



# Smoking - A World Problem

EMIL CORWIN

---

*Mr. Corwin is an information officer with the National Clearinghouse for Smoking and Health, Regional Medical Programs Service, Health Services and Mental Health Administration, Public Health Service. Tear-sheet requests to Emil Corwin, Room 11A-46, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852.*

---

It is a curious twist of history that the two countries which had most to do with popularizing smoking—England and the United States—are now in the

forefront of nations attacking the habit. In 1685, the Dutch physician Cornelis Bontekoe observed that the English had made three great discoveries of the age—the circulation of the blood, the circumnavigation of the globe, and smoking. In fall 1971, ironically, leading scientists and educators will meet in London to discuss "The Prevention of Diseases Caused by Smoking," which is the theme of the Second World Conference on Smoking and Health. Two weeks before this conference, a similar group of experts will meet at the First European Council on

Smoking and Health in Frankfurt, Germany.

The best known weapons in the attack on smoking by England and the United States are seven landmark scientific reports (two from the Royal College of Physicians and five from the Public Health Service) which assessed available world knowledge on smoking and its effect on human health. The sum of the reports from 1962 to date indicts cigarette smoking as a health problem of the first magnitude—a "holocaust," according to the 1971 British report.

Both England and the United

States have backed up their reports with far-reaching control measures such as health warnings on cigarette packages, restrictions on cigarette advertising, and increased funds for public education on the dangers of smoking.

Cigarette smoking is, of course, a health problem elsewhere, but many countries appear to be in a dilemma as to how to cope with it. The dilemma is clearly rooted in economic factors. Tobacco is grown in 100 countries. It is a source of revenue from State tobacco monopolies or from taxes. It is also an important money crop for farmers who may be reluctant to switch to other and possibly less remunerative crops.

Countries which have so far hesitated to take action against smoking because of economic considerations are in a situation not unlike that in 17th century England. James I, in his famous "Counterblaste to Tobacco," condemned tobacco as a "custome lothsome to the eye, hateful to the Nose, harmful to the braine, dangerous to the Lungs." Yet, at the same time, he began taxing tobacco as an important source of revenue. In the 3½ centuries since James I, nations have profited from tobacco taxes whether the product was sold for chewing, snuffing, smoking, or for medicinal purposes. In early medical practice tobacco was used both as a purge and as a poultice. It was also handy for first aid at the seashore to resuscitate the apparently drowned by blowing smoke into the victim's lungs.

### International Measures

Noting that 24,000 men and 3,500 women now die in Britain every year as a direct result of cigarette smoking, the Royal Col-

lege of Physicians in its 1971 report pointedly asks, "Is revenue from taxation of cigarettes more important than the continued increase of the crippling diseases they caused?"

A number of countries are asking the same question and, judging from actions they are taking individually as well as collectively through the World Health Organization, their answers are encouragingly in the negative. This conclusion is drawn from a review of smoking and health programs in other countries made by the Public Health Service's National Clearinghouse for Smoking and Health.

Based on information gathered with the cooperation of the U.S. State Department and on various other reports available to the Clearinghouse, the review shows that in a few countries certain control measures against cigarette smoking antedate those taken in England and the United States. Cigarette commercials, for example, were taboo in the broadcasting media of some countries before they were banned in the United States.

Earlier this year, the Surgeon General of the Public Health Service suggested banning cigarette smoking in confined public places, yet this has already been a workable policy in at least one country, Bulgaria, where smoking at places of work is not allowed unless written permission is given by nonsmoking co-workers. If pregnant women and nursing mothers are on the job in these places, then smoking is absolutely forbidden. In Czechoslovakia, employers everywhere are encouraged to follow the example of a firm in Prague which has banned smoking during work hours—with the agreement of the

workers, most of whom happen to be smokers.

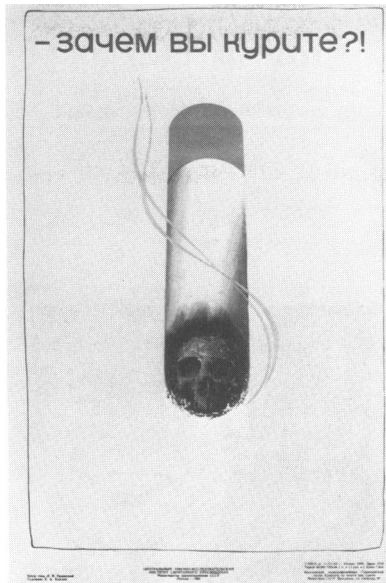
In the United States, increasing concern for the rights of the nonsmoker has recently been demonstrated in new bills introduced in State legislatures to restrict smoking in public places, in regulations banning smoking at certain indoor sports events, in the segregation of smokers in large commercial aircraft, and in bills introduced in Congress to provide protected areas for nonsmoking passengers in public carriers operating in interstate commerce.

Public sentiment appears to be in favor of these actions. In a recent Clearinghouse survey, this statement was included among a series of statements frequently made by people about cigarette smoking: "It is annoying to be near a person who is smoking cigarettes." The proportion of people who agreed with this rose from 46 percent in 1964 to 58 percent in 1970.

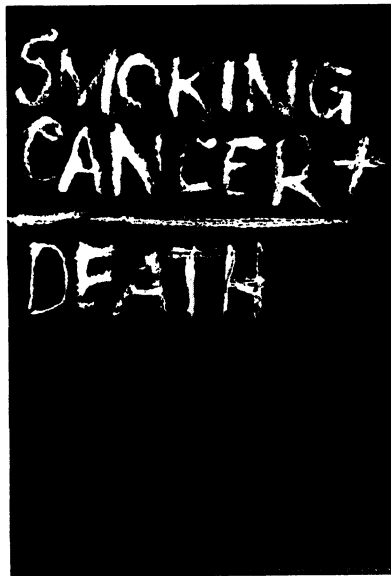
Gradually, countries are adding health warnings to cigarette packages, following the lead of the United States, which began this practice in 1965. So far, England, Iceland, and Peru have adopted health warnings to the effect that cigarette smoking "can" or "may" damage health. The warning on cigarettes sold in the United States, revised in November 1970, leaves no doubt ". . . cigarette smoking is dangerous to your health."

A health warning suggested for worldwide use was offered recently by the International Union Against Cancer. The text submitted by the Geneva-based organization to its 152 members, which comprise voluntary cancer organizations and cancer institutions, reads: "Cigarette smoking is dangerous to health and may

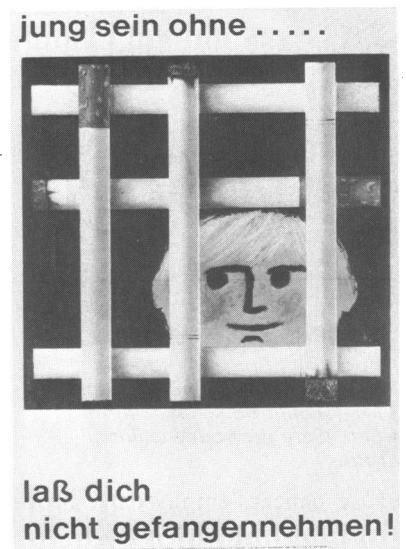
*Soviet poster. Why are you smoking?*



*A winner in a nationwide contest for Danish school children. It is unhealthy to smoke.*



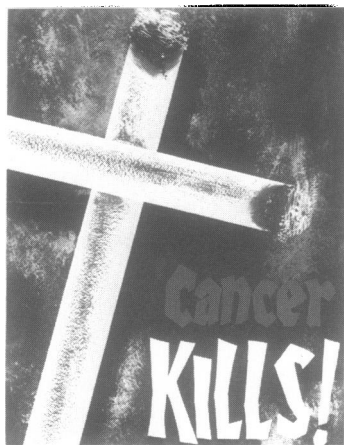
*Poster of the British Chest and Heart Association*



*German poster. Be young without. . . . Don't become captive.*



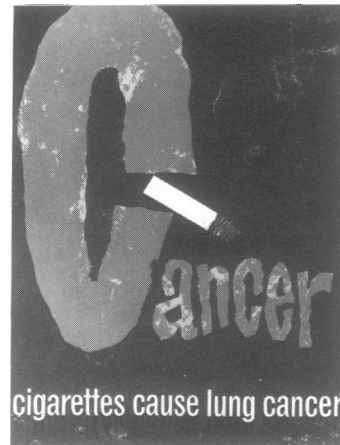
*Soviet poster. It can cause cancer of the lungs and the lip and injure the heart and the brain. Don't smoke!*



Poster of the British Chest and Heart Association



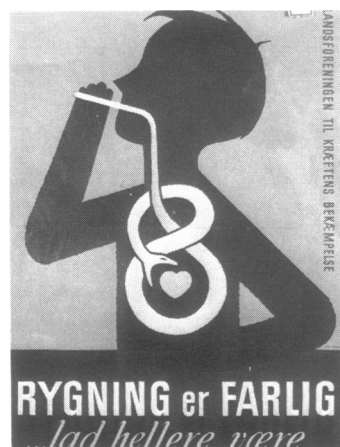
Soviet poster. *I smoked. I have stopped smoking.*



Poster of the British Chest and Heart Association



Soviet poster. *Nicotine is poison. There should be no smoking where there are young children about.*



A winner in a nationwide contest for Danish school children. *Smoking is dangerous. Better not do it.*

cause cancer, emphysema, bronchitis and cardiovascular disease."

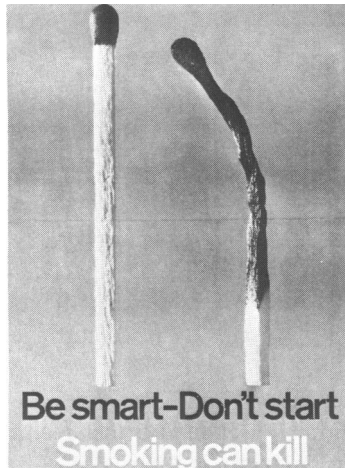
One reason why countries may be slow to adopt health warnings (as well as other smoking control measures) is that there is still skepticism about the dangers of smoking. A Belgian Health Ministry spokesman who believes that "cigarette smoking can't be totally noxious," has suggested research into the possible benefits of smoking. In Japan, a Government-appointed commission said recently that a health warning on cigarette packages is not necessary because the relationship between cigarette smoking and health is "still an open question."

This judgment was promptly denounced by Japanese health experts as a case of "putting the national treasury before the national health."

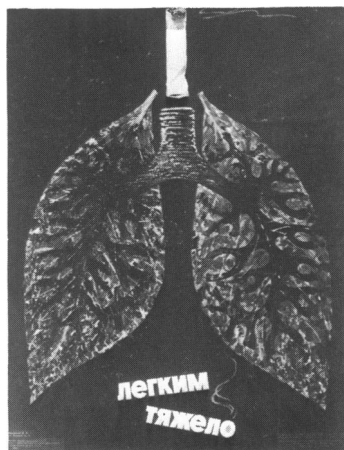
The skepticism underscores a harsh reality: the publication of medical reports associating cigarette smoking to illness, disability, and premature death has not only failed to stem expansion of cigarette consumption in developing countries, but has not led to any permanent decrease in cigarette consumption in developed countries. In fact, in 1970, the world tobacco harvest of about 10 billion pounds was up nearly 2 percent over the previous year and within 3 percent of reaching

the alltime record crop of 10.4 billion pounds in 1967, the largest gains being made in the developing areas of South America and Africa.

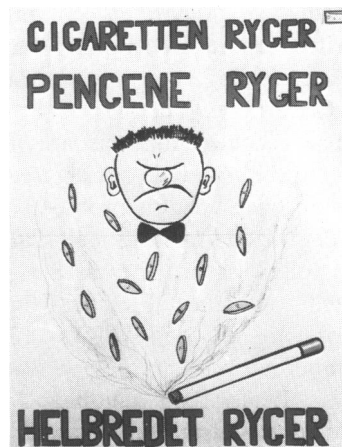
Thus, cigarette smoking has become a health problem of global dimensions. As long ago as March 1957, a World Health Organization study reported: "The sum total of scientific evidence establishes beyond reasonable doubt that cigarette smoking is a causative factor in the rapidly increasing incidence of human epidermoid carcinoma of the lung. The evidence of a cause-effect relationship is adequate for considering the initiation of public measures."



*Poster of the British Chest and Heart Association*



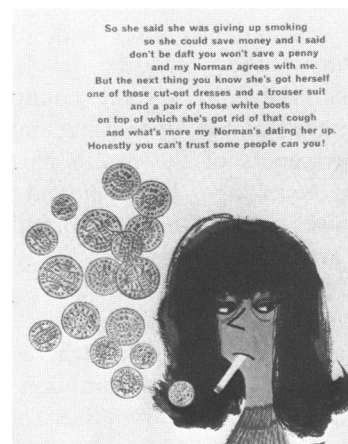
*Soviet poster. It's hard on your lungs.*



*A winner in a nationwide contest for Danish school children. The cigarette smokes. The money smokes. The health smokes.*



*Soviet poster. There's poison in cigarettes.*



*Poster issued by the British Ministry of Health.*

Measures have now been taken. In January 1970, WHO's Executive Board, observing that "no organization devoted to the promotion of health can be neutral in the matter of cigarette smoking," decided to ban smoking at its meetings and to request WHO's Director-General to recommend measures that might be taken to affirm the hazards of smoking and to offer help to member States and interested health organizations to obtain information on these hazards.

Several countries have already taken, or are about to take, action prohibiting, or sharply restricting, cigarette advertising, particularly over radio and televi-

sion. It is barred from television in England and France and from both radio and television in Argentina, Czechoslovakia, Iceland, Italy, Rumania, and Switzerland. It will be eliminated from radio and television in Finland and Ireland this year and in Canada as soon as present contracts expire.

In West Germany, cigarette commercials on television will be cut 50 percent beginning this summer, according to the German Association of Cigarette Manufacturers. In Thailand, the tobacco monopoly expects cigarette advertising to be taken off the air. The Singapore Parliament this year has introduced

legislation to outlaw advertising in any form. Since all commercial advertising is banned in Denmark, Norway, Sweden, and the Soviet Union, there is no broadcast cigarette advertising in those countries.

Educational programs on smoking differ in emphasis from country to country. Health officials in Austria, Israel, the Netherlands, Denmark, and the Soviet Union focus on young people in the belief that there is a better chance to keep youth from smoking than to change the ingrained smoking habits of adults.

In the United States, on the other hand, changing the smok-

ing habits of adults has proved more successful than discouraging young people from taking up smoking. While more American teenagers are smoking cigarettes than 2 years ago, 10 million adults have given up smoking in the past 4 years. The National Clearinghouse for Smoking and Health has pioneered in developing an "insight development" procedure to help smokers understand their motivation for smoking as a step toward giving up the habit.

The demand for filtertip cigarettes and cigarettes with lower "tar" and nicotine levels is increasing in several countries, suggesting an increasing public awareness of the health hazards of smoking. The demand for lower tar and nicotine brands is particularly strong in Austria, Canada, West Germany, the Netherlands, Scandinavia, and Japan. In Australia, where per capita cigarette consumption has risen, a recent survey has shown that more than 75 percent of the smokers believe that tar and nicotine content should be printed on packets.

### Recommendations for Action

Although the potential dangers of tobacco were well known 100 years ago, it was not until the 1930's that scientists became suspicious of cigarettes as a cause of illness and death. Since then thousands of scientific studies have confirmed that relationship. Paradoxically, although the evidence against cigarettes is more overwhelming now than ever before, people continue to smoke and the number of smokers continues to rise.

To help combat this world trend, in 1970 the World Health Organization invited the two

architects of the British and American smoking and health reports—Dr. C. M. Fletcher of the Royal Postgraduate Medical School of London and Dr. Daniel Horn, Director of the National Clearinghouse for Smoking and Health—to prepare a comprehensive report on smoking hazards, including recommendations for Government action.

The recommendations are the first to be offered on cigarette smoking as a health problem on an organized international scale. The following are the tasks suggested in the Fletcher-Horn report to all of WHO's 131 member nations.

1. Legislation should be enacted requiring the tar and nicotine content to be specified on cigarette packets and in advertisements, along with a warning of the health hazards entailed in cigarette smoking.

2. The advertising and promotion of cigarettes should be reduced, with a view to its eventual elimination.

3. Health workers should (a) themselves set an example by not smoking and encourage patients and their families to stop smoking, (b) discourage young people from starting to smoke, (c) demonstrate, where feasible, the ill effects of cigarette smoking by appropriate screening procedures, and (d) urge that action against smoking should form part of all medical and health care programmes and actively participate in health education activities, expressing support for antismoking policies.

4. The health authorities and health organizations should support action designed to (a) discourage cigarette smoking in hospitals and other health care institutions, (b) discourage smoking in clinics, outpatient services, and

doctors' offices and consulting rooms, (c) establish antismoking counseling services in hospitals and outpatient departments, (d) encourage all health workers to refrain from smoking, particularly in the presence of patients or the young, (e) discourage smoking in public places and conveyances, and (f) give the maximum publicity to the health hazards of smoking.

5. Medical and other health professional schools should ensure that students are fully informed about the health hazards of smoking.

6. The health authorities should collaborate with the education authorities in preparing, as an important part of the health education programme for schools, teacher training institutions, universities, and other educational establishments, curricula and teaching materials dealing with the health hazards of smoking.

7. Research should be intensified on the effectiveness of health education designed to discourage cigarette smoking, and better use should be made of existing methods.

8. The hazards of smoking should be included as a specific part of occupational health programmes in factories and other places of employment.

9. The health authorities should cooperate with other government departments, the Armed Forces, professional health organizations, voluntary health agencies, and other organizations such as religious associations, sports clubs, and men's and women's clubs in activities designed to stress the health hazards of smoking.

10. Consideration should be given to the establishment of statutory upper limits for various constituents of cigarettes.