

# Global Tobacco Control Program



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
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Tobacco use is one of the leading preventable causes of death in the world. The World Health Organization (WHO) attributes approximately 4.9 million deaths a year to tobacco use, a figure expected to double by 2030. Unless current trends are impacted, the vast majority of these deaths are projected to occur in the developing world. The Centers for Disease Control and Prevention's (CDC) Global Tobacco Control Program in the Office on Smoking and Health is dedicated to working with partners to prevent death and disease through effective and sustainable global tobacco prevention and control.

## Vision

A world free from tobacco-related death and disease.

## OSH Mission

As the lead federal agency, CDC's Office on Smoking and Health (OSH) develops, conducts, and supports strategic efforts for comprehensive tobacco use prevention and control to protect the public's health.

## OSH Strategic Priorities

- *Promoting sustainable funding for science-based comprehensive tobacco control programs at CDC-recommended levels.*
- *Conducting tobacco product research and information dissemination.*
- *Enhancing national coverage for quitlines and Web-based cessation resources for all tobacco users.*
- *Promoting comprehensive global tobacco use prevention and control*

## Global Objectives

- *Strengthen global tobacco control surveillance systems to monitor the global tobacco epidemic and advance research to promote effective tobacco control programs.*
- *Increase country/regional capacity to plan, develop, implement, and evaluate comprehensive tobacco control policies and programs.*
- *Strengthen partnerships to leverage resources for efficient and sustainable tobacco control initiatives.*

## Objective

### Strengthen global tobacco control surveillance systems to monitor the global tobacco epidemic and advance research to promote effective tobacco control programs

#### Surveillance

To support an enhanced surveillance system to monitor the global tobacco epidemic, CDC is involved in three global surveillance activities: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and the Global Health Professionals Survey (GHPS).

The GYTS was developed by CDC and WHO (Headquarters and Regional Offices) to enhance the capacity of countries to design, implement, and evaluate their tobacco control programs. The GYTS monitors youth tobacco use, attitudes, exposure to tobacco smoke, and other critical measures by collecting, analyzing, and

disseminating representative and reliable data that can be compared across countries. More than 160 nations (85% of WHO member states) are involved in GTYS. In 2003, the GYTS Collaborating Group published *Gender Differences in Global Youth Tobacco Use*, which reported on the narrowing gender gap in tobacco consumption among youths (Journal of School Health 73, (4): 207-215, 2003). For example, of 120 sites that collected data from boys and girls, more than half (61 sites) showed no difference in cigarette smoking among boys and girls, and 70% of sites (82 of 117 sites) showed no difference in other tobacco use among boys and girls. Information about GYTS and other publications are available online ([www.cdc.gov/tobacco/global/GYTS.htm](http://www.cdc.gov/tobacco/global/GYTS.htm)).

global  
youth  
tobacco  
survey

The **GSPS** was developed by CDC and WHO (Headquarters and Regional Offices) to collect data from school personnel about their tobacco use and attitudes, and about school policies and curricular practices. As of December 2003, GSPS had been conducted in 19 countries. Recent GSPS findings are that tobacco use among school personnel in Bihar, India, was reported by 77% of men and women (Tobacco Control 11:82-85, 2002). Alarming, of 630 respondents, all but two reported that there was no school policy on tobacco use for students or personnel. Despite high tobacco use rates, however, strong support was found for control policies at school, for price increases, and for restrictions on product advertising among tobacco users and nonusers.

The **GHPS** is being developed by WHO (Headquarters and Regional Offices) and CDC to collect information from third-year students attending dental, medical, nursing, and pharmacy schools. GHPS collects data on tobacco use, knowledge and attitudes, cessation, school curriculum and training. A core questionnaire is being developed and the school-based sampling methodology used with GYTS will be employed. GHPS will be pilot tested in one country within each of the six WHO Regions during 2004.

## Research

CDC is working in collaboration with other executive agencies and the governments of China, India, Mexico, and Poland to produce **Country Reports**, which will document the national tobacco situation and control measures.

To address the lack of information available on **Novel Tobacco Products**, the CDC is developing a series of published reports on products such as bidis, kreteks, and water pipes.

In collaboration with WHO, CDC evaluated cigarette samples purchased in the world's 10 most populous countries, three additional countries, and the United States for carcinogens, toxins, and additives of public health interest. In *Tobacco-Specific Nitrosamines in Tobacco from US Brand and Non-US Brand Cigarettes* (Nicotine & Tobacco Research 5: 323-31, 2003), a popular US brand of cigarettes sold in the United States was compared with the same US brand and popular local cigarette brands sold outside the United States. One major finding is that, in 11 of 13 countries studied, the level of carcinogenic tobacco-specific

nitrosamines in the tobacco of the US brand of cigarettes was significantly higher than in the tobacco of the locally popular non-US brands from the same country. These research efforts serve to deepen the understanding of tobacco products and their harmful effects on health.

## Objective

### Increase country/regional capacity to plan, develop, implement, and evaluate comprehensive tobacco control policies and programs

Comprehensive tobacco control strategies require a strong infrastructure of evidence-based tools, skilled professionals, and effective programs.

### Policy Tools

CDC, in collaboration with partners, is developing evidence-based tools for enhancing national capacity to develop sustainable initiatives to promote tobacco prevention and control policies.

### Skill-building Workshops and Conferences

CDC works to facilitate in-depth understanding of strategic approaches to designing tobacco control programs and policies. For example, CDC sponsored global leadership training in conjunction with the 11th and 12th World Conferences on Tobacco OR Health (WCTOH). CDC is involved in planning with the organizing committee for the 13th WCTOH to be held in Washington, DC in 2006. CDC is also working with WHO (Headquarters and Regional Offices) to effectively translate surveillance data into action. Disseminating these data and encouraging their use will help ensure that the best possible program and policy decisions are made to change the future course of the epidemic.

### WHO Framework Convention on Tobacco Control

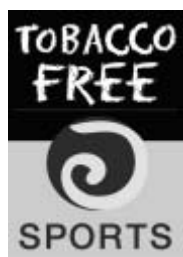
The WHO Framework Convention on Tobacco Control (FCTC) was adopted in May 2003 at the World Health Assembly in Geneva, Switzerland ([www.who.int/tobacco/areas/framework/en/](http://www.who.int/tobacco/areas/framework/en/)). The immediate challenge is for signatories to ratify and implement the treaty. Among its many measures, the treaty requires countries to impose

restrictions on tobacco advertising, sponsorships, and promotion; establish new tobacco product packaging and labeling; establish clean indoor-air controls; and strengthen legislation to clamp down on tobacco smuggling. Developing and promoting research and surveillance programs at regional and international levels are also elements of the provisions. GYTS has become the world's standard surveillance system for monitoring tobacco use among youths and will be essential in tracking and evaluating the FCTC.

## **Communicating Global Tobacco Control Messages: Tobacco-Free Sports and Media Efforts**

Through its collaborative Tobacco-Free Sports (TFS) initiative, CDC works with WHO, its Regional Offices, the International Olympic Committee, the Federation Internationale de Football Association (FIFA), and other international sports organizations to increase awareness of the dangers of tobacco use, and to ensure tobacco-free policy implementation and enforcement at major international sporting events, including protection from secondhand smoke. It aims to work toward an end to tobacco advertising and sponsorship for sporting events worldwide. A 2004 Summer Olympic Games' tobacco-free policy and health campaign is being developed for Athens, Greece, in conjunction with the Greek Ministry of Health and local Olympic organizers.

In June 2003, CDC collaborated with WHO and the American Legacy Foundation to host an international countermarketing conference for



tobacco control advocates throughout the world. A Global Media Campaign Resource Center is under development to support and coordinate counteradvertising efforts and monitor global campaigns for tobacco control. CDC also is working with WHO and other partners to support programs and events for World No Tobacco Day, May 31, 2004 ([www.who.int/tobacco/areas/communications/events/wntd/2004/en/](http://www.who.int/tobacco/areas/communications/events/wntd/2004/en/)).

### **Objective**

#### **Strengthen partnerships to leverage resources for efficient and sustainable tobacco control initiatives**

CDC regularly partners with governments and a wide array of international agencies and institutions to leverage resources for mutually shared objectives to promote comprehensive tobacco prevention and control programs and policies. Partners include the World Health Organization Headquarters and Regional Offices for Africa (AFRO), the Eastern Mediterranean (EMRO), Europe (EURO), the Americas (PAHO), Southeast Asia (SEARO), and the Western Pacific (WPRO), the World Bank, the International Union for Health Promotion and Education, the International Union for Cancer Control, the US National Cancer Institute, and the Canadian Public Health Association. CDC also works with Mexico through the US-Mexico Binational Commission. CDC is a WHO Collaborating Center on Global Tobacco Control.



### **For further information, please contact Centers for Disease Control and Prevention Office on Smoking and Health**

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