

Building on success: from Buenos Aires to Paris

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This speech was delivered at a plenary session on the closing day of the eighth world conference on tobacco or health in Buenos Aires, Argentina, 30 March-3 April 1992.

This conference is taking place almost exactly 30 years after publication of the first landmark report of the Royal College of Physicians of London, *Smoking and Health*.

My own involvement in smoking and health goes back only 20 years, but on looking through the list of plenary speakers I find that Mike Pertschuk, Lars Ramstrom, and I are able to claim veteran status as those who have had this privilege at every world conference since New York.

I propose to take advantage of my veteran status by dividing my talk into three parts:

First, a brief review of progress over two decades of smoking control; second, some highlights of the planning sessions held today; and third, some discussion of targets for the next few years.

But before this, I would like to pay a brief tribute to the organisers of this conference.

The inspiration came from Carlos Alvarez Herrera. Others have already spoken about Carlos; and I would only wish to add that I knew him as the most committed of colleagues; an enthusiast; and a fundamentally decent man who cared for his fellow human beings and is sadly missed by his friends around the world.

I would also like to pay tribute to those who picked up the baton from Carlos. The conference committee have done a magnificent job: as chairman of the last world conference, I know only too well how much time and effort this will have cost them.

One other person who deserves especial appreciation is Allan Erickson from the American Cancer Society. Allan is one of the modest heroes of smoking control.

I met him when he had just started working on tobacco, at the first European conference on smoking and health, which I was foolhardy enough to organise in the mid-70s; and I have learnt since then to develop an enormous respect for his friendship, dedication, and sheer hard work.

The American Cancer Society has been insufficiently recognised as by far the most important benefactors of international work on this issue. Allan has been an outstanding contributor to this work and has developed into a leader both in his own country and internationally. He has poured his boundless energy into both the United States and Latin America.

We all owe Allan and his colleagues in the American Cancer Society a considerable debt of gratitude.

And so to my first component: a review, with overtones of nostalgia.

Smoking control during the past two decades

When I became Director of ASH (Action on Smoking and Health) in the United Kingdom in 1973, my decision to work full time on smoking and health issues was regarded as almost eccentric, as was my belief that an organisation funded by the government and backed by the medical establishment could operate as an effective pressure group.

Even the idea of adapting a medically based organisation to work as a pressure group on public health issues was at the time novel and seen as, at best, a career hazard.

In 1973 there was no agreement within countries, let alone internationally, on the general approach desirable if smoking was to be brought under control; the tobacco industry still had considerable credibility, to the extent that many distinguished scientists of unimpeachable integrity believed that it should be possible to work with the industry and were willing to accept funds for doing so.

Amazing though it may seem now, drafts of early Royal College of Physicians' reports were sent to industry representatives for their comments.

The evidence that smoking caused disease was generally accepted, but there was of course much less of that evidence available, and on a far narrower range of conditions than today.

The evidence available on the harmful health consequences of passive smoking was so limited that it was only appropriate to press for action in this area as a useful complement to other measures, rather than specifically to protect health.

Commercial chewing or dipping tobacco was not an issue of consequence; there was very little awareness even among such activists as existed about tobacco sale and promotion in developing countries; many important news media either declined to run stories about tobacco and health issues or slanted such stories heavily towards the industry (with a touching insistence on the need for "balance," which meant that if a doctor or health agency asserted that smoking was damaging, the industry should be allowed to deny it); and there was no effectively coordinated international activity on smoking.



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Intervention was regarded by most of those concerned to reduce smoking as entailing running smoking cessation programmes only, with the possible addition of an occasional poster or lecture in schools. Smoking was on nobody's serious political agenda.

The progress made around the world since then has been remarkable, particularly given the nature of the commercial, cultural, and political opposition.

Those concerned to reduce smoking are now effectively part of the establishment; the tobacco manufacturers themselves speak of their pariah status (in the words of a vice-president of the Brown and Williamson company in 1976, "We have sunk to such a low level, I don't think anything we say will be believed") and desperately spend ever increasing amounts in search of purchased respectability.

There is overwhelming acceptance of the overwhelming nature of the overwhelming evidence on the overwhelming quantum of death and disease caused by smoking. There is a strong consensus among health agencies, consumer organisations, and governments on not only the need for action but the comprehensive programme of action that is appropriate.

The Norwegian Tobacco Act of 1975 started an epidemic of health-based smoking control legislation that shows no signs of abating; education programmes are becoming ever more sophisticated; not only that, but we know that well funded and continuing public education programmes using the mass media actually work.

Low tar programmes have all but met their targets in several countries; the media are ever more sympathetic, and ever more willing to cover new evidence of the dangers of smoking, on developments in smoking control, on the iniquities of the industry, or simply on the ingenuity of smoking control advocates; passive smoking has become a major issue in its own right, bringing with it litigation and social consequences that may prove to be as damaging for the tobacco manufacturers as the original evidence on smoking and disease; the clear evidence on the dangers of passive smoking has also brought us new allies, who can articulate the arguments in a way that cuts through both the complexities of the evidence and the obfuscation of the industry. Here, for example, is the way Bryant Gumbel of the American television programme *NBC Today* summarised the issue: "When are they going to drop that label of 'anti-smoking activists,' and start referring to 'normally prudent people'?"

Product liability litigation has become the blinding headache for the tobacco industry that one of Dr Novello's predecessors as US Surgeon General, Jesse Steinfeld, long ago predicted it would; the scandal of tobacco promotion in developing countries has become a focus for international attention; a new generation of smoking control advocates and experts has added strength, ingenuity, and sheer professionalism to our campaigns; and

smoking control advocates are internationally now so well coordinated that we have our own communications networks and publications.

There are achievements aplenty to be documented, there are triumphs to be savoured, trends to be observed, heroic figures to celebrate and even, sadly, to mourn. The international campaign on smoking and health has come of age.

But the need for this conference is itself evidence that any complacency is wholly misplaced. The achievements of the last 30 years are at best only a starting point.

Richard Peto and his colleagues in the World Health Organisation (WHO) consultative group on statistical aspects of tobacco-related mortality have set out the challenge for us:

"During the 1990s there will be about 3 million deaths a year from smoking. But, by the time the young people of today reach middle age there will, on present smoking patterns, be about 10 million deaths a year from smoking...over 200 million of today's children and teenagers will be killed by tobacco, as will a comparable number of today's adults, i.e....a total of about half a billion of the world's population today will be killed by tobacco."

For all of us, as for Peto, "what really matters is the future: we cannot help the 8000 who die from smoking today, but we can help avoid a lot of the 28000 deaths a day from smoking that we are going to see in the future if smoking patterns don't change."

The reality is that smoking control is still in its infancy. Worldwide, the problem is growing, not declining. Every day tens of thousands of children and adolescents start smoking; they are the people behind the statistics with which Peto challenges us. Smoking control measures are gradually being introduced but for a long time this was occurring primarily in Nordic and English speaking countries; and there are all too few exceptions to the rule that such measures as are introduced are too little and too late. The political revolutions in what was once the Eastern Bloc, changing circumstances in China and some of its neighbour countries, and better communications with and within many developing countries are all opportunities for smoking control, but they also provide yet further evidence of the tobacco industry's capacity to develop and increase markets.

Reasons for optimism

For the foreseeable future, the outlook is grim indeed. But we have much in our favour, including four key factors:

First, simply the sheer magnitude of the problem. A pandemic responsible for literally millions of deaths each year cannot be glossed over forever. Just as Takeshi Hirayama posits that smoking accelerates the aging process, our task is to accelerate the process whereby smoking is seen as a major political problem, rather than a minor issue of concern only to health professionals.

A second key factor in our favour is the calibre of those concerned about the smoking

problem. The presence at this conference of individuals as significant as the President of Argentina, so many Ministers for Health, and the Surgeon General of the United States is ample testimony to the fact that smoking is slowly but surely making its way up the political agenda.

Third, we have learnt some crucial lessons. We know of the need to adopt a strategy, and to stay with it: I shall return to this theme later. We have learnt from long and bitter experience that the international tobacco industry more than justifies all the rhetoric we have lavished on it over the years: its business is selling death and disease; it will do so wherever and to whomever it can; it will target any group, however vulnerable; it will use every possible ounce of economic or political clout at its disposal; it will seek to prevent governments and health authorities from taking the action they know to be necessary in the public interest; and it will fight the health interests every inch of the way.

So we have learnt about the iniquities of the industry; but we have also learnt that it can be defeated. It has lost battles large and small around the world; and here again we have learnt that to defeat the industry does not require resources that match the industry's – it takes a well organised, persistent, and professional health lobby. And there is one further lesson we have learnt about the industry: it is having to rely increasingly on second rate staff at every level. After all, if you were either a bright young executive looking for a long term career or a senior figure seeking respectability in the community, you would hardly choose an industry that is slowly but steadily attaining pariah status.

We have learnt general lessons: the need for a comprehensive programme; that partial measures achieve partial results; that we do not have to appear negative and anti-enjoyment, but can and should be presented as positive, and pro-health. We have learnt much more about how to implement all of the different aspects of a comprehensive programme – and I have during the week been impressed by the level of sophistication that has been reached in areas ranging from measuring the problem to evaluating intervention programmes. But above all, we have displayed a capacity to talk about and learn from our mistakes.

Fourth and partly as a result of this, we now know much of what is required to bring smoking under control. As I noted earlier, the first task those such as Nigel Gray, Kjell Bjartveit, and I had 20 years ago was to create a consensus as to the strategy necessary for smoking control. Since then several countries have implemented various components of this strategy, some in large part. There is now ample evidence from around the world for us to be able to assert that we know what works. Of course some of the emphases have to vary on the basis of culture or economic status, but it cannot be emphasised sufficiently that *we know what works*. Even more to the point, we know that it can be achieved.

To be parochial for a moment, in my own State of Western Australia cigarette smoking is declining steadily. Thanks to legislation at both national and state levels, and much other activity also, we now have:

- Legislation phasing out all forms of tobacco advertising and promotion: this ranges from national legislation on print media advertising to state legislation on all other forms of advertising and promotion
- Substantial increases in taxation
- Establishment of a State Health Promotion Foundation, with a legislative remit to replace all forms of tobacco sponsorship of sport and the arts. The foundation is funded from tobacco tax and has available to it more than five times the budget necessary to replace tobacco sponsorship. This enables us to provide much additional support to sporting, artistic, health promotion, and research projects
- A more forceful system of health warnings. This itself is currently subject to evaluation, review, and proposals for much stronger replacement warnings
- Many moves towards better provision of smoke-free workplaces and accommodation, from a complete ban on smoking in aircraft onwards
- Development and implementation over several years of a major community public education programme, with activities ranging from school health education curricula to major mass media programmes
- Constant media coverage reminding the public of the dangers of smoking and the magnitude of the problem
- Tar yields as low as anywhere in the developed world
- And much else besides.

And at last – at long last – we are starting to reap the rewards. Not only is smoking on the decline but so is lung cancer.

I should stress that this progress does not permit complacency. We still have much to achieve – although this in itself has its advantages in that both the continuing magnitude of the problem and the obstacles in our path provide us with opportunities for continuing media coverage.

On the other hand, our experience in Western Australia, combined with what I have observed in other states and countries that have achieved some form of legislative success, convinces me also that in developing our plans we need to include one new component that has hitherto been missing: what do you do when you have achieved legislation?

Hitherto, there has been an assumption that legislation is the end to be achieved. But it is not: it is only the end of the beginning. After legislation there is an inevitable sense of triumph – but there are also disadvantages. To cite only one example, it is no longer possible for pressure groups to obtain relatively easy media coverage criticising government for its failure to act!

The point I want to make here is simply that achievement of any one of our goals should never allow complacency while smoking re-

mains our largest preventable cause of death and disease.

None the less, achievement of appropriate governmental commitment and action is a crucial prerequisite to effective smoking control action in most countries; and it is against that backdrop that a series of strategic planning sessions took place during the conference.

Regional planning sessions*

The regional planning sessions were introduced by the programme chairman of the International Union Against Cancer (UICC), Mr Michael Wood, and the head of the WHO tobacco programme, Professor Menchaca. The planning sessions themselves were chaired by the relevant UICC regional chairpeople.

The key word in relation to these sessions was indeed planning: the idea was from the outset that targets should be set not only for regions but also country by country. This means that at the next world conference, in Paris in two years' time, we can report back on progress. In setting these targets it is of course important to recognise that we must be realistic; and we must also appreciate that circumstances vary from country to country – not only in terms of economic and cultural status but simply in terms of where we are starting from.

One other important issue in relation to targets is that these are not only targets for us. They are targets for all those who should be concerned about smoking control – from those health agencies not yet involved in this issue to governments – and we should challenge them very publicly to achieve these targets.

The planning sessions were all asked to look specifically at the three issues of countering advertising and promotion; implementing prevention programmes for children; and smoke-free public places.

They all embarked on discussions that were both lively and constructive. There was no need to discuss the basic strategy required – that was agreed from the outset. There was, however, a need to discuss tactics, given the varying circumstances both between and within regions.

Each session produced new information about smoking trends, industry activity, and community responses. They all also produced agreement on plans for the next few years, means of implementing those plans, and a very wide range of ideas that merit sharing among all smoking control activists.

Onward to Paris

But following these planning sessions, our focus must now shift from Buenos Aires in 1992 to the 9th world conference on tobacco or health in Paris in 1994.

The main organiser of the Paris conference, Professor Albert Hirsch, has already registered

* The original speech included a more comprehensive summary of the regional planning sessions. – ED

enormous achievements in terms of mobilising medical and political opinion on smoking in France.

And Europe is currently one of the major battlegrounds in the tobacco war. Public opinion there, as the European Bureau for Action on Smoking Prevention has shown us, is favourable, so with luck we may even have a European Community free of tobacco advertising by the time we get there.

In his talk about implementing measures to protect the rights of the non-smoker, Professor Tony Hedley from Hong Kong showed us a table of Asian countries with scores allocated for various measures to promote smoke-free areas. Of course that is a rough and ready approach, and one could argue with aspects of it. But we are an international community, and for a global problem it is entirely appropriate to compare action taken across national borders.

I hope that before the Paris conference either the conference organisers or one of the international agencies will take the initiative of developing an international scoreboard on action to reduce smoking in each of the key themes of this conference: tobacco advertising, young people, taxation, and non-smokers' rights. It may also be appropriate to look in this manner at other issues – from the adequacy of information about smoking patterns onwards to such information as is available about smoking trends in all age groups.

The scoreboard can then be used to challenge governments, health organisations, and the community as a whole in the various countries. More to the point, we will then in Paris and in future conferences be in a position to measure the progress that has been made nationally and internationally.

This may make some uncomfortable; but I would stress that in my view the greatest praise belongs not to those of us who are essentially pushing stones downhill but rather to those who are able to achieve some initial progress where before there was nothing.

So between now and Paris I hope that we shall develop better means of measuring not only the problem, but also the progress that is being made.

At the risk of omitting much that is important, I would like also to suggest 10 key themes for those concerned with tobacco control internationally.

1 IDENTIFY THE RIGHT STRATEGY

One of the successes of smoking control in recent years has been a remarkable consensus on the objectives to be attained, and the appropriate strategy. The UICC strategy, since adopted by WHO as well as many other international and national organisations, remains appropriate in 1992; but obviously also local circumstances can vary, and time has altered at least some of the prevailing conditions. For those concerned to reduce smoking in any community it is vital that the first step be to identify some clear targets and then head for these without too much distraction.

2 IDENTIFY THE RIGHT CAMPAIGNERS

Smoking and health campaigns around the world have succeeded not because there are vast numbers of campaigners but because a few talented individuals entered the fray – and then persisted. But crucial to their success has generally been the support of some key medical and consumer organisations. It is important to identify the right campaigners, arm them with the right strategy, and then ensure that they get the best possible support. This may require considerable generosity from those who have all the commitment and knowledge necessary, but not the necessary campaigning skills.

But the right campaigners are not only those with the appropriate skills: they must have fire in their bellies. The doyen of campaigners, Michael Pertschuk, points out that: “Some people are not happy trying to make the system move from A to B. They would rather sit back and lament that the system will never move from A to B. And they don’t belong in this kind of work.”

3 IDENTIFY THE RIGHT ARGUMENTS

All too often we find arguments that may persuade us but that are simply not tailored to those whom we have to convince. Others on this panel can no doubt address this issue better than I, but as one who over several years has had responsibility for advising ministers on public health issues, I was often surprised and depressed by the manner in which the case for important public health measures was poorly presented and argued.

4 INNOVATE

It is not new that smoking kills. The broad outlines of our strategy are also clear. But beyond this, the scope for innovation is endless: from smoking cessation to political campaigning, we must constantly seek new approaches. When I first became involved in smoking issues, two decades ago, journalists and others would tell me that “there’s nothing new to say about smoking.”

But there is always something new to say, always some new means of catching the attention and imagination of journalists, politicians, and the public.

Within Australia we were becoming perhaps a little weary of battling for tobacco advertising bans at the state level. The problem facing us was that the sports lobby, which received so much tobacco funding, blocked any real progress.

But in 1987 some innovative thinking cleared the blockage. Nigel Gray, Director of the Anti-Cancer Council of Victoria, and David White, the then Victorian Health Minister, developed an ingenious proposal that not only resolved the problem but made the legislation popular. The proposal was for a ban on tobacco advertising and promotion, introduced alongside an increase in tobacco tax, part of which would be used to create a Health

Promotion Foundation. The Health Promotion Foundation would have enough money to replace all tobacco sponsorship and promotion – and much more besides, with which to fund major programmes in sport, health, and the arts.

Suddenly, everybody wanted the legislation. The sports lobby realised that they would get more money, from an untainted source, with far fewer strings. Government realised that it could – uniquely – introduce a popular tax increase, using some of the revenue for the foundation and the rest to offset the cost to the community of diseases caused by smoking; and public opinion, when measured, proved to be immensely supportive.

The legislation ultimately received support from all parties; it was successful in the parliament; it has proved to be hugely successful; and it has been replicated not only within Australia – in South Australia, Western Australia, and the Australian Capital Territory – but also overseas. The moral could not be clearer: innovate, and tell others about your innovations.

Campaigners on smoking have learnt over the years that in the crucial areas of influencing the public and politicians there is always scope for further innovation. One can be innovative through use of the media, through use of different supporters, through use of the opposition (from criticism of their promotional activities to drawing public attention to the low esteem in which they are rightly held) and in a host of other ways. But above all, we can be innovative in our use of the evidence.

Some years ago I used the phrase “creative epidemiology” to describe the vital work done by those such as Richard Peto, D’Arcy Holman, and others in constantly finding new ways of presenting the magnitude of the problem. Their creative intellects are our best weapon.

And in this context, I would add that one of the joys of the GLOBALink network is that it enables us to keep in touch constantly with the innovative work being done elsewhere – and to plagiarise it wherever possible, for in campaigning there should be no copyright on good ideas. But we must keep innovating, not least because it helps to maintain our own interest and that of our supporters.

5 IDENTIFY SUCCESSSES

Success breeds success, and it is important to share information among ourselves as to how successes have been achieved. But just as important as this, people like being associated with success stories. Nothing convinces decision makers so much as opinion surveys or other evidence that the measures we seek to introduce are popular. News of success stories is important if we wish – justifiably – to convince others that we are worth supporting. And it is also enormously helpful when authors such as Martin Raw, Patti White, and Ann McNeill put together information on how successes have been achieved.

6 STAY WITH THE STRATEGY

It is sometimes tempting to look for a change in the consensus strategy, and it is of course axiomatic that approaches must be sufficiently flexible to allow for varying local circumstances. But one of the successes of the smoking control movement internationally is that we are consistent. We have an agreed strategy and we stay with it. One of the rules that I learnt as a chess player is that more games are lost by changing strategy half way through than by adopting the wrong strategy in the first place.

7 COORDINATE AND COMMUNICATE

One of our major achievements of the last few years has been the vastly increased and improved communications methods we adopt. To take only two examples, the GLOBALink network means that we can talk with each other and exchange information in a manner that was never before possible; and the new journal *Tobacco Control* will make it infinitely easier to ensure that our successes, failures, and problems are better documented.

As today's sessions have shown, the UICC programme also provides us with a good framework on which to build yet further our international coordination and progress.

But this framework is still relatively young, and we must ensure that access to it is extended far beyond the golden circle of current known campaigners to our many other allies and potential allies. Here let me pay credit to the outstanding work Michael Wood has done in ensuring that the UICC programme is not only the key coordinating group but never content to rest on its laurels.

8 IDENTIFY NEW ALLIES/FORM COALITIONS

Expressions of concern about smoking almost invariably start among doctors. But I hope that they will not take offence if I add that effective action generally comes much closer once they enlist the support of others – from health professionals to the media.

And we can bring together some surprising allies. One of my favourite slides from the 1970s shows four harmless looking individuals in Northern Ireland united against smoking. Who would have guessed that at least one of them had a gun in his coat, and that two of them were the fiercest of enemies, as the leaders of the parliamentary Catholic and Protestant groups in that divided province? It may have been, as Gerry Fitt MP said at the time, “the first time we’ve agreed about anything,” but it showed that concern about smoking among children is an issue that can generate some remarkable political alliances.

So we must identify new allies. But to pursue an issue which has been a recurring theme throughout this conference, we must form effective coalitions with them – coalitions in which all are equal partners.

9 REMEMBER THE OPPOSITION

Our concern about smoking is a positive

concern – a concern to improve the health of the community. But we should never forget that in 1992 as in 1962 the single largest obstacle to our work is the international tobacco industry. This is an industry which around the world is dedicated to ensuring maximum possible consumption of its products, and hence maximum possible resultant mortality and morbidity. It is an industry which has known for 40 years about the dangers of smoking but has not changed its strategy of denying the evidence, denigrating the health lobby, and developing new markets. It is an industry that has not changed since, at the first world conference on smoking and health in 1967, the late Senator Robert Kennedy said, “The cigarette industry is peddling a deadly weapon. It is dealing in people’s lives for financial gain... The cigarette companies have demonstrated a total inattention to public responsibility.”

It is also a well organised industry that does not hesitate to wield its commercial, economic, and political clout at every level.

So it is vital that none of us forgets that there is an opposition and that it will continue to oppose. This is not a conventional public health problem such as tuberculosis, typhoid, cholera, or even AIDS (as and when a vaccine or cure of some kind is developed), where once you have identified the cause of the problem and the appropriate resolution you can at least set about implementing action hindered only by conventional constraints, such as finance.

This is a problem where we have identified the cause and the resolution, but there is a major and highly profitable international industry whose continuing profitability depends on its successful opposition to our work.

10 MAINTAIN THE RAGE

So my final theme for the next few years is that we must maintain the impetus, or – in the words of a successful Australian election slogan of the past decade – “Maintain the rage.”

We should feel no embarrassment about a feeling of outrage that millions of people are being unnecessarily killed by cigarettes, just as we feel outrage that a single drunken motorist kills an innocent child.

Indeed, we have a responsibility to convey a sense of continuing outrage. “If this trumpet give forth an uncertain sound, who will obey the call?”

* * *

We meet next in Paris in 1994, and I believe that we should all welcome this as the first occasion in which a world conference on tobacco will have been held in a francophone country. Within two years we cannot expect to achieve miracles, but we can quicken the pace of progress.

We can set ourselves clear targets – and not fear to be judged against those targets, even if this means conceding that we will not have achieved everything we sought.

When I had the privilege of summing up the Stockholm world conference in 1979, I recall

saying, "So where do we go now? We go to war..."

And the need to go to war is as great now as it was in 1979. We are still at war with an implacable enemy whose success will be judged by nothing less than the deaths of literally millions of children now alive.

So let us go to war from here also; for if we do not go to war, who will?

And we can ensure that we not only go to war but do so in a well organised manner, with clear objectives, and agreed strategy, and an army that grows daily in size, strength, and commitment.