This report has been prepared in response to resolution WHA31.56 adopted by the Health Assembly in 1978. In pursuance of this resolution WHO’s activities on smoking control have been intensified-for example, the convening of an expert committee meeting on smoking control; the establishment of channels for collaboration with appropriate United Nations agencies and, more specifically, collaboration with FAO on crop diversification in tobacco-growing areas; the selection of "Smoking or health: the choice is yours" as the theme for World Health Day, 1980; co-sponsorship of several conferences on smoking and health; a review on smoking control legislation around the world; and the initiation of coordination of tar and nicotine analyses of samples of cigarettes sold to developing countries. Ongoing and future activities are outlined, and their relevance to the WHO vision of health for all by the turn of the century, as well as the need for financial support, are discussed. The Assembly’s attention is drawn to section 6: programme guidance is needed on how WHO activities in this field can best be continued.

1. Introduction

1.1 This report is submitted in compliance with resolution WHA31.56, of 24 May 1978, operative paragraph 2 of which requested the Director-General:

(1) to continue to intensify WHO’s activities in connexion with control of tobacco-smoking;

(2) to collaborate with Member States, the United Nations, the specialized agencies and appropriate nongovernmental organizations as required, in the formulation, implementation and evaluation of programmes to combat smoking, including, studying possibilities for crop diversification in tobacco-growing areas;

(3) to cooperate with Member States upon request in developing measures for the control of publicity with regard to smoking through the news media, especially newspapers, radio and television;

(4) to give urgent consideration to having non-smoking as a theme for World Health Day as soon as possible, and in this and other ways to give maximum publicity to an anti-smoking campaign;

(5) to encourage research as to the causes of tobacco smoking;

(6) to report on progress in this field not later than the Thirty-Third World Health Assembly.

Within the constraints of limited staff and financial resources, these requests have been implemented as far as possible, as indicated in the following outline.

2. **Activities**

2.1 An expert advisory panel on smoking and health has been established; it now comprises 41 members in 26 countries from all WHO regions, and is being expanded.

2.2 A network of collaborating centres located in Japan, Sweden, the Union of Soviet Socialist Republics, and the United States of America has also been established.

2.3 An expert committee on smoking control was convened in October 1978, and its report, entitled "Controlling the smoking epidemic", has been published.¹

2.4 In response to operative paragraph 2 (2) of the resolution quoted above, and in order to provide guidance on crop diversification - particularly to developing countries, some of which are planning to start producing tobacco, and many of which are already experiencing a rapid increase in smoking-related diseases - WHO is taking steps for the establishment of a United Nations interagency advisory group on smoking and health comprising FAO, ILO, UNCTAD, UNDP, UNIDO, and the World Bank. UNESCO is also being consulted for the educational components of anti-smoking campaigns.

2.5 In particular, collaboration has been established with FAO to study the possibility of crop diversification in tobacco-growing areas. The positive reaction of FAO to collaboration with WHO on such a controversial issue as the use of tobacco merits full attention, and FAO's views on this topic are appended for easy reference (see Annex). Before crop diversification can be envisaged, however, it is necessary to evaluate the economic benefits that countries derive from tobacco production, trade and consumption against the costs resulting from smoking-related diseases in the same countries. Quite apart from the ethical and humanitarian factors - which are not taken into consideration when assessing the monetary cost to life and well-being - several scientific reports have shown that the health costs of smoking-related diseases are usually of the same order of magnitude as, and in several countries much higher than, the monetary benefits produced by tobacco.

2.6 WHO is also co-sponsoring several conferences - the International Conference on Smoking Cessation (New York, 1978), the second European Conference on Smoking and Society (Rotterdam, 1978), the Fourth World Conference on Smoking and Health (Stockholm, 1979), and the forthcoming International Symposium on Passive Smoking (Vienna, 1980).

2.7 In response to operative paragraph 2 (4) of resolution WHA31.56, the Organization decided to draw attention to the health hazards of smoking by selecting as the theme for World Health Day, 1980, "Smoking or health: the choice is yours".

2.8 In 1978 the Regional Office for Europe started the third survey on smoking and health in the European Region.

2.9 The review of legislative action to combat smoking around the world published in 1975² is being updated. A review on smoking and respiratory diseases with reference to the situation in developing countries has been prepared by WHO consultants.³

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³ Carlens, E. & Ramström, L. M. Chronic obstructive pulmonary diseases in relation to smoking and occupational hazards - a review with specific reference to the situation in developing countries (In preparation).
2.10 In addition to close collaboration with nongovernmental organizations such as the International Union against Cancer, the International Society and Federation of Cardiology, the International Union against Tuberculosis, and the International Union for Health Education, which have smoking and health as an important component of their activities, WHO maintains contact with a large number of voluntary associations of non-smokers in about 30 countries.

2.11 These activities are being carried out with the collaboration of several technical programmes both at headquarters and at the regional offices.

2.12 The practical application to public health of the discouragement of smoking through education and public information activities is illustrated by the comprehensive cardiovascular community control programmes which are carried out within the framework of the WHO cardiovascular diseases programme in 23 areas, eleven of which are in developing countries. The emphasis in these programmes is on preventable risk factors such as smoking, hypertension and hyperlipidaemia.

The results from one of these collaborative programmes - in North Karelia, Finland - are particularly revealing. The level of risk factors in the community, including smoking, decreased, and this was accompanied by a significant decrease in the number of cardiovascular cases. This exercise demonstrated the feasibility of carrying out large-scale anti-smoking educational campaigns successfully, and confirmed the beneficial public health effects of the abatement of the smoking habit.

3. Programme evaluation

3.1 As an indication of the interest that WHO activities on smoking and health have aroused among governmental and nongovernmental bodies, health-oriented institutions, individual investigators and the public at large, it is worth mentioning the following. Over 26,000 copies of the reports of the two expert committee meetings mentioned above have been distributed, most of them on sale (this is above average for WHO expert committee reports). About 12,000 information kits for World Health Day on "Smoking or health: the choice is yours" have been distributed on request (without counting the Spanish and Portuguese versions, which are published by the WHO Regional Office for the Americas); this figure is about twice the number of kits requested for previous World Health Days. The press coverage of WHO's activities on smoking and health has been almost continuous since the first expert committee meeting on this topic, in 1974, in connexion not only with that meeting but also with the second expert committee meeting, the Director-General's speech at the Fourth World Conference on Smoking and Health in 1979, World Health Day in 1980, and numerous national smoking and health campaigns to which WHO's activities provide moral support.

3.2 A group of temporary advisers which met in Geneva in December 1978 emphasized the relevance of the smoking and health activities to the primary health care approach:

"smoking control activities are concrete and practical approaches that should be considered as one of the important elements of the primary health care vision, that is, an element involving a degree of individual responsibility, of community involvement and of political will."

4. Proposed future action

4.1 In general terms, the type and intensity of activities carried out in the near future will depend to a great extent upon the guidance obtained from the Health Assembly.

4.2 The lines of action started will continue. The above-mentioned collaboration with FAO (see paragraph 2.5) would be strengthened, and that with other United Nations agencies should soon become operational.

4.3 The collection and dissemination of information on smoking habits, smoking-related health problems and smoking control activities in Member States, as requested by several Health Assembly resolutions, is expected to be implemented through the establishment in headquarters of an international clearing-house of information on smoking trends.

4.4 Steps have been taken to coordinate internationally standardized analyses of tar and nicotine levels of representative samples of cigarettes sold to developing countries. These are reported to be higher than the levels accepted for cigarettes sold in industrialized countries. WHO collaborating centres are being selected to carry out such analyses.

4.5 Future action is expected to concentrate mainly on collaboration with developing countries.

4.6 In accordance with the recommendations made by the consultation mentioned in paragraph 3.2, WHO would collaborate with selected developing countries in preparing audiovisual material for professional training on smoking and health.

4.7 Another recommended activity is that WHO should collaborate by providing guidelines for the design and inclusion of health warnings on cigarette packets that are sold in developing countries.

4.8 Seminars and workshops on smoking and health should be sponsored or co-sponsored by WHO in developing countries.

4.9 The consultation mentioned above further recommended that preparations should now be started to organize an expert committee on smoking and health problems in developing countries.

4.10 As a follow-up of World Health Day 1980, an intensive worldwide public education campaign concerning the health hazards of smoking could be launched and coordinated under the aegis of WHO. This would require an interdisciplinary approach, covering the behavioural, economic, legislative and other fields, as well as the health aspects. Substantial funds would also be required.

5. Programme constraints

5.1 It must of course be realized that action to control smoking is strongly opposed - both nationally and internationally - by powerful economic, political and social forces. Government ambivalence in this field is notorious, and the Director-General's appeal - on the occasion of the Fourth World Conference on Smoking and Health in 1979 - for political action and determination to deal with the smoking and health problem was most pertinent. Because of these counter-forces the implementation of Health Assembly resolutions on smoking and health is not an easy task; the task is rendered even more difficult by the limited resources available to WHO for this purpose.

5.2 In January 1970 the Executive Board adopted its first resolution on the subject, requesting WHO to affirm its view of the health hazards of smoking. Later resolutions requested the Organization to develop activities aimed at discouraging the habit of smoking. It was not until 1974, however, that it was possible to convene an expert committee on smoking and its effects on health. Following this expert committee meeting WHO activities on smoking and health gained momentum, which was further accelerated in recent years in pursuance of resolutions adopted by the Health Assembly in 1976 and 1978.

5.3 The recent acceleration of activities has been facilitated by the allocation, since early 1979, of $25,000 per year from voluntary funds for smoking and health activities. In view of the Organization's limited regular budget and other priorities, implementation of the Health Assembly and expert committee recommendations for WHO action on the health hazards of smoking will only be possible if substantial extrabudgetary contributions become available.

5.4 Despite the constraints mentioned above, the expert committee on smoking control considered that these activities are indeed a task fit for WHO to carry out:  

"... in any country where smoking is ... a common practice, it is a major and certainly removable cause of ill health and premature death. ... the removal of the hazard ... should be seen as an attainable goal within the next two decades at the latest. Nothing less would be compatible with WHO's objective of health for all by the year 2000."

6. Programme guidance

6.1 Guidance from the Health Assembly is needed on the following:

6.1.1 Are the activities outlined in section 4 appropriate and adequate?

6.1.2 Should the following complex and controversial issues be pursued:

(a) the study on crop diversification in tobacco-growing areas, in collaboration with FAO (paragraph 4.2);

(b) the coordination of a continuing intensive worldwide anti-smoking public education campaign following on World Health Day 1980 (paragraph 4.10).

6.1.3 In view of the limitations of the regular budget, to what extent and in which order of priority in relation to other programmes should extrabudgetary funds be sought for these activities?

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The Food and Agriculture Organization views with concern the growing body of evidence regarding the harmful effects of smoking and the rising incidence of smoking-related diseases, not only in developed countries but more recently also in developing countries. FAO therefore strongly supports the work carried out by WHO to discourage smoking. Efforts to reduce tobacco production are unlikely to be effective without complementary measures aimed at curtailing demand. FAO is therefore prepared to collaborate with WHO in analysing the economic factors affecting both the production of and the demand for tobacco in order to identify possible areas of effective action.

Indeed, the economic significance of tobacco production in certain developing countries cannot be overlooked. The factors that should be taken into account are well known and include the crop's role as a source of employment and cash income and its contribution to earning foreign exchange or reducing expenditure on imported leaf and products. FAO, in its work to improve agriculture and the condition of rural populations, has been called upon by Member Governments to provide technical assistance for tobacco cultivation and marketing. However, since the resolution on smoking and health passed by the Twenty-ninth World Health Assembly in May 1976, FAO has not promoted any activities leading to project execution. Whereas three years ago FAO was involved in some six to eight projects annually, it is at present providing expertise in only two projects. On both cases, the governments concerned requested assistance for projects, one financed through UNDP and the other by a trust fund established by the sponsoring country itself, inteded to save foreign exchange.

The work being carried out by WHO to warn governments of the long-term adverse effects of smoking is extremely important, and it has been agreed that WHO be invited to attend all sessions of relevant FAO meetings of intergovernmental groups or other panels dealing with tobacco so that it may continue its programme of sensitizing world opinion to the dangers of smoking.