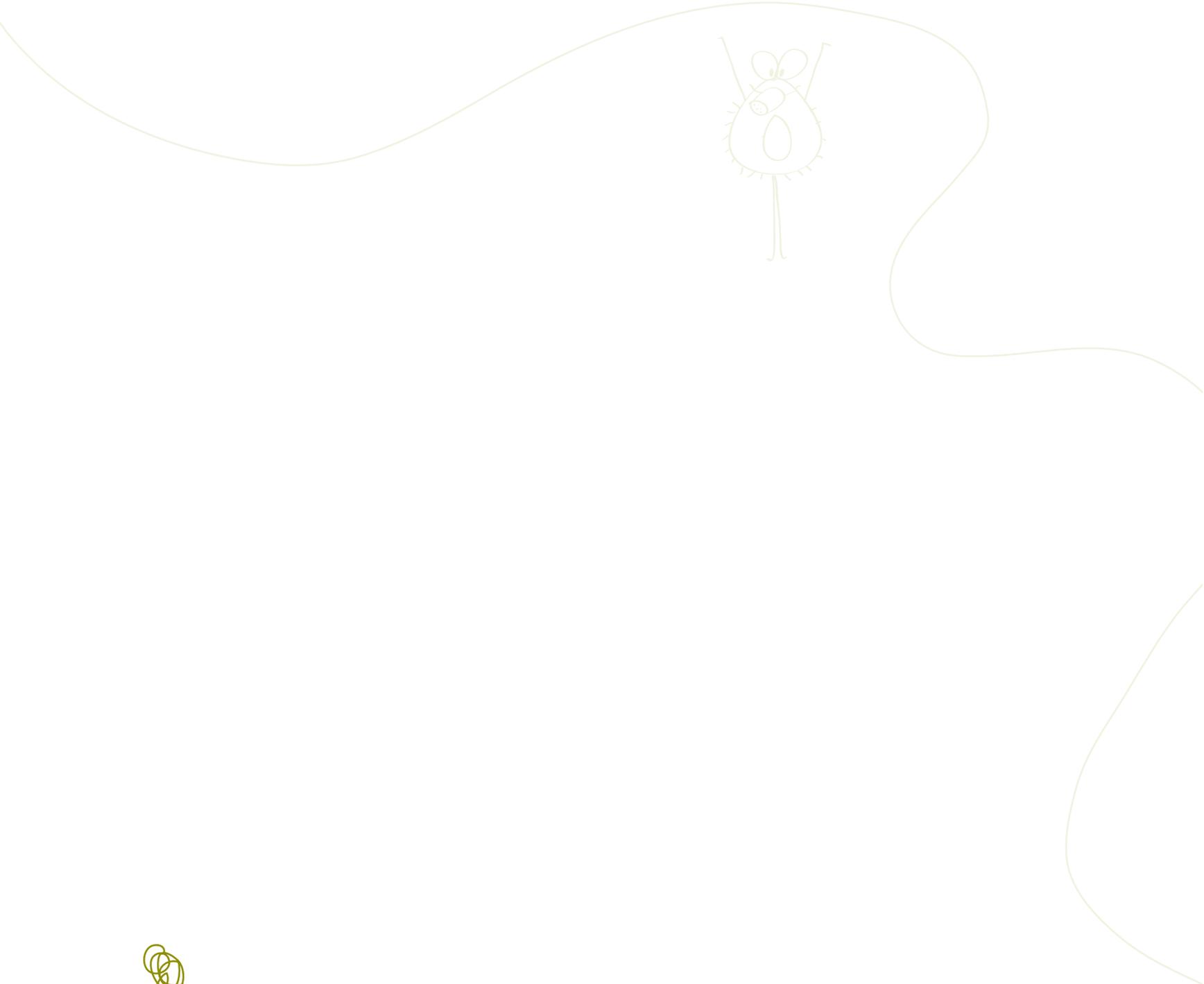


CHAPTER 4



THE TOBACCO TRAP

fighting back



4

THE TOBACCO TRAP

fighting back

Through sophisticated marketing and advertising, millions of young people are lured into the tobacco trap every year. The World Health Organization plays a crucial role in helping countries to fight the influence of tobacco companies.

San Francisco, USA, May 1994. The box arrived by express delivery: a plain brown carton containing a jumble of documents. It was addressed to Stanton

Glantz, Professor of Medicine at the University of California. The return address said simply: 'Mr Butts'. Whoever sent it had a sense of humour.

Glantz had a sense of humour himself, and a reputation for eccentricity. A quote from political philosopher Machiavelli competed for space on his office wall with that of the popular American television puppet Kermit the Frog, and that he still wore the brightly-coloured waistcoats his mother knitted for him when he was 16. But Glantz had his serious side too – as a scientist and an anti-tobacco crusader.

At the time of the 'Mr Butts' leak, he and his university colleagues had been running a research programme for more than a decade. A programme that,

Box 4.1. Fact file: tobacco

Whether it involves smoking cigarettes or water pipes, puffing cigars, bidis or kreteks, chewing tobacco, sniffing snuff or sucking snus, tobacco use is one of the biggest public health threats the world has ever faced. Why?

- There are more than one billion smokers in the world.
- Globally, the use of tobacco products is increasing.
- Almost half of the world's children breathe air polluted by tobacco smoke.
- More than 80% of the world's smokers live in low- and middle-income countries.
- Tobacco use kills more than five million people a year.

among other things, kept a tally of the tobacco industry's financial and in-kind contributions to political campaigners, and to officials who decide on government policy. As a heart disease researcher, Glantz knew only too well the dire effect of smoking on people's health and had long campaigned to make people aware of the dangers of smoking tobacco and of breathing in the smoke that others are puffing around them (see [Box 4.1 Fact file: tobacco](#)).

“My initial reaction was I'm a second-hand smoke guy, not a litigation guy,” says Glantz. At first, he was going to send the box to a lawyer he knew. “But then I started looking through it,” and for someone who had devoted his career to revealing the truth about tobacco smoking “it was like an archaeologist finding a tomb filled with lost treasures”.

The box was a remarkable archive – more than 4000 pages of documents from the tobacco firm Brown & Williamson Tobacco Corp. (B&W), British American Tobacco's subsidiary in the USA at the time. Each page offered new insights into B&W's inner workings – as well as those of the tobacco industry as a whole. There were handwritten notes from lawyers who had edited scientific documents to dilute unfavourable research findings; memoranda from a campaign to encourage journalists to write pro-smoking stories; a 1963 memorandum from the company's vice president and general counsel at the time, saying: “We are ... in the business of selling nicotine, an addictive drug ...” There was even a letter from a Hollywood star promising to use B&W tobacco products in six feature films in exchange for US\$ 500 000.

The documents had originally been copied, secretly by a paralegal called Merrell Williams, who worked for a law firm hired by B&W to go through their documents and identify anything that people could use against the company in a court case. The documents were categorized using a secret code, so that if they were ever leaked, no one would understand them. The

letters DA, for example, marked a document dealing with addiction; DDA – lung cancer; DDB – throat cancer; DDC – other cancers; and DDE – permanent genetic damage.

Williams had health problems caused by smoking and was enraged by the cynical way in which the company made profits by selling a product that it knew was addictive and would eventually kill many of its customers. It was only a matter of days before Williams started smuggling the documents out of the building under his clothes. Eventually, the box of documents made its way to the mysterious “Mr Butts”, who sent them on to Glantz. The cat was out of the bag.

Taking on tobacco

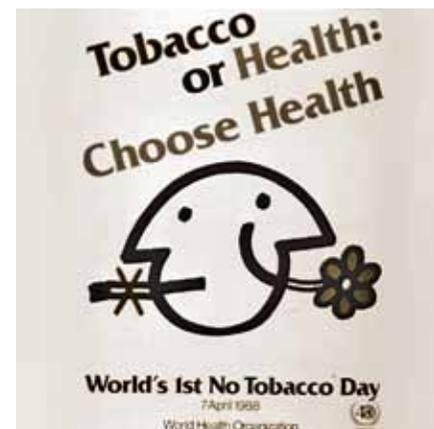
The cat in question wasn’t just the tactics that tobacco companies had been using to protect and increase their profits. The ‘Mr Butts’ leak also revealed a great deal about the cat’s claws, the weapons that tobacco companies were ready to use on any adversary they considered a threat.

One of those adversaries was the WHO, which had been on the watch-list of the tobacco companies since 1970, when the World Health Assembly – the annual gathering of representatives from WHO’s Member States – adopted its first resolution calling on governments to take action against smoking as a preventable cause of death.

As the tobacco companies focused their attention on the markets in the developing world, WHO launched a concerted campaign to stop people from starting to smoke in the first place. The first global anti-smoking day, World No Tobacco Day, in 1988, was designed to draw the attention of individuals and governments around the world to the health risks of smoking (Photo 4.1). It is now an annual event that takes place on 31 May.

Fast forward to 1998 – a decade later – when Dr Gro Harlem Brundtland was elected WHO’s director-general. Her acceptance speech to the World Health Assembly in May of that year virtually threw down the gauntlet to the tobacco companies. She made it clear that tobacco control was going to be a key issue during her term.

Photo 4.1. Poster for the first World No Tobacco Day in 1988



WHO

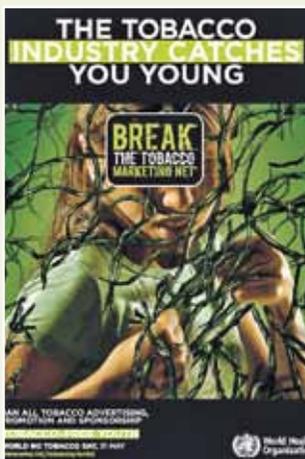
Box 4.2. Young people at risk

Social networking web sites are not just places where people can watch videos and socialize. They can be powerful marketing tools to reach young people.

Tobacco logos and images of people smoking are everywhere, especially in the places young people like the most. Many fashion accessories – hats, t-shirts and backpacks – carry tobacco logos and some tobacco companies even have fashion-wear ranges. There is a long history of smoking imagery attracting young people to tobacco. In India, home to Bollywood, the largest film industry in the world, nine in 10 films shown between 2004 and 2005 contained scenes showing people smoking. In 2009, WHO called on countries to restrict tobacco imagery in youth-rated films.

But not only in films, WHO is also campaigning to restrict tobacco marketing and sponsorship. Many music events are sponsored by tobacco companies, attracting crowds as young as 13. Tobacco adverts brim with sex appeal and adventure – glamourizing a ‘rebel’ life that many teens seek to emulate. It is this manipulation of young people’s aspirations that WHO’s World No Tobacco Day 2008 sought to expose with a new campaign calling for a ban on advertising, promotion and sponsorship of tobacco.

Most people around the world are under 18 years when they try their first cigarette and about half of the youth in the world live in countries that do not prohibit the distribution of tobacco products to them. Bans on tobacco marketing, sponsorship and advertising work. Studies show that tobacco use drops by as much as 16% after these bans are put in place.



World No Tobacco Day 2008 poster

Referring to tobacco as a “killer”, she called for a “broad alliance” to combat an industry that “deliberately targeted” young people to get them hooked on cigarettes. To protect them, Brundtland said it was imperative that tobacco should not be “advertised, subsidized or glamourized” (see **Box 4.2** Young people at risk). The Assembly gave her enormous support and even a standing ovation.

The momentum continued through July that year, when WHO established the Tobacco Free Initiative (TFI), a project designed to focus international attention on the global tobacco epidemic. As with many WHO programmes, the Tobacco Free Initiative sought to underline the facts and make sure everyone was aware of them. It also promoted – and continues to promote – change that governments can bring by adopting tobacco control policies that are known to be effective and by providing support to countries that want to introduce tobacco control measures.

For the Tobacco Free Initiative, a grass-roots approach to tobacco control has always been essential. Thus, it relies on advisers across WHO’s six regions. The Initiative has played a central role in rallying support from countries for a key international agreement called the WHO Framework Convention on Tobacco Control. Years of work went into this agreement, and with the help of the Tobacco Free Initiative it finally came into force in 2005. Unlike many international agreements, this one is legally binding. That means that

countries that sign up to it and ratify it – usually by a vote in parliament – are required to pass tough laws, including ones that restrict tobacco marketing and advertising.

While WHO was promoting strategies to control tobacco and stop people from smoking, tobacco companies were seeing the foundations of their business erode – not least in the USA.

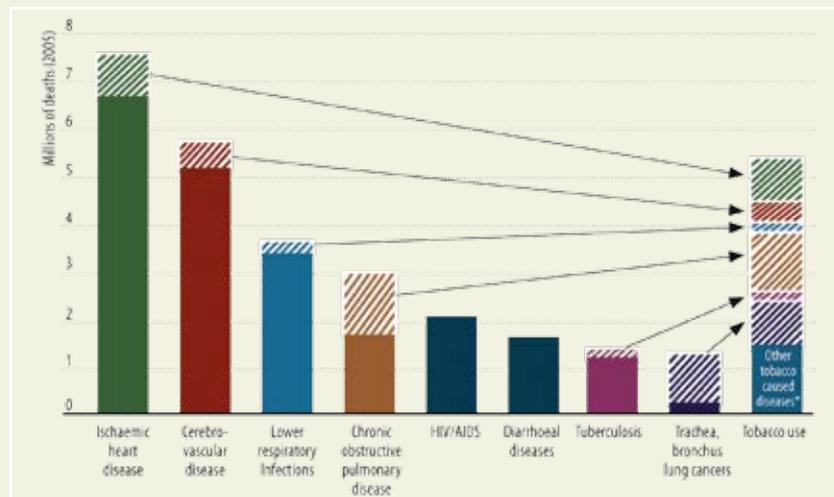
Two years after Glantz received his box of documents, Dr Jeffrey Wigand, the former chief of research at B&W, went public with the news that industry spokespeople and leaders had consistently lied about the effects of tobacco on people’s health. He acknowledged that they knew full well that cigarettes – and in particular because of the nicotine they contain – were an addictive product and that they were in the business of selling “a nicotine delivery device”.

None of this was great public relations for the tobacco companies, and it led inevitably to more lawsuits, brought not only by individuals, but also by many states in the USA. These states argued that the health-care costs caused by smoking-related diseases – estimated to be somewhere between 6% and 15% of total annual health-care costs – should be laid at the door of the tobacco industry.

Meanwhile, individuals argued in court that tobacco companies had misled them into thinking smoking was not harmful and that tobacco companies had been selling them an addictive drug, without warning them that smoking kills (see [Box 4.3](#) What do smokers die of?). The companies fought back claiming that there were no links between tobacco and disease.

Box 4.3. What do smokers die of?

The tobacco industry is unique in that it sells a product that – if used by consumers as intended – will eventually kill about half of its customers. Tobacco use is a risk factor for six of the eight leading causes of death in the world



Hatched areas indicate proportions of deaths that are related to tobacco use and are coloured according to the column of the respective cause of death.

* Includes mouth and oropharyngeal cancers, oesophageal cancer, stomach cancer, liver cancer, other cancers, as well as cardiovascular diseases other than ischaemic heart disease and cerebrovascular disease.

WHO

The lawsuits filed by states culminated in what is known as the Master Settlement Agreement, the largest civil settlement in the history of the USA. It was initially signed by four of the largest tobacco companies operating in the country at the time – Philip Morris USA, R. J. Reynolds Tobacco Co., B&W, and Lorillard Tobacco Co. Later other companies joined them. Every state plus six territories signed the agreement, with the exception of four that had already reached individual legal settlements with tobacco companies.

With these signatures, the Master Settlement Agreement was concluded in November 1998. Under the deal, plaintiffs agreed to settle in exchange for a combination of annual payments and restrictions on advertising and marketing of tobacco products. It was a significant but by no means complete victory. It cost tobacco companies US\$ 246 billion over the first 25 years. It was the first time these tobacco companies had been brought even close to paying for the harm they cause.

Not all legal action against tobacco companies succeeds. Indeed, many tobacco companies still win court cases, especially outside the USA, and – despite their increased legal costs – they still make profits.

Calm before the storm

Photo 4.2. Switzerland, 1998.
Dr Gro Harlem Brundtland



WHO/C. Marcel

The advent of the Tobacco Free Initiative and the Master Settlement Agreement made 1998 something of a banner year for tobacco control campaigners. But for Brundtland (Photo 4.2) it marked only a brief moment of calm before the storm that broke in 1999, when she received the news, in an internal WHO document, that tobacco companies had for many years undermined WHO's tobacco control efforts, spying on staff and infiltrating the Organization.

The revelation of spying and infiltration of the WHO had a profound effect on the director-general. “We were upset in our hearts, all of us,” Brundtland recalls. “It was mind-boggling. Perhaps for the first time in its history, the Organization was confronted by a group of people, who had set themselves against it simply because it was getting in the way of business.” Brundtland appointed an expert committee, to take a closer look at the industry. The Organization's anti-tobacco campaign had to begin by laying open the inner workings of the tobacco companies. The expert committee analysed the

documents and compiled a more detailed report. Its findings were shocking. Not only had tobacco companies been paying “consultants” to sabotage WHO’s anti-tobacco work, while employed at WHO, but the expert committee also found that tobacco companies had joined forces to “contain” and “neutralize” WHO’s tobacco control work and to “reorient” it, where possible.

“They saw WHO as one of the greatest threats to their global expansion,” says Dr Douglas Bettcher, the director of the WHO Tobacco Free Initiative. “They were studying us under a microscope in order to counteract our work.” The tobacco companies had also tried to block off funding for WHO scientific and policy activities, and had tried to undermine and create confusion about the scientific basis of WHO’s work.

Brundtland asked WHO’s regional and country offices to take a closer look at the tobacco industry’s activities and, in particular, to find out where tobacco firms were sabotaging public health initiatives and to take measures against them. Meanwhile, revelations that the tobacco industry had infiltrated WHO by paying “consultants” to join the Organization led to the introduction of screening of all employees and consultants, who are about to start working for WHO. The revelations also changed the way staff went about their daily business.

“We had to put locks on the doors of our offices,” remembers Katherine Deland, a lawyer and public health specialist who has been associated with the Tobacco Free Initiative since the beginning. “WHO head office is an open-doors kind of place, so this was entirely new. We also had to check for wiretaps. It was extraordinary, like something out of a Cold-War thriller.” Phone calls from unidentified “consultants” requesting information were a frequent occurrence. Bettcher even received calls at home, and eventually had his number removed from the telephone directory.

Of course, the tobacco industry had not limited itself to infiltrating WHO. Spies were everywhere. In some countries, tobacco companies co-opted prominent political figures to lobby for their cause. Tobacco firms hired scientists to discredit scientific studies showing that smoking and second-hand smoke (Photo 4.3) led to serious disease and death, and they set up ineffective programmes like ‘youth smoking prevention’ campaigns, at the same time heading off meaningful initiatives that might have been launched by legitimate public health agencies.

Photo 4.3. Indonesia, 2006. Cigarette smoke damages the health of everyone



WHO/J. Holmes

Box 4.4. The power of one child

Sitting in a restaurant in the bustling streets of his home town, Yuhta Ohishi was about to enjoy a meal with his family in 2003. Then 10 years old, Yuhta was unaware that the events that were about to take place would cause him to embark on a three-year campaign that would change his city forever.

“The person sitting next to us was smoking,” recalls Yuhta. “And, then I had a terrible asthma attack. When I got home, I started to ask why I had this asthma attack, even though it was not me who was smoking.”



Japan, 2008. Yuhta Ohishi

WHO/WPR China

Filled with curiosity, Yuhta spent his summer holidays that year researching the effects of second-hand smoke. He found discovered that were very harmful indeed. Imagining a ‘Smoke-free Dreamland’ in his home town Shizuoka in Japan, Yuhta began writing letters to city council officials asking them to ban smoking in public places.

But Yuhta knew that his voice alone wouldn’t be enough to change the law – he’d need the collective voice of the people. Yuhta asked 62 storekeepers from the central shopping district what they thought about banning people from smoking in public.

With the help of his family, friends and teachers, Yuhta collected more than 24 000 signatures for a petition against smoking in public places. His perseverance didn’t stop there. Yuhta continued to research anti-smoking measures that were being taken in other parts of Japan, while keeping the mayor of Shizuoka informed about his research.

Smoking is relatively common in Japan, where 40% of men and 10% of women smoke, according to the *WHO Report on the Global Tobacco Epidemic, 2009*. Also, there are cigarette vending machines on many street corners across the country.

In 2005, Yuhta’s efforts were rewarded. Shizuoka City Council introduced a by-law that banned outdoor smoking in several streets in the city. “The passing of the Road-way, Non-Smoking by-law in Shizuoka City is concrete proof indeed that your endeavours were worthwhile,” wrote Dr Margaret Chan, Director-General of the World Health Organization, in a personal letter to Yuhta.

On 31 May 2008, Yuhta – then aged 15 – was granted a Director-General’s Special Recognition Certificate in addition to the World No Tobacco Day Award, becoming the youngest person to receive it over the 19 years it has been running.

Scientific studies had long established that second-hand smoke damages people’s health and leads to premature death. One of the first studies to show this was published in 1981 by researcher Takeshi Hirayama in Japan. It found that the wives of heavy smokers faced up to twice the risk of developing lung cancer as the wives of non-smokers, and that the risk was related to the “dose” of second-hand smoke. The Hirayama study became one of the most influential of its kind, and frequently came under attack by scientists hired by tobacco companies to undermine such findings (see [Box 4.4 The power of one child](#)).

This subtle manipulation was at times combined with more forceful tactics. In Argentina, for example, Parliament passed legislation banning tobacco advertising and restricting smoking in public places in September 1992. Weeks later, tobacco industry leaders met representatives from media groups, sports and advertising – the people who benefited financially from tobacco sponsorship and advertising – to discuss how to counter the government’s move. The tobacco industry even secretly retained a physician as a consultant, while he acted as a scientific adviser to then-president Carlos Menem to lobby him. Following that meeting,

the country’s media became filled with pro-smoking articles and – as this media and industry pressure built up – president Menem used his power of veto to stop the tobacco control bill on 13 October 1992 from passing into law.

Opening the floodgates

In the 1980s and 1990s, more and more people were giving up smoking in wealthy, industrialized countries, particularly in North America, western Europe as well as Australia and New Zealand. While this was an achievement for tobacco control measures in those countries, scores of other countries continued to see growing numbers of smokers. And companies were still profitable.

In the 1980s, tobacco companies embarked on a major expansion of their markets, turning their sights first to Asia, notably Japan, the Republic of Korea and Thailand, each of which had at the time a closed market run by a government-owned tobacco monopoly. The tobacco companies in the USA lobbied the government to pry open these Asian markets, and by 1985 the government was actively supporting their business, threatening trade sanctions if countries refused to provide market access. Japan gave in to the pressure in 1986, and the Republic of Korea in 1988.

Traditionally, it had been unacceptable for women in Asian societies to smoke, but within a few years after the advertising campaigns arrived, millions of women started to light up and become hooked. In the Japanese capital, Tokyo, the number of female smokers more than doubled between 1986 and 1991 (Photo 4.4).

The expansion continued. After the fall of Communism in the late 1980s and early 1990s, multinational tobacco companies rolled into eastern Europe and the former Soviet Union. British American Tobacco, for example, acquired factories in the Czech Republic, Hungary, Poland, the Russian Federation, Ukraine and Uzbekistan. Many people in those countries saw the 'new' tobacco products as symbols of Western luxury and affluence. But the success of tobacco companies did not only depend on consumers with little or no experience of advertising. Tobacco companies were also in a good position to negotiate with governments and offer investment 'opportunities'.

Two decades since the collapse of the Soviet Union in 1991, the number of women who smoke in the Russian Federation, for example, has more than doubled, according to researcher Dr Anna Gilmore of Bath University, the United Kingdom. She blames this increase on the privatization of state-owned monopolies and the behaviour of multinational tobacco companies.

Photo 4.4. Japan, 2003. A woman advertises a cigarette brand by giving out free samples of cigarette packs to people leaving a railway station



WHO/J. Holmes

Boosting influence, ravaging health

Given multinational tobacco companies' successful penetration of markets in developing countries, it is not surprising that the tobacco epidemic has spread. While tobacco consumption has been declining in the majority of wealthy countries over the past 20 years, it has been rapidly increasing in the developing world.

Every year tobacco use kills an estimated five million people globally, who die from lung cancer, heart disease and other illnesses. Without preventive action, these tobacco-related deaths will increase to more than eight million a year by 2030. Around 80% of the world's smoking population is now located in the developing world and that proportion is expected to remain the same for the next three decades.

Photo 4.5. Pakistan, 2009. Tobacco farmer



WHO/Jan Brouwet

China, the largest country in the world with a population of 1.3 billion, is also the largest producer and consumer of cigarettes. Its nearly 350 million smokers represent about one third of the global smoking population, which is estimated to be more than one billion people. China's state-run tobacco industry also accounts for about a third of global sales, with 1.6 trillion cigarettes sold each year. Smoking in China is still predominantly a male addiction, with 52.9% of adult men regularly lighting up, compared with about 2.4% of women, according to the Global Adult Tobacco Survey 2010.

The effect of tobacco addiction on the poor is particularly devastating. For example, studies in China have shown that smoking is driving families into poverty as it is an expensive addiction to maintain and later can lead to expensive medical treatment. Even if people can afford or at least raise the money for costly cancer treatment, many of them will nevertheless die of the disease. Meanwhile, people with cancer who

cannot afford treatment are likely to face premature death. Not only in China, tobacco addiction makes the poor even poorer all over the world.

The leading cause of death in rich and poor countries alike is heart disease and tobacco contributes considerably to this death toll. Tobacco use is also a significant risk factor for lung cancer. For example, lung cancer is a leading cause of death among men in Bangladesh, but in a poor country like this, cancer often causes premature death, depriving families of an important breadwinner. The cost of only five cigarettes a day in a poor household in Bangladesh has been estimated to lead to a monthly dietary loss of 8000 calories, which can be fatal for malnourished children. Nor is it just children that tobacco starves. The country itself gives up 100 000 acres of land to tobacco cultivation (Photo 4.5), pushing out aman, the major rice crop, and wheat.

Governments say 'no'

In the midst of all this gloom there have been success stories offering hope that the global epidemic can be contained and possibly even reversed, when governments say 'no'. In Latin America, where, as we have seen multinational tobacco companies gained access to local markets from the early 1960s, Brazil has achieved a great deal despite being the world's second biggest tobacco producer after China. Despite the aggressive tactics of multinational tobacco companies to promote smoking there, Brazil – along with other Latin American countries Panama, Uruguay and Venezuela – has passed tough anti-tobacco laws by introducing advertising bans and mandatory warning labels on cigarette packs.

Brazil was the first country to ban the use of misleading descriptors such as 'light' and 'mild' from cigarette packages, back in 2001 (see Box 4.5 The 'lights' lie). That move was in line with a law passed a year earlier requiring cigarette manufacturers to include pictorial health warnings covering at least

Box 4.5. The 'lights' lie

One of the tobacco companies' most cunning tactics was to launch 'light' cigarettes claiming that these have a lower tar and nicotine content and implying that they are, therefore, less harmful. The fact is that 'lights', sometimes called 'low tar' and 'mild' and similar descriptors for cigarettes were developed and marketed as less harmful to counteract a new requirement for tobacco companies to limit the measured nicotine and tar using a machine specially designed for this purpose.

By creating holes in the cigarette filters, the machine measured less nicotine and tar in each type of cigarette. But, later, studies showed that after millions of smokers had switched to 'lights', 'low tar' and 'mild' cigarettes, thinking they were safer, they were not safer at all.

The studies found that when people smoke these cigarettes, their fingers, lips or both tend to cover the specially engineered ventilation holes intended to let air inside the machine and dilute the tar and nicotine measurements. The studies also found that smokers 'compensate' for smoking these types of cigarettes by smoking more of them and inhaling more deeply. So 'lights', 'low-tar' and 'mild' cigarettes are no less harmful than ordinary cigarettes.

100% of one of the two main sides of a pack. It was the second country to do so after Canada. These disturbing images often depict people in advanced stages of tobacco-related illness and the effect of years of smoking on people's health.

As a result of such initiatives, the number of smokers has come down in the past two decades from 34% of the adult population in 1989 to 15% in 2008, according to the Brazilian health ministry.

Across the Middle East, several countries have passed laws banning smoking in government buildings. In addition, the Islamic Republic of Iran and the United Arab Emirates have banned smoking in restaurants and cafes, while the Islamic Republic of Iran, Jordan and Pakistan now require pictorial health warnings on cigarette packets. In Egypt, a tobacco-free campaign was launched in the city of Alexandria in June 2010. In Pakistan, taxes were increased in the same year along with a ban on tobacco use in public places (see **Box 4.6** A myth is born).

Religion plays an important role in the daily life of people in this region and can be influential in changing behaviour. In 2002, Islam's holy cities of Mecca and Medina were pronounced tobacco free by Saudi Arabia, these bans also cover the sale of tobacco products. African countries are increasingly being targeted by tobacco companies. In 2009, WHO launched a programme to help these countries resist the spread of tobacco and to stop tobacco use becoming as prevalent there as it is in other parts of the world.

While much of Asia (**Photo 4.6**) was being flooded with tobacco advertising and products in the 1970s and 1980s, Singapore – an island state on the southern tip of the Malay Peninsula – stood firm against the onslaught. Today, the city-state has fewer smokers than most countries in

Box 4.6. A myth is born

Ever since countries started to make workplaces, bars, cafes and other public places no smoking areas, tobacco companies have been fighting back. One of their tactics in recent years has been to create a myth – that smokeless tobacco products are harmless.

Some tobacco companies have created new ranges of smokeless products that are often packaged in the form of sweets to attract young people. These and other smokeless products are also marketed to smokers to help them bridge the time they spend in smoke-free bars and cafes. They are in fact perpetuating their nicotine addiction.

Tobacco control campaigners say these 'nicotine pills' are seriously undermining efforts to protect young people's health. "Smoke-free environments and tax increases on cigarettes are supposed to help people give up smoking, but these new products give smokers an alternative to giving up," says Dr Jeffrey Wigand, a scientist, who worked for a tobacco company for many years before switching sides to become a passionate anti-tobacco campaigner.

"Smokeless products are marketed to kids. They look and taste like candies, in vanilla or spearmint flavour, and they are cheaper than cigarettes," says Wigand, who runs the USA-based charity Smoke-Free Kids, Inc. "Studies show that these smokeless products contain more nicotine for absorption than cigarettes, and the nicotine is absorbed more quickly than from cigarettes."



Switzerland, 2006. No smoking area

WHO/M. Seoane

Asia. According to the National Health Surveillance Survey 2007, 14.5% of adults in Singapore smoke. This is due to a series of tough laws.

In the 1970s, Singapore embarked on a series of tough measures against tobacco. Its first law restricting smoking in public places came into force in 1970 and the following year, it became one of the first countries to ban tobacco advertising.

In 1986, the government of Singapore launched a campaign called Towards a Nation of Non-Smokers, while in 1989 it took further action by prohibiting tobacco companies from handing out free samples, by banning display of cigarettes in shops that sell them and by banning cigarette logos on non-tobacco products, such as fashion wear and accessories.

Despite these measures, the city-state had been operating a successful tobacco business in the 1970s and 1980s. But in 1993, an industry analyst said that this commercial success would no longer be possible, describing Singapore as “the world’s most hostile environment for our industry” with “one of the world’s most restricted markets” (see [Box 4.7](#) Behind the smoke screen).

Thailand also stands out for the firm stance it has taken against tobacco. In fact, it would be hard to overstate the importance of what happened in Thailand in 1990 for global tobacco containment. In the mid-1980s, the country was awash with contraband cigarettes, including Marlboro, one of the brands produced by Philip Morris. At that time it was illegal to sell Marlboro cigarettes except in a few duty-free stores, yet Philip Morris was advertising the brand everywhere.

Although Philip Morris’s company policy is to condemn contraband cigarettes, the large quantities of contraband Marlboro cigarettes combined with advertising nevertheless helped to set the stage for the brand’s eventual entrance into the Thai market.

The government-run Thai Tobacco Monopoly hit back with its own advertising campaign, adding to the barrage of tobacco advertising in the country. As never before, the population of Thailand was encouraged to smoke, smoke, smoke. This situation went on until 1988, when, under pressure from the medical profession, the government ordered the monopoly to stop advertising. The monopoly complied, but Philip Morris continued, arguing that the Thai Cabinet decision was not a law. This led to a government decree banning all tobacco advertising in 1989.

Photo 4.6. Lao People’s Democratic Republic, 2005. A man smoking a long wooden pipe filled with local tobacco



WHO/J. Holmes

Box 4.7. Behind the smokescreen

“Giving up is easy, I do it all the time.” So goes the old joke, but behind the humour there’s a sad truth: solo attempts to quit have low success rates. That’s because nicotine is an addictive substance and its withdrawal symptoms – both physical and psychological – are often too much to bear. Without help from support groups or programmes, more than nine out of 10 people who try to give up start smoking again within a year.

Some smokers know that nicotine is the addictive substance in cigarettes and that tar is the part of the cigarette that settles in their lungs and damages their health. But recent research shows that cigarettes are even more lethal than we thought because – in addition to nicotine and tar – cigarettes contain many other toxic substances, for example, cancer-causing nitrosamines – a mixture of nicotine and nitrates. That’s why campaigners are calling on tobacco companies to disclose all the components of each cigarette on packs, just as food companies list ingredients and nutrition values on food packaging.



Singapore, 2000. A staff member from the health ministry talks of the hazards of smoking cigarettes

WHO/WPRO

The very same year, multinational tobacco companies lobbied the government of the USA to oppose the Thai advertising ban, accusing Thailand of unfair trade practices. But despite political pressure, the Thai government refused to reverse the ban, and received support from health promotion groups in Thailand and in many other Asian countries. What came next was unprecedented: the various groups supporting the Thai position decided to argue their case on the doorstep of the tobacco companies that had tried to gain market access. Those health groups took out an advertisement explaining their position and posted it in the *Washington Times* – a daily newspaper

that is particularly influential among conservative politicians, a group who tend to favour free market access and to support industry in general. The response to the advertisement was tremendous. Thailand suddenly found that it had supporters everywhere, including in the media, as well as among health and anti-smoking advocates. This gave a considerable boost to the anti-smoking cause in Thailand and led to the creation of an international network that supported the Thai government’s position.

A turning point

The issue in Thailand had become a hot potato and something that needed to be resolved on an international level. So it was handed over to the regulatory body responsible for international trade, known at the time as the General Agreement on Tariffs and Trade or GATT. What followed marked a turning

point in the history of tobacco control. GATT ruled that although Thailand could not ban foreign cigarettes or tax them at a higher rate than domestic cigarettes, it was within its rights to implement anti-tobacco measures, as long as domestic and foreign manufacturers were treated equally. Thailand's advertising ban could remain in place. Philip Morris could sell cigarettes in the country, but the 'Marlboro Man' would not be riding the billboards anymore.

The tobacco companies' lobbying had backfired. Since then, Thailand has increased taxes on cigarettes, banned advertising and free samples, and imposed health warnings on cigarette packs. The country has also imposed a ban on smoking in public places, vending machines, sales to minors under 18 and candy cigarettes that lure children into smoking.

Thailand and Singapore proved that despite the immense power of tobacco companies to lobby and win over some politicians, it is possible for a government to control tobacco within its borders simply by saying 'no' (see **Box 4.8** Stop tobacco, save lives).

The tough steps that these two countries took are just the kind of measures countries signed up to in the WHO Framework Convention on Tobacco Control, which came into force in 2005. Since then, it has become one of the most widely embraced treaties in the history of the United Nations. "That's a long way from the early 1990s, when the idea of a tobacco treaty was first mooted in Paris," says Bettcher. "It was shot down immediately by many critics, and the tobacco companies thought it sounded like an idea from outer space." As of January 2011, there were 172 parties to the treaty who must by law put it into force. That means taking all the tough measures, especially making public places 100% smoke free, and banning the marketing and advertising of tobacco products.

Box 4.8. Stop tobacco, save lives

There are tried-and-tested ways for governments to stop tobacco and save lives. Here are seven of them:

- protect people from second-hand smoke (passive smoking) by making public places and workplaces – including cafes, bars and casinos – smoke free;
- ban advertising, promotion and sponsorship for tobacco products;
- raise taxes to make cigarettes and other tobacco products more expensive;
- warn everyone about the dangers of tobacco, for example, by putting warnings on cigarette packets in large letters, such as 'SMOKING KILLS';
- support anti-tobacco campaigns;
- offer help to people who want to quit;
- monitor the number of people who use tobacco and promote government policies that will halt the epidemic of tobacco-related diseases.

Photo 4.7. Niger, 2000. Children marching on World No Tobacco Day



WHO/B. Chaibou

It is easy to see which way the wind is blowing. Many countries are now seeing the economic argument for controlling tobacco. China has already tightened tobacco control noticeably since 2005. Tobacco advertisements are disappearing from the streets, to be replaced by posters on the harm smoking causes. Other countries have started to do the same, but there is still a very long way to go. Brundtland must be pleased. She once said that smoking may not be a communicable disease, but it is communicated – by advertising. With the disappearance of each advertising billboard, tobacco companies lose some of their infective power (Photo 4.7). ■