The Gathering Smoke Clouds: 
A Worldwide Challenge

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Based on the 1983 WHO Expert Report, *Smoking control strategies in developing countries*, the problem in these countries is briefly reviewed. Many countries are well on the way to adding a formidable epidemic of smoking related diseases to their already overwhelming health problems. Rational policies of prevention are reasonably well understood. But, just as in developed countries, the difficulty is to get them applied. Doctors in the industrialized world could do much to support their colleagues in the threatened countries. All of us should feel a responsibility towards helping to prevent the tragedy.

In 1978 the WHO Expert Committee on Smoking Control warned that, without strong and resolute government action, within a decade the smoking epidemic would have spread from economically developed to developing countries, exacerbating the already grim problems attributable to malnutrition and communicable diseases. This would further widen the already enormous gap in levels of health between the industrialized and poorer countries. The recent report on smoking control strategies in developing countries begins by recording that this pessimistic prediction is being fulfilled. One of the major reasons for the tragic progression is ‘the international tobacco industry’s irresponsible behaviour and its massive advertising and promotional campaigns’ in developing countries as a better informed public in developed countries increasingly eschews smoking and the market in these countries contracts.

Although there is a paucity of data and considerable variation from country to country, in most developing countries some 50% of men are dependent on some form of tobacco use. In women the rate is often nearer 5%, though there is a much higher prevalence in Bangladesh, Nepal, parts of India and Thailand. In some countries, especially in rural areas, hand-rolled ‘bidis’, local cigars, pipes, hookahs and various forms of tobacco chewing are variants which appear to have consequences at least as lethal as manufactured cigarettes. They often have a very high tar content. Even the content of cigarettes marketed in these countries by the multinational companies is usually much higher than is permitted in most developed countries. Indeed the ‘filter’ cigarettes sold there may fail to filter; a study in India showed that the ‘filters’ were quite ineffective.

Although statistical evidence from developing countries is patchy, what is available is consistent with that from the UK and elsewhere. For instance tobacco consumption among South African blacks is now among the highest in the world and so is their lung cancer rate. The lung cancer death rate in China doubled between 1963 and 1975. Smoking also enhances the effects of other carcinogenetic factors, as with bilharziasis and bladder cancer in Egypt. There is similar evidence regarding ischaemic heart disease, chronic bronchitis and peripheral vascular disease. In countries where the domestic chimney is an advanced form of newfangled technology, domestic smoke enhances the effect of tobacco smoke in causing chronic bronchitis; in areas of Nepal, where high altitude hypoxia is a further factor, few survive into their fifties.

Smoking has been shown to exacerbate the effects of anaemia, age and parity in increasing perinatal mortality. In one study in India the stillbirth rate in tobacco chewers was 50 per 1000 births compared to 17 in non-chewers. Tobacco chewing also gives rise to particularly distressing forms of oral cancer.

The report points out that, although tobacco growing is tempting both to the individual for the immediate monetary return, and to governments as a foreign exchange earner, this policy has major long-term disadvantages. With an increasing population it diminishes the land available for food growing. Increasing local consumption of the tobacco crop
decreases export earnings. The woodburning necessary for curing the tobacco is leading in some areas to drastic deforestation with resultant effects on water retention and consequent spread of desert. Tobacco taxes are a temptation to governments, but they do not increase national wealth, which indeed is decreased by the economic effects of ill health, both through decreased productivity and through the costs of care which fall either on the family or on the state. Taxes can be raised in other less deleterious ways.

Increasing numbers of doctors and administrators concerned with the Third World are now becoming aware of these tragic trends and the grim harvest of death and disability which is beginning to be reaped. It is not too difficult to put forward theoretical remedies which are perfectly rational. It is much more difficult to ensure that they are put into practice. It would be grossly optimistic to expect governments, administrators and the public in developing countries to change their attitudes overnight. But a report by an Expert Committee of WHO does carry weight and can help to influence the climate of opinion, at first of the partially enlightened and then, with time and effort, of a steadily widening circle. Measures which may seem impossible to get implemented now, might be accepted much more readily in a few years' time as long as there is the maximum amount of discussion, privately among opinion makers and publicly in the media.

At the same time immense efforts will be required to face, outface and outflank the formidable and well-funded counter-efforts by the tobacco companies. Those of us in the developed countries can help our colleagues in the Third World by giving them all the support we can through providing data and experience from our own campaigns and by rousing public opinion in our own countries to bring pressure on the multinational companies.

The measures proposed by the report will be familiar and are those already accepted by several international bodies. It is suggested that each country should set up a smoking control programme which should have as objectives (a) to illustrate the case for smoking control action, (b) to prevent people starting to smoke, (c) to reduce the present smoking rates in the population, (d) to establish a social climate favourable to non-smoking. An interministerial coordinating committee is strongly recommended as the ministries of finance, agriculture, industry, education etc have major interests in the problem and some of these may be inimical to the health interest.

Much useful detail is given in the report, but how to get all these splendid recommendations implemented? In some developing countries opinion among decision makers has moved forward rapidly. In Singapore the enlightened paternalism of its government has gone into formidable action. Hong Kong is about to set up the type of central organization suggested in the WHO report. In other countries, such as India and some African countries, a few enlightened individuals are beginning to rouse opinion. In China, Mao was a heavy smoker so no campaign in this field was possible in his lifetime; now, medical opinion is beginning to move and may well soon be able to mobilise the formidable social discipline of that vast country. The International Union against Cancer (UICC) has sponsored, sometimes with WHO, a number of national or regional seminars designed to raise consciousness of the problem. Other international bodies, in liaison with their members in developing countries, are beginning to act similarly, sometimes in cooperation with UICC and WHO. Among these are the International Society and Federation of Cardiology, the International Union against Tuberculosis (which has now extended its interest to non-tuberculous chest disease) and the International Union for Health Education.

The medical traveller from a developed country is often shocked by the number of doctors in developing countries who still smoke. Surely he has a responsibility to emphasize the smoking problem in all his contacts—with doctors, with administrators, with ministers, with the media—to try to influence key colleagues and to give every possible support to those who are already committed. In many of these countries the smoke clouds of a horrendous epidemic are already gathering, to add a further tragic dimension to what may already seem almost insoluble health problems. Every one of us should feel a personal responsibility to try to prevent that tragedy.

REFERENCES