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

Palestine

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

Palestine is a lower-middle-income country, with an estimated population (ages 15 and above) of 1.4 million males and 1.4 million females in 2015 *(2)*. About 16% were employed in agriculture in 2010, and 23% were unemployed in 2012 *(3)*. Based on data from the most recent nationally representative survey, the 2011 STEPwise survey, overall smoking prevalence (ages 15–64) is 20.2% (37.6% of males and 2.6% of females) *(4)*.

Tobacco control policies

Protect people from tobacco smoke

Based on data from the 2015 WHO report on the global tobacco epidemic *(5)*, which includes data from 2014, Palestine has smoke-free legislation for health care facilities, education facilities and universities, government facilities, indoor offices, restaurants, pubs and bars, public transport and all other indoor public places. There are fines for violations of these laws, which consist of fines on the patron but not on the establishment. Subnational bans do not exist. There are funds dedicated for enforcement and a space for citizen complaints and investigations. No compliance score was given for 2014, but is estimated at 5 of 10.

Offer help to quit tobacco use

According to 2014 data, Palestine is classified at level 2 out of 4 for cessation programmes. Nicotine replacement therapy is available, but is not cost-covered. Some cessation support services are available, but they are not cost-covered. No quit line is available.

Warn about the dangers of tobacco

According to 2014 data, Palestine is classified at level 1 out of 4 for health warnings. There has been one warning approved by law. Health warnings are mandated to cover 10% of the principal display area. Warnings appear on each package and any outside packaging and labelling used in the retail sale, describe the harmful effects of tobacco use on health, are written in the principal language(s), and font size is mandated. However, the warnings do not include a photograph or graphic, they are not required to be rotating, and font, style and colour are not mandated. Government expenditure on tobacco control was US$ 40 000. This is considered a low level tobacco control campaign.

Enforce bans on tobacco advertising, promotion and sponsorship

According to 2014 data, Palestine televisionis ranked 3 out of 4 for marketing restrictions. There are bans on direct tobacco advertising on national/international television and radio, local/international magazines and newspapers, billboards and outdoors, point-of-sale and the internet, and fines for violations of these bans. For indirect advertising, there are bans on promotional discounts, non-tobacco goods/services identified with tobacco brand names, brand names of non-tobacco goods/services used for tobacco products, appearance of tobacco brands in television and/or film (product placement and non-product placement), and fines for violations of these bans. However, there are no bans on the free distribution of tobacco products, display at point of sale, tobacco companies/ industry/other entities publicizing their activities, tobacco companies funding or making contributions to smoking prevention media campaigns including those directed at youth, and there is no requirement to present prescribed anti-tobacco adverts before, during, or after the broadcasting or showing of any visual entertainment. Enforcement is not scored.

Raise taxes on tobacco

In accordance with MPOWER policies, we consider the effect of increasing excise taxes (including ad valorem or specific taxes directly on cigarettes) to 75% of the retail price. Value added tax (VAT) applies to all goods, not just cigarettes, but amplifies the effect of an excise tax on cigarette price. The change in excise taxes is first translated into the implied percentage change in price. The prevalence elasticity is applied to the percentage change in price to obtain the percentage change in prevalence. In Palestine, a pack of cigarettes is 22.00 ILS (US$ 6.42), of which 82.63% is tax (13.10% VAT and 69.63% excise taxes) according to 2014 data.

Key findings

Based on current smoking rates of 37.6% among men and 2.6% among women, smoking-attributable deaths are predicted to be more than 380 000 (263 000 men and 18 000 women) of the 760 000 smokers alive today, and the numbers are likely to continue to rise each year in the absence of stronger policies.

- Increasing cigarette excise taxes from the current level of 69.6% to 75% of the retail price would prevent much youth smoking and reduce smoking prevalence by 4.7% within 5 years, increasing to 9.4% in 40 years, and ultimately avert more than 26 000 premature deaths.
- Comprehensive smoke-free laws are in place, but stronger enforcement is predicted to reduce smoking prevalence by 2.4% in 5 years, increasing to 3% in 40 years, and avert 11 900 premature deaths.
- A well-publicized and comprehensive cessation policy can reduce smoking prevalence by 2.5% within 5 years, increasing to 6% in 40 years, and avert 24 900 premature deaths.
- Strong health warnings can reduce smoking prevalence by 7% within 5 years, increasing to 14% in 40 years, and avert almost 38 000 premature deaths.
- A high-level mass media campaign is projected to reduce smoking prevalence by 5.5% in 5 years, increasing to almost 7% in 40 years, and avert over 26 000 premature deaths.
- A comprehensive marketing ban with enforcement is projected to reduce smoking prevalence by 2.5% in 5 years, increasing to 3.3% within 40 years, and avert more than 34 000 deaths.

Implementing the stronger set of policies suggested above, in line with the WHO FCTC, could reduce smoking prevalence by 25% within 5 years, 33% within 20 years, and increasing to 39% within 40 years. About 109 000 deaths could be averted. A large tax increase accompanied by comprehensive marketing restrictions, strong health warnings, stricter smoke-free air laws, a comprehensive cessation programme, and a mass media campaign would reduce smoking prevalence about 33% 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.

- Smoking prevalence data for Palestine are from 2011. However, as a lower-middle-income country, smoking rates may increase as incomes rise, especially among women.

- 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.

- Mortality risks for smoking are based on studies for the United States of America. As a lower-middle-income country, the effects of reductions in tobacco use on smoking-attributable deaths may be lower than projected for Palestine, due to higher background health risks and lower levels of smoking intensity and duration.

- 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

1. Levy DT, Fouad H, Levy J, Dragomir AD, El Awa F. Application of the *Abridged SimSmoke* model to four Eastern Mediterranean countries. Tob Control. 2016;25(4):413–21. doi:10.1136/tobaccocontrol-2015-052334 (http://tobaccocontrol.bmj.com/content/25/4/413, accessed 24 April 2018).
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4. Palestine STEPS Survey 2010–2011. Geneva: World Health Organization; 2011 (http://www.who.int/ncds/surveillance/steps/Palestine_FactSheet_2010-11.pdf, accessed 25 April 2018).
5. WHO report on the global tobacco epidemic, 2015: raising taxes on tobacco. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/178574/1/9789240694606_eng.pdf?ua, accessed 3 September 2015).