

## Making progress in the fight against tobacco



Killing more than 8 million people a year, the tobacco epidemic remains a serious and global public health threat. The adoption of the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003 was a major step forward in international efforts to control the tobacco epidemic, and reduced smoking harms in countries that implemented its suite of evidence-based policies: MPOWER (Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion, and sponsorship; Raise taxes on tobacco). According to the 2019 WHO report on the global tobacco epidemic, about 5 billion people, 65% of the world population, are now covered by one of these measures. Nevertheless, at about 20%, smoking prevalence remains high globally. Smoking rates are highly heterogeneous among countries—ranging from 8.7% in Sweden to 27% in Greece and Bulgaria in Europe, for example. The latest Global Burden of Disease analyses published in this issue of *The Lancet Public Health* highlight that in Italy and Denmark, in particular, smoking remains a leading cause of healthy life-years lost. In this issue, three research Articles help us to take stock and evaluate tobacco control measures that use legislative bans, taxation, or individual behavioural support to quit smoking.

The first study, by Timor Faber and colleagues, examines the effectiveness of legislation introduced in England in 2015, which banned smoking in private vehicles with children onboard. The authors find that the introduction of smoke-free vehicle regulation was not associated with a significant change in self-reported prevalence of respiratory conditions or exposure to tobacco smoke in children. One in 20 children in England still reported exposure to tobacco smoke in a car and one in three of those tested had detectable concentrations of salivary cotinine. The seeming lack of effect of the smoke-free vehicle legislation noted in this first national evaluation might be due to a lack of active enforcement by the police service and lack of a strong media information campaign alongside the legislative changes, and reinforces the need for more effective approaches to protecting children.

In the second paper, Anna Wilkinson and colleagues examine smoking prevalence data from Australia to

determine the longer-term effect of planned, year-on-year tobacco tax increases. Australia, which has some of the strongest tobacco control policies in the world, uniquely introduced a one-off large tobacco tax increase of 25% in 2010, followed by a series of smaller, annual increases of 12.5% over 4 years from 2013. Although both tax regimens saw declines in overall smoking prevalence, under the one-off 25% tax, reductions were mostly due to factory-made cigarettes, while prevalence of smoking roll-your-own tobacco (RYO) products increased, mostly in low socioeconomic status (SES) groups. This suggests that smokers were switching to cheaper tobacco products in response to the 25% tax and that tobacco companies were able to reduce the tax's impact. Under the annual 12.5% tax increases however, RYO prevalence decreased and stayed down among low SES people. Taxing tobacco products can clearly be effective in lowering smoking prevalence, especially where it limits tobacco companies' ability to adjust to the tax increases.

In the third paper, Loren Kock and colleagues ask whether behavioural stop smoking interventions can be effectively tailored toward individuals from low socioeconomic backgrounds—a group with higher smoking prevalence on average and lower successful quit rates. In their systematic review and meta-analysis, they find that although all patients receiving an intervention had much higher odds of successfully quitting than control participants, tailored interventions were not more effective at helping patients from low SES backgrounds to quit smoking, suggesting that more research is needed to help specific groups.

The research published in this issue shows that reducing the burden of tobacco smoking is possible using MPOWER evidence-based policies, but also suggests that partial implementation might undermine effectiveness and fail to protect the most vulnerable—such as children. The disproportionate burden of smoking among socioeconomically disadvantaged people is a further challenge that requires novel multifaceted approaches that embed the wider context of socioeconomically disadvantaged smokers. ■ *The Lancet Public Health*

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