



Submission of the

**Commonwealth Medical
Association**

to the
WHO Public Hearings
on the
Framework Convention on
Tobacco Control

31 August 2000

The Commonwealth Medical Association

1. The Commonwealth Medical Association is an organization of national medical associations with affiliates in nearly 40 Commonwealth nations. It works to assist national medical associations in improving the health of their communities, particularly the health of vulnerable and disadvantaged groups.
2. The Commonwealth Medical Association speaks on behalf of national medical associations whose members serve approximately one-quarter of the world's people in the countries of the Commonwealth. These countries span the five regions of the World Health Organisation. Every day, across the Commonwealth, doctors see the human face of the global tobacco epidemic. The evidence of The Commonwealth Medical Association to these public hearings on the Framework Convention for Tobacco Control reflects doctors' concern for their patients, their desire to avoid unnecessary suffering and death, and their duty to work in the spirit of international cooperation to create a healthier future for all.
3. The Commonwealth Medical Association receives funding from its members and from the Commonwealth Foundation. The Commonwealth Medical Association Trust (ComMAT), which carries out the charitable activities of the Commonwealth Medical Association, receives funding from international organizations, Governments and foundations.

Tobacco, illness and death

4. More than 70,000 scientific papers and reports have documented the adverse effects of tobacco use¹. Active smoking is the major cause of lung cancer, chronic bronchitis and emphysema and a major cause of heart disease and stroke. Oral tobacco use is a major cause of cancers of the head and neck. Tobacco use also causes or contributes to a plethora of other illnesses.
5. Passive smoking is an established cause of lung cancer² and heart disease³ in adults. In children, it is known to cause lower respiratory illness, reduced lung function and middle ear disease. In addition, second-hand smoke can cause asthma, and increases the severity of the condition in children who are already affected⁴.
6. Nicotine is a psychoactive substance that occurs naturally in tobacco. Nicotine affects the brain, heart and endocrine system, quickening the heart rate, increasing blood pressure, and narrowing blood vessels. Nicotine is highly addictive. Tobacco dependency is recognised as a behavioural disorder in the World Health Organisation International Classification of Diseases⁵. Habitual use of nicotine through smoking meets the key medical criteria for drug dependence, including psychoactive effects, compulsive use and self-reinforcing behaviour.
7. Tobacco is the single largest preventable cause of illness and death worldwide. If current trends continue, the global death toll from tobacco will rise about 4 million per year at present to 10 million per year in 2030. Over 70% of these deaths will occur in the developing world⁶. In 1990, smoking accounted for one in six adult deaths; in 2020, it will account for one in three⁷.

¹ WHO. Combating the Tobacco Epidemic. In: The World Health Report 1999. Geneva, World Health Organization, 1999. Available online: <http://www.who.int/toh/>

² Law MR, Morris JK, Wald NJ. Environmental tobacco smoke and ischaemic heart disease: an evaluation of the evidence. *BMJ* 1997;315:973-79. Available online: <http://www.bmj.com/cgi/content/full/315/7114/973>

³ Hackshaw AK, Law MR, Wald NJ. The accumulated evidence on lung cancer and environmental tobacco smoke. *BMJ* 1997;315:980-89. Available online: <http://www.bmj.com/cgi/content/full/315/7114/980>

⁴ International Consultation on Environmental Tobacco Smoke and Child Health. Consultation Report. World Health Organization, 1999. WHO/NCD/TFI/99.10. Available online: <http://www.who.int/toh/consult.htm>

⁵ International Classification of Disease, 10th revision (ICD-10). Geneva: World Health Organization, 1975.

⁶ WHO. Combating the Tobacco Epidemic. In: The World Health Report 1999. Geneva, World Health Organization, 1999. Available online: <http://www.who.int/toh/>

⁷ Murray CJL, Lopez AD. The Global Burden of Disease. Cambridge, MA: Harvard University Press, 1996.

The global tobacco epidemic and the Commonwealth

8. Worldwide, some 1.2 billion people smoke. This represents around 30% of all adults - 48% of men and 12% of women. By 2020, this number is set to rise to almost 1.7 billion, or 35% of all adults⁸.
9. Four stages of the tobacco pandemic have been described to date⁹. In stage I, smoking rates are less than 20% among men, and very low among women. Because fatal illnesses caused by tobacco take time to develop, few tobacco-attributable deaths are seen at this stage. Stage II sees rates rising to rapidly among men, and a more gradual increase among women - tobacco-related deaths among men begin to climb. In Stage III, smoking rates peak, first among men and then eventually among women - at this time, deaths caused by tobacco increase in both sexes and comprise up to 30% of all deaths. The final stage is characterised by further declines in smoking rates among both men and women - but while deaths from smoking among men peak, those among women continue to rise.
10. The Commonwealth encompasses nations in each stage of the epidemic. Countries such as Botswana have relatively low rates of smoking among men, and lower rates among women. Many countries in South-east Asia are in the second stage of the epidemic - for example, Bangladesh and India where male smoking rates have reached over 40%, while female rates are around 10%, but climbing. Stage III is typified by the Pacific Island nations of Kiribati, Nauru, and Tonga where rates of tobacco use are among the highest in the world. Other Commonwealth countries, such as the United Kingdom, Canada and Australia have now entered the fourth stage of the epidemic, with decreases in overall smoking rates among both men and women¹⁰.
11. Increasing tobacco usage is inevitably followed some 15-20 years later by a dramatic rise in tobacco-related deaths. In addition to the terrible human costs, increasing tobacco use in many poorer countries of the Commonwealth will impose a heavy burden on health care systems that are already struggling to cope with diseases of poverty and infection.
12. While the four-stage model accurately describes the global tobacco epidemic, experience shows that its extent can be influenced by both tobacco industry activities and by the response of governments, civil society and the public health community. While factors such as aggressive marketing of tobacco products, failure to inform the consumer of the true effects of smoking, and low tobacco prices can accelerate the epidemic and increase its scale, public health measures that prevent the recruitment of new tobacco users, inform the consumer and increase the price of tobacco can decrease usage and protect against tobacco-induced disease and death.

Effective tobacco control requires effective public health measures

13. International authorities including the World Health Organisation, the International Union Against Cancer, and the World Bank agree that curbing the tobacco pandemic requires comprehensive public policy measures, backed by effective, well-monitored and strictly enforced national legislation.
14. Such measures should include increasing taxes, adding prominent health warning labels to tobacco products, adopting comprehensive bans on advertising and promotion, and restricting smoking in workplaces and public places¹¹. The effectiveness of such measures in reducing tobacco consumption, in protecting against initiation of tobacco use and in helping existing users to stop smoking is well-established, and widely accepted by all but the tobacco industry.

⁸ Carrao MA et al. Building the evidence base for global tobacco control. *Bull Wrlld Hlth Org* 2000;78:884-90. Available online: <http://www.who.int/bulletin>

⁹ Lopez AD, Collishaw NE, Pha T. A descriptive model of the cigarette epidemic in developed countries. *Tob Control* 1994; 3:242-7.

¹⁰ Corroa MA, Guindon GE, Sharma N, Shokoohi DF (eds) Tobacco Control Country Profiles. Atlanta, GA, American Cancer Society, 2000.

¹¹ The World Bank. Curbing the Epidemic: Governments and the Economics of Tobacco Control. Development in Practice. Washington, DC: The World Bank, 1999. Available online: <http://www1.worldbank.org/tobacco/reports.htm>

15. Tobacco control is highly cost-effective as part of a basic public health package even in low- and middle-income countries, comparing favourably with many health interventions, such as child immunization¹¹. Introduction of effective tobacco control measures reduces the need for future expenditure on disease treatment and health promotion.
16. The level of protection against the harms of tobacco offered to Commonwealth citizens varies enormously. Certain provisions are among the best in the world. For example, Canada requires that tobacco products carry prominent graphic health warnings in both English and French that cover 50% of the pack surface. Malaysia has implemented a complete ban on tobacco advertising and promotion. The introduction of a comprehensive tobacco control policy in South Africa - including substantial annual increases in tobacco taxes - resulted in a sharp decrease in both the prevalence of tobacco use and the level of consumption. However, in many other Commonwealth countries, effective action to tackle the tobacco epidemic has yet to be taken¹⁰.

Globalization and illhealth - the need for an international treaty on tobacco

17. Although comprehensive national tobacco control policies are an essential element in countering the tobacco pandemic, tobacco control is a truly international concern. The international trade in tobacco involves elements that are not readily tackled at the national level, including questions of international trade agreements, political influence, human rights, foreign debt, agricultural policy, and communications. Most importantly, the tobacco pandemic is uniquely characterised by the activities of a powerful, transnational tobacco industry with an annual turnover which - at US\$ 400 billion - is greater than the GNP of all but 15 countries in the world¹⁰.
18. The tobacco industry operates in a global market, in which the Commonwealth countries play a major role. For example, the British-based firm British American Tobacco (BAT) is the second largest transnational tobacco company, with subsidiaries in 65 countries and important manufacturing interests in Imperial Tobacco in Canada. BAT also has affiliates in many African countries - including Commonwealth countries such as Kenya, Uganda, South Africa, Nigeria, Zimbabwe, Malawi and Sierra Leone - where it plays an important role in controlling the production and purchasing of tobacco leaf. BAT products are sold in around 180 countries of the world. Cigarettes manufactured in the UK are exported to countries of the Western Pacific, including Malaysia. In 1997, BAT's international operations were worth some US\$ 24 billion¹². In 1999, after its takeover of Rothmans, BAT became the world's second largest tobacco company, and its annual profits almost doubled.
19. As tobacco consumption in the richer countries of the Commonwealth falls, tobacco companies are increasingly looking to market opportunities elsewhere, and aggressively targeting their promotional activities to new consumer groups, especially women¹³ and young people¹⁴. Smoking is increasing among males in most low- and middle-income countries, and among women worldwide.
20. International regulation of the tobacco industry is needed to eliminate unethical practices and double-standards. For example, while cigarettes sold in the UK and in Canada carry clear health warnings, those on sale in the Gambia and in many other poorer countries do not¹⁰. In the absence of warnings imposed by legislation, the tobacco industry fails to disclose even the most basic information on the health risks of smoking. Cigarettes containing high levels of tar and nicotine that are not permitted in developed countries continue to be manufactured for sale in the developing world. In many countries, tobacco promotion to young people through sponsorship of sporting and cultural events continues unabated¹².
21. Effective national measures, such as bans on advertising and increased tobacco taxation, can be undermined by activities that transcend national boundaries, such as international broadcasting and

¹² Madeley J. British American Tobacco: The Smokescreen. In: Hungry for Power. London, UK Food Group, 1999.

¹³ Ernster V et al. Women and tobacco: moving from policy to action. *Bull Wld Hlth Org* 2000;78:891-911. Available online: <http://www.who.int/bulletin>

¹⁴ Warren CW et al. Tobacco use by youth: a surveillance report from the Global Health Youth Survey project. *Bull Wld Hlth Org* 2000;78:868-76. Available online: <http://www.who.int/bulletin>

smuggling of tobacco products. International trade agreements can be used to open up new markets to transnational tobacco companies, and to influence changes in national tobacco control policies¹⁵.

22. International bodies can help address tobacco control issues that cross borders. Key areas for action include international agreements on tobacco labelling, taxation, smuggling, and on bans on advertising and promotion involving the global communications media.

Towards an effective Framework Convention: A call to action

23. The Commonwealth Ministers of Health have recognised the need for international action to combat the tobacco epidemic, calling on Governments to reduce tobacco use by developing comprehensive strategies to reduce tobacco consumption. In doing so, they have recognised that measures that cut demand for tobacco – such as taxation and bans on advertising – can be complimented by efforts to identify and establish alternative cash crops and markets.
24. The World Bank has noted the global economic losses associated with tobacco. Examining the available evidence, it concluded that even highly successful control policies will lead to only a slow decline in global tobacco consumption and that money not spent on tobacco will be spent on other goods, generating alternative employment. Most countries would see no net job losses and a few would see net gains if consumption fell¹¹.
25. While recognizing the concerns of the small number of countries whose economies are heavily reliant on tobacco growing, the Commonwealth Medical Association feels strongly that an international treaty to protect the public health must primarily focus on measures known to be effective in reducing the burden of illness and death from tobacco, rather than on economic considerations. We urge the World Health Organization and its member states to ensure that core of the treaty incorporates strong, comprehensive and proven tobacco control measures.
26. In curbing tobacco consumption, we must recognise that the treaty runs counter to the interests of a well-resourced transnational industry, which has time and again demonstrated its determination to deny scientific fact, distort public policy, and undermine efforts to regulate its activities at the local, national and international levels¹⁵. We urge the World Health Organization to ensure that the tobacco industry and its allies are kept at arm's length during the negotiating process.
27. In its landmark White Paper on Tobacco, the Government of the United Kingdom expressed its strong support for the development of an effective Framework Convention on Tobacco Control¹⁶. This support was reiterated in the recent report of the UK Health Select Committee inquiry into the tobacco industry. Noting the international dimension of the tobacco epidemic, the Committee remarked: 'It would be a hollow victory if, as the result of more stringent action taken on tobacco control in the developed world, smoking-related deaths were merely exported to the world's poorer countries'¹⁷.
28. In the past 50 years, it is estimated that some 100 million people have been killed worldwide by tobacco. But as the death toll rises steadily over the next 20-30 years, the true impact of the global epidemic will be seen only in the 21st century. The human and social costs of this public health disaster will be felt most keenly in low and middle income countries.
29. In many countries, tobacco use is increasing among adolescents and young people¹⁰. Tomorrow's victims of tobacco are today's young people: WHO estimates that some 300 million of today's children and teenagers will eventually die of tobacco-related causes. Moreover, surveys of tobacco use throughout the world show that a substantial proportion of adults who use tobacco began to do so as children. The Commonwealth Medical Association and ComMAT have been working with

¹⁵ Salojee Y, Dagli E. Tobacco industry tactics for resisting public policy on health. *Bull Wrlld Hlth Org* 2000;78:911-912. Available online: <http://www.who.int/bulletin>

¹⁶ Department of Health. Smoking Kills: A White Paper on Tobacco. London: Her Majesty's Stationery Office, 1998. Available online: <http://www.official-documents.co.uk/document/cm41/4177/4177.htm>

¹⁷ UK House of Commons Health Select Committee. The Tobacco Industry and the Health Risks of Smoking. (paragraph 23) London, Stationary Office Ltd, 2000. Available online: <http://www.parliament.uk/commons/hsecom/>

national medical associations to ensure that their members are aware of this important group and of the damage that tobacco causes to their health. We urge the World Health Organization to ensure that the Framework Convention includes proven, effective measures to protect young people from the harms caused by tobacco and, in particular, from the tobacco industry's attempts to recruit new users.

30. International action is urgently needed to curb the global tobacco epidemic. The nations of the Commonwealth have a shared responsibility to ensure that the future course of the tobacco epidemic is altered for the better, and that their actions as an alliance reach beyond the world of international trade and commerce to advance human health and wellbeing. The Framework Convention for Tobacco Control being developed by the World Health Organization is an international legal instrument designed to protect the public health against the global spread of tobacco. The Commonwealth Medical Association calls on all agencies, Governments and health advocates throughout the Commonwealth to lend their active support to the Convention.