

Effects of meeting MPOWER requirements on smoking rates and smoking-attributable deaths

Jordan

This factsheet presents estimates of the effect of implementing MPOWER policies consistent with the WHO Framework Convention on Tobacco Control (WHO FCTC). The estimates are based on the *Abridged SimSmoke* model (1).



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Smoking prevalence

Jordan is a middle-income country with a population of more than 6 million in 2011 (2), of which 82.7% live in urban areas (3). Based on the STEPwise survey conducted nationwide in 2007, the daily cigarette smoking rate is 49.6% for men and 5.7% for women (4). Based on data from other countries in the Region, *Abridged SimSmoke* set the smoking rate for those aged 65 and above to half the rate of ages 55–64, and the rate for those aged 15–19 to half the rate of ages 20–29.

Tobacco control policies

Protect people from tobacco smoke

Based on the 2013 WHO report on the global tobacco epidemic (5), which includes data from 2012, Jordan had smoke-free legislation covering health care facilities, educational facilities, government facilities and public transport, but none covering universities, indoor offices, restaurants, pubs and bars. Smoke-free laws did not cover any of these areas in 2007. The compliance score was 3 out of 10, a decrease from previous years. Smoke-free policies were at the second lowest level in 2012.

Offer help to quit tobacco use

In 2012, there was no toll-free quit line with a live person to discuss cessation available in Jordan. Nicotine replacement therapy could be purchased in a pharmacy without a prescription and was fully cost-covered. Bupropion was not legally sold, but varenicline was. Varenicline was not available in 2007. Smoking cessation support was available in some health clinics or other primary care facilities, offices of a health professional, in the community and other places, but was not available in hospitals. National health insurance fully covered the cost of support in health clinics or other primary care facilities, partially in the offices of health professionals and in the community, but not in other places. In 2007, however, it did not cover health clinics or other primary care facilities (data were not available for the offices of health professionals and community). Cessation programmes were at the second highest level in 2012.

Warn about the dangers of tobacco

In 2012, Jordan had a law mandating that health warnings appear on tobacco packages. Warnings must cover 40% of the package, be rotating and graphic. This was a change from 2007, when the law did not mandate that warnings be rotating. Jordan did not have a national anti-tobacco mass media campaign in 2011–2012. In 2012, there was a national agency/technical unit for tobacco control and three full-time equivalent staff. Government expenditure on tobacco control was approximately US\$ 105 683 (75 000 Jordanian dinars) in 2008. Health warnings were at the second lowest level and mass media campaigns were at the lowest level in 2012.

Enforce bans on tobacco advertising, promotion and sponsorship

In 2012, Jordan had bans on direct tobacco advertising on national/international television and radio, television/local/international magazines and newspapers, billboards and outdoors, point-of-sale and the internet. In 2007, there were no bans on international television and radio, international newspapers and magazines and the internet. The compliance score of direct advertising bans was 10 out of 10. For indirect advertising, there were bans on the free distribution of tobacco products; however, there were no bans on promotional discounts, non-tobacco goods and services identified with tobacco brand names, brand name of non-tobacco products used for tobacco products, appearance of tobacco brands and products in television and films (product placement and non-product placement) and sponsored events. The compliance score of indirect advertising bans was 6 out of 10. Advertising bans were at the second highest level in 2012.

Raise taxes on tobacco

WHO's comparable estimate for the price of a pack of 20 cigarettes of the most sold brand was 0.85 Jordanian dinars for 2008 and 1.10 Jordanian dinars for 2012; in terms of international dollars (purchasing power parity) the price increased from US\$ 1.70 to US\$ 1.89. WHO's comparable estimate for taxes as a percentage of retail price was 77.0% for 2008 and 77.0% for 2012, with a decrease in specific excise taxes since 2008. Of the 77.0% taxes, 14.0% was value added tax, leaving 62.7% in excise taxes in 2012.

Key findings

The *Abridged SimSmoke* model for Jordan estimates more than 1.1 million smokers (more than 1 million men and nearly 100 000 women) in 2010, and projects more than 560 000 premature deaths of smokers (520 000 men and 40 000 women) alive in that year. Without proper implementation of MPOWER tobacco control policies, smoking prevalence rates will remain relatively stable and smoking-attributable deaths are likely to continue to rise.

- Increasing cigarette excise taxes to 75% of the retail price would prevent much youth smoking and reduce overall smoking prevalence by 12.2% within 5 years, increasing to 24.3% in 40 years, and ultimately avert 136 000 premature deaths.
- Stronger enforcement of comprehensive smoke-free laws is predicted to reduce smoking prevalence by 12% in 5 years, increasing to 15% in 40 years, and avert almost 83 000 premature deaths.
- A well-publicized and comprehensive cessation policy can reduce smoking prevalence by 1.5% within 5 years, increasing to 3.5% in 40 years, and prevent nearly 20 000 premature deaths.
- Strong health warnings can reduce smoking prevalence by 3.0% within 5 years, increasing to 6.0% in 40 years, and prevent more than 463 000 premature deaths.
- A high-level mass media campaign is projected to reduce smoking prevalence by 5.5% in 5 years, increasing to 6.5% within 40 years, and avert more than 37 000 premature deaths.
- A comprehensive marketing ban with enforcement is projected to reduce smoking prevalence by 4.5% in 5 years, increasing to 6% within 40 years, and avert nearly 34 000 deaths.

Implementing the stronger set of policies suggested above, in line with the WHO FCTC, could reduce smoking prevalence by 36% within 5 years, increasing to 44% within 20 years and 53% within 40 years. More than 297 000 premature deaths could be averted. The *Abridged SimSmoke* model incorporates synergies in implementing multiple policies. A large tax increase accompanied by comprehensive marketing restrictions, a comprehensive cessation programme and a mass media campaign would reduce smoking prevalence by about 42% by 2025, thus meeting the global target.

Limitations

Abridged SimSmoke has been developed based on an extensively validated simulation model, providing support for the estimates given above. However, the model has certain limitations.

- It does not consider tobacco products other than cigarettes, such as smokeless tobacco, e-cigarettes and shisha (waterpipe). If tax increases and other policies are only directed at cigarettes, smokers may substitute to other tobacco products, which would offset some of the health gains from reduced smoking. If policies are also targeted toward the use of non-cigarette products, then substitution to these products may be reduced.

- Mortality risks for smoking are based on studies for the United States of America.
- It does not include deaths from second-hand smoke exposure. In addition, there are costs associated with morbidity and productivity loss due to premature death.
- It has been developed to use data from the biennial WHO global tobacco epidemic reports. The tobacco control policy data are restricted to a specific set of policies and definitions. The model does not consider policies directed at cost-minimizing behaviour, enforcement against smuggling, product regulation and youth access.

References

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