



World Health  
Organization  
REGIONAL OFFICE FOR Europe



## FACTSHEET

Sustainable Development  
Goals: health targets

# TOBACCO CONTROL



*Tobacco use is the single most preventable cause of illness and death worldwide. It causes more than 8 million deaths each year (1), killing more people than AIDS, malaria and tuberculosis combined. In addition to its burden on health, tobacco use imposes enormous economic costs from health care, loss of productivity, fire damage and environmental harm (2).*

- The WHO European Region has the highest proportion of tobacco use in the world, with an estimated 209 million adults (or 29%) smoking. Moreover, the Region has the highest smoking prevalence among women (21%); approximately 74 million women still smoke in Europe (3). Prevalence of tobacco use varies widely across the Region.
- Tobacco is a leading cause of death and disability in the Region and its use is also a major cause of health inequality.
- Tobacco control policy, as envisaged in the WHO Framework Convention on Tobacco Control (WHO FCTC; Box 1), is intended to reduce tobacco use and related illness, as well as the associated social and economic harms (4). The status of implementation of the WHO FCTC varies across WHO European Member States.
- Tobacco control is an important tool for breaking the cycle of poverty (6,7). The WHO FCTC plays a central role in achieving Sustainable Development Goal (SDG) target 3.4 (reducing premature deaths from noncommunicable diseases by one third by 2030). It also contributes to achieving SDGs related to poverty, hunger, education, economic development, equality, gender equity, good governance, partnership and environmental sustainability (5).





TARGET 3.A



## SDG 3.a. Strengthen the implementation of the WHO FCTC in all countries

Since its initiation in 2005, the WHO FCTC has succeeded in keeping tobacco control high on the global agenda and contributing to saving lives and improving global health.

- Despite many achievements, the implementation of tobacco control measures has been uneven across Member States of the WHO European Region (Fig. 1).
- Some Member States in the Region are global tobacco control leaders, while others are still struggling to adopt and enforce effective interventions to reduce tobacco use in their populations.
- While the percentage of Member States in the WHO European Region banning smoking in all public places increased from 8% to 26% between 2007 and 2018, over three quarters of Member States had not implemented the recommended smoke-free policies as of 2018 (1,9).
- Most Member States provide less than the recommended level of tobacco cessation support (9).
- On the global scale, the WHO European Region has advanced well with the implementation of health warnings and has the highest number of Member States (38, which is 72%) requiring health warnings that cover 50% or more of the cigarette package (1).
- However, the Region lags behind all other WHO regions in implementing comprehensive bans on tobacco advertising, promotion and sponsorship, with only seven Member States having a comprehensive ban on all forms of direct and indirect advertising (1).
- Member States of the WHO European Region have made important progress over the years in taxing tobacco, and 25 have tobacco taxes that represent more than 75% of the retail price. However, a great disparity in cigarette retail prices between Member States and differences in affordability of tobacco remain issues of concern (1).

### Box 1. The WHO Framework Convention on Tobacco Control

The Framework Convention of 2003 entered into force in February 2005 (4). By the end of 2019, it had 181 Parties, including 50 WHO European Member States and the European Union. Currently, it covers 90% of the world's population and is providing countries with the legal and technical framework needed to respond to the tobacco epidemic.

The measures outlined in the WHO FCTC are intended to reduce both the supply of and the demand for tobacco. They include raising tobacco taxes; banning smoking in public places; banning advertisement of tobacco products and sales to minors; warning the public about the dangers of tobacco use; promoting alternative livelihoods for tobacco growers; and helping tobacco users to quit. Meeting WHO FCTC obligations requires the collaboration of many sectors beyond the health sector, including finance, trade, agriculture, environment, labour, development, communication, education and law enforcement.

The WHO FCTC links tobacco control to relevant United Nations covenants, including those on human rights; it has shown the potential for global regulations to set public health norms, mobilize resources and increase transparency (5).

With the advancement of WHO FCTC implementation, tobacco consumption has steadily decreased in the Region (9); Norway, the Russian Federation, Ukraine and the United Kingdom, among other countries of the Region, have shown impressive declines in tobacco consumption with comprehensive treaty implementation (10–13).

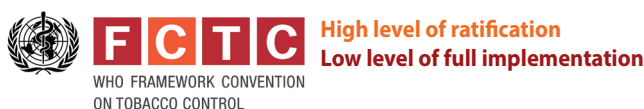


Fig. 1. Status of tobacco control measures in the WHO European Region in 2019



Source: WHO Regional Office for Europe; 2019 (8).

What have the 53 countries in the WHO European Region done?



More needs to be done to achieve the ambition of a tobacco-free European Region



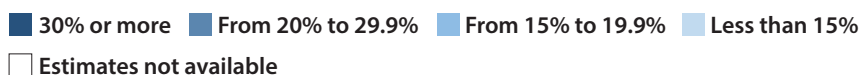
### SDG 3.4. Reduce premature mortality from noncommunicable diseases

- The prevalence of tobacco use varies widely across the Region (Fig. 2).
- Premature mortality from noncommunicable diseases in the Region is declining. However, many underlying targets related to the risk factors, such as tobacco use, are not progressing well.
- Although tobacco consumption is declining, the reduction is not fast enough to meet agreed goals. Projections show that the Region as a whole will not meet the target of a 30% relative reduction in prevalence of current tobacco use, nor will 47 of the 53 Member States do so unless more is done (3,14).

Fig. 2. Age-standardized prevalence of daily tobacco smoking in the WHO European Region (adults, both sexes combined), 2017



Source: data from World Health Organization, 2017 (1).





TARGET 3-2

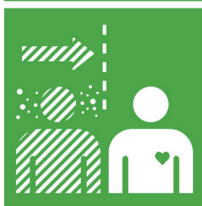


### SDG 3.2. End preventable deaths in newborns and children under 5 years

- Second-hand smoke exposure kills around 1.2 million nonsmokers globally per year (15), many of whom are children. These deaths are typically caused by chronic diseases such as asthma or respiratory infections (16).
- In 2017, 16.4% of total deaths from lower respiratory tract infections among children under 5 years of age were attributed to second-hand smoke. For children aged 5–14 years, 8% of deaths from lower respiratory tract infections were caused by exposure to tobacco smoke (17).
- Most children and adolescents in the Region are not fully protected from second-hand smoke exposure despite their heightened vulnerability to its effects: over half of children in the Region are exposed to second-hand smoke inside the home, almost three quarters outside the home (16).
- Exposure to tobacco in utero increases the risk of miscarriages, stillbirths and other complications. In some Member States of the Region, more than 10% of women smoke during their pregnancy (18).



TARGET 3-3



### SDG 3.3. End epidemics of communicable diseases

- Tobacco use and/or smoke exposure increases the risks of infection or the severity of some communicable diseases. Infections associated with smoking include community-acquired pneumonia and meningitis. Smokers with HIV are particularly vulnerable (19).
- The link between tobacco smoking and tuberculosis is also well established: the chemical components of tobacco smoke can trigger activation of latent tuberculosis, and smoking can also increase the risk of disability and death in people with active tuberculosis (20,21).
- More than 20% of global tuberculosis incidence may be attributable to smoking, which more than doubles the risk of tuberculosis (21).



TARGET 3-8



### SDG 3.8. Achieve universal health coverage

Tobacco taxation is a top priority for achieving the SDGs: it offers a win–win situation for health and economic development by both reducing tobacco consumption and generating revenues for the state.

- Tobacco taxation has a role in achieving universal health coverage as it generates revenues that can be used to expand health coverage.
- The reduction of tobacco use with increased taxation also reduces tobacco-related diseases, decreases the burden on health systems and frees resources that can be used for other health-related purposes.



### **SDG 1 and SDG 2. End poverty and hunger and achieve food security**

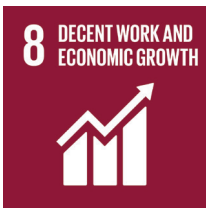
- /// Tobacco use is highest among the poor, and the money spent on tobacco reduces that available for food, health care and education (6,7).
- /// Tobacco use kills and disables breadwinners; this reduces income and adds medical expenses, driving families deeper into poverty (6,7).
- /// Tobacco diverts use of agricultural land that could otherwise be used for food production, contributing to food insecurity and poverty in tobacco-growing countries (22).



### **SDG 5. Achieve gender equality and empower all women and girls**

- /// Women suffer the health effects of tobacco (23) and have additional health risks related to reproduction.
- /// Women have traditionally smoked less than men: tobacco companies view nonsmoking women as an opportunity for growth and have mounted aggressive tobacco marketing campaigns that target women and girls (24,25).
- /// The WHO European Region has the world's highest rate of tobacco use among women (21%) (3):
  - /// the highest rates of uptake of tobacco in Europe has been observed among disadvantaged girls (26,27); and
  - /// lung cancer has overtaken breast cancer as the most common fatal cancer among women in some European countries (28).
- /// Even in countries where few women smoke, women suffer the risks of breathing second-hand smoke (24).
- /// Within families, women are disproportionately affected by the economic and social burden of tobacco-related disease. Women and girls make up the vast majority of those who provide unpaid, home-based care for those affected by the chronic illnesses caused by tobacco (26).





## **SDG 8. Promote sustainable economic growth, full and effective employment and decent work for all**

- // Tobacco-related disease is a huge drain on economies: tobacco costs the global economy over US\$ 1 trillion per year, which is almost 2% of global gross domestic product (29).
- // In some Member States of the Region, tobacco accounts for more than 8% of total direct health-care costs and 2.5% of gross domestic product (2).
- // On average, smokers lose 20 years of productive life (30).
- // Second-hand smoke is a serious work hazard: globally, 433 000 people die each year from exposure to second-hand smoke at work (31).
- // While the tobacco industry makes over US\$ 62 billion a year in profits (32), the working conditions in tobacco growing are very poor, with problems including retaliation for organizing trade unions, long hours on poverty wages, extensive use of child labour (33,34), hazardous work, lack of access to health care and social services, gender discrimination, exploitive tenant and contract systems and exploitation of migrant workers (35,36).



## **SDG 4 and SDG 10. Promote inclusive and equitable quality education and reduce inequality within and among countries**

- // Tobacco is a leading cause of health inequality in the WHO European Region. Inequities in smoking have been observed based on education level, sex, occupational level, ethnicity, housing tenure and other measures of wealth (24,27,37,38).
- // The care of ill or disabled family members keeps people (especially women and girls) out of work or school (26).
- // Illness from second-hand smoke exposure keeps children out of school (39).
- // Those in low-resource settings bear most of the burden of the social and environmental impact of tobacco growing, while rich countries reap most of the profits (40).
- // Child labour is common in tobacco growing, and working in tobacco fields keeps many children out of school (33,34).





## **SDG 12, SDG 13, SDG 14 and SDG 15. Ensure sustainable consumption and production, combat climate change, and protect land and water ecosystems**

Tobacco production, sale and use directly oppose the concept of sustainability, causing substantial health, social, economic and environmental harm for no benefit.

- /// The tobacco supply chain accelerates climate change by generating greenhouse gases, with about 84 million tonnes of carbon dioxide equivalents annually (40).
- /// The growing and curing of tobacco use 40 million hectares of land and 8 million to 11 million tonnes of wood annually (40).
- /// Production of tobacco accounts for about 5% of global deforestation (26).
- /// Tobacco production, distribution and use result in loss of, or pollution of, almost 22 billion tonnes of water per year (40).
- /// There is continued environmental damage from non-biodegradable cigarette butts. The estimated discarded waste from global cigarette consumption in 2014 was estimated to be between 340 million and 680 million kg (22). Cigarettes contain around 7000 chemicals, which will eventually leach out and accumulate in the soil and water. Many of these chemicals are themselves environmentally toxic, and at least 50 are known human carcinogens (22).



## **SDG 16 and SDG 17. Promote peaceful and inclusive societies, with access to justice for all and accountable institutions**

In order to create peaceful, inclusive societies with full access to justice, it is necessary to reduce illicit financial flows, reduce corruption and bribery and strengthen domestic resource mobilization.

- /// Illicit trade in tobacco is a form of tax evasion that helps to fund transnational crime and causes substantial losses in government revenues. The Protocol to Eliminate Illicit Trade in Tobacco Products is an effective tool for reducing this harm (41). By the end of 2019, a total of 29 Member States of the WHO European Region had ratified the Protocol (42).
- /// Tobacco control helps to reduce corruption and bribery and to develop effective, accountable and transparent institutions at all levels (5).
- /// The Addis Ababa Action Agenda of the Third International Conference on Financing for Development designated tobacco taxes as a promising source of funding for development (43).



Since 2005, Member States of the WHO European Region have committed to reduce the health, economic and social harms of tobacco through global frameworks, including the WHO FCTC (the first ever legally binding global public health treaty (4)), the United Nations' Political Declaration on the Prevention and Control of Non-communicable Diseases (44), the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases (45) and the United Nations 2030 Agenda for Sustainable Development (46). In addition, Member States have committed to WHO European Region-specific frameworks, including the WHO European Health 2020 policy framework (47) and the Roadmap of Actions to Strengthen Implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025 (48).

To help WHO European Region Member States to reach the goal of being free of tobacco-related mortality, morbidity and disability, the Roadmap sets out three focus areas and two supporting areas (48).

### **Focus area 1: strengthening implementation of the WHO FCTC and supporting innovation.**

Progress has been made across the Region; however, more needs to be done, especially on implementing smoke-free policies, supporting people to quit, giving health warnings through mass media and enforcing bans on all forms of promotion (Box 2). Using price and tax measures to reduce the demand for tobacco is identified as a priority in the Roadmap. Increasing tobacco taxation enables countries both to raise revenues for financing WHO FCTC implementation and other developmental activities and to address health inequities caused by tobacco use. Other areas of tobacco control, such as protection of tobacco control policies from commercial and other vested interests, should also be strengthened.

### **Focus area 2: responding to new challenges.**

Examples include emerging tobacco products (heated tobacco and electronic cigarettes), lawsuits initiated by the tobacco industry in attempts to postpone or block implementation of tobacco control policies and increasing use of social media

to promote tobacco products. It is essential that WHO FCTC Conference of Parties guidelines on the regulation of electronic nicotine and non-nicotine delivery systems are implemented and measures outlined in the FCTC/COP8(22) decision on novel and emerging products are prioritized as these will help to strengthen countries' response to these new challenges (51,52).

### **Focus area 3: reshaping social norms.**

Implementation of strong tobacco control influences public opinion, especially through enactment of smoke-free legislation, education of people on the harms of tobacco use and bans on advertising and promotion. Much needs to be done to achieve this in the WHO European Region.

There are two supporting areas (48).

### **Supporting area 1: assessing progress, gaps, gradients, trends and impacts.**

Strengthening of surveillance and monitoring is crucial to inform evidence generation and drive progress in tobacco control (9).

### **Supporting area 2: working together in partnerships and in international cooperation.**

Like many of the global economic and social forces that shape health, cross-border activities of the tobacco industry cannot be fully addressed without international collaboration and cooperation. Building and strengthening initiatives and mechanisms to strengthen cross-sectoral collaboration is a key for advancing progress in tobacco control (Box 3). WHO FCTC implementation should be integrated into plans for SDG implementation at national level, and budgeted accordingly.

Levels of implementation of tobacco control measures achieved so far in the WHO European Region are insufficient to reach the target of a 30% reduction in tobacco use prevalence among adults by 2025. Member States and the WHO Regional Office for Europe have specific roles in ensuring that progress is accelerated towards achieving the vision of a region free of tobacco-related mortality, morbidity and disability.



## Box 2. Leaving no one behind

**Protection of all children from tobacco is an imperative:** not just as issue of health and economic development but also to fulfil various human rights treaties. Several Member States of the WHO European Region have taken steps to protect children from smoking initiation and exposure to second-hand smoke (16).

**Ireland** has adopted a strategy to denormalize tobacco use by increasing its social unacceptability. The strategy includes implementing plain packaging of tobacco products that prevent use of fashionable cigarette packs to forge smoker identities in young people; protecting children from all other forms of direct and indirect tobacco industry marketing, including sponsorship of events such as concerts; restricting the sale and display of tobacco products (including through vending machines); implementing smoke-free outdoor areas, especially school campuses, sports stadiums, parks and beaches; and banning smoking in cars to protect children from second-hand smoke (49).

In **Scotland** (United Kingdom), the REFRESH programme works to protect children from second-hand smoke exposure at home through promotion of interventions by public health nurses during home visits. These include measurement of air quality in the home and education of families about how to reduce the smoking-related indoor air pollution that puts children at risk (50).

## Box 3. Intersectoral action

**Tobacco taxes and tobacco control laws are used to reduce prevalence of tobacco use:** successful measures in Ukraine and Georgia required the collaboration of government with many national and international partners.

In **Ukraine**, tobacco taxes were increased 20-fold between 2008 and 2017: state revenues were increased 10-fold and smoking prevalence dropped drastically (20% relative reduction over seven years). Following this enormous success, the Ministry of Finance and parliamentarians worked together to develop and adopt a seven-year plan (2018–2024) for yearly tobacco tax increases to ensure that tobacco products become less affordable by adjusting for inflation. The development, adoption and promotion of the new plan was a result of successful collaboration between the Ukrainian Government, the World Bank, Ukrainian tobacco control experts and civil society organizations (53,54).

In **Georgia**, tobacco use kills 11 000 people a year and smoking prevalence is very high among men (57%) and rising among women and youth (55). In 2017, Georgia adopted one of the strongest tobacco control laws in the WHO European Region. The development and promotion of the law involved collaboration between different national and international actors, including the Georgian Government, the national tobacco control alliance, local and international medical and civil society organizations, the WHO FCTC Secretariat and the WHO Regional Office for Europe. The law was adopted with a parliamentary majority that crossed party lines. Public support for the law is high, with 85% of people surveyed approving of the policy (56), and monitoring has documented 95% compliance with smoke-free policy (57).



The WHO Regional Office for Europe has developed a joint monitoring framework for Health 2020 the SDGs and the noncommunicable diseases indicators, to

facilitate reporting in Member States and to enable a consistent and timely way to measure progress (58).

## ECOSOC indicators

3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older

3.4.1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease

3.5.1. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and after-care services) for substance use disorders

## Health 2020 core indicators

(2)1.1.b. Age-standardized prevalence of current (includes both daily and non-daily or occasional) tobacco use among people aged 18 years and over

## Health 2020 additional indicators

(2)1.1.b. Prevalence of weekly tobacco use among adolescents

# WHO support to its Member States



The WHO Regional Office for Europe works with Member States, international organizations and civil society to strengthen WHO FCTC implementation. It provides training and technical support for overcoming barriers to treaty implementation and for ratifying and implementing the Protocol to Eliminate Illicit Trade in Tobacco Products; cost analysis to determine the most cost-effective tobacco control interventions; support in responding to new challenges that affect tobacco control (including novel tobacco products, trade and investment issues and tobacco industry tactics to influence policy); support for integrating cessation treatment into medical practice and training and for

strengthening anti-smoking campaigns; improved strategies for surveillance, research and evaluation; help in evaluating tobacco control policies and for promoting sustainable funding for tobacco control; help for State Parties in fulfilling their reporting obligations for the WHO FCTC Conference of the Parties; and support for building/strengthening intersectoral partnerships to support WHO FCTC implementation and for raising tobacco taxes. The WHO Regional Office for Europe also facilitates development of cross-country collaboration in implementing tobacco control and encourages mutual support among WHO FCTC Member States.



In order to provide effective support for the full implementation of the WHO FCTC, the WHO Regional Office for Europe collaborates with Member States, international organizations and partners within civil society, academia and the media. These include:

- international civil society organizations such as Bloomberg Philanthropies, Campaign for Tobacco Free Kids, Danish Cancer Society, European Network for Smoking and Tobacco Prevention, European Respiratory Society, Framework Convention Alliance,

Norwegian Cancer Society and the Smokefree Partnership;

- the Secretariat of the Conference of the Parties of the WHO FCTC;
- United Nations agencies; and
- United States Centers for Disease Control (CDC) and the CDC Foundation.

It also works closely with six WHO collaborating centres on tobacco control.



## Resources

### WHO Framework Convention on Tobacco Control, 2003

<http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf>

### Protocol to Eliminate Illicit Trade in Tobacco Products, 2013

[https://apps.who.int/iris/bitstream/handle/10665/80873/9789241505246\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/80873/9789241505246_eng.pdf?sequence=1)

### Making Tobacco a Thing of the Past: Roadmap of Actions to Strengthen Implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/297563/WHO-Roadmap-report-tobacco-control-15-25-en.pdf](http://www.euro.who.int/__data/assets/pdf_file/0005/297563/WHO-Roadmap-report-tobacco-control-15-25-en.pdf)

### Taking Stock: Tobacco Control in the WHO European Region in 2017

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/349433/Taking-stock-report-ENG.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0008/349433/Taking-stock-report-ENG.pdf?ua=1)

### Consumption and Approaches to the Regulation of Nasvay in the Commonwealth of Independent States, 2018

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/391762/Consumption-and-approaches-to-the-regulation-of-nasvay-in-CIS\\_EN.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0010/391762/Consumption-and-approaches-to-the-regulation-of-nasvay-in-CIS_EN.pdf?ua=1)

### European tobacco use: trends report 2019

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/402777/Tobacco-Trends-Report-ENG-WEB.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0009/402777/Tobacco-Trends-Report-ENG-WEB.pdf?ua=1)

### Tobacco Control Playbook, 2019

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0011/395687/Tobacco-Control-Playbook-final.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0011/395687/Tobacco-Control-Playbook-final.pdf?ua=1)

### Tobacco Free Initiative (TFI): MPOWER Brochures and Other Resources, 2019

<http://www.who.int/tobacco/mpower/publications/en/>

### WHO Report on the Global Tobacco Epidemic, 2019

<https://apps.who.int/iris/bitstream/handle/10665/326043/9789241516204-eng.pdf?ua=1>



## Key definitions

### Illicit trade

Any practice or conduct prohibited by law and which relates to production, shipment, receipt, possession, distribution, sale or purchase of tobacco products, including any practice or conduct intended to facilitate such activity (4).

### Tobacco advertising and promotion

Any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly (4).

### Tobacco control

A range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke (4).

### Tobacco industry

Tobacco manufacturers, wholesale distributors and importers of tobacco products (4).

### Tobacco products

Products entirely or partly made of the leaf tobacco as raw material and that are manufactured to be used for smoking, sucking, chewing or snuffing (4).

### Tobacco sponsorship

Any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly (4).



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