When we formulate our policies we always consider the provisions of the FCTC as we must respond to global trends and meet global standards.

Introduction

The impact assessment for the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in the Republic of Korea from 28 to 31 March 2016. It was well supported by staff from the Ministry of Health and Welfare (MOHW). The international team consisted of experts and a consultant. The team met senior leaders of government agencies, academia and NGOs involved in tobacco control.

Key facts

A pack of cigarettes costs about US$ 4 (4500 Korean Republic Won)

After tax changes in 2015, there was an 80% increase in cigarette pack prices

Cigarette packs must display graphic and textual health warnings on 30% and 20% of their surfaces, respectively

There were 3774 tobacco-growing households and 3491 hectares of tobacco farms in 2015

Between 1998 and 2014, there was a 23.2% decrease in male smoking and no decline in female smoking

4.4% of adult males and 0.4% of adult females used e-cigarettes, while 8.1% of young males and 1.5% of young females used e-cigarettes in 2014

The telephone quitline has 35 counsellors to handle >600 calls/day

Key tobacco control milestones

2005
WHO FCTC is ratified and enters into force in the Republic of Korea

2011
The National Health Promotion Plan 2011-2020 (HP2020) guides tobacco control
Introduction of comprehensive smoking ban for some public places, public transport facilities and government buildings

2013
The Protocol to Eliminate Illicit Trade in Tobacco Products is signed

2015
Amendment is made to the National Health Promotion Act to include graphic health warnings on tobacco packaging
The National Tobacco Control Centre and the Laboratory for the Harmful Use of Tobacco are established
Key observations

- The WHO FCTC has helped change how Republic of Korea views tobacco taxes: they are now perceived not only as a revenue-generating tool, but also as an instrument for protecting and promoting public health. Several different taxes apply to tobacco products, including the Health Promotion Fund, excise tax, local education tax, waste management charge, individual consumption tax and value-added tax. Tobacco companies pay the excise and local education tax directly to the local government administration.

- The tobacco tax increase in 2015 resulted in an 80% price rise, from US$2.20 (2500 Republic of Korea Won, KRW) to US$4 (4500 KRW), and a decline in smoking prevalence, although tobacco prices still remain low by international standards.

- The Republic of Korea has set out its strategic direction and priorities for tobacco control in the National Health Promotion Plan 2011-2020 (HP2020). This used the WHO FCTC as the overall guiding framework. The goals are to reduce smoking rates among young people and the adult population. It also aims to close the gap of smoking rates between income groups, and increase the average initiation age. Tactics employed include increasing prices and implementing pictorial health warnings.

- The Republic of Korea has used Article 5.3 as an instrument to prohibit and restrict the participation of the tobacco industry in public policy-making processes. For example, the article was used as justification to prohibit the participation of the tobacco industry in the public policy-making process for pictorial health warnings.

- The country has demonstrated its commitment to sustained tobacco control by allocating financial resources to a smoking prevention and control programme, with particular emphasis upon smoking cessation activities and tobacco-related research and surveillance. The budget for tobacco control policy and research has grown to 6 billion KRW. The budget for tobacco control programmes focusing on smoking cessation and prevention activities expanded by 117 billion KRW since the price increase in 2015.

- The Republic of Korea continues to achieve success in the initiation of smoke-free legislation referring to the WHO FCTC and the deadline for Article 8. Public places, public transport facilities, subway exits in some cities, common areas of apartment complexes, restaurants and government buildings have gradually become smoke-free. While there was initial resistance from smokers and the tobacco industry, smoke-free environments have now become the norm, even within the National Assembly.

- The government has cited its obligations under the WHO FCTC and the deadline for Article 11 to amend the National Health Promotion Act to include pictorial health warnings. Efforts to raise the price of tobacco products in 2015 also contributed to the passage of pictorial health warning legislation. The WHO FCTC provided assistance with amendments to the act, especially given the Republic of Korea’s goal to become a tobacco control leader and meet international standards.

- The increase of cigarette prices in 2015 has also resulted in a direct budgetary increase for health programmes and the frequency of anti-smoking ads. While such activities were organized prior to the ratification of the WHO FCTC, the Convention has highlighted the need for coordinated and sustained education, communication and training in order to raise awareness, develop social change and encourage cessation, whilst focusing on vulnerable groups. World No Tobacco Day is celebrated each year with the active participation of youth and college groups. A recent campaign was conducted under the popular slogan: “Give me a pack of diseases”.

- The Republic of Korea has actively used the WHO FCTC guidelines on Article 13 of the Convention to gradually expand the ban on tobacco advertising, promotion and sponsorship (TAPS), despite strong industry opposition. In 2012, there was a ban on flavour indications in advertisements and the number of tobacco ads permitted in the media was reduced from 60 occasions annually to fewer than 10. TAPS is an inter-ministerial issue and will require cross-departmental consultations to enact a comprehensive ban.

- Implementation of Article 14 is seen as one of the country’s main achievements following WHO FCTC ratification; the guidelines are used as a reference to ensure budgetary allocation for cessation services. The Republic of Korea already has a strong national tobacco cessation infrastructure, which it continues to strengthen to achieve universal coverage. There are 255 quit clinics in public health centres. As of 2012, the quitline number must be displayed on all tobacco product packaging. Cessation services, including counselling and nicotine replacement therapies (NRTs), are partially covered by national insurance. As of 2015, varenicline and bupropion are also partially covered.

- The WHO FCTC been supporting the National Health Insurance System (NHIS) in a lawsuit against the three tobacco companies (KT&G, the local units of Philip Morris International and British American Tobacco) for the recovery of healthcare costs arising from tobacco-related disease.

Outcomes

- ✔ Served as the overall guiding framework for tobacco control priorities.
- ✔ Enabled implementation of Article 14, which is seen as one of the Republic of Korea’s main achievements after ratifying WHO FCTC.
- ✔ Facilitated allocation of financial resources for smoking prevention and control, including smoking cessation activities, tobacco-related research and surveillance.
- ✔ Fostered the view of taxes as an instrument to protect and promote public health, as well as a revenue-generating tool.
- ✔ Led to the initiation of smoke-free policies and served as justification for stronger courses of action.
- ✔ Served as a reference point in the design, development and implementation of pictorial health warnings.
- ✔ Reinforced commitment to eliminate illicit trade in tobacco products.
- ✔ Resulted in expansion of the number and scope of tobacco research, monitoring and surveillance programmes.