Tobacco Control in the 21st Century
Searching for Answers in a Sea of Change

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THE PAST CENTURY HAS WITNESSED DRAMATIC CHANGES in all aspects of life, from the Wright brothers to the space shuttle; from the telephone to e-mail; from house calls to robotic surgery. In matters of health, the 20th century brought increased life expectancy, dramatic shifts in basic public health practice, and shifts in morbidity and mortality away from communicable and infectious disease. In developed nations, chronic illnesses, often attributable to lifestyle factors, have become major sources of ill health and premature death. And for all the health benefits realized during the 20th century, a manmade plague beset society—tobacco use.

Tobacco is the leading contributor to mortality in the United States, each year claiming more than 430,000 direct users and between 40,000 and 67,000 individuals who are exposed to environmental tobacco smoke. By comparison, in 1965, an estimated 183,000 deaths were attributed to tobacco. While there were an estimated 3 million annual deaths from tobacco use worldwide at the end of the 20th century, it is predicted that this number will soar to more than 10 million by the 2020s, with the burden of tobacco-related mortality shifting from developed to developing nations.

Tobacco is a global product and a global problem with multiple examples of cross-national marketing and distribution. For instance, bids, hand-rolled in the streets of Delhi, are found in the hands and mouths of US teenagers for whom they are the latest youth smoking fad. Where national tobacco monopolies once produced products for export to the developing world, large transnational companies now manufacture cigarettes in more than 100 countries. Since 1995, these firms have established manufacturing capacity in Hungary, Tanzania, Poland, Cambodia, Mexico, Romania, Russia, Bulgaria, Ukraine, China, and many other countries, producing western brands and bringing Madison Avenue–style marketing campaigns with the potential to lure new users to their products.

Since 1967, tobacco control advocates, public health officials, government health workers, and public policy officials from around the world have met every 2 to 3 years to discuss to tobacco use, sharing information and ideas to stem the global scourge caused by tobacco use. This week, the 11th World Conference on Tobacco or Health, with the theme “promoting a future without tobacco,” continues these efforts. In recognition of the importance of this conference, the editors of JAMA and BMJ have devoted pages of the current issues of their journals to articles on tobacco use, consequences, and prevention. This marks the first simultaneous publication of tobacco theme issues from these journals, which have had a long history of being at the forefront of tobacco control.

Efforts to combat tobacco have seen some success in the United States, but there is still a long way to go. Tobacco excise taxes in the United States are comparatively low. For example, taxes in Denmark, the United Kingdom, and India make up about 80% of the retail price. In the United States, taxes are less than 40% of the total retail price. Tobacco advertising and promotion persists, even with the recent restrictions imposed by the tobacco “settlement,” with industry-sponsored music events in college bars, increased advertising in magazines with high youth readership, and public relations campaigns that provide a veneer of civic responsibility. The majority of US medical schools fail to incorporate instruction on tobacco use prevention and control in their curricula, and counseling patients about tobacco use prevention and cessation needs much more emphasis in practice.

The international community may have some lessons for the United States. For example, the health ministers of the European Union have just approved changes in tobacco warning labels, requiring that they cover nearly half the face of a pack of cigarettes. Total bans on tobacco advertising and promotion are in effect in Poland and the Czech Republic, will be in place very soon in Britain and South Africa, and will be phased in across the other European Union nations in a few years.

Because tobacco is such a profitable commodity, conflicts between trade and health interests are rampant. Recent US trade agreements with China, which are in process, could have significant adverse health effects because of newfound access to Chinese markets by the US tobacco industry. A recent commentary expressed concern about possible changes in World Bank policy on the appropriate priority level for noncommunicable disease interventions in developing nations. The author noted that the World Bank seems to be defending transnational corporate interests by “converting tobacco into an issue of individual choice rather than one of collective responsibility for public health . . . ” and goes on to state that “free trade has health consequences that should be faced, not shouted down.” It is time that the health consequences of international trade be considered, and health concerns put on equal footing with commerce.

Curbing the use of tobacco products and protecting nonusers from the hazards of environmental tobacco smoke is a matter of politics as well as public health, and the efforts of the health community are often ignored in the process. Despite the expectation that monies from the tobacco settlement would be used for tobacco control, the public health community in a number of states has not been successful in securing

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appropriate levels of funding for tobacco control issues. Failure to pass national tobacco control legislation in 1998 is another example of the political system not meeting the goals of public health. Many efforts have failed as a consequence of activities of the tobacco industry that continue to undermine public health efforts around the globe. New campaigns that aggressively target youth, minorities, and women have the potential to increase the ranks of tobacco users. For example, Philip Morris launched a media campaign aimed at women of diverse ethnicities with their “Find Your Voice” advertising plan for Virginia Slims. Despite dropping the slogan in the wake of fierce criticism during recent litigation in Florida, the targeted advertisements continue. In China and Sri Lanka—countries where women have rarely smoked—tobacco companies sponsor “disco nights” with female fashion models distributing free cigarettes to women and men. Media messages that attracted US women to smoking—saying that smoking will make them slim, sexy, modern, and stress-free—have been replicated in marketing campaigns aimed at women worldwide. This approach has a great likelihood of success in countries that fail to widely publicize the negative health consequences of tobacco use. Far from being responsible corporate citizens, the tobacco industry continues to pursue a course designed to increase the use of its products, with callous disregard for the consequences on global health.

Although the morbidity and mortality from tobacco use continue to increase and the multinational tobacco industry continues to reap billions of dollars in profits, there are some signs of success in curbing tobacco use. Advances in the treatment of nicotine dependence, neurochemical, and behavioral research on the underpinnings of addiction, harbor the potential for reducing tobacco-related morbidity and mortality. Recent reports indicate that annual per capita consumption of cigarettes is down in the United States from 2810 in 1980 to 1633 in 1999, a decline of 42%. Globally, per capita consumption also decreased from 1027 in 1990 to 915 in 1999.

The organized medical community has stepped up its efforts to fight tobacco, including a new initiative of the World Organization of Family Doctors to pursue tobacco use prevention and cessation as an international issue with a “global call to action” by family physicians around the world (Robert Higgins, MD, World Organization of Family Doctors, written communication, May 2000). The American College of Chest Physicians has convened a national Coalition on Smoking and the Health of Women and Girls focused on tobacco use education, prevention, and cessation (Diane E. Stover, MD, FCCP, American College of Chest Physicians Taskforce on Women and Girls, Tobacco and Lung Cancer, written communication, July 1999). There is great promise in the World Health Organization’s Framework Convention on Tobacco Control, the world’s first health treaty, currently in the early stages of development. Worldwide, governments are taking steps toward comprehensive tobacco control plans that include increased taxes, restrictions on tobacco advertising and promotion, more informative warning labels on tobacco products, restrictions on smoking in public places, and increased availability of smoking cessation therapy. Nongovernmental organizations are joining the tobacco control movement, with an international effort coordinated by the International Non-Governmental Coalition Against Tobacco.

In the United States, partnerships among nongovernmental organizations, including philanthropies, voluntary health groups, medical societies, women’s and minority health advocates, and others have worked to advance the objectives of tobacco control. One example is SmokeLess States, a national tobacco prevention and control program established as a partnership between The Robert Wood Johnson Foundation and the American Medical Association. This program provides the infrastructure and technical assistance to statewide coalitions engaged in tobacco control. Since the program’s inception in 1994, it has made strides in tobacco control education, policy change, and media advocacy. Of the 28 states involved in the program, 14 have passed legislation to significantly increase tobacco excise taxes. Further, of 23 states with more than $10 million in appropriations for tobacco control from settlement dollars, 18 are participants in the SmokeLess States program.

While it is encouraging to see tobacco use receive attention commensurate with its harm, it would be foolish to think the work is done. Simply because progress is made on some fronts does not mean the problem has been solved, or that attention to the global pandemic caused by tobacco use can be relaxed. Progress against tobacco use is not inevitable, but rather requires the strength and courage of many organizations and individuals to make an impact. Casting off the influence of the tobacco companies, putting an end to their deception, and working together as a united health community will be necessary to forge a future without tobacco.

REFERENCES


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