

# The Endgame

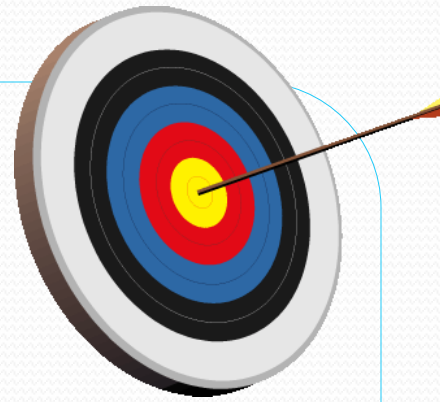


Professor Judith Mackay  
MBChB (Edin), FRCP (Edin), FRCP (Lon)  
Senior Advisor, World Lung Foundation  
Senior Advisor, Gates Foundation  
Director, Asian Consultancy on Tobacco Control



**WORLD LUNG**  
FOUNDATION

**APACT**  
**August 2013**



# Goals and targets

- WHO target: 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025
- Endgame target of 5% by announced date

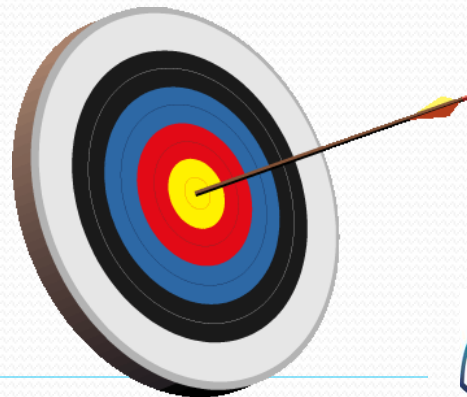
Endgames - death, destruction  
but CONQUEST, SUCCESS,  
sometimes after long struggle



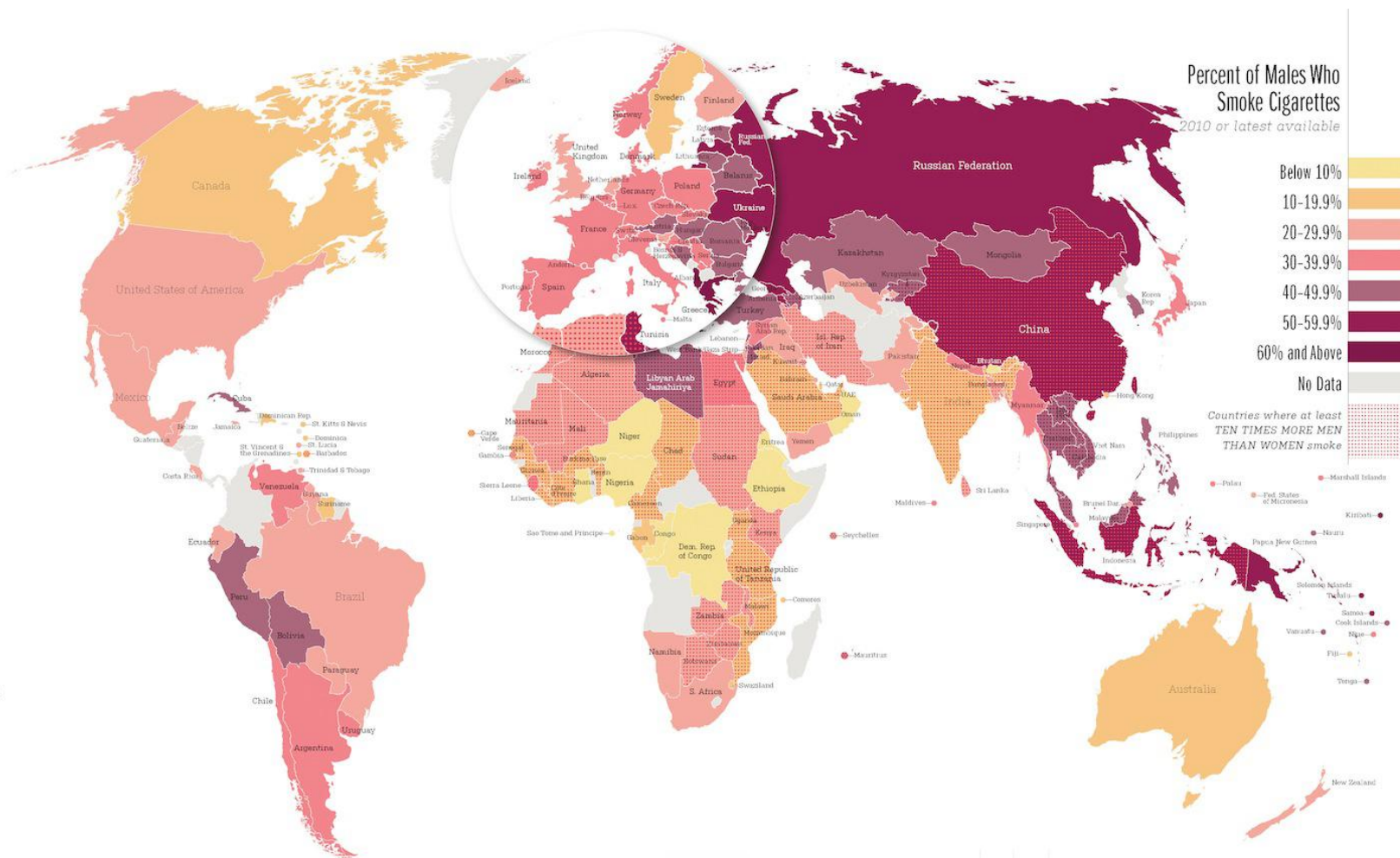
# Definition Endgame



- Prevalence rate of 5% or below.
- Target unthinkable even at Millennium.
- Will first occur in higher-income jurisdictions where the current prevalence rate is below 15%



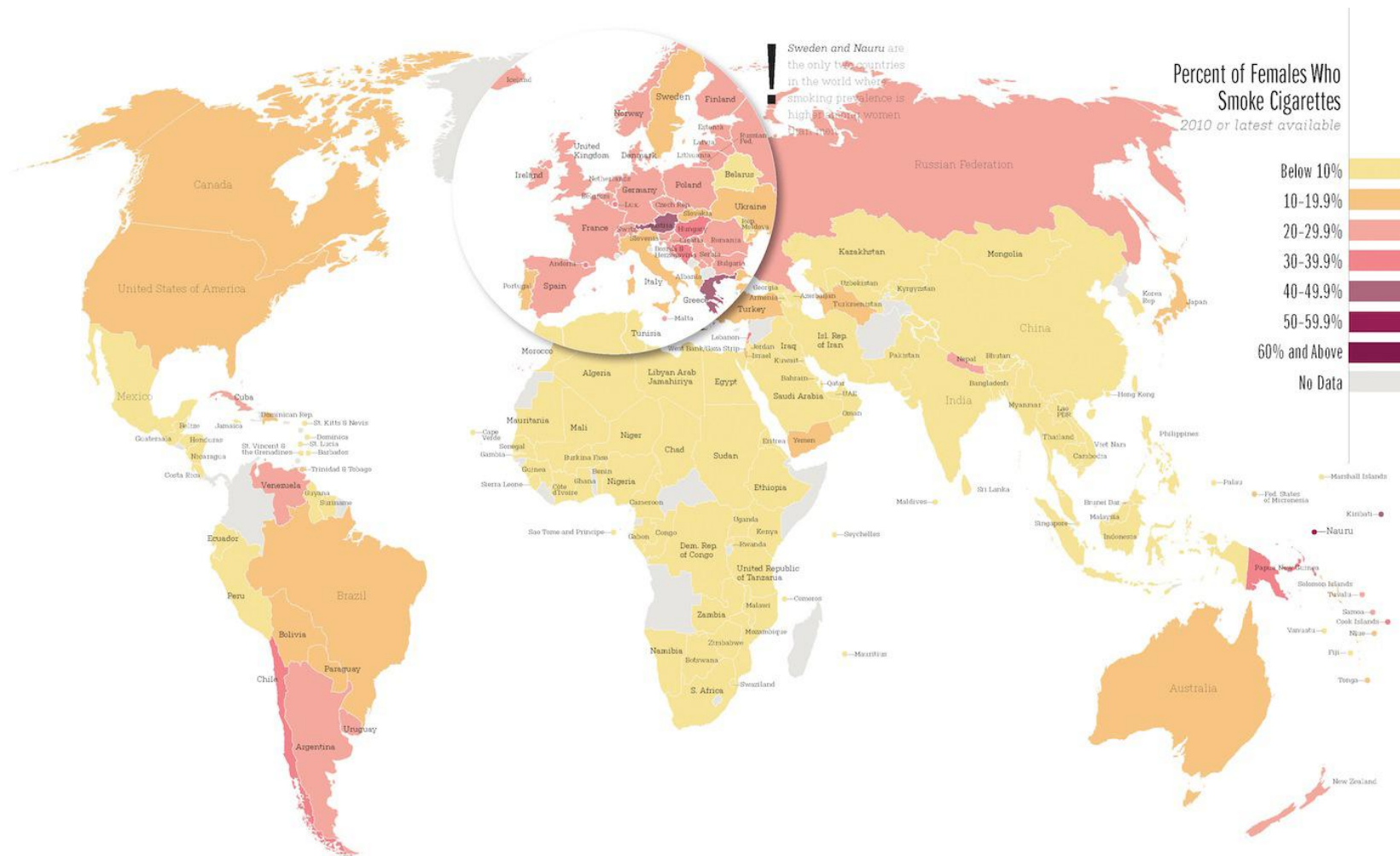
# Male smoking prevalence



source Tobacco Atlas, 4th edition; tobaccoatlas.org

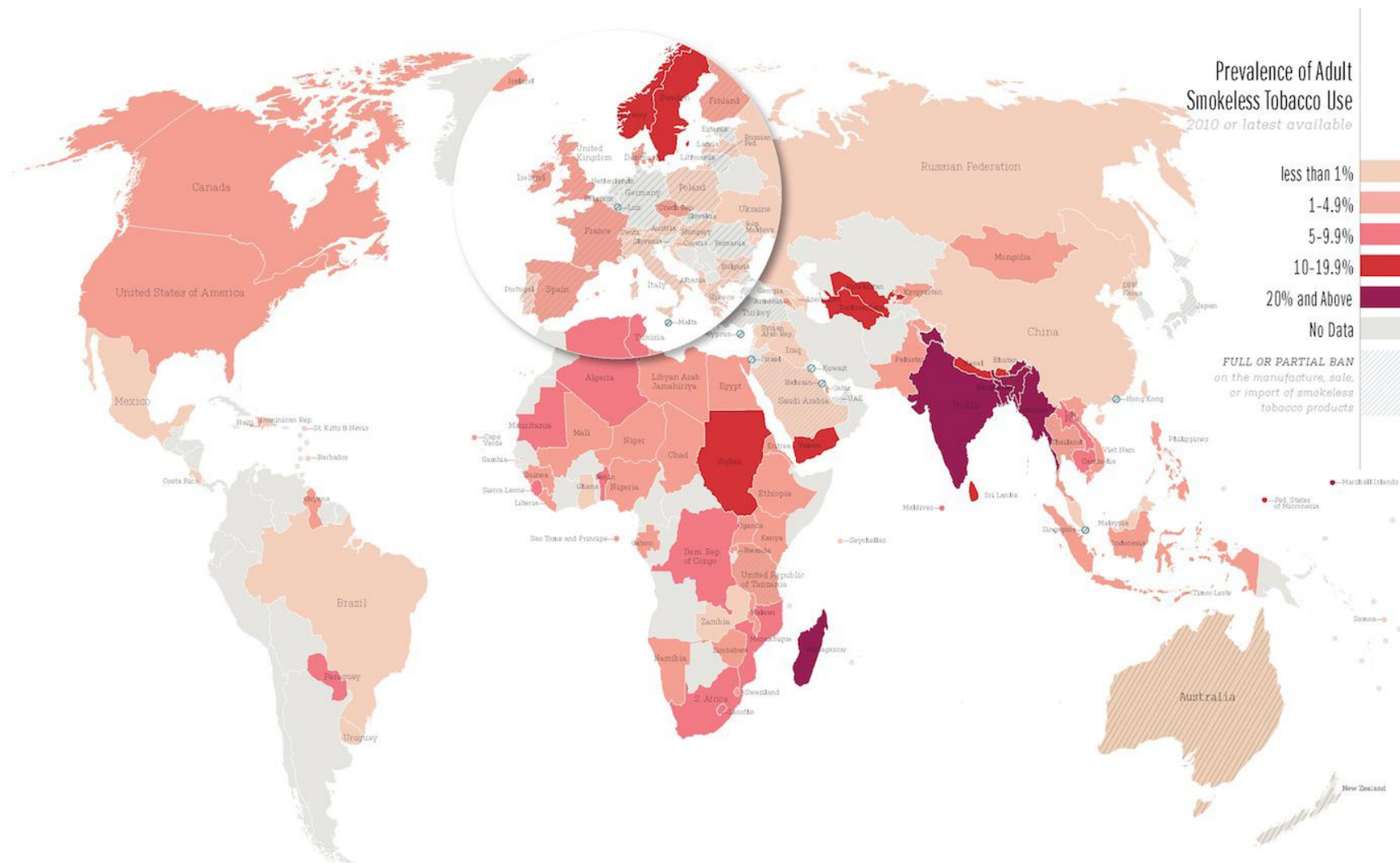


# Female smoking prevalence



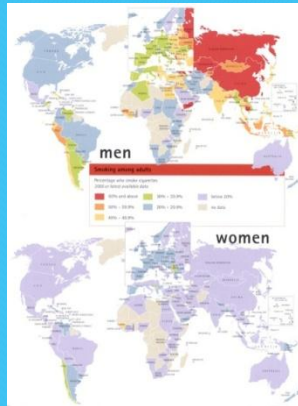
source: Tobacco Atlas 4th edition; tobaccoatlas.org

# Smokeless tobacco

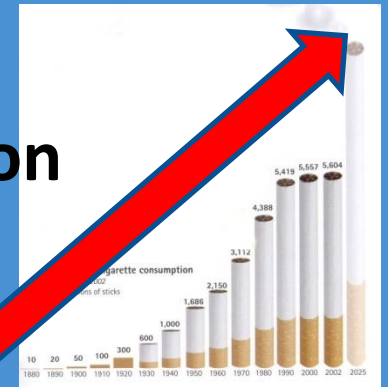


# Future: more smokers

## Smoking Prevalence



## Tobacco Consumption



# Smokers  
1.4b →  
1.6b in 2030



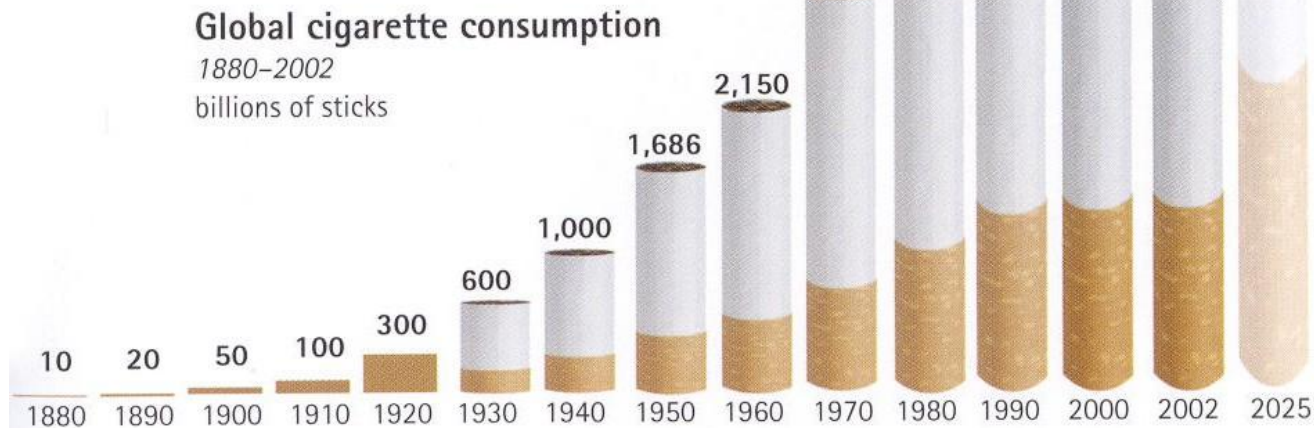
Tobacco annual  
deaths  
6m → 8-10m



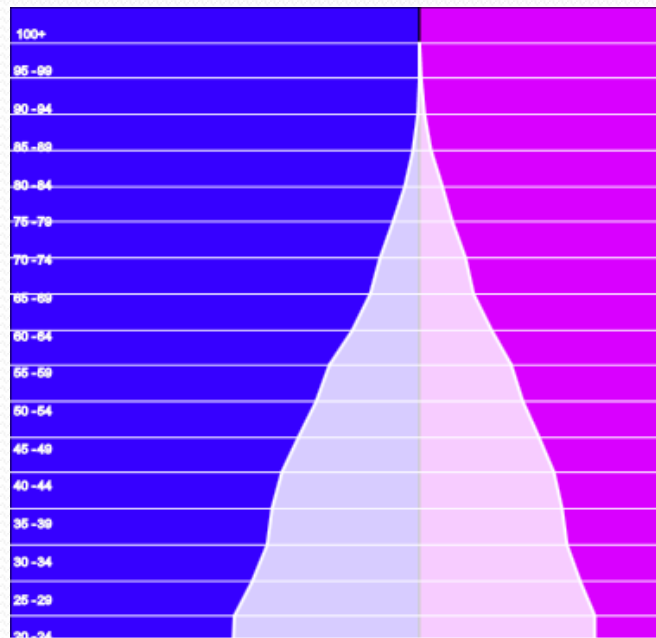


# Global cigarette consumption

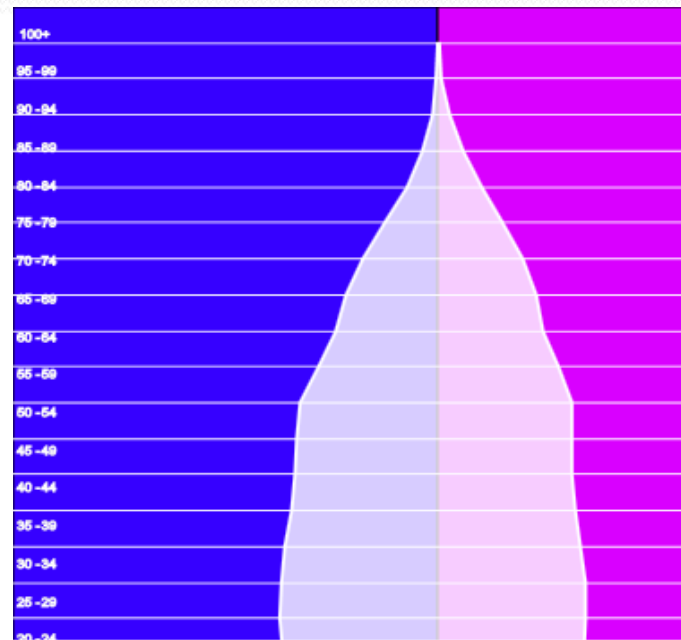
## 1880-2025



# More people...more smokers



**2010: 6.9 billion**

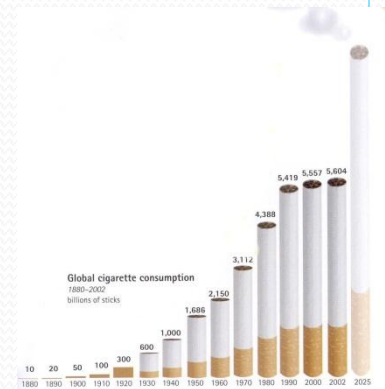


**2040: 8.8 billion**

# Has tobacco control failed?

**The tobacco epidemic increases in spite of:**

- Centuries of knowledge
- Decades of research
- Action, progress in policy & public awareness
- Multiple World Health Assembly resolutions
- 15 World Conferences (since 1967)
- Many regional, national and sub-national meetings
- Regional action plans
- WHO FCTC (2005)
- UN High Level Meeting Summit on NCD (2011)



## 5% target announced

- Hong Kong 2022 (non-government)
- Ireland 2025
- New Zealand 2025
- Scotland 2034
- Finland 2040
- Japan 12%



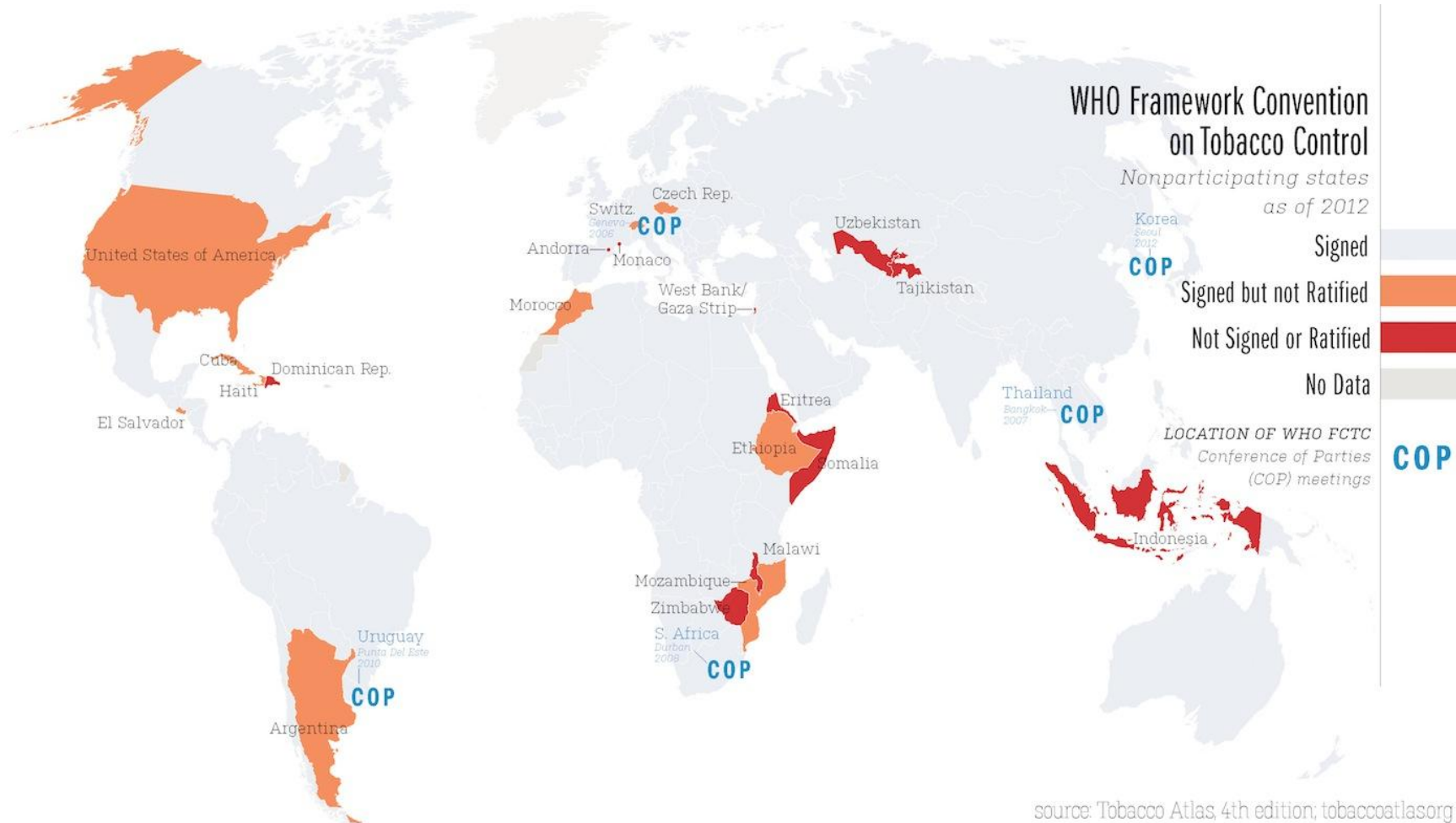
# More of the same?

- One fundamental question is whether the 'endgame' can be achieved by
  - a) doing “more of the same” based on proven, evidence-based strategies, or
  - b) if additional new strategies are needed?

# More of the same: acceleration of proven strategies

- Last 50 years: many remarkable changes, e.g.:
  - Abolition of most overt tobacco promotion
  - Smoke-free public and workplace laws
  - Large graphic pack warnings over 60 countries
  - Plain packaging initiated in Australia
- **WHO FCTC & MPOWER policies are capable of reducing tobacco use far below current levels.**
- The Western Pacific Region is still the only WHO region where all countries have ratified the FCTC, and AFACT has a historically important role in Asian countries.

# WHO FCTC



# MPOWER





# Novel approach



- Others believe the tobacco epidemic is unlikely to yield to today's evidence-based interventions
- Believe new and radical solutions are required, including fundamental reform of the tobacco industry – whether private or government monopoly.



# New measures



- Administrative mechanisms to remove incentive from selling tobacco products
- Harm reduction including reducing of the nicotine to non-addicting levels
- Supply side options
- Prohibition of possession of tobacco products by all individuals born from 2000 (eg Singapore)
- Abolition of commercial manufacture and sale.
- Framing tobacco as development issue

# Either way

- The right regulatory framework has yet to be decided, and may differ from country to country.
- All Asian countries - to reduce consumption among already-users, will need to put much greater and immediate emphasis on:
  - price policies
  - cessation



**QUIT  
SMOKING  
OR DIE  
TRYING.**



# Notes of caution

- Tobacco use is the world's leading cause of preventable premature death and is likely to remain so for decades to come.
- Thus, for many Asian countries the endgame scenario lies in the distant future.
- The industry will argue the proposed strategies could create large black markets, corruption, high illegal earnings, violence and/or organised crime.
- There may/will be challenges under global trade and investment laws, or under constitutional freedom issues.



# Can it be done?

- Every historical achievement was preceded by many people saying it couldn't be done, wouldn't work, or would create new problems.



- Same true of achievements in tobacco control

# Obstacles are global



- Comparative lack of involvement by health professionals
- Focus on curative medicine, not prevention
- Smoking seen as personal behaviour and human right
- Lack of awareness of risk or degree of risk
- Preoccupation with other diseases or events



Smoking, SHS, alcohol, obesity - but HK resident worries about SARS



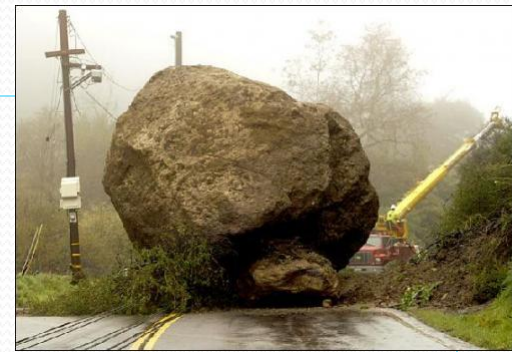
# Obstacles

- Tobacco tax revenue (but not debit) seen
- Misunderstanding of economic costs
- Lack of funds for research and intervention
- Difficulty for some governments to work with civil society, NGOs and academia
- Media may be uninformed or even offer “equal time” to industry
- No understanding of environmental consequences
- Millennium Development Goals --no mention NCD
- No targets





# Obstacle : industry



- Secretly hire consultants to discredit evidence
- Sponsor symposia; finance research
- Claim tobacco control will harm economy
- Lobby to oppose effective tobacco control measures
- Fund ineffective youth smoking prevention campaigns, smokers' rights organizations, and front groups
- Engage in promotion strategies
- Offer to improve national monopoly – foot in the door
- Challenge governments with trans-national litigation and trade-based threats.

# It can be done



- BUT - the benefits of envisioning an endpoint for the tobacco epidemic are far greater than any risks.

# Benefits of endgame



- Confidence in the belief that epidemic can be beaten
- Tobacco industry will hate/deny the assumption (on record 2009: prevalence would **never** fall below 10%)
- Focusses governments on strategies to reach endgame
- Orderly plan of action
- No longer need to fight every annual action, eg tax increases

*Let every country choose an endgame date*

# Thank You



Professor Judith Mackay  
Senior Advisor, World Lung Foundation  
Senior Advisor, Gates Foundation  
[jmackay@worldlungfoundation.org](mailto:jmackay@worldlungfoundation.org)

