

WHO Framework Convention on Tobacco Control

The WHO Framework Convention on Tobacco Control (WHO FCTC), developed in response to the globalization of the tobacco epidemic, is the first treaty negotiated by the Member States of the World Health Organization using their powers under the Organization's Constitution. It is the pre-eminent global tobacco control instrument, which contains legally binding obligations for its Parties, sets the baseline for reducing both demand for and supply of tobacco, and provides a comprehensive direction for tobacco control policy at all levels. The treaty's governing body, comprising all

Parties, is the Conference of the Parties (COP), an intergovernmental entity that supervises the effective implementation of the treaty.

To address tobacco use's complex set of determinants, the WHO FCTC negotiators included both supply and demand reduction measures in the text. The core demand reduction provisions in the WHO FCTC are contained in Articles 6 and 8–14, entitled:

Article 6. Price and tax measures to reduce the demand for tobacco.

Article 8. Protection from exposure to tobacco smoke.

Article 9. Regulation of the contents of tobacco products.

Article 10. Regulation of tobacco product disclosures.

Article 11. Packaging and labelling of tobacco products.

Article 12. Education, communication, training and public awareness.

Article 13. Tobacco advertising, promotion and sponsorship.

Article 14. Reduction measures concerning tobacco dependence and cessation.

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The core supply reduction provisions in the WHO FCTC are contained in Articles 15–17, entitled:

Article 15. Illicit trade in tobacco products.

Article 16. Sales to and by minors.

Article 17. Provision of support for economically viable alternative activities.

In adopting the WHO FCTC, the Member States of WHO:

- established the global standard for a concerted effort to fight the tobacco epidemic;
- reaffirmed the right of all people to the highest standard of health; and
- reinforced the role of international law in preventing disease and promoting health.

Since its entry into force on 27 February 2005, the WHO FCTC has become one of

the most widely embraced treaties in the history of the United Nations, with more than 160 Parties, covering more than 86% of the world's population. The power of this treaty lies not only in its obligations, which are binding for all Parties, but also in the formal demonstration of the global commitment to take action against tobacco use – which kills millions of people and causes billions of dollars in economic damage every year.



Article 8 – Protection from exposure to tobacco smoke

In developing the WHO FCTC, the overwhelming evidence of the beneficial effects of smoke-free places underpins Article 8 of the treaty (Protection from exposure to tobacco smoke), which includes the broad statement that “scientific evidence has unequivocally

established that exposure to tobacco smoke causes death, disease and disability” (1). Article 8 forms the basis for international action to reduce the burden of disease attributable to second-hand tobacco smoke, and is especially important as it creates a legal obligation for the

treaty’s Parties to take action. The strength of the language and of the obligations set forth in Article 8 have led to measurable global improvements in protecting people from exposure to tobacco smoke, though there is still work to be done in most countries and in all regions.

Guidelines for the implementation of Article 8

The objectives of the Article 8 guidelines are “to assist Parties in meeting their obligations under Article 8 of the WHO Framework Convention on Tobacco Control, in a manner consistent with the scientific evidence regarding exposure to second-hand tobacco smoke and the best practice worldwide in the implementation of smoke free measures...[and] to identify

the key elements of legislation necessary to effectively protect people from exposure to tobacco smoke, as required by Article 8” (2).

The Article 8 guidelines development process was a rapid and tangible success. During its second session in July 2007, the working group presented a completed set

of draft guidelines for the implementation of Article 8, which the COP, representing all Parties to the WHO FCTC, adopted unanimously (2, 3).

The foundations of the COP guidelines are consistent with scientific evidence and well supported by best practices. The document establishes high standards of

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accountability for treaty compliance and includes principles and definitions of terms. The substance of the Article 8 guidelines is separated into four sections:

Scope of effective legislation

In this section, the guidelines state that Parties are obligated to pass measures that provide *universal* protection from tobacco smoke in all indoor public places, indoor workplaces, and public transport. Additionally, there are no legal or health justifications for exemptions. Each Party is expected to provide such protection within five years of entry into force of the treaty for that Party. The guidelines note that Article 8 also requires Parties to pass measures to protect people from exposure to tobacco smoke in "other" public places "as appropriate" (3). Parties are encouraged to consider the evidence of health

hazards and the protection that could be afforded to their populations when choosing these other places.

Inform, consult and involve the public to ensure support and smooth implementation

The critical issue of public awareness and support for smoke-free legislation is addressed in this section. The guidelines indicate that Parties should involve all stakeholders, in particular businesses that will be affected by smoke-free legislation, during the legislation development process. The association between high levels of public awareness and support and strong enforcement of smoke-free laws supports implementation of broad educational campaigns that include the following key messages:

1. the harm caused by second-hand tobacco smoke exposure;

2. the fact that elimination of indoor smoke is the only science-based solution to ensure complete protection from exposure;
3. the right of all workers to be equally protected by law; and
4. that smoke-free environments do not adversely affect economic interests, particularly those of the hospitality industry; rather, the evidence indicates economic benefits for all sectors in addition to any health benefits achieved.

Enforcement

The enforcement section indicates that Parties should adopt legislation that includes a duty of compliance by both businesses and smokers, with businesses required to take actions such as posting "no smoking" signs, removing all ashtrays, supervising observance of the rules and taking measures against individuals who break the rules. Penalties for failing to comply with this



legislation should focus on businesses rather than individual smokers and should be large and/or serious enough to deter violations. Additionally, the authority responsible for enforcement should be identified within the enabling legislation, as should a system for monitoring compliance and prosecuting violators. Enforcement strategies include utilizing “soft enforcement” by warning violators immediately following passage of the legislation, transitioning into strong, decisive enforcement to ensure future compliance. Smoke-free laws often become self-enforcing over time; legislation should include an avenue for community members

to report violations, as such reports can be one of the primary and most effective forms of enforcement.

Monitoring and evaluation of measures

Monitoring and evaluating the effects of the measures implemented in accordance with Article 8 are critical to maintain public awareness and support, study best practices and lessons learned, and identify the tobacco industry’s efforts to undermine smoke-free policies. The guidelines provide

eight key process and outcome indicators for monitoring and evaluation (3).

Perhaps most importantly, the COP guidelines for implementing Article 8 reiterate that there is no safe level of exposure to tobacco smoke, and that all people should be protected from such exposure. It is with these principles in mind that this report focuses on second-hand tobacco smoke and the protections from this health threat that the world’s governments provide for their people.

WHO recommendations

In support of the development and drafting of the COP’s Article 8 guidelines, WHO released detailed country-level policy recommendations for facilitating the passage and successful implementation and enforcement of smoke-free laws (4). Based on evidence of the cost-

effectiveness, feasibility and popularity of smoke-free policies, and the successful experience of a rapidly growing number of jurisdictions worldwide, WHO makes the following four key policy recommendations to protect workers and the public from exposure to second-hand smoke (4):

1. Remove the source of the pollutant – tobacco smoke – by implementing 100% smoke-free environments. This is the only effective strategy to reduce exposure to second-hand tobacco smoke to safe levels in indoor environments and to provide an acceptable level of protection



from the dangers of exposure. Ventilation and smoking areas, whether separately ventilated from non-smoking areas or not, do not reduce exposure to a safe level of risk and are not recommended.

2. Enact legislation requiring all indoor workplaces and public places to be 100% smoke-free environments. Laws should ensure universal and equal protection for all. Voluntary policies are not an acceptable response to protection. Under some circumstances, the principle of universal, effective protection may require specific quasi-outdoor and outdoor workplaces to be smoke-free.

3. Implement and enforce the law. Passing smoke-free legislation is not enough. Its proper implementation and adequate enforcement require relatively small but critical efforts and means.

4. Implement educational strategies to reduce second-hand tobacco smoke exposure in the home, recognizing that smoke-free workplace legislation increases the likelihood that people (both smokers

and non-smokers) will voluntarily make their homes smoke-free.

Policy recommendations such as these are part of WHO's larger tobacco control programme driven by the WHO FCTC. To provide technical assistance to help Member States fulfil some of their commitments to the treaty, WHO has proposed the MPOWER package of measures. MPOWER supports the implementation of six effective tobacco control measures proven to reduce tobacco use: raising taxes and prices; banning advertising, promotion and sponsorship; protecting people from second-hand tobacco smoke; warning about the dangers of tobacco; offering help to people who want to quit; and carefully monitoring the epidemic and prevention policies (5). Each measure reflects one or more provisions of the WHO FCTC, and the package of six measures is an important entry point for scaling up efforts to reduce the demand for tobacco.

As part of MPOWER, WHO is developing practical training materials as well as assessment, surveillance and monitoring

tools designed to support the WHO FCTC and its guidelines. MPOWER is an integral part of the WHO Action Plan for the Prevention and Control of Noncommunicable Diseases, which was endorsed at the 61st World Health Assembly in 2008 and reflects the commitment of WHO Member States to WHO FCTC implementation.

