Building the Case Against Tobacco

Tobacco Control Crowd Unloads Its Guns at Combined Plenary

Passionate advocates for tobacco control rallied together to witness a slate of prominent physicians, scientists, and political leaders from throughout the world to describe how, through dogged determination, the war on tobacco can be won.

During the Combined Plenary of the UICC World Cancer Congress and the World Conference on Tobacco OR Health Wednesday, CNN’s Sanjay Gupta, MD, and Larry King led attendees through a mix of inspiring stories covering the successes of the WHO Framework Convention on Tobacco Control (WHO FCTC), frontline cancer research, personal initiatives, smoke-free legislation in individual countries, and historic tobacco control programs through live, taped, and satellite interviews.

Dr. Gupta, CNN’s senior medical correspondent and Time columnist, said, "Our goals here are not that bold — it’s only to save millions and millions of lives over the next several years.”

American Cancer Society CEO John Seffrin, PhD, opened the action by reminding the audience of the need to keep up the good fight. "We can keep this from happening. The bottom line is that we are looking at the next pandemic bird flu would come, and how to inter-vene, there would be proper outrage.”

At age 90, former US Surgeon General C. Everett Koop, MD, has witnessed the ravages of tobacco. During a panel discussion with health care and political leaders hosted by King, Koop spoke of his efforts to ban smoking from US commercial planes and said that, thanks to partnerships with nonprofit medical associations, they were able to share the message that tobacco causes disease, disability, and death.

"Armies of volunteers carried that message to every corner of this land," he said. "In the history of smoking in this country, there have been two patterns that we must avoid..."

WCTOH Kicks off in Smoke-Free City

Opening Plenary Addresses Tobacco’s Global Impact

With heavy hearts over the recent death of Dr. Lee Jong-wook, former director-general of the World Health Organization (WHO), World Conference on Tobacco OR Health (WCTOH) planners welcomed participants to the conference, which for the first time is being held in a smoke-free city.

After a collective moment of silence to honor Dr. Lee, who died in May, WHO Assistant Director General Catherine Le Gales-Camus, PhD, recognized his tireless efforts.

"He was very proud of the Framework Convention on Tobacco Control (FCTC), and we will continue his vision," Dr. Le Gales-Camus said.

Prior to his untimely death, he shared his vision of the WHO FCTC at the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control last February, she said.

"Smoking is an advance contract," Dr. Lee said. "Those who smoke don’t pay now, but will do so 30 to 40 years later, when their health fails. They pay with lung cancer, with obstructed airways disorders, with cardiovascular diseases. One in two smokers pay with their life. We have to help them stop smoking. We have to prevent them from starting. This convention is something that we all committed to. Its provisions are bold. They are based on knowledge of what is needed."

This edition is published with an unrestricted grant from Pfizer, Inc.
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She was among three passionate champions of tobacco control who shared their insights on the human impact of tobacco during a Wednesday session. Dr. Slama, head of tobacco control and prevention at the International Union Against Tuberculosis and Lung Disease, Paris, endeavors to stay focused on one thing in particular — the people.

“We go into tobacco control for a myriad of reasons, but, ultimately, we become committed because we know that when we do our jobs right, the numbers translate into people — the people who live in better health for longer, the people who do not suffer the pain of losing a family member early, and the children who grow up with more choices,” Dr. Slama said.

She embraces the challenges of working in tobacco control. Beyond the possibility of failing, she said, “We can lose heart, be accused of doing this just to tell people how to live, see career opportunities pass by, and recognize that we are in total disagreement with colleagues about our ultimate goals. Nevertheless, we keep at it — because it’s about the people.”

Richard Peto, FRS, has dedicated himself to assessing the hazards of smoking and the benefits of stopping. Peto, of the Clinical Trial Service Unit and Epidemiological Studies Unit, Oxford, United Kingdom, recently looked at studies on smoking and death in British doctors and the UK Million Women Study.

According to Peto, for both genders, mortality in middle age is about three times as great in smokers as in non-smokers. He noted that three main conclusions emerge from the studies of smoking and mortality. First, the hazards are substantial. About half of all persisted cigarette smokers are eventually killed by their habit. Second, many of these deaths are in middle age (35-69) rather than old age (70+). About a quarter are killed in middle age by tobacco, losing, on average, more than 20 years of non-smoker life expectancy. Third, cessation works remarkably well. Even in middle age, stopping before lung cancer or some other fatal disease occurs avoids most of the excess risk of death.

“A substantial reduction in uptake rates by young adults could prevent hundreds of millions of tobacco deaths in the second half of the century, but only widespread cessation can prevent hundreds of millions in the first half,” Peto added.

Asma El Sony, PhD, sees how the tobacco epidemic is now poised to afflict poorer developing countries with low levels of human development.

“In addition to the long-term health risks, tobacco use among low-income groups can have immediate, insidious effects by diverting scarce family resources away from beneficial uses. Tobacco use has a very high opportunity cost in that it diverts spending from basic needs, leading to loss of earnings and productivity that worsen poverty,” said Dr. El Sony, of the Academy of Medical Science and Technology, Khartoum, Sudan.

The financial burden of tobacco on countries is also enormous. The costs of tobacco at the national level encompass health care costs, lost productivity due to illness, early death, foreign exchange losses, and environmental damage, he said

“To counter the negative human costs of tobacco, raising government taxes on tobacco stands out as the most effective measure,” Dr. El Sony added. “This will increase government revenue, while at the same time discourage smoking.”

A nyone who knows a former smoker knows that they are among the most ardent and well-informed anti-tobacco advocates. Karen Slama, PhD, is one such advocate, and today her zeal is no less vigorous than when she quit smoking a number of years ago. Slama, who began working in tobacco control in 1985, possesses a keen awareness of the enormous toll that smoking takes on smokers and their families.

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Secondhand Smoke and Breast Cancer — Debating the Evidence

T he debate over the effects of secondhand smoke on breast cancer went up a notch at the end of June when US Surgeon General Richard H. Carmona, MD, MPH, concluded in a report that the evidence was suggestive. Juxtapose this with the California Environmental Protection Agency’s (CalEPA) published conclusion, reached last year as part of the process of the California Air Resources Board identifying secondhand smoke as a “touc...
Thursday Reception to Feature Smoking Humor and Satire

Last spring, the National Museum of Health and Medicine in Washintgton, D.C., opened "Cartoonists Take Up Smoking," an exhibition of original newspaper editorial cartoons that retraces the 40-year battle over the use and promotion of tobacco since the US Surgeon General's landmark report on smoking and health was published in 1964.

The exhibit, created by Alan Blum, MD, one of the nation's leading authorities on the history of the tobacco industry and the anti-smoking movement, will be on display during a reception for the Flight Attendants Medical Research meeting, "Thank You for Smiling—An Evening of Humor and Satire," from 5:30 to 8:30 p.m. Thursday at the National Museum of Health and Medicine.

The exhibit, which took Dr. Blum 10 years to research, features works from the collection of materials at the University ofAlabama Center for the Study of Tobacco and Society, Tuscaloosa, which Dr. Blum founded and directs. The center holds one of the largest socio-cultural archives on tobacco, including more than 300 original editorial cartoons on smoking-related themes.

More than 50 nationally recognized American editorial cartoonists are represented in the show, supplementated by extensive illustrative material, from the original newspaper headlines that inspired the cartoons to advertisements promoting the health benefits of lighting up.

"The wide-ranging controversies surrounding tobacco are captured in the cartoons, from the misguided quest for a safe cigarette to the targeting of tobacco advertising to women and minority groups," said Dr. Blum. "Newspaper editorial cartoons on smoking have had an impact at both the national and local levels. For instance, they laughed 'Joe Camel' out of existence and have helped influence public opinion leading to the passage of countless indoor air laws."

The reception will feature famed editorial cartoonist Kevin Kallaugher of "The Economist," as well as a quartet of flight attendants, Patty Young, Lani Blissard, Bland Lane, and Lena Sudderth, who led the successful fight for smoke-free airlines.

Free transportation will be provided to the first 300 attendees. Buses will depart from the Washington Convention Center at 5:15, 5:30, 5:45, 6:15, 6:30, and 6:45 p.m., and will return beginning at 7 p.m.

For those unable to attend the reception, the exhibit will continue its run at the National Museum of Health and Medicine through January 2007. The museum is located at Walter Reed Army Medical Center, 6900 Georgia Ave., NW.

Committee Calls for WCTOH Declaration Submissions

Conference delegates are encouraged to provide input to the World Conference on Tobacco OR Health Declaration via submission drop boxes located in the registration area of the convention center.

Members of the Declaration Committee will examine the submissions for their ability to measurably decrease the impact of tobacco use globally. Submission forms, which are available in conference bags, will be collected until noon Friday.

The committee will review the 2003 Helsinki Conference Declaration and present the 2006 Conference Declaration during the Closing Plenary from 1:00 to 3:00 p.m. Saturday in Ballrooms A-C of the convention center.

The committee, which is made up of eight members from around the globe, includes representatives from several fields, including advocacy, public health, medicine, and law.

According to chair Thomas J. Glynn, PhD, the most important part of the committee's work is to gain input from conference delegates.

"As the statement of the conference, this is an opportunity for delegates from all regions of the world to show what they think needs to be accomplished to advance the goal of reducing the disease burden of tobacco globally," said Dr. Glynn, director of Cancer Science and Trends and director of International Tobacco Programs at the American Cancer Society.

The committee requires that each delegate who submits a suggestion include a short description of how his or her declaration would be measured. "The committee felt strongly that the submissions should go beyond broad declarations that, however admirable, cannot be met or their success adequately measured," he said.

“By any standard, that's a huge success. This treaty is the most rapidly embraced treaty in the history of the United Nations, and I think that the previous conference helped a great deal in providing the impetus for its adoption," Dr. Glynn said. "We need to continue to seek ratification from about 60 countries, including the United States, as well as to implement, enforce, and evaluate the treaty, as called for in the Helsinki Declaration.”

Another declaration from 2003 called upon civil society, academia, and governments not to accept funding or to participate in the tobacco industry’s youth, social responsibility, voluntary marketing, or other programs.

“I think that more countries have come on board in realizing that the tobacco industry cannot be considered a partner in any efforts for tobacco control, but this is still an issue," he said.

For Dr. Glynn, taking "the long view" on this issue should be the priority. Accepting investments from tobacco is tantamount to mortgaging the future of one’s country, he added. The Declaration will be one of the lasting legacies of the 2006 conference and can have effects that extend beyond the conference itself," added Dr. Glynn, who urged delegates to make themselves heard and submit a declaration before noon Friday.
Session Discusses Mistakes, Consequences in Tobacco Control

Philosopher George Santayana once warned that those who ignore history are destined to repeat it. Nigel Gray, MBBS, FRACP, looked at errors that have been made in tobacco control over the years during the Wednesday session “Some Historical Mistakes and Their Consequences.”

Among these mistakes, which were made with the best of intentions, include the low-tar program, in-fighting, stretching science beyond reason, allowing a division to develop between science and activism, failing to confront the status of nicotine addiction, and failing to regulate the cigarette, which may be the single biggest mistake, according to Dr. Gray.

“We have allowed the industry to keep its product in the category of a consumer item when, in fact, it is a drug-delivery device,” said Dr. Gray, who works in the tobacco unit of the International Agency for Research on Cancer, Lyon, France. “In most countries, it is excluded from controls over food and cosmetics, but not subject to any of its own.

“Many of my colleagues shy away from regulating the product because it’s difficult. Most people will agree it should be regulated, but they don’t have suggestions as to how. The way to regulate the product is to regulate the smoke constituents, as that is what the smoker inhales.”

Dr. Gray said that he is in favor of setting upper limits for the major toxicants (carcinogens and toxins), based on current median levels in the market, as the new maximum.

“In the long term, combustible products like the cigarette will have to be simplified. For example, there are a lot of sugar flavorings in cigarettes,” he said. “Burning sugar produces acetaldehyde, which is a low-potency carcinogen, but is present in many in the tobacco control movement have a faith or temperance base and have difficulty condoning addiction,” he said. “We actually had two lung cancer epidemics due to smoking. The adenocarcinoma one was still increasing into the late 1990s. The only possible change to cause this is design changes in the cigarette, which include ventilated filters and elegantly tailored droplet size, both of which delivered more smoke into the lungs. In that smoke there was an increasing amount of nitrosamines, at least in the US, where the data is strongest.

“Had we had regulation, there is no way this would have been permitted, but we didn’t find out about it for years.”

According to Dr. Gray, there is also no clear policy on nicotine addiction — whether it should be condoned with the use of better nicotine substitutes, or should be eliminated using the so-called “quit or die” approach.

“There is much debate about his, and many in the tobacco control movement have a faith or temperance base and have difficulty condoning addiction,” he said. “It is really bizarre that cigarette nicotine is not classified as a drug, but the less efficient nicotine replacement products are classified as drugs.”

Dr. Gray said that another big mistake was the low-tar program during the 1970s and 1980s, pointing out that the concept was good, but it was not monitored or regulated. Over those two decades, smoking in the United States declined, and eventually all lung cancer incidence declined as well. However, there was a rarely noticed increase in adenocarcinoma.

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The WHO Framework Convention on Tobacco Control, established in 1998 to focus international attention, resources, and action on the global tobacco pandemic, has a mission to reduce the global burden of disease and death caused by tobacco. In her talk, Dr. Mochizuki-Kobayashi said, “The WHO FCTC is a very powerful tool, and we must use it to its fullest extent to solve the global problem caused by tobacco.”

“WHO FCTC is very powerful public health tool, and we must use it to its fullest extent to solve the global problem caused by tobacco,” said Dr. Mochizuki-Kobayashi. "At the same time, concerted action by society is crucial to achieve our shared goal of one day eliminating the death and disease caused by tobacco use.”

The WHO FCTC, established in February 2005, was developed with the objective “to protect present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke.”

Promoting international cooperation and strengthening the infrastructure and capacity for tobacco control at the country level will bring about effective implementation of the evidence-based measures contained in the WHO FCTC, Dr. Mochizuki-Kobayashi said.

“The WHO FCTC is only providing the minimum standards for global tobacco control. The actual implementation is heavily dependent on each stakeholder’s activities,” she said. “WHO continues to support all member states (including non-parties) and countries that have not yet ratified the treaty, as well as civil society, to move toward our ultimate goal, which is to end this man-made epidemic in our lifetime.”

Dr. Mochizuki-Kobayashi will be followed to the podium by Patricia A. Lambert, BA (Hons.), LLB, National Ministry of Health, Pretoria, South Africa. She will discuss “The Framework Convention on Tobacco Control.”

Lambert’s talk will focus on the new era of tobacco control, not only as a public health issue, but also as a matter of fundamental human rights.

The session’s final presentation, “WHO FCTC Implementation in Uruguay,” will be presented by Dr. Maria Julia Munoz, Minister for Public Health, Montevideo, Uruguay.

Q: How many people in the world smoke cigarettes?

See answer page 7.
WCTOH Abstracts Available on CD-ROM

The abstracts published for the 13th World Conference on Tobacco OR Health are only available on CD-ROM and will not be printed in a book.

Attendees are encouraged to bring their laptops to read the CDs. Also, the 33 desktop computers at the GLOBALink CyberCenter on the “L” Street Bridge have CD drives available. In addition, computer kiosks preloaded with the abstracts are located throughout the concourses of the convention center and the Renaissance Hotel.

Also, several printed reference copies of the abstracts will be available for viewing in the registration and exhibit areas.

Language Affinity Sessions Offered

The Program Committee of the WCTOH is interested in expanding the learning and networking experiences of attendees whose primary language is other than English, the main conference language. Therefore, attendees whose primary language is other than English will have the opportunity to gather at the end of each day to discuss, in four native languages, the day’s presentations and how the information relates to their countries or regions. These sessions are informal and will have a moderator to host and allow for open discussion of key WCTOH highlights. Refreshments will also be served. Each attempt has been made to organize as many sessions as possible based on the number of attendees with a particular language affinity. The languages offered and their room locations within the Washington Convention Center are: French, Room 206; Spanish, Room 201; Chinese, Room 301; Arabic, Room 302; Russian, Room 303.

UICC GLOBALink Cyber Center

A Cyber Center is located on the “L” Street Bridge outside Hall D, one flight up from Registration, to provide attendees with the opportunity to meet, network, and relax during the conferences. The Cyber Center will feature high-speed Internet access, including wireless Internet for laptops, online training sessions, and meet-the-expert sessions during lunch breaks.

The GLOBALink Cyber Center is sponsored by Pfizer Inc.

WiFi Service Available at Registration Area

Complimentary WiFi service is available in the Registration area, the Ballroom Foyer, and the front lobby of the Washington Convention Center.

Say “Thank You” for a Smoke-Free D.C.

A law was passed April 4, 2006, making all Washington D.C., restaurants, hotels, and workplaces smoke-free. A sheet of “Thank you for going smoke-free” stickers were included in all registraction materials. Please attach a “thank you” sticker to your bill to remind those establishments that their patrons appreciate this decision.

Stop by the Relay Gear Store for Supplies

Stop by the Relay Gear Store today. Come check out Conference merchandise, Relay For Life® merchandise, and building capacity for a tobacco-free world.
**OPENING**

Continued from page 1

effective. We will make it work.”

WCTOH Co-Chairs Yusuf Saloojee, PhD, executive director of Africa’s National Council Against Smoking, and Dileep G. Bal, MD, MS, MPH, district health officer of the Hawaii State Health Department, opened the conference, which for the first time is being held back-to-back with the UICC World Cancer Congress.

During the Opening Plenary, presenters addressed the need to achieve global economic justice and a tobacco-free world.

American Cancer Society CEO John Seffrin, PhD, gave attendees a vivid statistical picture of tobacco’s toll, but one image in particular brought a collective gasp from the audience. In an image of a 72-year-old man’s chest, Dr. Seffrin pointed to two diseased areas — one where emphysema existed and the other where non-small-cell lung cancer had taken hold. A third rectangular image, at first difficult to make out, was of a pack of cigarettes in the man’s shirt pocket.

“It is late, but we still have time to stop this unfolding disaster if we act now,” Dr. Seffrin said. “It is said that where there is a will, there is a way. I believe we now have a way. We must generate the will before it is too late.”

While the WHO FCTC has been the most widely embraced treaty of all time, with as many as two to three countries coming on board every week and numbering 133 total parties, Dr. Le Gales-Camus reminded attendees that its implementation is imperative.

**Combined**

Continued from page 1

country, this is one of the greatest public health triumphs, but there is a lot more to do. We’ll eventually beat this.”

While the WHO FCTC has been ratified by 133 countries, WHO Assistant Director General Catherine Le Gales-Camus, PhD, noted that to be effective the treaty requires global acceptance.

“It is all of our responsibility to make sure that each country that ratifies the treaty requires global acceptance. To their credit, several funding organizations, Northern NGOs, and several Northern governments have taken significant steps towards ratification, but it is still not adequate, and most of the money is still being spent in developed countries.

“Their credit, several funding organizations, Northern NGOs, and several Northern governments have thus far been found ways to put some of this money to good use. In the South, the lack of funds for similar efforts leaves the most vulnerable, particularly children and the poor.

“Without action, cancer-related deaths will increase by 28 percent over the next 10 years, killing more than nine million people,” she said. With the forecast of 70 percent of the global burden of tobacco-related deaths falling upon people in the global South, Malia Asunta Kolandi, MPH, noted that the impact will be disproportionately harmful to the most vulnerable, particularly children and the poor.

She recognizes that while more funds are being spent on tobacco control compared to previously, it is still not adequate, and most of the money is still being spent in developed countries.

“Tobacco control is a global effort that begins with the educational and grows to comprehensive policies,” she said.

Ultimately, she added, to ensure that the WHO FCTC is properly implemented, civil society participation is invaluable and hence needs to be strengthened and better resourced.

“Cooperation and collaboration among civil society, governments, and international institutions is more crucial now than ever before,” Kolandi added.

WHO FCTC provides hope to be the basis of a concerted effort to reduce the incidence of smoking across the globe. After those prominent leaders made their points, six tobacco control advocates from around the world and members of the audience made their views clear during a “Town Hall” meeting with Dr. Gupta serving as moderator.

The message was clear — controlling the use of tobacco can only be achieved through a global effort that begins with education of youths and grows to convince governments in developing nations that economic growth does not depend on the tobacco industry.

One of the on-stage advocates, Malia Asunta Kolandi, MPH, of the University of Sydney, Australia, talked about how the tobacco industry goes to great lengths to lure youths in developing nations into tobacco addiction with actions such as providing backpacks with tobacco company logos.

“You have to take the fight to the international arena,” Kolandi said. "We see the trend in countries in the developing world.

“We have to ‘name and shame.’ What happened in the US and the UK 20 years ago they would not dare to do today in the US and the UK. But they will do it in Asia. We have to expose them. We have to name and shame.”

The plenary ended with UICC President Franco Cavalli, MD, and David Bristol, MD, from the St. Lucia Cancer Society, issuing a call to action to the audience to step up the fight for tobacco control.

“It is a basic human right to be healthy and live a normal lifestyle,” Dr. Bristol said. “It is our duty to create and protect this freedom at all costs.”

**Pop Quiz**

Almost 1 billion men (35% of men in developed countries and 50% in developing countries) and 250 million women (22% of women in developing countries and 9 percent in developing countries) smoke cigarettes.

Source: The Tobacco Atlas

**13th World Conference on Tobacco OR Health**

building capacity for a tobacco-free world

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It's often said that ‘knowledge is power’, but when the ‘knowledge’ concerns the effects of tobacco, it's also a matter of life and death—studies actually prove that public health media campaigns can help reduce tobacco use by providing smokers with the information and support they need to quit.

Currently, several countries have groundbreaking campaigns in place that are changing behavior and saving lives. There is a tremendous opportunity to share the efforts of the global tobacco control community to update the best practices of public health campaigns and maximize the implementation of such efforts throughout the world.

The message is clear—effective media campaigns have the impact to improve public health. Let's spread the word!