

APACT 2013

Symposiums 1 and 5

Statement

To curb the tobacco epidemic, each government should adopt 100% smoke-free policies to protect the public from exposure to tobacco smoke in public places, and adopt effective enforcement strategies to ensure compliance.

Explanation

There is now overwhelming scientific evidence that exposure to secondhand smoke is a direct cause of smoking-related illnesses including lung cancers and heart diseases. Article 8 of WHO FCTC has clearly stated that each Party shall adopt and implement effective legislative, executive, administrative and/or other measures, in protecting people from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

There is no doubt that smoke-free laws protect the health of people as well as create an enabling environment for smokers to reduce the daily consumption of cigarettes and leading to the initiation of smoking cessation.

Tourists and residents of world heritage sites should be protected from exposure to tobacco smoke including the important landmarks within the heritage sites in the Asia-Pacific region.

However, passing smoke-free legislation is not enough. Its proper implementation and adequate enforcement require relatively small but critical efforts and means, according to WHO.

Full enforcement of smoke-free laws is critical to establishing their credibility. Enforcement of legislation and its impact should be regularly monitored.

Symposium 2

Statement

We recommend (i) accelerated implementation of the WHO FCTC by States Parties, recognizing its full range of measures, including those to reduce consumption and availability, and ask countries that are not yet Parties to consider acceding to the Convention, recognizing that substantially reducing tobacco consumption is an important contribution to reducing non-communicable diseases such as COPD, which can have considerable health benefits for individuals and countries; and (ii) recognition at all levels of government that smoking cessation is the single most effective—and cost-effective—treatment for COPD.

Explanation

According to the WHO estimates, 80 million people in the world have moderate to severe COPD.

More than 3 million people died of COPD in 2005, which corresponds to 5% of all adult deaths globally. More than 90% of COPD deaths occur in low-and middle-income countries and it is estimated that by 2020 it will become the third leading cause of death worldwide; this chronic disease is however, barely even acknowledged in the health statistics of many countries. Many patients remain undiagnosed, experience high levels of symptoms, their quality of life is often poor and they usually die prematurely of it or its complications.

COPD is preventable. The primary cause of COPD is tobacco smoke and exposure to secondhand smoke by increasing the lung total burden of inhaled particles and gases. COPD is not curable, but treatment can slow the progress of the disease. Total deaths from COPD are projected to increase by more than 30% in next 10 years without interventions to cut risks, particularly exposure to tobacco smoke. Almost 90% of COPD deaths occur in low- and middle-income countries, where effective strategies for prevention and control are not always implemented or accessible.

There is now evidence that 50% of smokers eventually develop COPD, as defined according to the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines. The costs of COPD to health services and society are substantial. Consultation rates in primary care are high and exacerbations of COPD are one of the most common causes of hospital admission. In developed countries, exacerbations of COPD account for the greatest burden on the health care system. In the European Union, the total direct costs of respiratory disease are estimated to be about 6% of the total health care budget, with COPD accounting for 56% (€38.6 billion) of this cost. In the United States in 2002, the direct costs of COPD were \$18 billion and the indirect costs totaled \$14.1 billion.

The WHO Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the global tobacco epidemic, with the aim to protect billions of people from harmful exposure to tobacco. Immediate action to carry out the FCTC plan will be life-saving.

Symposium 10

Strong leadership at both local and national government is needed in the development and implementation of smoke-free policies. Regular and recurring evaluation of these policies is needed to strengthen them.

Symposium 11

Statement

Countries should implement the simplest tobacco tax system that would make all tobacco products less affordable over time in order to reduce tobacco consumption and prevalence.

Explanation

Research shows that regular and substantial increases in tobacco taxes lead to reduction in overall tobacco use, including both the prevalence and intensity of tobacco use. In addition, tax and price increases lead adult tobacco users to quit and prevent young people from taking up tobacco use. This evidence holds even in countries where some cigarettes avoid the tax. Recent research on the role of tax and price in reducing the affordability of tobacco products and on tax structure has helped to identify best practices in tobacco taxation. These include the implementation of a simple tax structure that favors a uniform specific tax, regular tax increases in order to reduce the affordability of tobacco products, and periodic revaluation of tobacco tax levels. An increase of tobacco tax is progressive, since the low income population benefits the most in terms of better health.

Symposium 14

Statement

As stated in FCTC Article 5.3 and 13 and their respective implementing guidelines, the tobacco industry's front groups and so-called corporate social responsibility (CSR) activities should be closely monitored and exposed. Governments should ban all CSR activities of the tobacco industry, divest from tobacco businesses, and exclude the tobacco industry from any legislation requiring corporations to conduct CSR. All United Nations and other multilateral agencies should honor and implement the FCTC by ending any partnerships with and investments in the tobacco industry.

Explanation

So-called CSR activities by the tobacco industry have increased in Asia to buy public good will, benefit its own business partners, and secure access to policy makers. In Japan, under the guise of CSR, they even own forests, sponsor sports teams, and promote their brand name directly to children. Furthermore, intergovernmental agencies and multilateral organizations (e.g. UNDP and ILO) have recognized and awarded tobacco companies for their so-called CSR.

The International Tobacco Growers Association (ITGA), an industry front group that claims to represent farmers, undermines the FCTC process by mobilizing farmers to oppose any and all effective national tobacco control legislation.

In order to protect public health policy from tobacco industry interference and influence, the FCTC and its guidelines call upon governments to denormalize the tobacco industry and ban its so-called CSR activities.

Symposium 16

1. We are conscious that the tobacco industry constantly exploits international policies on trade

and investment to undermine tobacco control measures

2. We recognize the proliferation of trade and investment agreements and their potential to increase the tobacco industry's tools for challenging tobacco control efforts.
3. We are seriously concerned about the rise in investor-state and state-to-state disputes arising from tobacco control policies, the increasing use of trade and investment law related arguments; and the manner in which these may undermine the political will necessary to implement tobacco control measures.

We recommend that tobacco products should be explicitly excluded from international, regional and bilateral trade and investment agreements.

Specifically,

We urge all heads of states to review and remove policies that provide trade and investment related incentives to the tobacco industry

We urge governments negotiating the Trans Pacific Partnership Agreement (TPP) and other international trade and investment agreements, to expressly exclude tobacco from these agreements by ensuring that these agreements will not apply to any measure that the government deems appropriate for tobacco control purposes.

We urge health ministries to take action against any trade and investment measures that the tobacco industry could benefit from or use to subvert tobacco control efforts.