

## Global tobacco control must become a top public health priority

‘THE WORLD HEALTH ORGANIZATION (WHO) predicts that 450 000 000 tobacco deaths will occur over the next 50 years unless dramatic changes occur in current use.’<sup>1</sup> This and other sobering facts about the global tobacco pandemic presented by Karen Slama in this issue of the *Journal* lead her to rightly conclude that tobacco is the world’s biggest preventable killer. Currently, there are about four million deaths per year from tobacco worldwide, with about two million in high-income and two million in middle- and low-income countries. By the 2020s, the annual death toll will increase by 50% to about three million per year in high-income countries, but will jump by 350% to seven million deaths per year in low-income countries.<sup>2</sup>

Karen Slama correctly observes that pharmaceutical aids to smoking cessation and harm-reduced nicotine products, much-touted as at least partial solutions to the tobacco epidemic in high-income countries, have almost no relevance to smoking cessation or tobacco control in most low-income countries. And low-income countries are home to four-fifths of the world’s smokers!

What will work in both high- and low-income countries is the immediate implementation of comprehensive tobacco control programs, as called for by the Framework Convention on Tobacco Control (FCTC). There is a danger, however, of moving too slowly if countries simply follow the steps of treaty implementation in lock-step sequence. This would almost guarantee that nothing much new would happen to reduce global tobacco use until 2006 or 2007, the earliest date by which one could reasonably expect the implementation of decisions of the FCTC’s governing bodies.

But any delay prolongs the tobacco epidemic needlessly and will result in thousands, perhaps millions, of preventable deaths. There is a strong global consensus in favour of countries helping each other to strengthen national and international tobacco control all around the world. Several articles in the FCTC encourage greater assistance to strengthen tobacco control in developing countries (Articles 21, 22, 25 and 26). Industrialized countries, through their overseas development aid agencies, can show real commitment to global tobacco control by making financial commitments to strengthening tobacco control in low-

income countries and countries in transition right now. The sooner low-income countries are able to strengthen their tobacco control laws and policies, the sooner the tobacco pandemic will be brought to an end.

If tobacco is to be effectively controlled, Karen Slama has pointed out, ‘Social and individual approaches are complementary and are more successful if they are comprehensive, sustained and coherent.’ This means that every person working to improve lung health everywhere in the world could and should be contributing to strengthening global tobacco control in their everyday activities. Practitioners can set a good example by not smoking themselves, and by strongly advising their patients not to start smoking, or to quit if they are already smokers. They should also offer or refer their patients to effective help with smoking cessation. But tobacco cannot be controlled by improved patient care alone. Lung health professionals everywhere in the world need to be politically active. They need to lobby their politicians and insist on local and national implementation of all of the tobacco control laws and policies called for in the FCTC. Politicians in every jurisdiction need to be spurred into action by health professionals in their own communities. Health professionals must insist that their political leaders implement effective tobacco control laws and policies. Politicians need to be told that they must act to improve tobacco control. They need to be told, as Karen Slama has told us: ‘Lung health in the world cannot be improved without successes in tobacco control.’

NEIL E. COLLISHAW

*Research Director*

*Physicians for a Smoke-free Canada*

1226A Wellington Street

Ottawa, Ontario

Canada K1Y 3A1

Fax: (+1) 613 233 7797

*e-mail: ncollishaw@smoke-free.ca*

### References

- 1 Slama K. Current challenges in tobacco control. *Int J Tuberc Lung Dis* 2004; 8: 1160–1172.
- 2 Mackay J, Eriksen M. *The Tobacco Atlas*. Geneva: World Health Organization, 2002.