

# Forward-looking tobacco control measures and tobacco endgame

## WHAT? >>> Shifting Focus to Eradicating the Tobacco Epidemic

The "tobacco endgame" approach signals a fundamental change in tobacco control. It aims for a permanent, structural transformation in public health by gradually phasing out tobacco sales and consumption to achieve minimal levels of use within a defined timeframe. This strategy sometimes extends to include recreational nicotine products.

The Europe's Beating Cancer Plan (EU Cancer Plan) exemplifies this approach. Introduced in 2021, it sets a "Tobacco-Free Generation" goal – aiming for less than 5% tobacco use in Europe by 2040.

## WHY? >>> Protecting Present and Future Generations

The right to health is fundamental, enshrined in human rights principles, the rights of the child, and the Sustainable Development Goals (SDGs). The EU mandates high standards of health protection across its policies.

The WHO Framework Convention on Tobacco Control (WHO FCTC) provides the foundation. It encourages measures beyond its minimum requirements (Article 2.1) to protect present and future generations from the devastating impacts of tobacco use and exposure. Preventing nicotine addiction remains a core focus (Article 5.2b).

## HOW? >>> Strengthening WHO FCTC Implementation and Innovation

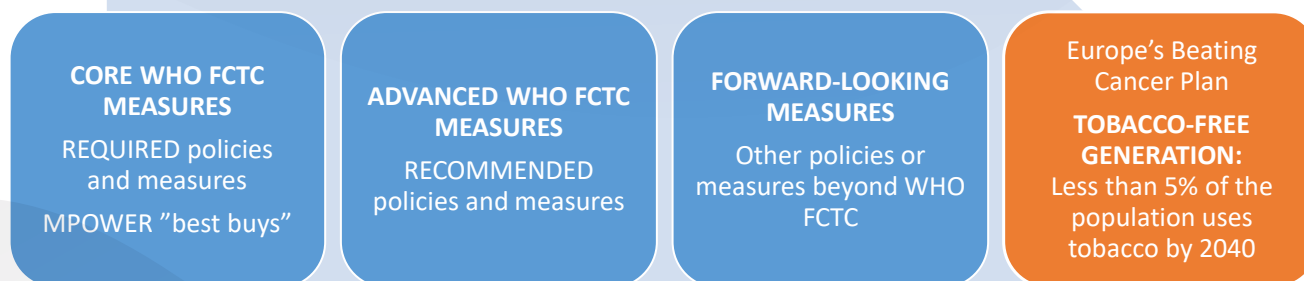
The tobacco endgame can be achieved in two complementary ways:

- National Strategies: Measurable goals integrated into national tobacco control or health plans, with clear definitions of targeted products.
- Forward-Looking Measures: Individual policies implemented even without a broader national goal.

Most countries should begin by rigorously implementing the WHO FCTC and its "best buys" (MPOWER). In the EU, regular and forward-looking revision of the directives on tobacco products, taxation, advertising, and updating the smoke-free environment recommendations are critical.

## Key considerations

1. **FOCUS ON PRODUCTS AND SUPPLY:** The endgame targets the industry and its products, not those who use them. Stigmatizing people who use tobacco or nicotine and suffer from often life-long dependence must be avoided.
2. **INTEGRATE EFFECTIVE CESSATION SUPPORT** into tobacco endgame strategies and measures, particularly to impact health inequalities.
3. **PRIORITIZE MEASURES** with a substantial expected impact, based on the evidence and feasibility assessment in the local context.
4. **RESIST INDUSTRY INTERFERENCE:** Strictly adhere to Article 5.3 of the WHO FCTC. Scrutinize industry-driven harm reduction initiatives. These are self-serving tactics aimed at maintaining addiction and sales, obstructing policy, and attracting new users. Exercise caution around this concept, especially in areas with weaker regulations



## TOBACCO ENDGAME TOOLKIT

To facilitate the assessment and development of policy options suitable for different tobacco control contexts, the WP9 has produced an online toolkit on tobacco endgame, available as of June 2024 [www.jatoc.eu](http://www.jatoc.eu) (Outcomes – Useful material, Work Package 9). The toolkit hosts information on the concept, innovative measures, case studies, scientific evidence, publications, myth busters, potential best practices and ways to overcome challenges.

### Useful references:

Article 168, Consolidated version of the Treaty on the Functioning of the European Union. Document 12012E/TXT.

Decision FCTC/COP10(11) Panama Declaration.

Decision FCTC/COP10(20) Contribution of the WHO FCTC to the promotion and fulfillment of human rights.

McDaniel PA, Smith EA, Malone RE. The tobacco endgame: a qualitative review and synthesis. *Tob Control*. 2016 Sep;25(5):594-604. doi: 10.1136/tobaccocontrol-2015-052356.

Edwards R, Hoek J, Karreman N, Gilmore A. Evaluating tobacco industry 'transformation': a proposed rubric and analysis. *Tob Control*. 2022 Mar;31(2):313-321.

doi:10.1136/tobaccocontrol-2021-056687.

Peeters S, Gilmore AB. Understanding the emergence of the tobacco industry's use of the term tobacco harm reduction in order to inform public health policy. *ToB Control*. 2015

Mar;24(2):182-9. doi: 10.1136/tobaccocontrol-2013-051502.