



Global Tobacco Control

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With an estimated one-third of the world's population aged 15 and above smoking regularly, the negative health consequences of tobacco use are now reaching proportions of a devastating global epidemic. Tobacco, a known or probable cause of some 25 diseases, is responsible for one death every ten seconds worldwide, killing nearly 3.5 million people each year. Tobacco use today accounts for over 6% of all deaths in the world. These figures are rising rapidly, with a predicted 10 million deaths annually by the year 2025. It is expected that within the next century, tobacco use will take a greater claim on human health than any single disease. 1,2

Aside from threatening world health, tobacco also exhausts our environment and the global economy, hindering sustainable and equitable human development. It is a health, economic, environmental, social, and political problem, which calls for immediate, comprehensive action from all sectors and levels of society, including the international public health community. This position paper of the World Federation of Public Health Associations (WFPHA) describes the scope of the problem of tobacco use and lists some steps that should be taken by the international health community to address this critical global challenge.

Health Impact of Tobacco

Nicotine, a major ingredient in tobacco products, is a psychoactive, addictive drug. Evidence indicates that dependence on nicotine is as strong or stronger than dependence on heroin or cocaine^{3,4}. Tobacco products also contain developmental and reproductive toxicants and over 50 carcinogenic compounds. Tobacco products remain the only harmful and addictive substances (when used as intended by its manufacturers) that are still legal and in widespread use. Smoking causes: heart, lung, respiratory, and vascular diseases; stroke; and many types of cancer^{5,6}.

The long delay between the onset of smoking and the development of disease reduces the seriousness with which tobacco issues are addressed. Although smokers may experience a reduced capability for physical exercise and other short-term health effects, those who take up the habit today will not bear the full burden of disease for some 30 years⁷. Half of the world's lifelong smokers will die from tobacco; and half of these will die in middle age, losing on average 22 years of non-smoker life expectancy^{2, 8}.

Many marketing strategies target women, whose health is particularly threatened by smoking. Gender-specific health risks include cervical cancer, premature menopause, impaired fertility, and breast cancer. Tobacco poses serious risks to a pregnant woman's unborn child, particularly in countries where nutrition and health care are poor. Tobacco increases the likelihood of unsuccessful pregnancies, low-birthweight babies, infant deaths, and inhibited child development⁹.

It is not only smokers whose health is threatened by tobacco use. Involuntary exposure through environmental tobacco smoke (ETS) puts healthy non-smokers at risk of developmental, respiratory, carcinogenic, and cardiovascular health problems^{1,3,10}. ETS, containing essentially the same toxic and carcinogenic substances as inhaled tobacco smoke, is classified in some countries in the most dangerous category of cancer-causing agents⁵. Children of smokers are particularly vulnerable in the home environment. ETS significantly increases the risk of respiratory infections, an important cause of infant



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mortality in the developing world. An infant's risk of dying of Sudden Infant Death Syndrome increases by five times when there is smoke present in the room 11.

Economic Impact of Tobacco

The premature loss of a human life to tobacco has an impact not only on the family and loved ones, but also on a country's economy. Enormous costs are associated with tobacco use, including medical care for treatment of tobacco-related diseases, absenteeism from work, reduced productivity, losses due to fire, and foregone income due to early mortality. A 1993 World Bank study estimated that tobacco use results in a global *net loss* of US\$200 billion per year, half of which occurs in developing countries. The losses accrued from tobacco on the world economy exceed the total current health expenditures in all developing countries combined 12.

The tobacco industry is often viewed as economically advantageous for tobacco company workers and for small farmers in developing countries. However, only a small portion of the enormous profits actually goes to the tobacco industry workers in developing countries. Most of the profit goes to the transnational corporations that have taken control of the tobacco industry, often from former government monopolies. In contrast to many national governments, these companies are committed to achieving market expansion rather than to enhancing the local economy. Although some new factories may recruit local employees, the successful companies are increasingly replacing human labor with automated cigarette production machines, closing down the less efficient factories.

In the majority of developing countries, tobacco production results in a net loss in the balance of trade 13. In 1992 five African countries reported negative annual tobacco trade balances of over US\$100 million¹⁴. The modernization of cigarette production forces low-income countries to use scarce foreign exchange reserves to purchase tobacco machinery and other tobacco manufacturing inputs. Reduced demand for tobacco products in North America, the European Union, and Nordic countries diminishes the amount of foreign currency developing countries earn from tobacco exports. Increased imports of foreign cigarettes into developing countries, as a result of aggressive marketing and free trade agreements, imposes further burdens on the economies of poor countries already struggling with severe balance of payment problems 13.

Environmental Impact of Tobacco

Aside from the tremendous strain that tobacco poses on the global economy and the health of the world's population, it is also a pressing environmental issue. Tobacco production consumes needed resources and impedes the production of food crops. Global tobacco production, including extensive use of wood fuel in the process of curing tobacco leaves, uses huge amounts of felled timber -- trees which could be used for cooking and heating. The fertile land appropriated for the production of tobacco is enough to feed millions of people worldwide. Clearing forests for tobacco production causes soil erosion and related ecological damage, and is responsible for deforestation in Brazil and in Africa 14,15.

Tobacco growing requires the heavy use of dangerous chemicals that contaminate our environment and put tobacco farmers at risk. This is particularly true in developing countries, where much of the equipment used for spraying chemicals is of low quality and where there are no safety regulations requiring protective clothing and few restrictions on the chemicals used 14.

Social Incentives for Tobacco Use

In a world that condones and even glamorizes smoking behavior through the media and popular culture, subtle socioeconomic and behavioral incentives promote and maintain tobacco use, particularly among children and others striving to establish their autonomy; Many famous movie actors smoke cigarettes in



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films (reportedly paid huge sums by the cigarette makers), and popular sporting events are sponsored by tobacco companies. The aggressive marketing of tobacco products in developing countries exploits women and young people by promoting images of independence, glamour, and sex appeal, selling the message that smoking is associated with affluent Western lifestyles 16. This message of acceptance is implicitly conveyed by governments that allow continued promotion of addictive tobacco products.

In developing countries increasing urbanization and rising income levels among some segments of the population have made them attractive targets for tobacco companies. According to estimates by The World Bank, in very low-income countries of Africa, an increase in income of 10% results in a 13% increase in tobacco consumption 14. The tobacco companies have been so successful at expanding the tobacco market that 70% of tobacco-related deaths within the next 20 years will occur in developing countries 17.

Tobacco Control Efforts

In some industrialized countries, comprehensive anti-tobacco strategies --including tobacco control legislation, pricing policies, and health education -- have been effective in reducing levels of smoking. Countries that have introduced pricing regulations and made information about the risks of smoking available to the public have fostered social and political climates that are more receptive to legislative efforts to control tobacco. Prevention and education programs have proven successful and cost-effective, and increased taxes on tobacco have reduced consumption while yielding higher government revenues. Studies have shown that a 10% increase in the price of cigarettes reduces consumption by 2 to 5% in adults and by over 10% in youth, and deters many young people from ever starting to smoke 13,18.

However, the pricing and marketing controls used successfully in some industrialized countries have not been applied to exported tobacco products. Developed countries have not shared sufficient information about successful strategies or prevention programs with developing nations. Even basic information about the harmful effect of tobacco on health remains obscured from many people in developing countries. Consequently, as sales in developed countries have fallen and the tobacco industry has looked to new, more vulnerable markets overseas, there has been a catastrophic rise in the rates of smoking in developing countries.

Developing countries' restricted financial resources make it almost impossible for governments or public health officials to counteract the multimillion-dollar advertising strategies of the tobacco companies. Many of the targeted countries are undergoing political transition and unstable economic conditions, making it difficult to make tobacco control a priority. As a result, public awareness of the health repercussions of tobacco use remains low or nonexistent in most developing countries.

A Global Tobacco Control Agenda

Effective tobacco control measures can be implemented only if a supportive social and political environment is created. This will require a whole new perspective regarding tobacco one which acknowledges that nicotine is an addictive drug and that its control is a political problem.

Tobacco control strategies must be multi-faceted, involving all sectors of government and the health professions. While some aspects of tobacco control policy are most effectively addressed at the local or national level, other aspects demand global attention and collaboration. Some anti-tobacco activities such as health education can be implemented immediately, while other measures are more difficult and require a longer-term effort.

Three main areas of focus are necessary in order to implement effective anti-tobacco strategies: (1) *Tobacco Control Legislation*, (2) *Price and Trade Policies*, and (3) *Health Education, Smoking Prevention*,



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and Treatment. Health education is a fundamental step to promoting awareness of the consequences of tobacco use. While health education empowers individuals, trade policies and tobacco control legislation empower countries, allowing governments to enforce anti-tobacco stands.

The international public health community should take the following steps to help achieve a smoke-free world:

Tobacco Control Legislation

- Urge worldwide governmental authority to regulate tobacco as an addictive drug, and cigarettes and other tobacco products as drug-delivery devices.
- Urge the adoption of collaborative, global tobacco control legislation by all countries around the world.
- Encourage the prohibition of tobacco sales to minors, with strict enforcement and monitoring mechanisms.
- Urge a ban on all direct and indirect tobacco advertising, promotion, and sponsorship of sporting and cultural events.
- Work to facilitate communication among health sectors and other sectors of government and society (including economic, education, housing, transport, culture, justice, trade, agriculture, labor, and environment sectors) to build support for effective anti-smoking legislation.
- Work to develop and enforce restrictions on tobacco use in public, to protect people from involuntary exposure to environmental tobacco smoke.
- Assure that strong health warning labels, prominently placed on the package and in the local language, are required on all tobacco products equally throughout the world.
- Urge governments to ensure that the legal rights of people not party to any national agreement or policy are fully protected.

Price and Trade Policies

- Advocate for all countries to prohibit governmental authorities from promoting national tobacco sales and exports, interfering with efforts by international or foreign health authorities to regulate tobacco, and seeking to weaken existing tobacco control laws in any country.
- Advocate for international harmonization of tobacco prices and taxes at high levels and allocation of the funds raised to finance tobacco control measures, treatment of people suffering from tobacco-related illnesses, and development of economic alternatives to tobacco growing and manufacturing.
- Work to exclude tobacco from the World Trade Organization free trade agreements, in order to allow countries to regulate multinational tobacco companies without fear of sanctions for unfair trade practices.



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- Advocate for safeguards against international tobacco smuggling through a system of export permits, improved record-keeping and reporting of tobacco production and sales, strict penalties, and other measures.
- Urge an end to duty-free sales of tobacco.
- Discourage governments from accepting new investments by transnational tobacco companies.

Health Education, Smoking Prevention, and Treatment

- Support the development and implementation of formal anti-tobacco education programs and campaigns, both in school and out, beginning at the pre-school level.
- Promote public awareness of the hazards of smoking through the media.
- Make culturally- and age-appropriate health education materials available to the public.
- Support training for all health providers (including doctors, dentists, nurses, pharmacists, and community health workers) in the prevention and treatment of tobacco dependence.
- Urge employers to promote a tobacco-free work environment.
- Set an example to others by being smoke-free.
- Encourage the development of effective pharmacological treatment for tobacco dependence and other smoking cessation methods.
- Work to mobilize financial resources for tobacco research and anti-tobacco program development and implementation.

The Commitment of WFPHA

The overwhelming challenge of achieving a tobacco-free world demands comprehensive, collaborative efforts on a global scale. In 1996 the 49th World Health Assembly called on WHO's Director General to develop an international framework convention for tobacco control. This would be in the form of an international treaty, whereby the signatory states would agree to pursue broadly stated goals for international tobacco control. The framework would address issues of advertising, marketing, international sales, pricing and taxation, smuggling, and policy and program information sharing.

The member national public health associations of WFPHA recognize that we have the opportunity to conquer one of the greatest public health threats of the next millennium. WFPHA commits our resources and energy to helping to develop and implement the WHO international framework convention and other global tobacco-control efforts. Further, we will demand worldwide regulation of nicotine as a psychoactive, addictive drug. WFPHA member associations will work actively with national governments, intergovernmental agencies, nongovernmental organizations, businesses, and grassroots groups to promote a tobacco-free world.



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