selling tobacco products (38)(25)(19)(39)(23) (40)(29)(41)(42)	The idea of decreasing the number and density of tobacco outlets is that it will reduce overall retail availability, decrease initiation, decrease exposure to marketing and increase long-term cessation. A variety of different ways have been proposed to do this including: providing incentives to retailers who agree to end tobacco sales; charging an annual fee for tobacco retailer registration and increasing or decreasing it annually based on sales volume; decreasing and/or capping licences to sell tobacco; capping the number of retailers in a specific geographical area, particularly when they are highly concentrated in more disadvantaged neighbourhoods; banning retailers within certain distances of schools or along routes to schools; and establishing minimum distances between tobacco retailers. Through its system of specialty stores, Hungary has reduced its number of tobacco retailers from 42,000 to 7,000 allowing only one store for every 2000 residents. Finland has implemented a system of high licencing fees to retailers that has reduce outlets by 28%. New Zealand’s Smokefree Aotearoa 2025 strategy is currently requiring certain existing tobacco retailers to transition out of selling tobacco products by a set date.

12	<p>“Polluter pays” approach and extended producer responsibility (EPR) framework to internalize the environmental costs of tobacco production and use back to the tobacco industry or (43)(44)</p>	<p>The “polluter-pays” principle is that the polluter should take on the expense of pollution prevention and control decided by governmental decision-makers to ensure the environment is protected. The EPR framework calls for making the manufacturers of products responsible for the entire life cycle of the product from farming, to manufacturing, distribution, consumption and disposal of the product. This includes things like ensuring the costs to the environment are internalized into the retail price, to shift management of toxicity and other environmental harms away from governments and producers and to provide incentives for environmental considerations in the design of products.</p>
13	<p>Addressing relative risks of low nitrosamine smokeless tobacco through policy (LNSLT) (45)(28)(46)</p>	<p>This idea suggests policy formulation should take into consideration relative risks of tobacco products, like LNSLT, citing examples like consumer tested understanding of differential risk statements on labelling or health warnings; different levels of taxes on tobacco products based on their harmfulness to users; or sale as ‘tobacconist only’ products in specialist tobacco shops in limited areas, as described in line 8.</p>
14	<p>Supplemental national transfer dollars from excise taxes to sub national jurisdictions (47)</p>	<p>This idea proposes a system whereby the states with very low smoking rates received supplemental federal transfer dollars from excise taxes, whereas high-use states lose significant funding.</p>
15	<p>Reducing the exposure to toxic substances from smoking tobacco through a recreational nicotine market (48) and advantaging “clean nicotine” over tobacco products (19)</p>	<p>This idea proposes the market for nicotine, led by the private sector, evolve from smoking tobacco to use of recreational nicotine products with dramatically reduced toxic exposure. It is proposed this would be achieved through producer innovation, consumer preferences, strong competition that reshapes the tobacco industry, and a consumer-oriented regulatory framework that encourages innovation in and switching to low-risk alternatives to smoking. A similar idea proposes changing market conditions by giving advantage to “clean nicotine” over tobacco products through advertising and price advantages given to pharmaceutical nicotine.</p>
16	<p>Retailer incentives changed from earnings per-sale to incentives to promote quitting. (19) (49)(50)</p>	<p>This idea considers how tobacco companies, through a combination of financial incentives, have turned retailers into promoters of tobacco products. This idea proposed transforming retail supply and directly aligning retail behavior with public health, including incentivizing them to support cessation efforts and provide passive and/or active cessation advice. Estonia has mandatory displays of smoking-cessation materials at retail.</p>

17	Moratorium on new products (19)(51)	This idea proposes that all new tobacco products, and new packaging for existing products, be banned with the potential long-term result of reducing tobacco product supply as demand for existing products would decrease. A variant of the moratorium is US FDA pre-market authorization of products.
18	Make tobacco manufacturers responsible for youth tobacco use (19)(52)	Unlike retailers who face consequences if they sell cigarettes to under-aged customers, tobacco manufacturers do not face similar repercussions. This idea explores imposing a levy on tobacco manufacturers for underaged smoking based on an assessment of their anticipated future sales revenues to this group, to reverse the economic incentives of manufacturers to recruit new smokers.
19	Creation of an independent foundation that engages in non-regulatory tobacco control activity (19)(53)(54)	This approach explores setting up an autonomous or semi-autonomous foundation (with the option of using funds from the tobacco industry) to assist in leading initiatives that governments would be unwilling to do on their own to ensure long-term sustainable funding for tobacco control activities. Example of places this has been done include several Australian states, Thailand, Malaysia and Vietnam. Similarly, a tobacco control organization was created in France to run a comprehensive program of interventions that is supported by a tax on wholesale revenues from the tobacco industry. While not exactly an independent foundation, it was established with a purpose-built multi-sectoral governance structure.
20	Gradually phase out the sale of commercial combustible tobacco products (55)(56)(57)(58)	This strategy is to convince policy makers to phase out the sale of commercial combustible tobacco products. It is focused entirely on the sale, not individual possession or use. This strategy is currently being pursued in a few municipalities in the United States.
21	Quantifiable Metrics Warranting Industry-Wide Corporate Death Penalties (59)(60)	The corporate death penalty is otherwise known as judicial dissolution – when a judge revokes a corporation’s charter for causing significant harm to society. The legal procedure forces the corporation to dissolve and cease to exist. The underlying premise is that human rights must trump an industry's right to exist if the industry interferes with the right to life. The corporate death penalty would not make smoking illegal and not infringe on an individual's right to use tobacco products, it is just that those individuals would need to source and manufacture the product themselves.
22	Smokers’ license (61)(54)(63)(64)(65)	This idea proposes that smokers would be required to apply and pay for a smoker’s licence, renewable annually, with purchase limits (a max of 50 cigarettes/day) established by the

		user. Financial incentives to permanently relinquish the licence could be offered (with a 6-month “cooling off period” for changing one’s mind), and new smokers seeking a licence would first have to prove that they chose to smoke with full knowledge of tobacco’s health and financial costs by correctly answering a series of questions. In addition, the legal smoking age could be raised annually by one year; given that smoking initiation occurs primarily among those under 23 years of age, new requests for smokers’ licences would presumably decline rapidly after several years.
23	Phasing out tobacco growing (66)	This idea suggests going beyond encouraging sustainable alternative livelihoods and phasing out tobacco growing altogether.
24	Imposing a health levy, solidarity levy, or user fee on the tobacco industry (67) (68)	This strategy seeks to raise financing for tobacco control through innovative methods such as a health levy, solidarity tax or user fee on cigarettes, sales revenues, or wholesale revenues. Examples are numerous with 48 countries that use tobacco tax revenue for health-related programs and/or tobacco control. The United States has a user fee, separate of tobacco taxes, that requires companies to pay fees based on each company’s market share. A proposal in the UK proposed a levy, in addition to high tobacco taxes, of the equivalent of 25 pence (in today’s prices) on a pack of cigarettes.
25	Ban on incentives to retailers (50)	This strategy bans a manufacturer or distributor of tobacco products from offering any type of benefit related to the sale or retail price of a tobacco product to owners or employees of tobacco retail outlets. There are some jurisdictions in the world with prohibition of incentives to retailers in place.
26	Litter abatement (69)	This strategy requires cigarette retailers to pay a litter abatement fee per each pack of cigarettes. The City and County of San Francisco has a litter abatement fee of \$1.05 per pack as of January 2022.
27	Mandatory labelling that filters are plastic waste (70)	This measure involves regulation that requires all tobacco products with plastic filters to be marked clearly on the outside of packages that they contain plastic filter waste with the aim of reducing the impact of certain plastic products. This type of regulation has been implemented by the EU.

Measures that are deemed implicit in the WHO FCTC and its guidelines

There were several items where there was no consensus among informants and reviewers as to whether the idea, strategy or intervention belonged on the list above. This was mainly because the item was believed to be implicitly covered by the WHO FCTC and its guidelines even though not explicitly outlined in either. The following measures were deemed implicit:

	Measure	Description
1	Reducing nicotine content in cigarettes (71)	This strategy is to reduce the nicotine content in cigarettes to low-levels or all together.
2	Health warnings on individual cigarettes (72)	This idea is to print health warnings directly on individual cigarettes.
3	Single presentation requirement (73)(74)	This measure is a way to reduce misleading promotion and packaging by legislating cigarette companies to adhere to a single presentation per brand family, stick count and packaging type. The idea is based on the underlying rationale that variants of any of these types of presentation might give the impression of one being less harmful than others. Uruguay is currently the only country that requires cigarette companies to adhere to a single presentation (one brand variant) per brand family. Canada has standardization package size and size of cigarettes.
4	Incentives for disadvantaged smokers (75)	This idea is based on providing cash incentives specifically to disadvantaged smokers to quit smoking.
5	Prohibit filters in smoked tobacco products (41)	This idea builds on research that shows filters and associated design features have no effect on reducing the harm from smoking but do make it more palatable, creating an impression of reduced harm. Research also indicates that prohibiting filters could reduce smoking prevalence. Moreover, cigarette butts are the most littered plastic pollution on the planet, damaging soil, water and wildlife.
6	Performance standard for combustilble tobacco (76)	This idea would require that tobacco products meet a performance standard that is set out by a regulatory body. The idea is built on the premise that development of novel nicotine and tobacco products has shown that manufacturers have this capacity to test, measure and reduce the level of toxins, and thus a standard maxim toxin level for tobacco products is achievable.

7	Pricing measures such as standardized pricing, ending promotional pricing and official price lists (77)	The first strategy is to standardize the price of tobacco products to remove price competition, protect the public from using price as a form of tobacco promotion, and maximize the impact of tax hikes. A related concept is ending price segmentation by having one uniform price for all products. A second strategy is to end price-based promotions using measures like legislating that tobacco products cannot be discounted or sold through coupons or prize-offerings. A third strategy is the production of official price lists for tobacco. In some scenarios these prices would require government approval. Ideally these prices should be high, synchronized with taxes and updated at least once a year. Examples of countries that do this are France, Brazil and Japan.
---	---	--

Next Steps

It is the hope of the author that this environmental scan be used as a working paper on which Parties can continue to build and refine in order to explore all measures that can help strengthen and accelerate country responses “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”.(1)

References

1. WHO Framework Convention on Tobacco Control overview [Internet]. [cited 2022 Feb 20]. Available from: <https://fctc.who.int/who-fctc/overview>.
2. Bhatta DN, Bialous S, Crosbie E, Glantz S. Exceeding WHO Framework Convention on Tobacco Control (FCTC) Obligations: Nepal Overcoming Tobacco Industry Interference to Enact a Comprehensive Tobacco Control Policy. *Nicotine Tob Res.* 2020 Dec 1;22(12):2213–23.
3. Endgame Declaration of Tobacco in Spain 2030. [Internet]. Nofumadores; Available from: <https://nofumadores.org/wp-content/uploads/2021/02/Nofumadores.org-English-versioin-2030-END-GAME-TOBACCO-SPANISH-DECLARATION.pdf>.
4. Tobacco Control Strategy - Creating a Tobacco-Free Generation [Internet]. [cited 2021 Aug 23]. Available from: <http://www.gov.scot/publications/tobacco-control-strategy-creating-tobacco-free-generation/>.
5. Greenhaigh E, Grace C, Tumini V. Smoking bans in the home and car [Internet]. Tobacco in Australia: Facts and Issues. Tobacco in Australia; 2019 [cited 2021 Aug 24]. Available from: <https://www.tobaccoinaustralia.org.au/chapter-15-smokefree-environment/15-6-domestic-environments>.
6. Smoking bans in private vehicles. In: Wikipedia [Internet]. 2021 [cited 2021 Aug 24]. Available from: https://en.wikipedia.org/w/index.php?title=Smoking_bans_in_private_vehicles&oldid=1038388462.
7. Smokefree Policies in Multi-Unit Housing [Internet]. [cited 2021 Aug 24]. Available from: <https://www.lung.org/policy-advocacy/tobacco/smokefree-environments/multi-unit-housing>.
8. Nunavut. Tobacco and Smoking Act [Internet]. Bill 57 Jun 8, 2021. Available from: <https://assembly.nu.ca/sites/default/files/Bill-57-Tobacco-and-Smoking-Act-Assent-EN-FR.pdf>.
9. One major European country looks set to be completely cigarette-free [Internet]. JOE.ie. [cited 2021 Aug 23]. Available from: <https://www.joe.ie/news/one-major-european-country-looks-set-completely-cigarette-free-574123>.
10. Parliament of the Republic of Congo. Law No. 12 – 2012 of July 4, 2012 Concerning the anti-tobacco campaign [Internet]. Law No. 12 Jul 4, 2012. Available from: <https://www.tobaccocontrolaws.org/files/live/Congo/Congo%20-%20Law%20No.%2012-2012.pdf>.

11. Government of Burundi. Law No. 1/012 of May 30, 2018 on the Code of the Supply of Health Care and Services [Internet]. Law No. 1/012 May 30, 2018. Available from: https://www.tobaccocontrolaws.org/files/live/Burundi/Burundi%20-%20Law%20No.%201_012%20of%202018.pdf.
12. Republic of Chad. Law No. 010 /PR/2010 On Tobacco Control [Internet]. Law No. 010 May 27, 2010. Available from: <https://www.tobaccocontrolaws.org/files/live/Chad/Chad%20-%20TC%20Law%20No.%20010.pdf>.
13. The Toolkit. 12th Edition [Internet]. Tobacco Free Portfolios. 12th Edition; 2020 Feb. Available from: <https://tobaccofreeportfolios.org/wp-content/uploads/2021/02/TFP-Toolkit-12th-Edition-January-28-2021-1.pdf>.
14. Borland R. A strategy for controlling the marketing of tobacco products: a regulated market model. *Tob Control*. 2003 Dec 1;12(4):374–82.
15. Borland R. Taming the tigers: the case for controlling the tobacco market. *Addiction*. 2004;99(5):529–31.
16. Borland R. The need for new strategies to combat the epidemic of smoking-related harm. *Tob Control*. 2012 Mar 1;21(2):287–8.
17. Callard C, Thompson D, Collishaw N. Transforming the tobacco market: why the supply of cigarettes should be transferred from for-profit corporations to non-profit enterprises with a public health mandate. *Tob Control*. 2005 Aug 1;14(4):278–83.
18. Gilmore AB, Fooks G, Drope J, Bialous SA, Jackson RR. Exposing and addressing tobacco industry conduct in low-income and middle-income countries. *The Lancet*. 2015 Mar 14;385(9972):1029–43.
19. A Tobacco Endgame For Canada [Internet]. Queen’s; 2016 Oct. Available from: <https://www.queensu.ca/gazette/sites/default/files/assets/attachments/EndgameSummit-Backgroundpaper%20.pdf>.
20. Smith EA, McDaniel PA, Hiilamo H, Malone RE. Policy coherence, integration, and proportionality in tobacco control: Should tobacco sales be limited to government outlets? *J Public Health Policy*. 2017 Aug 1;38(3):345–58.
21. Caceres L, Chaiton M. Hungary: State Licensing for Tobacco Outlets. *Tob Control*. 2013 Aug 12;22:292–3.
22. Formation Buralistes [Internet]. [cited 2022 Feb 16]. Available from: <https://www.formationburalistes.fr/>.

23. Proposals for a Smokefree Aotearoa 2025 Action Plan [Internet]. Ministry of Health NZ. [cited 2021 Aug 23]. Available from: <https://www.health.govt.nz/publication/proposals-smokefree-aotearoa-2025-action-plan>.
24. Deen FSP der, Wilson N. Restricting tobacco sales to only pharmacies as an endgame strategy: are pharmacies likely to opt in? *Aust N Z J Public Health*. 2018;42(2):219–20.
25. Evidence to Support Tobacco Endgame Policy Measures [Internet]. Ontario Tobacco Research Unit; 2014 Oct. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/endgame_summary.pdf.
26. Wedia. Dutch government bans sale of cigarettes in supermarkets from 2024 [Internet]. iamExpat. [cited 2021 Aug 24]. Available from: <https://www.iamexpat.nl/expat-info/dutch-expat-news/dutch-government-bans-sale-cigarettes-supermarkets-2024>.
27. Achieving Smokefree Aotearoa by 2025 [Internet]. The Quit Group Trust; 2017 Aug. Available from: <https://aspire2025.files.wordpress.com/2017/08/asap-main-report-for-web2.pdf>.
28. Eijk Y van der. Development of an integrated tobacco endgame strategy. *Tob Control*. 2015 Jul 1;24(4):336–40.
29. BMJ. The Philippines: Pioneering the Tobacco Endgame [Internet]. Blog - Tobacco Control. 2020 [cited 2021 Aug 23]. Available from: <https://blogs.bmj.com/tc/2020/01/13/the-philippines-pioneering-the-tobacco-endgame/>.
30. Khoo D, Chiam Y, Ng P, Berrick AJ, Koong HN. Phasing-out tobacco: proposal to deny access to tobacco for those born from 2000. *Tob Control*. 2010 Oct;19(5):355–60.
31. Australia: progress on Tasmania’s tobacco free generation legislation [Internet]. Blog - Tobacco Control. 2016 [cited 2021 Aug 24]. Available from: <https://blogs.bmj.com/tc/2016/07/15/australia-progress-on-tasmanias-tobacco-free-generation-legislation/>.
32. Walters H, Walters J, Barnsley K. What’s next for tobacco control? A smoke-free generation [Internet]. The Conversation. [cited 2021 Aug 24]. Available from: <http://theconversation.com/whats-next-for-tobacco-control-a-smoke-free-generation-42248>.
33. An end to cigarettes? New Zealand aims to create smoke-free generation [Internet]. the Guardian. 2021 [cited 2021 Aug 24]. Available from: <http://www.theguardian.com/world/2021/apr/16/new-zealand-aims-to-create-smoke-free-generation-cigarettes>.

34. Berrick AJ. The tobacco-free generation proposal. *Tob Control*. 2013 May 1;22(suppl 1):i22–6.
35. Eijk Y van der, Porter G. Human rights and ethical considerations for a tobacco-free generation. *Tob Control*. 2015 May 1;24(3):238–42.
36. Smoke Free Tasmania [Internet]. SmokeFree Tasmania. [cited 2021 Aug 24]. Available from: <https://www.smokefreetasmania.com/faq/>.
37. Thomson G, Wilson N, Blakely T, Edwards R. Ending appreciable tobacco use in a nation: using a sinking lid on supply. *Tob Control*. 2010 Oct 1;19(5):431–5.
38. Dubray J, Chaiton M, Schwartz R. Tobacco Endgame Simulation Modelling: Assessing the Impact of Policy Changes on Smoking Prevalence in 2035 [Internet]. The Ontario Tobacco Research Unit; 2019 Jan. Available from: https://www.otru.org/wp-content/uploads/2019/05/special_endgame_modelling.pdf.
39. carra86p. Reducing tobacco retail availability: how could this be achieved and what evidence supports the NZ Government’s proposals? – Public Health Expert, University of Otago, New Zealand [Internet]. [cited 2021 Aug 24]. Available from: <https://blogs.otago.ac.nz/pubhealthexpert/reducing-tobacco-retail-availability-how-could-this-be-achieved-and-what-evidence-supports-the-nz-governments-proposals/>.
40. Smoke-Free Ontario Scientific Advisory Committee. Evidence to Guide Action: Comprehensive tobacco control in Ontario [Internet]. Public Health Ontario: Partners for Health; 2017 Apr. Available from: <https://www.publichealthontario.ca/-/media/documents/C/2017/comprehensive-tobacco-control-2016.pdf?la=en>.
41. Ministry of Health. Smokefree Aotearoa 2025 Action Plan [Internet]. 2021 Dec [cited 2022 Jan 9]. Available from: https://www.health.govt.nz/system/files/documents/publications/hp7801_-_smoke_free_action_plan_v15_web.pdf.
42. Kuipers MAG, Nuyts PAW, Willemsen MC, Kunst AE. Tobacco retail licencing systems in Europe. *Tob Control*. 2021 Feb 12;tobaccocontrol-2020-055910.
43. ASH comment on Government plan to consider making tobacco manufacturers pay for clearing up cigarette butts [Internet]. Action on Smoking and Health. 2021 [cited 2021 Aug 23]. Available from: <https://ash.org.uk/media-and-news/press-releases-media-and-news/ash-comment-on-government-plan-to-consider-making-tobacco-manufacturers-pay-for-clearing-up-cigarette-butts/>.
44. Curtis C, Collins S, Cunningham S, Stigler P, Novotny TE. Extended Producer Responsibility and Product Stewardship for Tobacco Product Waste. *Int J Waste Resour*. 2014 Sep;4(3):157.

45. Gartner C, McNeill A. Options for global tobacco control beyond the Framework Convention in Tobacco Control. *Addiction*. 2010;105(1):1–3.
46. Hall W, Gartner C. Supping with the Devil? The role of law in promoting tobacco harm reduction using low nitrosamine smokeless tobacco products. *Public Health*. 2009 Mar 1;123(3):287–91.
47. Rabe BG. Political impediments to a tobacco endgame. *Tob Control*. 2013 May 1;22(suppl 1):i52–4.
48. The tobacco endgame – a critical review of the policy ideas [Internet]. The counterfactual. 2015 [cited 2021 Aug 23]. Available from: <https://www.clivebates.com/the-tobacco-endgame-a-critical-review-of-the-policy-ideas/>.
49. Chung-Hall J, Fong GT, Driezen P, Craig L. Smokers’ support for tobacco endgame measures in Canada: findings from the 2016 International Tobacco Control Smoking and Vaping Survey. *Can Med Assoc Open Access J*. 2018 Jul 1;6(3):E412–22.
50. Physicians for a Smoke-free Canada. Tobacco retailing: A scan of available regulatory approaches [Internet]. 2020 Mar. Available from: <http://www.smoke-free.ca/SUAP/2020/Generalbackgroundonretail.pdf>.
51. Health C for D and R. Premarket Approval (PMA) [Internet]. FDA. FDA; 2021 [cited 2022 Feb 17]. Available from: <https://www.fda.gov/medical-devices/premarket-submissions-selecting-and-preparing-correct-submission/premarket-approval-pma>.
52. Glantz SA. Removing the Incentive to Sell Kids Tobacco: A Proposal. *JAMA*. 1993 Feb 10;269(6):793–4.
53. The Union IUAT and LD. Sustainable Funding Models for Tobacco Control: a Discussion Paper [Internet]. 2014 Sep. Available from: <https://theunion.org/sites/default/files/2020-08/Sustainable-Funding-Models-for-Tobacco-Control-a-Discussion-Paper.pdf>.
54. Présentation du fonds de lutte contre les addictions [Internet]. [cited 2022 Feb 13]. Available from: <https://assurance-maladie.ameli.fr/qui-sommes-nous/notre-fonctionnement/financement/fonds-de-lutte-contre-les-addictions/presentation-fonds-lutte-contre-addictions>.
55. BMJ. USA: Setting the Sun on Big Tobacco [Internet]. Blog - Tobacco Control. 2019 [cited 2021 Aug 24]. Available from: <https://blogs.bmj.com/tc/2019/09/23/usa-setting-the-sun-on-big-tobacco/>.
56. Phase Out the Commercial Sale of Cigarettes [Internet]. ASH > Action on Smoking & Health. 2017 [cited 2021 Aug 24]. Available from: <https://ash.org/sunset/>.

57. Project Sunset: Frequently Asked Questions (FAQs) [Internet]. ASH > Action on Smoking & Health. 2020 [cited 2021 Aug 24]. Available from: <https://ash.org/sunset-faq/>.
58. Arendtm. 148 Organizations, Universities, and Cancer Centers Call for an End to Combustible Tobacco Sales [Internet]. ASH > Action on Smoking & Health. 2021 [cited 2021 Aug 24]. Available from: <https://ash.org/aftertobacco-release/>.
59. Pearce JM. Towards Quantifiable Metrics Warranting Industry-Wide Corporate Death Penalties. *Soc Sci*. 2019 Feb;8(2):62.
60. Pearce JM. Tobacco killed 500,000 Americans in 2020 – is it time to control cigarette-makers? [Internet]. *The Conversation*. [cited 2021 Aug 24]. Available from: <http://theconversation.com/tobacco-killed-500-000-americans-in-2020-is-it-time-to-control-cigarette-makers-153611>.
61. Smith EA, McDaniel PA, Malone RE. Leadership Perceptions of Endgame Strategies for Tobacco Control in California. *J Public Health Manag Pract*. 2019 Nov;25(6):554–61.
62. Zaken M van A. The National Prevention Agreement - Report - Government.nl [Internet]. Ministerie van Algemene Zaken; 2019 [cited 2021 Aug 24]. Available from: <https://www.government.nl/documents/reports/2019/06/30/the-national-prevention-agreement>.
63. Chapman S, Liberman J. Ensuring smokers are adequately informed: reflections on consumer rights, manufacturer responsibilities, and policy implications. *Tob Control*. 2005 Aug 1;14(suppl 2):ii8–13.
64. Chapman S. The Case for a Smoker’s License. *PLOS Med*. 2012 Nov 13;9(11):e1001342.
65. Reville W. William Reville: Could smoking licence sound the death knell of tobacco? [Internet]. *The Irish Times*. [cited 2021 Aug 24]. Available from: <https://www.irishtimes.com/news/science/william-reville-could-smoking-licence-sound-the-death-knell-of-tobacco-1.2607718>.
66. Tobacco Growing Free Countries: The example of Sri Lanka and Egypt [Internet]. [cited 2021 Aug 24]. Available from: <https://fctc.who.int/newsroom/feature-stories/tobacco-growing-free-countries-the-example-of-sri-lanka-and-egypt>.
67. Tobacco Tax Levy [Internet]. Action on Smoking and Health. 2015 [cited 2022 Feb 17]. Available from: <https://ash.org.uk/information-and-resources/reports-submissions/submissions/tobacco-tax-levy/>.
68. Campaign for Tobacco Free Kids. Strategic Investment of Tobacco Tax Revenue [Internet]. 2021 Dec. Available from: https://www.tobaccofreekids.org/assets/global/pdfs/en/strategic_investment_tobacco_tax_revenue.pdf.

69. Cigarette Litter Abatement Fee (CIG) [Internet]. Treasurer & Tax Collector. 2021 [cited 2022 Feb 17]. Available from: <https://sftreasurer.org/business/taxes-fees/cigarette-litter-abatement-fee-cig>.
70. Commission Implementing Regulation (EU) 2020/2151 of 17 December 2020 laying down rules on harmonised marking specifications on single-use plastic products listed in Part D of the Annex to Directive (EU) 2019/904 of the European Parliament and of the Council on the reduction of the impact of certain plastic products on the environment [Internet]. EUR-Lex. 2020 [cited 2022 Feb 17]. Available from: https://eur-lex.europa.eu/eli/reg_impl/2020/2151/oj.
71. Benowitz NL, Henningfield JE. Reducing the nicotine content to make cigarettes less addictive. *Tob Control*. 2013 May 1;22(suppl 1):i14–7.
72. Moodie C. Warnings on every cigarette: extending health messaging to the consumption experience. *CMAJ*. 2018 Oct 29;190(43):E1271–2.
73. DeAtley T, Bianco E, Welding K, Cohen JE. Compliance with Uruguay’s single presentation requirement. *Tob Control*. 2018 Mar;27(2):220–4.
74. Aug 1, 2014 | ITC Uruguay National Report: Findings from the Wave 1 to 4 Survey (2006-2012) | Spanish - ITC Project [Internet]. [cited 2022 Feb 17]. Available from: <https://itcproject.org/findings/reports/itc-uruguay-national-report-waves-1-to-4-2006-2012-aug-2014-spanish/>.
75. Notley C, Gentry S, Livingstone-Banks J, Bauld L, Perera R, Hartmann-Boyce J. Incentives for smoking cessation. *Cochrane Database Syst Rev* [Internet]. 2019 [cited 2022 Feb 20];(7). Available from: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004307.pub6/full>.
76. Collishaw N. This should change everything: using the toxic profile of heat-not-burn products as a performance standard to phase out combustible cigarettes. *Tob Control*. 2019 May 1;28(3):245–8.
77. Physicians for a Smoke-free Canada, Coalition Québécoise pour le Contrôle du Tabac. Canada’s Cheap Cigarettes: Why they are a problem. What can be done about them. [Internet]. 2017 Jun. Available from: http://www.smoke-free.ca/pdf_1/2017/CanadasCheapCigarettes-June2017.pdf.