Combating the global tobacco epidemic

Deaths from tobacco are projected to reach 1 billion in the 21st century (Peto and Lopez, 2001; WHO, 2008). The number of smokers worldwide also continues to increase in significant part due to population increases concentrated in low- and middle-income countries. Tobacco companies seek to replace the smokers they have lost in the US with new ones from the developing world (Guindon and Boisclair, 2003). The tobacco industry remains extraordinarily powerful, and actively resists effective public health measures in the US and abroad. Although it is easy to blame the tobacco industry, public health stakeholders must be more actively engaged in combating the global epidemic.

The tobacco control community can learn from the struggle to combat HIV/AIDS. HIV/AIDS researchers and advocates have effectively combined forces despite areas of disagreement (Davids, 2004). There has been considerable emphasis upon policy initiatives, including widespread dissemination of both prevention and treatment. HIV/AIDS stakeholders also have lobbied effectively for substantially increased funding for prevention, treatment, and research. In some respects tobacco control faces a greater challenge due to continuing industry opposition. However, this makes it even more imperative that we effectively combine forces and also recruit others in making the case for dramatically increased resources and action in the context of the global tobacco epidemic.

We now have a unique window of opportunity. The World Health Organization (WHO) has taken action through the Framework Convention on Tobacco Control (FCTC) that entered into force on February 27, 2005 and that 167 countries had ratified as of October 27, 2009 (World Health Assembly, 2003). More recently WHO published the MPOWER report on the global tobacco epidemic (Monitor tobacco use, Protect people from tobacco smoke, Offer help to quit, Warn about dangers, Enforce bans on advertising, promotion, and sponsorship, Raise taxes, WHO, 2008). Private funders also have stepped forward, in particular the Bloomberg Initiative and the Bill and Melinda Gates Foundation.

Given these tools, how can we best proceed? Provisions of the FCTC and MPOWER have been heavily influenced by research (Warner, 2005). However, there is still much to be learned. Thus, for example, more data are needed pertaining to the impact of price increases on various types of tobacco consumption, especially in low-income countries. What changes in tobacco-related attitudes, beliefs, and behaviors occur over time as the FCTC is implemented around the world? To effectively promote quitting, we must develop and evaluate culturally relevant tobacco cessation messages and interventions especially in countries where there has been limited awareness of tobacco harms and few ex-smoker role models.

We should enlist human rights advocates. Tobacco production and promotion raise fundamental human rights issues, including the use of child labor in tobacco farming, and the health consequences of exposure to the highly toxic pesticides used in tobacco production (Gamlin et al., 2007). The diversion of household income from food to tobacco is prevalent in poor countries, but harms developed nations as well, especially as families struggle in the economic downturn (Efroymson et al., 2001). Loss of years of productive life resulting from tobacco consumption adversely affects the economies of countries around the globe. Involuntary exposure to highly toxic tobacco smoke contributes to increased morbidity and mortality. United Nations treaties including the Convention on the Rights of the Child and the Convention on Elimination of all forms of Discrimination Against Women recognize the right to the highest attainable standard of health. Virtually all of the United Nations Millennium Development goals are adversely affected by tobacco production.

Tobacco users and their friends and family are a neglected constituency. We miss a critical opportunity when we stigmatize tobacco users rather than treating them as potential allies. Tobacco users typically become dependent long before adulthood, all too often to later recognize their inability to quit. Friends and family who have experienced the loss of a loved one to tobacco-related illness could be mobilized in support of both nicotine and tobacco research and effective tobacco control policy.

We challenge all stakeholders—researchers, advocates, practitioners, and representatives of NGOs and governments—to join together in a coordinated and concerted attack on the tobacco epidemic, and to enlist others in this fight. We can align ourselves with the Framework Convention Alliance, a network of more than 300 organizations from more than 100 countries dedicated to advancing the FCTC and working toward the vision of a world free from the death and disease caused by tobacco. Agencies concerned with economic and human development including the United Nations, USAID, and the World Bank should be called upon to make tobacco control a top priority.

We have a science base from thousands of published studies and roadmaps for application and dissemination in the FCTC and the MPOWER report. By effectively working together and engaging others, we can achieve unprecedented public health impact. If we could cut global tobacco prevalence in half by 2020, this would prevent an estimated 180 million tobacco related deaths by 2050. Even a 10 percent reduction in the projected 21st century death toll would save 100 million lives. By acting immediately and in concert we will avert many millions of tobacco related deaths during this century.

Conflict of interest statement
The authors declare that there are no conflicts of interest.

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doi:10.1016/j.ypmed.2009.11.001
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