The politics of tobacco

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Smoking prevalence and tobacco-attributable mortality will increase substantially in the Asia-Pacific region well into the next century, due to population expansion, ageing populations, and the fact that more women are smoking. The economic costs of tobacco, already substantial, will rise. Of particular concern is the penetration of the region by the transnational tobacco companies, which deny the health evidence of the harm from tobacco, use sophisticated promotions, and lobby to oppose tobacco control measures. There is an urgent need for robust tobacco control action to be taken by every country, but many governments have little experience in combatting this new epidemic or in countering the tobacco companies. They are needlessly concerned that tobacco control action will harm their economy, leading to loss of tax revenue and jobs. Arguments to convince governments must be shaped to address economic issues and illustrate that such action is not only good for a nation's health, but also good for its economy.

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Introduction

There are two major global causes of premature death that are increasing substantially—those due to infection with the human immunodeficiency virus (HIV) and tobacco. While the annual tally of deaths from infection with HIV or acquired immunodeficiency syndrome (AIDS) will probably peak at 1.7 million deaths in 2006,[1] tobacco-attributable mortality will increase in the Asia-Pacific region well into the next century. The prevalence of smoking among women in the Asia-Pacific region will rise from 8% to 20% by the year 2025, while the prevalence among men may fall from 60% to 45%. By 2025, the transfer of the tobacco epidemic from rich to poor countries will be well advanced, with only 15% of the world's smokers expected to be living in the rich countries.[2]

Globally, the number of smokers will increase from the current 1.1 billion to more than 1.64 billion by 2025.[3] Increases will be particularly evident in Asia, because the region's population will likely increase from the current 3.6 billion to 4.9 billion[4]; people will live longer and more women will be smoking. It is anticipated that the number of global tobacco-attributable deaths will continue to rise from today's 3 million to 10 million per year by 2025.[5] Seven of these 10 million deaths will be in developing countries and an increasing proportion will be women.

Because smoking manufactured cigarettes is a relatively recent custom in Asia and because life expectancy has been short, the full impact of tobacco-related diseases will not become apparent until well into the next century. In China alone, annual deaths from tobacco will rise from the current 750000 to 2 million by 2030, making China the leading country in terms of tobacco-attributable mortality.[6] Increases in the number of women smokers will have enormous consequences on national health, income, the foetus, and the family. In addition, as smoking increases, passive smoking will harm an even greater number of non-smokers.

Health care facilities in Asia will be unable to cope with the enormity of this epidemic. Although there will be spectacular advances in the diagnosis, investigation, and treatment of tobacco-attributable diseases (with genetically-prone individuals able to be identified at birth and secondary cancers amenable to treatment), most of this technology will be expensive.[7] Hence, these medical advances will have almost no impact on global mortality statistics, but will help treat individual smokers, especially those living in the richer countries.

The economic costs of tobacco

The economic impact from the use of tobacco will be severe. Already, the global economic costs of tobacco

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are at least US$200 billion greater than the economic gain, with one third of this loss being incurred by developing countries.[8] This toll can only get worse, with increasing costs to government, business, and industry sectors, to the individual smoker, to passive smokers, and to the environment.

In Hong Kong, the Hospital Authority estimates that the hospital costs of three tobacco-related diseases in 1996 were HK$635 million. The total annual medical and social costs are estimated at HK$3 billion to HK$4 billion, which is one quarter of the total health care budget.[9] Economic studies from China also show that the economic debit of tobacco out-weighs any tobacco tax benefits.[10]

The tobacco industry will fight back

The transnational tobacco companies will become increasingly belligerent, continuing to deny the mounting health evidence, especially on passive smoking. They will obstruct national governmental action with arguments on freedom of speech and the supposed deleterious impact of tobacco control measures upon the economy and employment. There will be increased marketing and promotional activities by the industry, especially directed at Asian youths and women, which includes donations to political parties, governments, sports and arts bodies, universities, and health organisations. They will sue individuals, organisations,[11] even governments, and fight tobacco litigation in the courts.

Tobacco control action needed

At the international and regional level, there is a need for coordinated policies and legislation on cross-border issues such as the supra-national advertising of tobacco via satellite, cable, the Internet, and films; tar and nicotine yields; additives; taxation; and smuggling. There is also a need for greater regional coordination on tobacco control, using existing organisations such as the health panel of the Association of South-East Asian Nations (ASEAN).

At the national level, tobacco control has a low priority for most governments, as illustrated by the negligible funding given. There are few full-time people working on tobacco control in the Asia-Pacific region, despite the fact that half of the world's smokers live there.

In the future, a major distinction will evolve between Asian nations which have or have not made the transition to committed and vigorous preventive health measures and practices.[12] By 2025, 'post-transition' nations will have robust health education programmes and extremely restrictive tobacco policies—to prevent young people from taking up the habit and to encourage existing smokers to quit—along with the active promotion and increased support for individual physical activity and the adoption of a low-fat, high-fibre, high-fruit, and mainly vegetarian diet.

The only country in this region that approaches the definition of a 'post-transition' nation is Singapore, and its efforts are constantly subverted; for example, the total ban on all tobacco advertising is effectively being circumvented by transnational tobacco advertising via the Internet, cable and satellite television, advertising transmitted from Malaysia, and product placements in films.

'Pretransition' nations in Asia will experience a deterioration in general health status and an unabated epidemic of cases of lung cancer, heart disease, and obesity. These nations will struggle with deeply entrenched tobacco interests that manipulate their governments, media, and public opinion. Many countries will find they made an extremely costly mistake by missing the opportunity to build significant barriers to the tobacco trade in the late 20th and early 21st centuries, and these countries will then find it very difficult to expel the powerful foreign tobacco companies and their domestic allies from their midst. They will be doomed to repeat the painful and costly experience of the 'post-transition' nations which will have laboured for 30 to 50 years to achieve significant gains over tobacco sellers.

The following goals will be attained by the year 2025 in nations that take serious tobacco control action now, based on the published recommendations of World Health Organization, non-governmental organisations such as the International Union Against Cancer, and the recommendations from the 10 world conferences on tobacco or health:

(1) Establishment of a national office to coordinate tobacco control efforts;
(2) Licensing of nicotine as an addictive drug with manufacture, promotion, and sale under regulatory control by agencies such as the Food and Drug Administration in the United States;
(3) Smoke-free areas in workplaces, indoor public areas, and on public transport;
(4) Bans on all promotion of tobacco products: sports and arts bodies will look back with amazement at the time in history when their predecessors accepted tobacco money;
(5) Cigarette packets will be plain black and white

and contain only brand name, tar and nicotine levels, and health warnings;

(6) Tar levels will be below 15 mg worldwide and below 10 mg in 'post-transition' countries;

(7) Health education will be carried out by all nations, more effectively in some than in others. The failure of school preventive programmes in the 20th century will force health educators to turn to social marketers for professional help;

(8) Prices will be higher in real terms in comparison with today. Duty-free tobacco will have long disappeared. Smuggling (currently estimated to be 30% of all traded cigarettes) will continue to undermine price policy. With the expansion of the smuggling trade, tobacco will become a predominantly illegal product in many markets. The tobacco industry may be hit by several spectacular legal cases, thus proving its involvement with the smuggling of its own cigarettes;

(9) Core funding for tobacco control and health promotion will come from government and tobacco tax, although it will become fashionable in the future for big business to contribute, in the same way corporations are beginning to contribute to environmental issues today;

(10) Partners fighting the tobacco epidemic will include a wide range of women's groups, youth leaders, environmentalists, religious leaders, consumer pressure groups, sports bodies, and many others. However, by 2025, the backlash will be more intense and smoking will be firmly entrenched among a residual number of youths.

Cessation

Few countries today, especially developing countries, are sufficiently energetic about providing quit smoking programmes. If efforts concentrate only on preventing children from smoking, there will be no reduction in the up to 200 million smoking-related deaths expected to occur before 2025 among those who already smoke.[13] By this time, medical schools will systematically incorporate tobacco issues into the curriculum, and health professionals will be competent and effective in advising patients on stopping smoking. These practices will require new skills and techniques and a major change in attitudes on the part of health professionals. The challenge for Hong Kong is to become a 'post-transition' nation, but this will require much firmer action now.

Important influences on governments and societies

Marketing principles work on the basis that people and governments act intuitively in what they perceive to be—consciously or unconsciously—their own best interest. Therefore, persuading governments and societies to undertake tobacco control action must key into their self-interest.

Governments like to project an image of being concerned about the health of their citizens, especially children. One powerful and creative use of statistics is to calculate the numbers of children currently alive in a country who will eventually die prematurely from smoking (eg 50 million of all the children alive today in China will eventually be killed by tobacco).

The powerful Ministries of Finance and Trade often view tobacco as an economic issue and perceive only the benefits of tobacco tax income. These ministries need to be supplied with information on the economic losses caused by tobacco to their country, including medical and health costs, the economic cost of lost productivity, deforestation, fires, litter, other environmental costs, the misuse of land that could grow food (eg 2% of arable land in China is used to grow tobacco), and the loss of foreign exchange when cigarettes are bought from overseas. These economic arguments must be refined and presented to governments in partnership with colleagues from the fields of economics and the environment. Finance ministers need to understand that raising the tax on cigarettes is the single best way to discourage children from starting to smoke. There is also immediate self-interest for governments in raising tobacco tax, as this always leads to an increase in tobacco tax revenue.

The results of public opinion surveys can also have a major influence on government policy. Every public opinion survey undertaken in Asia shows that the public want more comprehensive measures on tobacco control, such as the provision of more smoke-free areas and the protection of children from tobacco. Such surveys reassure governments that tobacco control action may win votes.

Information on the behaviour of the transnational tobacco companies can indirectly encourage governments to take assertive action. This includes exposing the tobacco industry's denial that smoking is harmful, the double standards in tobacco advertising and promotion in developing countries, the pressure put on governments by the industry, and their obstruction of national tobacco control action. Tobacco control in Thailand accelerated by decades when the United States Government threatened a 301 trade sanction, stating that unless Thailand allowed cigarette advertising,

Thai goods would be banned or face high import duties when entering the United States. This external threat galvanised and united the Thai government, the health lobby, and the people, against the tobacco industry; substantial publicity was given to the harmfulness of tobacco, the influence of tobacco advertising, and many other tobacco issues, thus accelerating tobacco control in general. A 1998 directive from the United States Department of State on tobacco control policy abroad should end these threats. Information on tobacco control measures taken by neighbouring governments can not only reassure but also stimulate a government to take similar action.

Virtually all governments are members of the United Nations and their actions are judged in the global family. Governments that have taken the strongest measures receive World Health Organization medals. Governments have already signed and should now implement without delay the 15 World Health Assembly resolutions on tobacco and, in this region, the Western Pacific Regional Action Plan, which calls for a tobacco-advertising-free region by 2000.

Similarly, societies and individuals will take action against tobacco if they perceive it to be in their best interest. For example, as more information on the health effects of passive smoking is collated, non-smokers are becoming increasingly reluctant to work, eat, or drink in a smoky atmosphere.

As society is increasingly asked to fund health care for those with unhealthy lifestyles such as smoking, a ground-swell of opinion could develop against such behaviour. On an individual basis, parents are keen to protect their children and welcome societal moves to prevent children from taking up the habit.

Conclusion

There is an urgent need for immediate and robust tobacco control action to be taken by every country in the Asia-Pacific region, but many governments have little experience in the new non-communicable disease epidemic or in countering the transnational tobacco companies. Many governments, including that of Hong Kong, are needlessly concerned that tobacco control action will harm their economy and lead to a loss of tax revenue and jobs. Arguments to convince governments to take firm tobacco control action must be shaped to address economic issues and illustrate that such action is not only good for a nation's health, but also good for the economy and the environment.

The medical profession has a particular responsibility to reduce the tobacco epidemic, improve patient care and education, and give assistance with quitting, as well as to play an advocacy role in collating and presenting scientific data to governments, advising governments on tobacco control action, and rebutting misinformation from the tobacco industry.

But responsibility for reducing this epidemic does not only lie with governments and the health profession, but also with the wider community: teachers, parents, youth groups, lawyers, women's organisations, environmental groups, economists, sports and arts associations—in fact, the whole of society should become involved.

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