Prevention

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Tobacco or health: choose health

For a long time there has been irrefutable evidence that the use of tobacco is a major health hazard. Although public awareness of this has heightened, there have been certain disquieting developments in recent times, including the increased prevalence of smoking among women, the targeting of the very young as potential consumers of smokeless tobacco, and the evident determination of tobacco promoters to turn developing countries into their biggest market. Fortunately, the movement against tobacco is rapidly gaining strength. Some ways in which this trend can be supported are indicated below.

In any democratic society the choice as to whether one should smoke ultimately rests with the individual. However, the interests of society as a whole have to be considered, otherwise it may not remain viable and able to support its members’ well-being. The World Health Organization is duty-bound to proclaim the facts that link smoking with ill health so that everybody becomes aware of them. In 1979 the theme for WHO’s World Health Day was “Smoking or health: the choice is yours”. So much has changed since then that, as guardian of the world’s health, WHO must now firmly advocate “Tobacco or health: choose health”.

Today’s scene

A great deal of information now shows that smokers, in addition to damaging their own health, harm the health of others who are obliged to smoke passively. The growing awareness that smoking is abnormal social behaviour is resulting in an increasing demand for smoke-free workplaces and public spaces.

Statistics show that more women are smoking than ever before, giving rise to increasing tobacco-caused pathology among them. This is shown most starkly by rising lung cancer death rates among women. Unfortunately, women’s organizations in many parts of the world are still not sounding the alarm as loudly as they might. The Japanese group called Women’s Action on Smoking is an honourable exception.

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Smokeless tobacco — by which I mean tobacco that is chewed or sniffed — has been demonstrated to be no less a threat to health. So it is not only smoke we must guard against; we must also be alert to the other perils of tobacco. Some governments are considering either banning the import and sale of smokeless tobacco, or subjecting it to the same regulations as cigarettes.

Unfortunately, many people who live in developing countries are not choosing wisely. Instead of health, they are choosing tobacco. But just as humanity has brought tobacco-related illnesses upon itself, so too can it reduce and eliminate them. The nonsmoking majority can resist the tyranny

Recently, a cigarette manufacturer announced the creation of what was described as a “clean cigarette”. This is being promoted as “smokeless”, “ashless” and “odorless”, but it is not “tobacco-less”, and experience has shown that all new tobacco products are a threat to health.

Many countries have already decided to take the path urged in WHO’s slogan “Tobacco or health: choose health”. In the USA there is growing commitment to the goal of a society free of smoking by the year 2000. Canada is exhorting its young citizens to break free from the addiction of tobacco and is aiming for a new generation of nonsmokers. The countries in WHO’s European region are also striving for societies free of smoking under a five-year plan. For example, Belgium and Finland have prohibited smoking in public places, and the Soviet Union’s anti-tobacco programme has recently received new impetus by a decision to make the Ministry of Health a smoke-free environment. Hong Kong and Singapore are seeking liberation from tobacco, and there can be little doubt that they will succeed. Last April a “no-smoking day” was observed in Shanghai, the first of its kind in China. In India, most state governments have passed laws banning smoking in enclosed public areas such as cinemas, buses, educational institutions and hospitals. All these countries and many others show us that the campaign against tobacco is intensifying.

of the smoking minority and free everybody from the stranglehold of tobacco.

A social issue

Smoking is now even more than a health issue. It has become a social issue as well. Spitting in public places — at first into
sawdust, later into spittoons—was once commonplace but is now quite rare. And today smoking is becoming less and less acceptable socially. Public toleration of the habit is wearing thin.

Passive smoking is now known to be a sufficient risk to nonsmokers to justify measures to protect them. For instance, a study in Japan showed that the nonsmoking wives of husbands who smoke have a higher rate of lung cancer than women married to nonsmokers.

It has been estimated that passive smoking accounts for between 4000 and 5000 cancer deaths annually in the USA and about 1000 in the United Kingdom. Whether to smoke in the workplace or in public spaces is no longer a matter of individual choice; it is a societal decision. And societies are choosing health.

**Addiction**

Until fairly recently, smoking was considered to be little different from the compulsive eating of peanuts or chips. That was an innocent view. Tobacco has been shown to be as addictive as hard drugs. It is psychoactive, affecting the chemistry of the brain and nervous system. But since it is not food, drink or medication, it escapes controls under national food and drug laws. If tobacco were to be introduced today as a new product, it would not meet the safety standards of any country and would be outlawed.

Indeed, the argument that smoking is a matter of personal choice is a hollow one. The smoker who finds it most difficult to break the habit has generally been hooked at a very young age when mature judgement is lacking and no real choice is involved. There is, rather, induced addiction as a consequence of lavish advertising and peer pressure. Peer pressure itself is influenced by advertising and by the unhealthy role models that smoking adults represent for youngsters.

**Smokeless tobacco—a new menace**

Smokeless tobacco is the latest offering from the industry. It is being promoted as a safe alternative to cigarettes. Yet it is anything but safe, since it contains carcinogens as well as nicotine, which makes it as habit-forming as cigarettes. It can cause mouth cancer. It is chewed or sniffed. It is spat out. In short, using it is a filthy practice.

Yet advertising, promotional stunts and free samples are being employed to transform the chewing of tobacco from something inherently antisocial into virtually a social grace. The prime targets are our teenage children. They are being sold a dirty habit, in every sense of the word.

**Worldwide toll**

About 2.5 million people die every year from diseases caused by tobacco. We might compare this to the death toll that would occur if 20 fully-laden jumbo jets crashed every day. In developed countries, cigarettes are linked to at least 80% of all deaths from lung cancer, to 75% of those from chronic bronchitis, and to 25% of those from heart disease.
But because of a growing awareness that a
grown-up society does not smoke, great
numbers in the industrialized world are
putting aside the infantile practice. To take
but three examples: over the last 20 years,
some 5.5 million people in Canada and
40 million in the USA have broken the
habit, and during the last decade some
10 million in the United Kingdom. The
trend now in the developed countries is
towards societies without smoking.

**Developing countries**

One result of this is that the tobacco
promoters seem determined to turn
developing countries into their biggest
market. While tobacco consumption is
decreasing in industrialized countries by
approximately 1% a year, in the developing
countries it is rising by approximately 2% a
year. Current trends suggest that, by the
beginning of the next century, there will be
2 million new lung cancer cases each year in
these countries.

The diseases caused by tobacco place an
extra burden on developing countries, already beset by malnutrition and
communicable diseases. Many of these
countries are dazzled by what they see as the
wealth offered by tobacco. However, the
revenue they obtain from this source is
goat’s gold, because the economic gains are
more than cancelled out by premature
deaths, medical bills, fires caused by careless
smokers, and absenteeism and lost
productivity associated with tobacco-related
disease.

**Women smokers**

While the numbers of men who smoke are
on the decline, those of women who do so
are rising. In particular, more teenage girls,
our daughters, are being hooked on the
habit. Women’s mortality rates from lung
cancer doubled in 28 industrialized countries
between 1960 and 1980. Since the
mid-1980s, lung cancer has been overtaking
breast cancer as the most common form of
cancer in women in the USA, the first
country to show this trend. It is predicted
that lung cancer will be the principal cancer
in women in the United Kingdom by the
year 2010.

It is to the credit of Japanese women that a
far lower proportion of them — less than
14% — smoke than do women in other
industrialized countries. As for men, 65% in
Japan are smokers, the highest percentage
for an industrialized country. Between 1971
and 1985 the total number of cigarettes
smoked in Japan increased by 39%, while
the population increased by only 19%. So
Japanese males are smoking more and more
cigarettes. I commend the efforts to reverse
this trend that are embodied in the White
Paper on smoking and health recently
published by the Japanese government.

**Nonsmokers assert themselves**

All over the world, nonsmokers are stepping
up their resistance to the tobacco menace.
Following are some examples of what is
happening.

- Health warnings required by law on
cigarette packages and advertisements are
more precise and far-ranging than ever before.

- Warnings by health officials that passive smoking is dangerous are being directed at nonsmokers, who are consequently ceasing to be passive recipients of other people’s smoke.
- Individual citizens are challenging tobacco companies through lawsuits seeking to prove product liability for sickness and death.
- Smoking is being curbed in public places, particularly government buildings, and private and public enterprises are also banning smoking in workplaces.
- More and more public transport vehicles, including buses, trains and airliners, are becoming smoke-free.

WHO, as the world’s first “no tobacco day”. For the sake of health, let us ask people throughout the world to desist from using tobacco in all forms on this day, as a first step to reducing or abandoning its use. Let us appeal to vendors to refrain totally from selling tobacco, and to the press to refuse tobacco advertisements for the day as an act for the common good. Let us work towards making every day a “no tobacco day”, towards helping everyone, everywhere, to choose health.

Challenges

I appeal to the leaders of all countries to carry out programmes of information and education that will create societies free of smoking. The challenges are straightforward.

- To nonsmokers: don’t start. To smokers: stop smoking or cut down. Just as society fights alcoholism, let us also fight tobacco addiction. Just as we try to help drinkers, let us do the same for smokers.

- To planners and economists in industrialized and developing countries alike: find economic alternatives to tobacco-growing, so that farmers and their governments do not have to sell their health or their soul to the tobacco devil.

- To parliamentarians: fulfil your social responsibilities by passing legislation aimed at ensuring the right of people to live free of tobacco hazards, and by devising programmes to phase out tobacco with the minimum harm to your economies; in other words, vote for health.

- To trade union leaders: do not forget the battle to protect workers from that toxic substance, tobacco; in short, join the fight for health.

The argument that smoking is a matter of personal choice is a hollow one. The smoker who finds it most difficult to break the habit has generally been hooked at a very young age, when mature judgement is lacking and no real choice is involved.

- At WHO headquarters in Geneva, we smashed ashtrays in a symbolic ceremony on World Health Day 1987 to mark the start of a ban on smoking; our regional offices are also smoke-free. It is likely that other agencies in the United Nations system will follow WHO’s example.
- The World Health Assembly has declared 7 April 1988, the 40th anniversary of
• To doctors and nurses everywhere: set an example by not using tobacco; many of your colleagues have already done so.

• To entertainers, athletes, and public personalities: you are role models for young people; please avoid tobacco and so help them to choose health.

• To directors of plays and films: try to find some way of filling a pregnant pause other than with the tired old cliché of having a character light up a cigarette.

• To the mass media: use your communication skills to spread the news that the use of tobacco is “out”, and to deliver the simple message—“choose health”.

• To the editors of women’s magazines in particular: publish articles that combat women’s new slavery to tobacco and that proclaim their right to the choice of health instead.

• To leaders of women’s organizations: study the rising lung cancer rates and sound the alarm against tobacco advertising aimed specifically at women.

Together we can achieve tobacco-free societies. Together we can make sure that the twenty-first century is free of the tobacco-related diseases; together we can continue to build a popular movement for health.

Said at the First World Health Assembly

WHO: a focal point for all countries

It will obviously be the duty of the World Health Organization to help national effort in every way possible. The Organization will be a central point of contact for all of us and will make for collaboration between the health agencies of all its constituent nations, which may often be of greater value than would executive work by the Organization itself.

I look forward to provision by the Organization of a first-class information service and of expert guidance over a wide range of subjects. This will stimulate all of us to set our own houses in order and to share our experience for the common good.

—Sir Wilson Jameson, United Kingdom