

TOBACCO CONTROL
FACT SHEET

Newly Independent States

Health impact of tobacco control policies in line with the
WHO Framework Convention on Tobacco Control (WHO FCTC)

➔ Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC (1) are projected to reduce smoking prevalence in newly independent states (NIS) by:

- **18.1–33%** by increasing excise cigarette taxes from the current level in countries to 75% and prevent much smoking among young people;
- **0.9–15.5%** with more comprehensive smoke-free laws and stronger enforcement;
- **0.3–12%** by banning most forms of direct and indirect advertising to create a comprehensive ban on advertising, promotion and sponsorship with enforcement;
- **6–11.3%** by requiring that strong graphic health warnings be added to tobacco products;
- **2.3–5.6%** by increasing from minimal provision to a well publicized and comprehensive tobacco-cessation policy; and
- **6.3–7.5%** by increasing from a low- or moderate- to high-level media campaign.

With this stronger set of policies and consistent with the WHO FCTC (1), smoking prevalence can be reduced by at least 28.5% within five years, at least 39.1% within 15 years and at least 46% within 40 years across the NIS.

Photos: Registan Square, Uzbekistan, Robert Wilson, 2015; Lviv Oblast, Ukraine, Iurii Bakhmat, 2014; Ashgabat, Turkmenistan, Jose Arturo Lopez Palacio 2011; Karategin, Tajikistan, Ronan Shenhav, 2016; The Cathedral of Christ the Savior, Nickolas Titkov, 2009; Bishkek, Kyrgyzstan, Alex J. Butler, 2014; Astana, Kazakhstan, Ken & Nyetta, 2011; Tbilisi, Georgia, N.J. Spicer, 2010; Belarus, House of Government, Dennis Jarvis, 2009; The Baku old city, Francisco Anzola 2015; Fountains, Yerevan, Nina Stössinger 2009

About the SimSmoke model

The abridged version of the SimSmoke tobacco control model, developed by David Levy of Georgetown University, United States of America, projects the reduction in smoking prevalence and smoking-attributable deaths as a result of implementing tobacco control policies (individually and in combination) (2). Specifically, the model projects the effects from:

- protecting from second-hand smoke through stronger smoke-free laws
- offering greater access to smoking-cessation services
- placing warnings on tobacco packages and other media/educational programmes
- enforcing bans on advertising, promotion and sponsorship
- raising cigarette prices through higher cigarette taxes (3).

The abridged SimSmoke model is based on an extensively validated simulation model, but has certain limitations. The model:

- does not incorporate likely future changes in demographics or smoking prevalence that may reflect the effect of previously implemented policies;
- does not include adolescents and young adults who initiate smoking in future years (in the absence of strong policies), nor does it incorporate the benefits of newly implemented policies that reduce smoking initiation;
- only applies to cigarette smoking and does not incorporate e-cigarette, shisha (water pipe) or smokeless tobacco use;
- does not include deaths from second-hand tobacco smoke exposure and does not take account of costs associated with morbidity and productivity loss due to premature death; and
- does not consider tobacco control policies directed at price-minimizing behaviour, enforcement against smuggling, product content regulation and policies limiting access for young people: the tobacco control policy data used (4) are restricted to a specific set of policies and definitions.

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References

1. WHO Framework Convention on Tobacco Control [website]. Geneva: World Health Organization; 2016 (<http://www.who.int/fctc/en/>, accessed 27 December 2016).
2. Levy DT, Fouad H, Levy J, Dragomir A, El Awa F. Application of the abridged SimSmoke model to four eastern Mediterranean countries. *Tob Control* 2016; 25(4):413–21. doi:10.1136/tobaccocontrol-2015-052334.
3. MPOWER. In: Tobacco free initiative (TFI) [website]. Geneva: World Health Organization; 2016 (<http://www.who.int/tobacco/mpower/en/>, accessed 27 December 2016).
4. WHO report on the global tobacco epidemic, 2015: raising taxes on tobacco. Geneva: World Health Organization; 2015 (http://www.who.int/tobacco/global_report/2015/en/, accessed 27 December 2016).

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