



Brief Original Report

Curbing the tobacco epidemic: Employing behavioral strategies or rearranging the deckchairs on the Titanic?



Alain Braillon

Public Health, University Hospital, 80000 Amiens, France

ARTICLE INFO

Available online 5 January 2015

Keywords:

Tobacco endgame
Food and Drug Administration
Framework Convention on Tobacco
Control

ABSTRACT

Henningfield brilliantly dissected the deadly comprehensive tactics of the tobacco industry but Food and Drug Administration and WHO strategies against the tobacco epidemic must be questioned. The Food and Drug Administration has the authority to regulate tobacco production (2009 Tobacco Control Act) but fails to ban menthol and reduce cigarettes nicotine content. As little has changed, the Healthy People 2010 objective of reducing the prevalence of cigarette smoking among adults to 12% by 2010 in the US will be attained by 2030. The monitoring of the WHO Framework Convention on Tobacco Control (WHO FCTC) is passive, even when governments repeatedly violate the Article 5.3 of the Convention, which specifically requires protecting public policy from tobacco industry interference. Since 2004, the year after the adoption of the Convention, the prevalence of daily smoking has leveled off and the 2012 annualized rate of change in prevalence of daily smoking was almost null. This contrasts with a 2% annual decrease in the prevalence of daily smoking from 1980 to 2004. The tobacco endgame needs acts, not bureaucracies. Two countries have been moving forward, Brazil has banned menthol and Australia has implemented plain packaging.

© 2015 Elsevier Inc. All rights reserved.

Henningfield must be commended for his brilliant piece dissecting the deadly comprehensive tactics of the tobacco industry (Henningfield, 2014). However, the paragraph entitled “Employment of behavioral strategies by FDA and WHO to curb the tobacco epidemic” deserves some comments. Is the tobacco endgame an aim for these organizations? Although the Food and Drug Administration (FDA) is legally barred from banning cigarettes, it can ban menthol and reduce nicotine to any level above zero, the 2009 Tobacco Control Act giving it the authority to regulate tobacco production. Henningfield (2014) highlighted how the tobacco industry manipulated these two core ingredients to reach its goals. Donny et al. (2014) also showed how reducing nicotine content could be effective. However, FDA only banned sweet and fruit flavors, a smoke screen, their market share being less than 0.1% respectively. The sixth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC), which was held in Moscow from 13 to 18 October 2014, added little despite the contribution of 179 Parties during these 6 days. This is not surprising if we consider that there has been a lack of monitoring: on 30 May 2014, 46 of the 178 parties failed to send their self-assessment report to the WHO. (<http://www.who.int/entity/fctc/reporting/2014globalprogressreport.pdf?ua=1>) Even gross and repeated violations of Article 5.3 of the Convention, which specifically requires protecting public policy from tobacco industry interference, have been ignored (Braillon and Dubois, 2012). Besides, one can only infer that the tobacco epidemic is plateauing

when considering that: a) current cigarette smoking among adults in the United States only decreased from 20.9 in 2005 to 17.8 in 2013 (Jamal et al., 2014). Accordingly, the Healthy People 2010 objective of reducing the prevalence of cigarette smoking among adults to 12% by 2010 could be attained only by 2030; b) since 2004, the year after the adoption of the World Health Organization (WHO) Framework Convention on Tobacco Control, any change in the prevalence of daily smoking has leveled off and the 2012 annualized rate of change in prevalence of daily smoking was almost null. In contrast, from 1980 to 2004, the annual decrease in the prevalence of daily smoking was 2%. (Ng et al., 2014, see Fig. 1b) Happily, two countries have been moving forward, Brazil has banned menthol and Australia has implemented plain packaging. To conclude, the tobacco endgame needs acts, not bureaucracies.

Conflict of interest

The authors declare that there are no conflicts of interests.

Funding

None

References

Braillon, A., Dubois, G., 2012. The Framework Convention On Tobacco control's original sin. *Public Health* 126 (10), 904. <http://dx.doi.org/10.1016/j.puhe.2012.02.016>.

E-mail address: braillon.alain@gmail.com.

- Donny, E.C., Hatsukami, D.K., Benowitz, N.L., Sved, A.F., Tidey, J.W., Cassidy, R.N., 2014. Reduced nicotine product standards for combustible tobacco: building an empirical basis for effective regulation. *Prev. Med.* 68, 17–22. <http://dx.doi.org/10.1016/j.jpmed.2014.06.020>.
- Henningfield, J.E., 2014. The tobacco endgame: it's all about behavior. *Prev. Med.* 68, 11–16.
- Jamal, A., Agaku, I.T., Jamal, A., et al., 2014. Current Cigarette Smoking Among Adults – United States, 2005–2013. *MMWR Morb. Mortal. Wkly Rep.* 63 (47), 1108–1112.
- Ng, M., Freeman, M.K., Fleming, T.D., et al., 2014. Smoking prevalence and cigarette consumption in 187 countries, 1980–2012. *JAMA* 311 (2), 183–192. <http://dx.doi.org/10.1001/jama.2013.284692>.