NCI Perspectives on Global Tobacco Control

National Cancer Advisory Board
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NCI CGH Signature Themes

• Cancer control planning and implementation
• Cancers associated with chronic infection
• Common risk factors for NCDs, especially tobacco
• Strengthening research in ecological-niche cancers
• Strengthening global research networks
• Strengthening global health activities through NCI-designated Cancer Centers
• Building partnerships

Objective: “to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”
Collaboration with World Health Organization

• WHO Recommendations for the Prevention and Management of Tobacco Use and Second-Hand Smoke Exposure in Pregnancy
• WHO Study Group on Tobacco Product Regulation (TobReg)
• NCI-WHO Monograph, The Economics of Tobacco and Tobacco Control, expected release in 2015
WHO Action Plan for the Prevention and Control of NCDs

Set of 9 voluntary global NCD targets for 2025

- Harmful use of alcohol: 10% reduction
- Physical inactivity: 10% reduction
- Salt/sodium intake: 30% reduction
- Tobacco use: 30% reduction
- Raised blood pressure: 25% reduction
- Essential NCD medicines and technologies: 80% coverage
- Drug therapy and counseling: 50% coverage
- Diabetes/obesity: 0% increase
- Premature mortality from NCDs: 25% reduction
Dessy Sagita

Medical Nobel Prize laureate Harold Varmus on Monday told an audience in Jakarta that the handling of cancer in Indonesia should focus on the battle against cigarette addiction.

"With the high incidence of smokers — that is, 63 percent in Indonesia — the cancer risk assessment should be focused on the impact of tobacco," said Varmus, a director of the US National Cancer Institute.

Speaking at the University of Indonesia, the 1989 Nobel Prize recipient for his research into genetics said that in the United States the prevalence of cancer was falling, in line with the declining number of smokers. "In America, some 20 percent of the population still smokes despite the obvious danger," he said.

He said that in Indonesia, he was concerned with the number of smokers, saying that even infants were among them.

"I even read that 10 percent of poor people's income is spent buying cigarettes," he added.
Tobacco Control “Ambassadors”

• **U.S. Department of State Embassy Science Fellowship in Beijing, China**
  – Dr. Mark Parascandola on assignment for 3 months at the U.S. Embassy
  – Serve as an HHS lead for the China-U.S. Partnership on Smokefree Workplaces and provide technical assistance to tobacco control and healthy cities initiatives

• **US CDC Office in Jakarta, Indonesia**
  – Dr. Mark Parascandola and Ms. Kalina Duncan on assignment for a total of 4 months
  – Assessment of data sources for tobacco control
  – Development of training curriculum for tobacco control
  – Coordination of tobacco control research
  – Development of Indonesian-US partnerships in tobacco control research
HHS mHealth Global Partnership

• NCI staff serve as HHS lead on international behavioral mHealth intervention projects
• Collaborate with in-country partners and governments to develop and test behavioral intervention mHealth/text-based projects
• Smoking cessation text messages and delivery algorithm
  – Adapted from NCI SmokefreeTXT Libraries
  – Country specific tailoring for language and culture
• Current mHealth Text Projects
  – China: Reducing secondhand smoke exposure in infants (Emory University)
  – South Africa: Exploring the impact of adding physical activity messages to the SmokefreeTXT (Vitality Institute)
  – Brazil: Implementation of SmokefreeTXT in Portuguese (Ministry of Health)
• Under Development
  – India, Caribbean, South Pacific Islands, Mexico, Guatemala
Smokeless Tobacco and Public Health: A Global Perspective

This report is the work of experts from all regions of the globe. It identifies global smokeless tobacco challenges, provides sources of information and gaps, and addresses research and policy needs. This report will raise the profile of the global challenge posed by smokeless tobacco use so that international tobacco control efforts can better address this epidemic.

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USAID and NIH Partnerships for Enhanced Engagement in Research (PEER) Health

• Supports developing country researchers in low and middle income countries (LMICs)
• Focus on “implementation science”
• Partner Agencies: NIH, CDC, Department of State, Department of Defense
• Cycle 2 (2014) solicitations for Philippines and Indonesia

http://sites.nationalacademies.org/PGA/dsc/peerhealth/PGA_086555
Unanswered Questions in Global Tobacco Control

• How do differences in products, patterns of use, population characteristics, and environment contribute to variations in risks of smoking around the world?

• How do socioeconomic transitions contribute to changes in tobacco use?

• What types of cessation interventions are most effective for resource poor environments and underserved populations?

• How does the price of tobacco products impact tobacco use and cessation, along with poverty and other health outcomes, in LMICs?
The Global Tobacco Control Laboratory

• Ongoing introduction of many new tobacco control policies driven by the Framework Convention on Tobacco Control (FCTC), but policies and timelines differ widely across countries

• Diverse and changing conditions in patterns of tobacco use, cultural and social attitudes, economic forces, and healthcare environments

• An enormous “natural experiment” is currently under way
  – Opportunity for studying the impact of different policies in different environments and understanding what works

Expanding tobacco control research and research capacity in the developing world is crucial to reducing the disproportionate burden of tobacco use and cancer.
Major Research Areas of NCI Global Tobacco Control Grants

Percent of Total FY 2002–Present (N=56)*

- Capacity building, 27
- Policy, 20
- Epidemiology, 18
- Intervention, 18
- Laboratory, 3

* Numbers in graph exceed N because numerous grants address more than one research area
Current NCI Global Tobacco Control Research Portfolio

• NCI currently funds 21 active grants in LMICs
• Effectiveness of Tobacco Control Policies in High vs. Low Income Countries (P01)
  – Builds upon work begun by the ITC Project
  – Only international study that is specifically evaluating the effectiveness of the FCTC policies
• Framework Programs for Global Health (FRAME)
  – Builds capacity by supporting the development of innovative, multidisciplinary global health programs
• International Tobacco and Health Research and Capacity Building (RFA)
  – Led by the Fogarty International Center and co-sponsored by NCI and NIDA
  – Includes collaborations with 13 LMICs throughout the Americas, Eastern Mediterranean, Africa, and Eastern Asia
International Tobacco and Health Research and Capacity Building Program (TOBAC)

8 Projects in 13 Countries

Countries: Mexico, Brazil, Uruguay, Argentina (2 projects), Hungary, Romania, Syria, Kenya, Malawi, Zambia, South Africa, Tanzania, China
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1st International Conference on Public Health in the 21st Century: The End-Game for Tobacco

- New Delhi, India from September 10-12, 2013
- NCI provided funding support and technical assistance for activities related to this conference, including scholarships for participants from LMICs.
- NCI and CDC co-organized a preconference workshop on ‘Data to Action’ aimed at building capacity for research and data collection among LMICs.
- Special symposium to present results from the forthcoming NCI-CDC global smokeless tobacco report

Source: [http://www.endgameconference2013.in/](http://www.endgameconference2013.in/)
World Conference on Tobacco or Health

• 14\textsuperscript{th} conference: Mumbai 2009
• 15\textsuperscript{th} conference: Singapore 2012
• 16\textsuperscript{th} conference: Abu Dhabi 2015