HEALTH IMPACT OF TOBACCO USE IN DEVELOPING COUNTRIES

Richard Peto, FRS, Oxford University

Judith Mackay, MBE, JP, FRCP (Edin), Hong Kong; 1990

RECOMMENDATIONS

Much the most important recommendation for the Overseas Development Administration to propose for possible adoption by the Interdepartmental Group on Tobacco is:

British tobacco companies (and their UK and non-UK subsidiaries) should, at minimum, adhere to the same standards of product, marketing, promotion and sales in developing countries as are required in Britain.

Note This primary recommendation is chiefly aimed at demand rather than at supply. Tobacco-related disease will, in general, not be limited effectively by attempting to control supply.

Once the major recommendation has been discussed and adopted, further recommendations that could also be considered might include:

a. British tobacco companies shall desist from lobbying and pressurising governments of developing countries to prevent the passing and implementing of anti-tobacco measures.

b. British expertise in countering the tobacco epidemic should be shared with developing countries so that Britain becomes an exporter of health rather than of tobacco-related disease.

c. Her Majesty's Government should influence the Food and Agriculture Organisation, the World Bank, the European Commission, etc, to:

i. avoid investment in tobacco production; and

ii. invest in some projects designed to reduce consumption.

d. Her Majesty's Government should desist from helping the UK tobacco companies with export activities.

1. TRENDS OF TOBACCO USE IN DEVELOPING COUNTRIES

In developing countries tobacco may be smoked not just as cigarettes, on which reasonable national and worldwide consumption data exist, but also in pipes or as cigars, cheroots or bidis, on which worldwide consumption data are not reliably available. (A bidi is like a tiny cigar, smaller than a cigarette, that is widely used in India.)

Often, these "traditional" forms of tobacco still predominate.

For example, in India cigarettes still account for only a small fraction of all tobacco use, most of which involves bidis. In China, however, there has over the past few decades been a large change away from traditional forms such as pipes and towards the more widespread use of cigarettes. As a result, the increase in Chinese cigarette consumption has been so large that during the 1980s it completely dominated the worldwide trends in cigarette consumption. Between 1982 and 1989, for example, Chinese cigarette usage doubled, from 0.8 trillion to 1.6 trillion, while cigarette usage in the rest of the world remained approximately constant, at about 3.3 or 3.4 trillion. Hence, China now accounts for about one-third of all the cigarette consumption in the world, which at present totals 5 trillion.

Since manufactured cigarettes provide a particularly toxic form of tobacco smoking, a detailed set of tabulations is appended of the trends in worldwide cigarette consumption during the mid 1980s.

2. PATTERNS OF TOBACCO RELATED MORBIDITY AND MORTALITY IN DEVELOPING COUNTRIES

These are described in the Abstract from the WHO Consultative Group on Statistical Aspects of Tobacco-related Mortality, a copy of which is reproduced on the following page.

3. ACTIONS BEING TAKEN BY GOVERNMENTS AND NGOs IN DEVELOPING COUNTRIES TO REDUCE THE HEALTH IMPACT OF TOBACCO

Compared with developed countries, developing countries do not have effective health education, legislation or price policy in situ. This is because these countries are often preoccupied by other general or health problems; they have not fully recognised the importance of the problem; and they may be unaccustomed to dealing with this new style of epidemic, which differs greatly from communicable disease epidemics. Moreover, foreign cigarette companies, in contrast with local national monopolies, may undertake aggressive promotion, and may generate political and commercial pressures and lobbying to prevent developing countries passing national public health laws on tobacco.

While some countries have taken virtually no action, others are trying to establish national coordinating organisations on tobacco control. In Asia, for example, this is being done in China, Malaysia, Korea and Thailand, while Singapore, Indonesia and the Philippines already have active health societies and Japan has a non-smokers' rights group. The medical profession is becoming involved only rather slowly in smoking control. In summary, most countries in Asia have initiated some health education and some legislation over the last decade but much remains to be done.

In general, however, these measures lag far behind those taken in Western countries. Developing countries are entering a crucial decade in initiating attempts to reduce the future health effects of the tobacco epidemic. For this task, they require help based on

the expertise already developed in many Western countries, not pressures from the British tobacco industry. These pressures, moreover, should not be underestimated: there is emerging evidence that the "opening of the markets" in developing countries leads not only to a sharp increase in the market share of foreign cigarettes, but also to increased smoking, particularly among teenagers and young adults.

The replacement of a national monopoly by an aggressive transnational tobacco company is not just a neutral matter of free trade, but may become a substantial determinant of current smoking patterns and hence of future disease.

As from: Cancer Studies Unit,
Radcliffe Infirmary,
Oxford OX2 6HE,
Fax: 0865-58817
Tel: 0865-57241

22nd August 1990

Mr. D. Nabarro,
Health and Population Division,
Overseas Development Administration (London)

By Fax 071-273-0425 (work): Tel 071-273-0115
By Fax 051-727-0830 (home): Tel 051-728-8505

Dear Mr. Nabarro,

You should already have received a copy of the draft Chinese law on the control of tobacco hazards. (That law was sent on the strict understanding that it will not be made available to any of your colleagues or others who might share it with any tobacco manufacturer.) Your colleague, Barrie Moorhouse, has now requested short notes on four specific subjects and these are enclosed. Supplementary material will follow by post to your London office.

The notes were prepared by me in collaboration with Dr. Judith Mackay, of Hong Kong, Director of the Asian Consultancy on Tobacco Control and a member of the W.H.O. Advisory Panel on Tobacco or Health. For further information on Asian anti-tobacco activities, please contact her directly by telephone (852-719-1995) or FAX (852-719-5741).

Yours sincerely,
Richard Peto, FRS

Sent under separate cover c/o Mr. Moorhouse:

Recommendations from WHO/IARC Scientific Publication no. 74.

1988 International Survey of World Cigarette Market

Third World Tobacco Atlas

cc: Mr. B. Moorhouse

FAX: 44-71-273-0425

22nd September 1990

Mr. D. Nabarro,
Health and Population Division,
Overseas Development Administration (London)

Dear Mr. Nabarro,

Thank you for sending me a copy of the brief for APD from ODA's Health and Population Division on Tobacco in the Third World, which I am treating as confidential meanwhile. I was extremely impressed with your document, which accurately reflects the present and future scope of the problem and the vulnerability and inexperience of developing countries in dealing with the transnational tobacco companies.

One might now add Mongolia to a future list of Asian countries establishing national coordinating organizations in tobacco control. I have just spent the last two weeks in Ulan Bator at the invitation of the government (via WHO) drafting a national tobacco control programme and Tobacco Act, similar to previous work in China and other countries in Asia.

I would be very happy to discuss further any points with you. I will be in London from November 30th to December 7th 1990, as I have been invited to address the Annual Meeting of the British Thoracic Society on the tobacco epidemic in developing countries. I have also appeared before various US hearings, including Congressional committee hearings, on US tobacco trade policy, essentially asking the same as suggested in the paper submitted to you by Richard Peto and myself - that the US adheres, at minimum, to the same standards in developing countries as are required in the USA.

Yours sincerely,

Dr Judith Mackay, MBE, JP, FRCP

Director, Asian Consultancy on Tobacco Control
Member, WHO Expert Advisory Panel on Tobacco or Health
Chair, Asia Pacific North, Tobacco and Cancer Programme, UICC
Advisory, Chinese Association on Smoking and Health

FAX: 44-71-273-0425

18th November 1990

Ms Jackie Carter,
Secretary to Dr. D. Nabarro,
Health and Population Division,
Overseas Development Administration (London)
Eland House,
Stag Place, London SW1E 5DH

Dear Ms Carter,

Following my fax of 11th October on the subject of meeting Dr Nabarro in December 1990, I would be most grateful if you would confirm the date and time of this meeting. The following times were suggested:

Monday, 3rd December	:	Any time a.m. or p.m. (first choice)
Tuesday, 4th	:	Morning or early afternoon
Wednesday, 5th	:	Possible but least convenient for me

I will leave Hong Kong on 26th November for Cambridge before arriving in London, and I am now in the process of organising several other meetings for my few days in London. Therefore, I would much appreciate a faxed reply from you.

Yours sincerely,

Dr Judith Mackay, MBE, JP, FRCP

FAX: 44-71-273-0425

18th March 1991

Dr. D. Nabarro,
Health and Population Division,
Overseas Development Administration (London)
Eland House,
Stag Place, London SW1E 5DH

Dear Dr Nabarro,

I have just heard that an article in the Times of 12th February 1991 reported the overseas aid minister Lynda Chalker had announced that the British government is to stop aid for the tobacco industry in developing countries, and that, in addition, help would be given for tobacco growers to diversify into other crops.

I regret that neither the Times article itself, nor the text of Mrs Chalker's speech has reached me in these remote outposts of Empire, and I would be most grateful if you could give me any further details that are avaiable. The scanty information that I have received indicates that this is extremely important for developing countries.

I hope that we might meet again when I am in the UK later this year. Meanwhile, I am sending some recent news of tobacco control in Hong Kong.

With very best wishes,

Yours sincerely,

Dr Judith Mackay, MBE, JP, FRCP