

THE THEMES OF WORLD NO TOBACCO DAYS

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PROGRESS 1988-2005.

Notwithstanding the scientific evidence in its favor, public health has found itself at a disadvantage in creating healthy public policies, due to the deceitful myths about the tobacco industry's importance to society. This has fueled the false dilemma of whether to save some lives (actually, millions of lives) or protect countless jobs (actually, few jobs).

Over the past 25 years, PAHO/WHO has done intense advocacy and public information campaigns that have unquestionably contributed to agreement on a regional stance that has translated into agreements in the World Health Assembly that are changing the course of national control programs.

One of the strategies during this period has been the celebration of World No Tobacco Days since 1988, whose slogans have heightened global public awareness about the social and health problems created by tobacco. These slogans have contributed to the debate and to greater awareness on the part of governments, communities, groups, and individuals about the pernicious effects of tobacco. This paper provides a historical overview of the 18 slogans adopted for World No Tobacco Day, up to the present (2005), including brief comments that in their time summarized the main theme of the respective annual slogan. The celebrations of World No Tobacco Days have led to reflection, debate, and action to combat scientific, medical, economic, and ethical myths and in some way have assisted the countries' efforts to implement the Framework Convention on Tobacco Control.

THE SLOGANS OF WORLD NO TOBACCO DAYS

- 1988: Tobacco or Health: Choose Health
- 1989: Women and Tobacco--The Female Smoker: At Added Risk
- 1990: Childhood and Youth without Tobacco: Growing Up without Tobacco
- 1991: Places and Transport: Better Be Tobacco-free
- 1992: Tobacco-free Workplaces
- 1993: Health Services: Our Window to a Tobacco-free World
- 1994: Media and Tobacco: Get the Message Across
- 1995: Tobacco Costs More than You Think
- 1996: Sports and Arts without Tobacco: Play it Tobacco-free
- 1997: United for a Tobacco-free World
- 1998: Growing up without Tobacco
- 1999: Leave the Pack Behind
- 2000. Tobacco Kills: Don't be Duped
- 2001. Secondhand Smoke Kills
- 2002. Tobacco-free Sports
- 2003. Tobacco-free Film, Tobacco-free Fashion
- 2004. Tobacco and Poverty: A Vicious Circle
- 2005. Health Professionals against Tobacco: Action and Answers

1988. Tobacco or Health: Choose Health.

Without a doubt, the best investment that a smoker can make is to stop smoking cigarettes. Health is incompatible with smoking: This habit is responsible for 6% of all deaths worldwide, and there is no effective treatment for most of the diseases it causes. It is impossible to stay healthy with the multitude of carcinogenic, mutagenic, toxic, and addictive agents inhaled with cigarette smoke.

In virtually all of the countries, the leading causes of death are heart disease and cancer, illnesses strongly linked to smoking; epidemiological data attribute 25% of deaths from heart disease and 30% of deaths from cancer to cigarettes. Some 90% of lung cancer deaths are attributed to smoking, as are the vast majority of cases of chronic obstructive pulmonary disease. In Uruguay, approximately 5,000 deaths a year are linked to smoking.

No disorder in the world of medicine has been as widely documented in terms of its health impact as smoking. In the United States alone, more than 40,000 books and thousands of editorials and reports have been published containing up-to-date information on the documented threats of active smoking and involuntary, or passive smoking through exposure to secondhand smoke.

1989. Women and Tobacco--The Female Smoker: At Added Risk.

This slogan highlighted the additional risks of smoking to women--risks related to pregnancy and the health of the newborn (low birthweight, respiratory infections, otitis media, childhood asthma, and sudden infant death syndrome). Although prevention programs should have specific components aimed at discouraging women from smoking, at the present time there are few anti-smoking programs tailored to meet their specific needs. Although women account for less than 20% of smoking-related deaths, research is yielding troubling data showing a rise in smoking and smoking-related illness in diverse groups of women. Also cause for concern is the enormous amount of advertising targeting women, whom the industry clearly considers a priority marketing group.

1990. Childhood and Youth without Tobacco.

Tobacco is the drug with the highest worldwide consumption, and teenagers are the most vulnerable group because addiction begins at this age. Teenagers represent a priority market for the tobacco industry, since they will have to replace the smokers that die or quit the habit. The earlier a person starts smoking, the more likely it is that the addiction will be life-long; moreover, the risks are directly related to the age at which smoking begins. Around 90% of current adult smokers took up the habit as teenagers, indicating that it is rather unlikely that addiction begins in adulthood. Society should change its attitudes about certain practices targeting its children and young people--for example the acceptance of tobacco-industry sponsorship of sporting events, which should be considered misleading to young people, who are encouraged to associate smoking with positive values as energy, enthusiasm, vigor, strength, skill, and not with what it is really associated with: addiction, disability, and death.

1991. Public Places and Transport: Better Be Tobacco-free.

The evidence that people involuntarily exposed to tobacco smoke, known as secondhand smoke, are at high risk of contracting many of the diseases of active smokers underscored the importance of adopting measures to protect the population from exposure to secondhand smoke. The right of nonsmokers to breathe clean air, a fundamental aspect of Public Health, has been defended by a multitude of regulations and laws, which in many countries ban smoking in public buildings and transportation systems. The tobacco industry has disingenuously proceeded to confuse the public about the extent and implications of the scientific evidence that has existed since 1981 about the effects of involuntary smoking.

1992. Tobacco-free Workplaces.

The evidence of nicotine and toxic and carcinogenic agents in the bodies of nonsmokers involuntarily exposed to the tobacco smoke of their colleagues is irrefutable. However, in Latin America, the degree of compliance with laws and regulations limiting smoking in enclosed areas and workplaces is very low, and the mechanisms to enforce these regulations are extremely weak, unjustifiably exposing nonsmokers to unacceptable health risks.

1993. Health Services: Our Window to a Tobacco-free World.

The health sector should be the leader and example to follow in tobacco control. We hope to see a real deepening of the commitment of health institutions to changing unhealthy lifestyles in the population. While less than 2% of doctors are smokers in countries such as the United Kingdom and Canada, the figure in many countries of the Region is similar to that of the general population. Appropriate counseling for health workers, doctors, nurses, psychologists, and users of the services is potentially one of the most cost-effective technologies in health care. There is documentation to believe that at least 20% of smokers would quit smoking with serious, responsible counseling by their attending physician.

1994. Media and Tobacco: Get the Message Across.

Much of the media runs tobacco ads despite the ethical implications of promoting a product unquestionably associated with disease and death. The media should be on the side of health and play an effective part in changing values and practices. The commitment of the informative media is critical. It is essential to forge ties and share information so that the media become instruments of change through informative activism, social marketing, analysis, coverage of debates, and abstention from cigarette advertising.

1995. Tobacco Costs More than You Think.

Tobacco use not is not only hazardous to health but an economic burden for individuals, families, and society as a whole. Economic studies show that the costs to society from smoking are greater than the benefits claimed by the tobacco industry. In addition to the health expenditures that smoking generates and the resulting economic burden to the family, there is evidence that a national economy would simply adjust to the absence of tobacco. According to the World Bank, in 1995 it was calculated that the world loses over US\$ 200,000 million per year, half of it in the developing countries, to the disease and harm caused by smoking. Tobacco companies provide misleading information, making the public believe that they are part of an industry whose contributions and benefits outweigh the tremendous social costs of disease, suffering, and premature death.

1996. Sports and Arts without Tobacco: Play it Tobacco-free.

Tobacco promotion through sponsorship of sports and the arts is ethically unacceptable. PAHO/WHO stresses that the tobacco industry has focused efforts on developing a positive image for its products through extensive sponsorship of sporting events and celebrities. It is paradoxical, says PAHO/WHO, that sporting and cultural events, which should emphasize health, good physical condition, intellectual freedom, and cultural independence are cynically used as an opportunity to promote the use of hazardous, addictive substances by young people.

1997. United for a Tobacco-free World.

Health promotion requires new strategies, supporters, and partnerships to obtain a culture favorable to health. New strategies must be developed and new partnerships forged with groups and companies that promote healthy products and services in order to link them with health promotion and the sponsorship of events currently endorsed by the tobacco companies.

Comprehensive anti-smoking programs are effective, as the experience of several countries indicates, but a multisectoral commitment is necessary. These programs should include the following components recommended by the World Health Organization:

- ✓ Educational programs with wide coverage;
- ✓ High taxes on consumption.
- ✓ Regulation (prohibition) of advertising and sponsorship of sporting events.
- ✓ Policies to ensure smoke-free environments.
- ✓ Helping smokers quit the habit.
- ✓ Health sector with tobacco-free services.
- ✓ Young people and social groups genuinely participating.

1998. Growing up without Tobacco.

Addiction begins in adolescence; the tobacco industry's priority target group for cigarette ads is young people, since it needs to replace the smokers who die or quit. Special attention should be given to young people, since they are beginning to smoke at increasingly early ages. In many countries, they start smoking before the age of 15. It is well known that the earlier a person starts smoking, the harder it is to break the habit, and the greater the likelihood of dying from tobacco-related diseases. It bears repeating over and over again that tobacco kills more than 10,000 people a day, and that this figure is rising and will almost triple in the next 20 years: 10 million deaths annually, unless drastic steps are taken to control the problem.

1999. Leave the Pack Behind.

Numerous studies demonstrate the importance of smoking-cessation interventions in tobacco control. According to some studies, if doctors counseled their patients to stop smoking, 70% of smokers would attempt to quit. Even so, many doctors do not get involved in this process; thus, most smokers have not been warned by their doctors about the dangers of smoking and the importance of quitting. Routine counseling by a doctor to quit smoking would be one of the most cost-effective technologies in medical practice, even if it were only 20% to 25% effective. Few interventions are so easily implemented and have such an impact on morbidity and mortality.

Many doctors feel that they are not prepared to offer this counseling, or that they have very limited time during a consultation. It is essential, on one hand, to give health workers the basic skills and prepare them in the practical use of the tools for effective counseling and on the other, to inform smokers and their families about effective methods to quit smoking. Counseling should not be viewed as a success or failure based on a single intervention or a single patient, but on a long-term commitment involving a large number of patients.

2000. Tobacco Kills; Don't be Duped.

Don't be deceived by the tobacco industry was the heart of the message for that year. WHO says symbolically that smoking can be considered a communicable disease, since it is transmitted through deceptive advertising and marketing tactics in which the industry invests billions of dollars a year. The tactics employed by the industry to increase the number of young people and women who make up their market are well known: cynically associate tobacco with independence, freedom, sports, health, beauty, glamour, and sexual attraction. This deception is found in other areas as well, including the economic arena; governments have been made to believe that tobacco is good for their country's economy and that tobacco control measures will have negative repercussions. The evidence indicates that economies will not suffer from control measures and that in some cases, net gains are even achieved, and, as the World Bank says, for every Government that seeks to improve the health of its people through sound economic policy,

tobacco control measures represent a unique opportunity and an extraordinarily attractive choice.

2001 Secondhand Smoke Kills.

Environmental tobacco smoke is one of the most critical bones of contention with the tobacco companies. Measures to protect people from the dangers of secondhand smoke affect the tobacco companies' bottom line. They have therefore invested enormous human, financial, and political resources in opposing policies to protect the public against this health hazard. The tobacco companies have mounted a complex strategy to hinder or block the implementation of effective measures; their tactics include diversion, attacking the scientific data, and proposing fake solutions such as "Tobacco Courtesy Campaigns," which suggest that tobacco smoke is an annoyance and not a public health issue--that is, that carcinogens have less of an impact if exposure occurs in a pleasant environment. Environmental tobacco smoke is a mix of more than 4,000 chemical substances that include irritants, poisons, carcinogens, and mutagens--smoke that has been classified as a carcinogen for which there is no level of concentration where exposure is without risk. Nonsmokers exposed to secondhand smoke contract many of the same diseases as habitual smokers. As stated earlier, environmental smoke also produces a wide range of adverse effects in children, among them asthma, bronchitis, pneumonia, and ear infections, and it greatly increases the risk of sudden infant death syndrome.

No less important in the message for 2001 is the call to clear the "social air" of the myths about some of the tobacco control proposals, namely:

1. **Myth.** Higher taxes on consumption would lower fiscal revenues.

Reality: This has not happened in any country; on the contrary, revenues increase in the short term.

2. **Myth:** Reducing demand will cause immediate problems for farmers.

Reality: False. The reductions are slow and long-term.

3. **Myth:** A tobacco-free society would imply fewer jobs.

Reality: False: Consumption of one product is replaced with that of another.

4. **Myth:** A ban or limit on advertising violates the people's right to freedom of information.

Reality: Limits are imposed to promote the common good. All countries do this with a multitude of products.

5. **Myth:** Banning sponsorship of sporting and artistic events would put an end to them.

Reality: The indirect taxes channeled to these events have supported them after such sponsorships have been eliminated.

2002. Tobacco-free Sports

Sporting events are venues that should be used to promote health and healthy lifestyles. Therefore, it is important to promote partnerships between the community, the health sector, and other parties with an interest in sports to guarantee appropriate sponsorships so that tobacco industry support is not required. This is feasible and has been achieved in several parts of the world, such as Australia and New Zealand, where health sector foundations with moneys transferred from taxes on tobacco sponsor sporting events, thus creating valuable opportunities to disseminate important messages to promote health. Attention is drawn to the example of some sports, such as gymnastics and swimming, which do not accept money from the tobacco industry, in contrast to sports such as Formula 1 and soccer.

2003 Tobacco-free Film, Tobacco-free Fashion.

Tobacco companies offer gifts, services, and money in exchange for placing their products in movies; they try to place their cigarette brands in specific movies and have specific actors smoke them. This hidden advertisement of a harmful addictive product should not be tolerated by a society that values the health of its children. The CDC in the United States has shown that movies where smoking is depicted are a factor that promotes smoking among young people. Teenagers whose favorite stars frequently smoke on-screen are more likely to become smokers. This reaffirms the WHO and CDC assertion that smoking is a “communicable disease,” for, like other diseases transmitted by a biological vector, it is transmitted through the vector of advertising, including movies and fashion.

2004. Tobacco and Poverty: A Vicious Circle

Smoking is more prevalent at the poorer social sectors, which spend a higher proportion of their income on cigarettes. It has been found in different parts of Latin America that poor smokers spend 15% of their income on tobacco, while in wealthier groups, the figure is less than 2%. Smoking a pack of cigarettes a day can represent per month the equivalent of 68% of a Latin American country's national minimum wage. Smokers also sink deeper into poverty due to lost wages; the families of smokers who die suffer a similar fate, losing the income from more than 20 years of productive life on average. One facet of poverty is the impoverishment of the land devoted to tobacco growing because of the concomitant deforestation, resulting in a serious environmental impact and the exhaustion of lands that could be devoted to food crops. If appropriate action is not taken, smoking could soon become one more disease of poverty in a scenario in which the developing countries are left with the enormous burden imposed by smoking-related diseases.

2005. Health Professionals against Tobacco: Action and Answers.

For this day PAHO promoted the signing of the Declaration of Americas, in which health institutions and health professionals agree to principles and commitments that adopt the model of 100% tobacco-free health institutions and use of the doctor's influence to educate and influence policy and programming decisions to facilitate control of the epidemic. This is the Declaration:

HEALTH PROFESSIONALS AGAINST TOBACCO: DECLARATION OF THE AMERICAS

As health professional organizations of the Americas,

Recognizing that tobacco use and exposure to secondhand tobacco smoke is one of the leading preventable causes of death in the Americas, killing at least one million people annually in the region;

Concerned that tobacco companies continue to mislead the public and governments about the harm caused by smoking and exposure to secondhand tobacco smoke and to block meaningful tobacco control measures;

Knowing that there is ample evidence showing that cost-effective policy measures such as tobacco tax increases, smoke-free environments, prohibitions on tobacco advertising and promotion, and better health warnings on tobacco packages effectively reduce tobacco use at the population level;

Recalling that these policies and other tobacco control measures are embodied in the Framework Convention on Tobacco Control (FCTC); and

Conscious that health professionals as individuals and organizations have a singular responsibility to fight the tobacco epidemic and are in a unique position to do so,

We pledge to:

1. **Lead by example** by promoting smoking cessation among health professionals, declaring our institutions and meetings to be 100% smoke-free, prohibiting tobacco sales and promotion on our premises, refusing funding and support from tobacco companies and their affiliates, and strengthening tobacco control efforts.
2. **Advocate** at the local, national, and international level for the implementation of effective tobacco control laws and policies and for ratification and implementation of the Framework Convention on Tobacco Control (FCTC) in all countries of the Americas. We will advocate directly with the media and decision makers as well as through our memberships.
3. **Educate and mobilize** our memberships by promoting inclusion of tobacco control in the curricula of health professional faculties, advocating for tobacco control topics to be included in conferences and seminars, and working with other organizations involved in tobacco control.
4. **Support and inform** our clientele by asking them if they smoke or are exposed to secondhand tobacco smoke, and by offering support and advice to help smokers quit and help everyone protect themselves from secondhand smoke.

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