

Tobacco Control: Big Fast Benefits

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There is a widespread assumption that the benefits of tobacco control policies take many years to develop, which makes it difficult for policymakers to prioritize tobacco control efforts over perceived short-term benefits in terms of tax revenues and business opportunities for the tobacco companies. This presentation presents evidence that low cost interventions such as strong warning labels and plain packaging first adopted in Australia and smokefree policies and strong media campaigns designed to isolate the tobacco industry and reinforce nonsmoking norms have large, fast effects not only on smoking but also health outcomes and costs. Data from around the world shows drops in hospital admissions for heart attacks, strokes, and asthma and other pulmonary conditions – as well as ambulance calls -- of 15-20% immediately after implementing smokefree environments, with more comprehensive laws having bigger effects. There are also drops in age-adjusted heart disease mortality and, over 3 years, drops in lung and bladder cancer incidence. While these programs are often portrayed as an American (or California) phenomenon, previously secret internal industry documents show that as long ago as 1989 anti-tobacco attitudes in Europe were stronger than in the United States. The changes in disease following tobacco control interventions are reflected in large and growing reductions in medical care expenditures. Between 1989 and 2008, the California Tobacco Control Program cost \$2.4 billion and saved \$243 billion in health costs (12% of total health costs in 2008). It also reduced cigarette sales by 6.8 billion packs worth \$28.5 billion in to tobacco industry, which explains why the industry fights these programs so hard. E-cigarettes, which are often presented as harm reduction alternatives to conventional cigarettes are reducing quitting, expanding the youth nicotine market, and likely prolonging the tobacco epidemic. The bottom line: It is possible to get large rapid drops in smoking, together with immediate and substantial health and economic benefits if policymakers are willing to stand up to the tobacco industry.

Tobacco Control in Southern Europe

Dr. Giuseppe Gorini, MD

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Aim of this presentation is to show main characteristics of the Italian and Spanish smoking bans, and their impact in terms of reduction of second-hand smoke exposure in hospitality venues and workplaces, of compliance with the ban, in terms of reduction in hospitalization rates of acute myocardial infarction, of reduction in second-hand smoke attributable mortality and morbidity, and in terms of economic effects in hospitality industry. The Greek smoking ban will be also presented, looking in depth at problems linked to compliance with the ban. Moreover, the state of the art of the implementation of the World Health Organization-Framework Convention of Tobacco Control (FCTC) in Italy will be briefly presented.

The Hungarian AntiTobacco Blitz

Dr Miklós Szócska, PhD

Director Health Services Management Training Centre, Faculty of Health- and Public Services, Semmelweis University, Former Minister of State for Health

The presentation aims to introduce the Hungarian tobacco control regulation between 2010-14, and its various epidemiological, regulatory, economic, political and social considerations.

The importance of the tobacco regulation to the public health agenda will be highlighted through the presentation of public health data, economic burden (direct and indirect health related spending) and consumption trends.

The presentation will also cover aspects of personal motivation of decision makers and administrative staff as well as will offer important insights into the world of political gaming and business influence concerning the regulatory process and political decision making.

Besides the economic burden of diseases the presentation will give an account of the economic impact of the regulation on the state budget, and on the industries such as hospitality, restaurants, tourism etc.

Through the presentation of personal motivation and the analysis of the political force field - the audience will understand the way the Hungarian Tobacco Blitz acted as an icebreaker in a broad public health regulatory agenda and as a onetime unique possibility.

The presentation will refer to the effective PR background of the regulation- that supported the successful introduction: 87.1% -majority- of the parliament voted for, and even 60% of smokers supported the implementation.

Winning the battle against tobacco: What can we learn from countries with comprehensive tobacco control and how do we get there?

Dr Heide Weishaar, MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK

For many years, the United Kingdom (UK) has been the European leader in tobacco control, and UK smoking prevalence has declined steadily over the last 30 years. Bans on tobacco advertising, including at point of sale, smoke-free legislation, regulations restricting access to minors, graphic health warning labels, and prohibition of smoking in cars when children are present constitute some crucial components of substantial UK tobacco control policy. The introduction of smoke-free laws in 2006 and 2007 was a major milestone on the road to comprehensive tobacco control in the UK.

Evaluations of their effectiveness are continuing to provide essential evidence of the success of such legislation in terms of health benefits, economic viability, enforceability and public support. This presentation provides an overview of the evidence on UK smoke-free policies. It also discusses key factors which led to the successful adoption and implementation of smoke-free policies in the UK and elsewhere in Europe and draws conclusions of relevance to future national and international tobacco control. The presentation will provide those with an interest in improving the public's health with guidance on how to address shortcomings and achieve comprehensive tobacco control in Austria and other countries which have yet to implement comprehensive policies.