

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

Syrian Arab Republic

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

The Syrian Arab Republic is a middle-income country with a population of more than 21 million in 2011 (2), of which 56.1% live in urban areas (3). Based on the STEPwise survey conducted nationwide in 2003, the daily tobacco smoking rate (ages 15–65) is 48.0% for men and 8.9% 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.

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, the Syrian Arab Republic had smoke-free legislation covering health care facilities, educational facilities and universities, restaurants, pubs and bars, and public transport, but none covering government facilities and indoor offices. None of these public places were covered by smoke-free legislation in 2007. The compliance score was not available. Smoke-free policies were at the second highest 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 the Syrian Arab Republic. Nicotine replacement therapy was not legally sold. Bupropion and varenicline were legally sold in 2012, but not in 2007. Smoking cessation support was available in most health clinics or other primary care facilities, in most hospitals, in most offices of a health professional and in some places in the community, but not in other places. National health insurance fully covered the cost of support in health clinics or other primary care facilities, partially in hospitals, not in the office of a health professional, and partially in the community. There were no data available for other places. Cessation programmes were at the second highest level in 2012.

Warn about the dangers of tobacco

There is a law mandating that health warnings appear on tobacco packages, but they are not required to be rotating and graphic nor cover a specific percentage of the package. Syrian Arab Republic had a national mass media campaign in 2011–2012. For 2012, there was a national agency/technical unit for tobacco control and 11 full-time equivalent staff. Government expenditure on tobacco control in 2008 was US\$ 124 722 (1.4 million Syrian pounds). Health warnings were at the lowest level and mass media campaigns were at the second highest level in 2012.

Enforce bans on tobacco advertising, promotion and sponsorship

In 2012, the Syrian Arab Republic had 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. For indirect advertising, there were bans on the free distribution of tobacco products, promotional discounts, non-tobacco goods and services identified with tobacco brand names, brand name of non-tobacco products used for tobacco products, and appearance of tobacco brands and products in television and films (product placement and non-product placement). However, there were no bans on sponsored events. From 2007, bans on the appearance of tobacco brands and products in television and films changed. The compliance score of direct and indirect advertising bans was not reported in 2012, but was 10 out of 10 for both in 2007. 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 30.00 Syrian pounds for 2008 and 60.00 Syrian pounds for 2012. WHO's comparable estimate for taxes as a percentage of retail price was 33.0% for 2008 and 58.0% for 2012; all taxes were ad valorem excise taxes.

Key findings

The *Abridged SimSmoke* model for the Syrian Arab Republic estimates more than 3.6 million smokers (more than 3.1 million men and nearly 570 000 women) in 2010, and projects more than 1.8 million premature deaths of smokers 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 smoking prevalence by 7.6% within 5 years, increasing to 15.2% in 40 years, and ultimately avert more than 300 000 premature deaths.
- Stronger enforcement of comprehensive smoke-free laws is predicted to reduce smoking prevalence by 9% in 5 years, increasing to 12% in 40 years, and avert more than 210 000 (more than 180 000 male and 30 000 female) premature deaths.
- A well-publicized and comprehensive cessation policy can reduce smoking prevalence by 2% within 5 years, increasing to 5% in 40 years, and prevent nearly 100 000 premature deaths.
- Strong health warnings can reduce smoking prevalence by 7% within 5 years, increasing to 14% in 40 years, and prevent more than 268 000 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 120 000 premature deaths.
- A comprehensive marketing ban with enforcement is projected to reduce smoking prevalence by 2% in 5 years, increasing to 3% within 40 years, and avert more than 50 000 deaths.

Implementing the stronger set of policies suggested above, in line with the WHO FCTC, could reduce smoking prevalence by 29% within 5 years, increasing to 38% within 20 years and 44% within 40 years. Almost 1 million 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 34% 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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