HIGHLIGHTS FROM 20 YEARS OF TOBACCO CONTROL



Celebrating 20 years



SECRETARIAT

20 years of life-saving tobacco control

The WHO Framework
Convention on Tobacco
Control (WHO FCTC) is a global
health treaty that recognizes
that the tobacco epidemic is
a global problem with serious
consequences for public health.
The WHO FCTC aims to save
lives through preventing and
controlling the use of tobacco
products. There are 183 Parties
to the Convention, including the
European Union, demonstrating
the importance of the WHO FCTC
to countries large and small.

Despite significant progress in tobacco control over the years, there are still around 1.3 billion tobacco users globally, with 80% of users residing in low—and middle-income countries, where the social and economic toll is most severe.





The global economic costs of smoking alone have been estimated at **US\$ 1.436 trillion** in 2012, equivalent to 1.8% of total global gross domestic product (GDP)¹.

Since its entry into force in February 2005, the WHO FCTC has kept tobacco control on the global agenda, fostered international cooperation, and provided countries with a framework for national action to combat the global tobacco epidemic.

The prevalence of tobacco use has been steadily falling since the WHO FCTC entered into force (in 2005 it was estimated at 29.3%), with a projected global prevalence of 18.1% by 2030².

To continue this life-saving progress, the implementation of the lifesaving tobacco control measures of the WHO FCTC must be strengthened and accelerated.



The impact of the WHO FCTC: a catalyst and framework for national action to accelerate the fight against the global tobacco epidemic

Since its entry into force in 2005, the WHO FCTC has accelerated the implementation of lifesaving and evidence-based tobacco control policies globally. It has helped strengthen tobacco control policies in countries where they were in place before ratification, and has played an important role in the introduction of effective tobacco control measures in countries where they were not previously in place. The WHO FCTC has also contributed to reductions in smoking prevalence among Parties that have implemented WHO FCTC policies at the highest levels.

Among 170 countries that ratified the WHO FCTC, ratification was associated with 24 million fewer young people smoking and 2 million more people quitting over a 10-year period. The evidence base supporting the tobacco control policies aligned with WHO FCTC measures continues to grow, further increasing the support for their impact and the need to accelerate WHO FCTC implementation.

The WHO FCTC was the catalyst that galvanized the tobacco control movement. Never before had a public health issue harnessed the power of international law and treaty obligations to compel governments to take definitive action against tobacco. By synthesizing the best evidence into actionable areas and developing the accompanying guidelines that clearly outlined the "how-to" portion of implementation, the Treaty provided all Parties with unequivocal guidance for translating evidence into action. For the first time in the history of tobacco control, a global road map was clearly delineated to address what had become a global epidemic.

Citation: Two Decades of Action: Strategies to Advance Tobacco Control in the Western Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2024.



The role of civil society is essential for achieving the objectives of the WHO FCTC





ivil society organizations were essential to the success of the WHO FCTC negotiations, leading to the adoption of the public health treaty by all **192 Member States** of the World Health Organization (WHO) at the World Health Assembly in 2003, and the rapid entry into force of the treaty in February 2005.3 Civil society continues to make important contributions in advocating for effective implementation, and in monitoring and reporting on progress of the WHO FCTC at the national and global levels. Civil society also supports Parties and the Secretariat of the WHO FCTC by sharing expert knowledge in tobacco control through developing reports, providing technical assistance and sharing knowledge among the Parties.



Protecting people from exposure to tobacco smoke

xposure to second-hand smoke kills an estimated 1.3 million people every year.⁷

No level of exposure to secondhand smoke is considered safe. Smoke-free policies are in place in 74 countries — over one quarter of the world's population is now covered by smoke-free policies.⁸ In December 2020, South America became the first subregion in the Americas to accomplish

100% smoke-free environments.9

Progress in the implementation of smoke-free policies continues. Many jurisdictions are now banning smoking in other public places such as playgrounds and beaches, 10 as well as in UNESCO World Heritage Sites and other tourism hotspots. 11







The WHO FCTC Guidelines for the Implementation of Article 8, which address protection from exposure to tobacco smoke, were adopted in 2007 and were the first set of treaty guidelines. WHO FCTC implementation guidelines are intended to assist Parties in meeting their obligations under the treaty.

Packaging and labelling of tobacco products

Pictorial health warnings on tobacco products

arge pictorial health warnings on tobacco products are a powerful and effective tool for warning people about the harms of tobacco use and for reducing the consumption of tobacco products. 12 Large pictorial health warnings are one of the most widely implemented WHO FCTC measures - 138 countries and territories currently require them, with the largest pictorial health warnings to date covering 90% or more of tobacco packages.13 Countries continue to implement new measures to warn people about the dangers of tobacco use, with Canada recently introducing the first warnings on individual cigarette sticks.14







Plain packaging of tobacco products

In 2012, Australia was the first country to implement plain packaging of tobacco products. With the overall aim to reduce tobacco use, the objectives of tobacco plain packaging include: reducing the attractiveness of tobacco products; eliminating tobacco packaging as a form of advertising; and increasing the visibility of the health warnings.

Legislation requiring plain packaging of tobacco products has now been adopted in **24 countries**, with additional countries continually introducing new legislation. The Lao People's Democratic Republic is the most recent country to introduce legislation requiring plain packaging for cigarettes.¹⁵



Comprehensive bans on tobacco advertising, promotion and sponsorship from the tobacco industry

The tobacco industry spends tens of billions of dollars every year to promote its products.¹⁶ Tobacco advertising causes more people to start and continue tobacco use, while comprehensive bans on tobacco advertising reduce tobacco consumption.¹⁷ Complete policies banning tobacco advertising, promotion and sponsorship are now in place in **66 countries**. 18 The WHO FCTC Article 13 guidelines on tobacco advertising, promotion and sponsorship were adopted in 2008, providing a framework for countries to implement and enforce comprehensive bans on tobacco advertising.



To counter the increase in digital tobacco advertising, new specific guidelines, in addition to the Article 13 guidelines, were adopted in 2024, covering the depiction of tobacco in entertainment media.

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Helping people to quit tobacco use

Some 1.25 billion people worldwide use tobacco,¹⁹ and most people who are aware of the dangers of tobacco use want to quit.²⁰ Offering people help to quit tobacco use works: offering tobacco cessation medication and professional support can double people's chances of successfully quitting.²¹ Digital and technological innovations have led to the availability of new tools to help people quit, such as interventions delivered via text messaging and Albased software interventions.^{22,23} At the same time, approaches such as offering people very brief advice to quit tobacco use in primary care settings remain effective—increasing the chance of successfully quitting by 17%.²⁴

Recognizing the effectiveness of offering help to quit tobacco use, the WHO Cessation Consortium is working towards ensuring that "all tobacco users, particularly those in low—and middle-income countries, shall be aware of, and have access to available and affordable evidence-based management and treatment services for tobacco dependence, to help them stop their tobacco use".²⁵

The WHO FCTC Article 14 guidelines on demand reduction measures, which address tobacco dependence and cessation, were adopted in 2010, giving Parties a framework for national action to help people to guit tobacco use.²⁶



Mass media campaigns to reduce tobacco consumption

nti-tobacco mass media campaigns are an evidencebased tool that can reach millions of people. Anti-tobacco mass media campaigns may be used to inform people about a variety of topics, including the health impacts of tobacco use and second-hand smoke, the benefits of tobacco cessation, and the strategies used by the tobacco industry to undermine tobacco control effort.27 Hard-hitting campaigns can compel tobacco users to quit, increase knowledge of the health risks of tobacco use, and promote change in both tobacco users and non-tobacco users.28

The WHO FCTC guidelines for Article 12 on education, communication, training and public awareness, adopted in 2010, assist Parties in meeting their obligations under Article 12. They propose measures to increase the effectiveness of education, communication and training efforts that raise public awareness of matters related to tobacco control.



Increasing excise taxes and prices on tobacco products reduces tobacco consumption and increases government revenues

Significantly increasing excise taxes and prices on tobacco products is the most effective tobacco control policy—it can help prevent young people from starting tobacco use and motivate people who use tobacco to quit.²⁹ Tobacco taxes can also help raise government revenues and provide a potential source of funds for tobacco control and health financing.³⁰ Tobacco taxes also should make tobacco less affordable over time.³¹ The WHO FCTC Guidelines for the implementation of Article 6 were adopted in 2014 to help Parties meet their legal obligations to implement tax and price measures to reduce tobacco consumption.

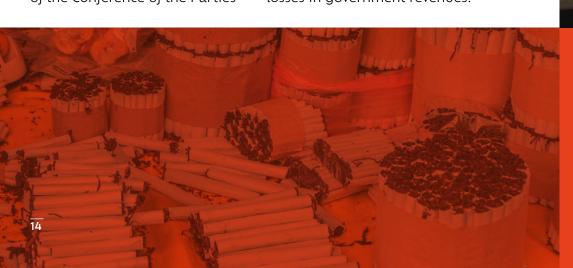


The Protocol to Eliminate Illicit Trade in Tobacco Products: fighting illicit trade in tobacco products

The Protocol to Eliminate Illicit Trade in Tobacco Products

(Protocol) is the first protocol to the WHO FCTC. It builds on and complements Article 15 of the WHO FCTC which requires Parties to implement measures to counter illicit trade in tobacco products and to further control the supply chain. The Protocol was adopted by the fifth session of the Conference of the Parties

(COP5) to the WHO FCTC held from 12 to 17 November 2012 in Seoul, Republic of Korea and currently has 69 Parties (February 2025). Illicit trade in tobacco products increases the accessibility and affordability of tobacco products, fuelling the tobacco epidemic and undermining tobacco control policies. 32,33 Illicit trade in tobacco products also causes substantial losses in government revenues.





Eliminating illicit trade in cigarettes alone could increase global tax revenues by **US\$ 47.4 billion**.³⁴ In addition to its impact on tobacco control and government revenues, illicit trade in tobacco products fuels organized crime and corruption.³⁵ The Protocol aims to eliminate all forms of illicit trade in tobacco products by securing the supply chain and promoting international cooperation through mutual legal and administrative assistance.

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10 Legal victories for tobacco control



The WHO FCTC has provided important support and has served as an invaluable reference tool for governments in their legal defences to challenges to tobacco control brought by the tobacco industry. 36,37 For example, legal challenges to Australia's plain packaging measures were met with legal strategies that referenced the WHO FCTC. In fact, all of the tobacco industry's legal challenges against plain packaging, including domestic and international challenges, have been unsuccessful. Similarly, the international investment tribunal hearing the legal challenge to Uruguay's graphic health warnings and brand variant restrictions relied on the WHO FCTC and its Guidelines for implementation to demonstrate that Uruguay's measures were evidence-based public health measures, which led to findings in favour of Uruguay on all grounds.

There are many other examples of significant legal victories against the tobacco industry. The International Legal Consortium at the Campaign for Tobacco-Free Kids lists 35 major global tobacco control litigation victories.³⁸

In addition to helping defend legal challenges, the WHO FCTC supports countries to hold the tobacco industry accountable. An interactive toolkit to take legal action against the tobacco industry is available on the WHO FCTC Secretariat website and presents ways to overcome challenges in implementing Article 19 of the WHO FCTC on liability.³⁹

An Expert Group on the Implementation of Article 19 of the WHO FCTC (Liability) has been re-established with a mandate to review practices that have evolved among Parties, provide options for Parties to detect and counter tobacco industry efforts to evade liability, and explore the possible development of a methodology that estimates health-care costs borne due to tobacco use in an effort to support Parties in collecting evidence to be used in tobacco-related litigation.⁴⁰

Regulating tobacco products: Banning flavours

key strategy used by the tobacco industry to attract people to use tobacco is to mask the harshness of tobacco with flavours, contributing to the promotion and sustained use of tobacco products.^{41,42}

As early as 2010, WHO FCTC Parties recommendations for policy-recognized this in the adoption of the Partial Guidelines for for a ban on menthol (and its Articles 9 and 10, recommending that Parties prohibit or restrict ingredients that may be used to increase the palatability in tobacco products.⁴³

The WHO Study Group Tobacco Product Regulation (TobReg) has prepared an advisory note on menthol, which synthesizes recent studies on the prevalence and health effects of menthol in tobacco products. It provides evidence-based conclusions and recommendations for policymakers and regulators, including for a ban on menthol (and its analogues, derivatives and precursors) in cigarettes.⁴⁴



WHO FCTC Knowledge Hubs: providing assistance to Parties

The WHO FCTC Secretariat's Knowledge Hubs assist Parties in treaty implementation by generating and disseminating knowledge on areas specific to their expertise, building capacity in Parties and providing targeted technical assistance as needed. The first Knowledge Hub was established in 2013, and there are currently nine WHO FCTC Knowledge Hubs covering various technical areas of the treaty, each housed in expert agencies within Parties and supported by their respective governments. While all Knowledge Hubs are unique and hosted by a diverse set of institutions across the WHO regions, they are global in their scope and operation, and operate in coordination with the Convention Secretariat, in accordance with Article 22 of the Convention.



To ensure greater visibility for the work of the Knowledge Hubs, the Convention Secretariat has established a web platform to access all Knowledge Hub websites in order to facilitate their accessibility and use. 45 Further information about Knowledge Hubs can also be found in the Information Kit developed by the WHO FCTC Secretariat, 46 which is intended to help Parties engage with, request and receive assistance from the Knowledge Hubs.

Knowledge Hub	Organization	City & Country	Website Link
WHO FCTC Knowledge Hub on Legal Challenges	McCabe Centre for Law and Cancer	Melbourne, Australia	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/ legalchallenges
WHO FCTC Knowledge Hub on Surveillance	National Institute for Health and Welfare	Helsinki, Finland	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/ surveillance
WHO FCTC Knowledge Hub on Smokeless Tobacco	National Institute of Cancer Prevention and Research	Noida, India	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/slt
WHO FCTC Knowledge Hub for Waterpipe Tobacco Smoking	American University of Beirut	Beirut, Lebanon	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/wts
WHO FCTC Knowledge Hub on Taxation	University of Cape Town	Cape Town, South Africa	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/ tobacco-taxation
WHO FCTC Knowledge Hub on International Cooperation on Smoke Free Environments and Tobacco Cessation	International Cooperation Centre on Tobacco Control	Montevideo, Uruguay	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/ intcooperation
WHO FCTC Knowledge Hub for Article 5.3	Thammasat University	Bangkok, Thailand	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/ Tilnterference
WHO FCTC Knowledge Hub for Articles 17 & 18	Oswaldo Cruz Foundation (Fiocruz)	Rio de Janeiro, Brazil	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/ alternativelivelihood
WHO FCTC Knowledge Hub Knowledge Hub on Article 12	Santé Publique France	Paris, France	https://extranet. who.int/fctcapps/ fctcapps/fctc/kh/ article12

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Tobacco industry interference remains the biggest barrier

to implementing the WHO FCTC.⁴⁷ An impact assessment of the WHO FCTC found that the treaty has increased awareness of tobacco industry interference, prompted action to resist it and influenced the global operations of the industry.⁴⁸

The WHO FCTC guidelines for the implementation of Article 5.3, which address the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry, were adopted in 2008. The guidelines aim to assist Parties in meeting their legal obligations under Article 5.3, drawing on the best available scientific evidence and experience of Parties in addressing tobacco industry interference.

The WHO FCTC has been identified as the only international treaty that addresses the specific problem of industry interference in setting and protecting policies and has been cited as a potential model for other treaties.⁴⁹

The global recognition of the fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests continues to grow. In 2017, the WHO FCTC Secretariat worked with the United Nations Global Compact (UNGC) to delist the tobacco industry from its roster of private sector socially responsible companies.⁵⁰

Tobacco control policies: best buys to prevent noncommunicable diseases

Tobacco control policies are widely recognized as cost effective life-saving interventions for preventing noncommunicable

for preventing noncommunicable diseases (NCDs), such as lung and heart disease or cancer.⁵¹⁻⁵³ Several tobacco control policies have been identified as best buys for preventing NCDs, such as: increasing excise taxes and prices on tobacco products; implementing large graphic health warnings on all tobacco packages, accompanied by plain

or standardized packaging; enacting and enforcing comprehensive bans on tobacco advertising, promotion and sponsorship; eliminating exposure to second hand tobacco smoke in all indoor workplaces, public places and public transport and provision of cost-covered effective population wide support (including brief advice, national toll-free quit line services and mCessation) for tobacco cessation to all tobacco users.⁵⁴



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Tobacco control as an accelerator for sustainable development

HO FCTC tobacco control policies are an accelerator for sustainable development. Under Sustainable Development Goal (SDG) 3, Good health and well-being, Target 3.a calls for strengthening the implementation of the WHO FCTC in all countries, as appropriate. Moreover, the tobacco control policies provisions of the WHO FCTC have been found to positively interact with 67 of the SDG targets. For example, tobacco growing impacts SDG 1 (No Poverty) and SDG 2 (Zero Hunger) by threatening food security, nutrition and sustainable agriculture.⁵⁵

Since 2012, the Secretariat of the WHO FCTC and the United Nations Development Programme (UNDP) have collaborated to help countries establish tobacco control as a sustainable development priority, including through synthesizing available evidence on the development threats posed by tobacco production and consumption and the obligation of Parties to the WHO FCTC for a whole-of-government approach to tobacco control.

Recognizing that the implementation of the WHO FCTC should not be seen as a mission for the health sector alone, the Secretariat of the WHO FCTC and the UNDP jointly launched a set of "sectoral briefs" in April 2024 that explain to different ministries what they need to know about tobacco control and how they can support WHO FCTC implementation. The sectoral briefs target 13 different ministries, including justice and law, finance, communication, environment, agriculture, foreign affairs, and trade and industry. ⁵⁶

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WHO FCTC: protecting the environment and moving away from tobacco growing



The WHO FCTC recognizes the environmental damage caused by the tobacco industry. The entire life cycle of tobacco products causes environmental damage, from deforestation to the waste generated from cigarette butts and tobacco packaging. 57,58

Trillions of cigarette butts are discarded improperly each year. Composed of thousands of cellulose acetate fibres, discarded cigarette butts break down into **microplastics**, contaminating the world's ecosystems, and releasing heavy metals and other chemicals into the environment.⁵⁹ The WHO FCTC Secretariat partnered with the United Nations Environment Programme Clean Seas Campaign to raise awareness and drive action on the extensive environmental and human health impacts of microplastics in cigarette filters.⁶⁰ Another growing problem is that of electronic cigarette waste.

A recent decision⁵⁷ by the governing body of the WHO FCTC recognizes that "plastic cigarette filters are unnecessary, avoidable and problematic single-use plastics that are widely spread in the environment, killing microorganisms and marine life, as well as polluting oceans", and requests the WHO FCTC Secretariat to examine regulatory options, including a ban on plastic cigarette filters.

Policy options and recommendations on **economically sustainable alternatives to tobacco growing** (in relation to Articles 17 and 18 of the WHO FCTC) were adopted by WHO FCTC Parties in Sixth session of the Conference of the Parties in 2014⁶¹. A Toolkit for Article 17 of the WHO FCTC was also recently developed as a resource for Parties to guide actions on economically viable alternatives to tobacco.⁶²

The WHO-led Tobacco-Free Farms initiative⁶³ has been a recent success story which has helped farmers in Kenya switch from growing tobacco to high-iron beans, thereby helping to provide a decent living for farmers, while restoring farmland damaged by tobacco growing.

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WHO FCTC 2030 Project to accelerate implementation



Tobacco takes a heavy toll on sustainable development, causing considerable social, economic and environmental damage to individuals, families and national economies. In 2016, the Government of the United Kingdom of Great Britain and Northern Ireland initiated the FCTC 2030 project⁶⁴ to support low—and middle-income countries implement the WHO FCTC, and they were soon joined by the governments of Australia and Norway. The FCTC 2030 project has helped over 30 priority countries develop, strengthen and implement tobacco control policies, such as increasing tobacco excise taxes, which has proven to be an effective strategy for reducing smoking prevalence while generating domestic resources for countries.



The WHO FCTC strives to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke and to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

Many WHO FCTC Parties now have plans in place to reduce the percentage of people using tobacco to **under 5%**. Some Parties are working on legislation to gradually phase out tobacco sales and create a tobacco-free generation.

Following a recent decision by the governing body of the WHO FCTC, an expert group is working to identify and describe "forward-looking" tobacco control measures and measures that expand or intensify approaches to tobacco control as they apply to tobacco products.⁶⁵

As tobacco control measures expand and intensify, the strategies and tactics used by the tobacco industry are evolving to counter them. It is important to monitor and counter attempts by the tobacco industry to interfere with the implementation of tobacco control policies and measures.







Working with other United Nations agencies

The Secretariat of the WHO FCTC has joined forces with other United Nations agencies especially international governmental organizations who are observers to the Conference of the Parties, to support governments in addressing the global tobacco epidemic. In particular, the Secretariat of the WHO FCTC works closely on many joint activities with the WHO at all three levels—global, regional and country.

The Secretariat is part of the United Nations Interagency Task Force on Prevention and Control of Non-Communicable Diseases (UNIATF). Inter-agency collaboration within this task force has led to development of important resources, such as the model policy for agencies of the United Nations system on preventing tobacco industry interference, as well as a guide to make United Nations agency campuses smoke-free. The Toolkit for WHO FCTC Parties to promote economically viable alternatives to tobacco growing was also developed with UNIATF partners, including input from Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO), UNDP, the United Nations Office on Drugs and Crime (UNODC) and WHO.



New and emerging tobacco and nicotine products – challenges ahead

Since the WHO FCTC entered into force in 2005, numerous new tobacco and nicotine products have emerged, such as electronic nicotine delivery devices (ENDS), heated tobacco products (HTPs) and nicotine pouches. The use of these products has increased, alongside the continued and aggressive marketing efforts of the tobacco industry to lure young people to use their harmful and addictive products. 68,69





Decisions of the governing body of the WHO FCTC in 2014⁷⁰ invited Parties to implement WHO FCTC measures in relation to ENDS and electronic non-nicotine delivery systems (ENNDS) and to consider banning or otherwise regulating them, including as tobacco products, or other categories, as appropriate. Decisions at the governing body of the WHO FCTC in 2016 invited Parties to apply regulatory measures to prohibit or restrict the manufacture, importation, distribution, presentation, sale and use of ENDS/ENNDS, such as banning or restricting advertising, promotion and sponsorship, and banning or restricting the use of flavours that appeal to minors.^{71,72} In 2018, the governing body of the WHO FCTC recognized that HTPs are tobacco products, subject to all relevant provisions of the WHO FCTC and to the relevant domestic legislation and controls.^{73,74}

Going forward, there is a need to strengthen measures to regulate these new products and to continue to monitor the tobacco industry, including advances and changes in marketing strategies, such as digital communication platforms.⁷⁵

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Looking forward

1

Implement, strengthen and enforce the provisions of the WHO FCTC

2

WHO Member States that have not yet ratified the WHO FCTC are urged to ratify, implement and enforce the WHO FCTC

3

WHO FCTC Parties that have not yet ratified the Protocol are urged to ratify, implement and enforce the Protocol

4

Invest in tobacco control – tobacco control provides a good return on investment for governments and saves lives

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The WHO FCTC encourages Parties to consider innovative solutions to expand and intensify tobacco control measures, for example through the implementation of forward-looking tobacco control measures



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