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INFOTAB International Tobacco Information Center
Centre International d'Information du Tabac

August 9, 1983

F I F T H W O R L D C O N F E R E N C E O N
===== S M O K I N G A N D H E A L T H =====
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July 10-15, 1983

Under separate cover I am sending you a report on this Conference prepared by the INFOTAB Project team.

It consists of an introduction, sections on major target areas and the anti-smoking forces, followed by a "brief items" section which should make for lighter reading and give readers a sense of the atmosphere at the Conference. It ends with some concluding remarks.

It does not contain recommendations for industry action which we intend to consider more deeply and bring with us to the INFOTAB Workshop in September for discussion.

Also enclosed are :

- The English text of the official agenda
- The Conference recommendations
- A list of documents issued at Winnipeg
- "The Lung Goodbye" by Simon Chapman, Australia
- Daily summaries despatched by telex from Winnipeg to interested parties

Some of the scheduled speakers did not turn up; in other cases unscheduled speakers were introduced, but on the whole the agenda was adhered to fairly well.

Practically all sessions were monitored by a member of our team and if you have any particular questions on them, we shall be happy to try to answer these.

The majority of sessions were tape-recorded by the Conference organisers and on the agenda these sessions are indicated by a tape symbol and number on the left of the page. We hold a copy of each tape and on request, we shall be pleased to have them reproduced at a cost to you of US\$ 7.50 per tape.

Regretfully, we were not successful in obtaining a list of delegate registrations but were promised this would be circulated to all delegates towards the end of July.

If any of the documents issued at Winnipeg should appear of interest to you, we shall be pleased to provide copies.


H.G. VERKERK
Assistant Secretary General

REPORT ON FIFTH WORLD CONFERENCE
=====ON SMOKING AND HEALTH=====

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WINNIPEG - CANADA

JULY 10 -15, 1983

I N T R O D U C T I O N

The overall impression gained at the Conference was that the anti-smoking movement had come of age. It has consolidated itself in many Western countries in durable, well-organised pressure groups. It has established beachheads in various government agencies and international organizations. In several Western countries, it can point to legislative and political successes.

The movement has recently gained a much clearer sense of purpose and adopted a carefully mapped-out strategy which was repeated continuously throughout the conference so that even the least bright activist could understand it. While there are still battles ahead, with the tobacco industry as a putatively powerful adversary, the mood at Winnipeg was up-beat and optimistic.

There did not appear to be much interest in scientific findings and in fact, little new emerged on the scientific research front. As was repeatedly stated by several speakers, the position is that all relevant data are in now and there are no more important open questions; the agenda now is one of action, not of research. It follows that anyone who still has doubts about the scientific evidence concerning the pathogenic effects of smoking is willfully ignorant. In other words, the case has been proved and one should now get on with the practical implications. Consequently, the conference was primarily devoted to strategy, tactics and techniques of anti-smoking programs.

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Also very evident was the impressive professionalism of the anti-smoking activists. In this, of course, the anti-smoking movement is typical of comparable movements that manage to perdure over a number of years, e.g. the pro- and anti-abortion movements, the consumer movement, the various peace movements. In Western democracies, movements spring up all the time, gathered round a dazzling variety of causes. Some are fleeting fashions and soon disappear. But those which survive are increasingly managed by professional movement managers - experts of all sorts, from public interest lawyers, political consultants and media methodologists to therapists and kindergarten agitators. This has clearly happened to the anti-smoking movement and in consequence, it has become a formidable social and political reality.

A small cadre of people, under the umbrella of an "International Liaison Committee on Smoking and Health", is now coordinating the global campaign against tobacco (see later section of report for greater detail).

This Committee was instrumental in drawing up a list of 15 "Top priority recommendations to be carried out internationally as swiftly as possible". These cover virtually the full range of anti-smoking activities and show where the attack will be carried forward.

These recommendations are enclosed with this report and it is of interest that delegates were not given an opportunity to vote on them or express an opinion. They do, however, now comprise the "official" determination of the Conference and will be considered as such when their substance is transmitted to government leaders, health ministers and other authorities in all countries and international agencies.

The essence of the anti-tobacco campaign was heard at one of the best attended plenary sessions at Winnipeg (approx. 750 people) when the U.K.'s Mike Daube, one of the opposition's most articulate and effective leaders, stated : "Where do we go from here ? I believe we go to war. We recognize quite clearly that this is war with a determined enemy. The tobacco industry has demonstrated in every instance that it has forfeited the right to be regarded as anything other than the opposition. The merchants of death are the manufacturers, and we must confront them on every battleground, whether it be health, political, social, environmental, economic, or any other."

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MAJOR TARGET AREAS

It is perhaps helpful to review and update the major target areas that the "top priority" recommendations encompass directly or indirectly. Most of these areas were covered in the INFOTAB report on Stockholm under these headings :

1. Socio-economic aspects :
 - a) Social unacceptability
 - b) "Passive" smoking
 - c) Education and cessation programs
 - d) Economic costs
2. Advertising and promotion
3. Third world countries
4. Other action areas

1. Socio-economic Aspects

a) Social unacceptability

This will remain a fertile field for anti-smoking actions in the industrialized countries. The activists are encouraged by the growing number of restrictions and bans on smoking. The first US city-wide law regulating smoking in the workplace was recently adopted in San Francisco. Canada's Health and Welfare Ministry has begun a long-term program, possibly 15 years, to create a "Generation of Non-smokers". Programs with similar goals have been initiated in many places.

Several speakers at Winnipeg hailed the recent report of a large drop in the number of UK smokers in the past decade. American Cancer Society statisticians said early results from a new national survey show "a vast reduction" in smoking in the US. The percentage of adult smokers was reported on the decline in most European Common Market countries. Kuwait's Public Health Minister said smoking causes more than a million premature deaths annually throughout the world.

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b) "Passive" smoking

A recommendation from the "Health Consequences" rapporteur called for more research in this area, noting there was conflicting evidence in regard to lung cancer. Nevertheless, "passive" smoking will continue to be stressed, not only in connection with lung cancer, heart disease, effects on children, etc., but also as a major source of annoyance and irritation for nonsmokers. The "passive" smoking theme will be used even more strongly, particularly in the political-legislative arena. It is something that people generally find easy to believe.

It is worth noting that Dr. Takeshi Hirayama of Tokyo, a leading anti-smoking figure, was strongly criticized at Winnipeg when he reported a "new" finding -- a "striking" increase in the risk of nasal sinus cancer in non-smoking wives of smoking husbands. Hirayama, it will be recalled, received worldwide publicity in early 1981 with a report that his statistical studies had disclosed an increased risk of lung cancer in non-smoking women married to men who smoked. The criticism came from UK's Richard Peto who is no friend of tobacco. He said Hirayama's sinus cancer data were "incredible" and unacceptable because active exposure to one's own smoke doesn't produce anywhere near the risk claimed. While "passive" smoking may lead to cancer in non-smokers, Peto said, he doesn't believe present evidence supports a cause-effect relationship. It's a political issue only, in his view.

On the other hand, US activist Dr. Stanton Glantz, attacking the US tobacco industry's recent "free choice" advertising campaign, said "passive" smoking "probably holds the key to controlling and reducing primary smoking".

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c) Education and Cessation Programs

Education : These programs will continue to proliferate in the developed nations. More such programs will begin in third world countries that have growing professional and middle-class citizens. There will be added emphasis on young people, even in the first year or two of school, but the adult population will not be neglected. In addition to covering smoking, many educational programs will expand to include life-style factors such as diet, exercise, etc.

Halfdan Mahler, Director General of the World Health Organization, in a message to the Conference that was read by a colleague, noted that efforts to influence people in regard to smoking also should stress other aspects of "unhealthy living".

Cessation : The Stockholm Conference showed there was broad disagreement among experts about how best to help smokers quit. The same was true at the Winnipeg meeting, which had many papers on this subject. Most dealt with ongoing programs; others described single-effort programs, e.g., a television broadcast. One speaker, in a review covering 15 years, said smoking withdrawal clinics were ineffective and should be given up. He said more effort should be put into prevention.

Regardless, cessation programs run by profit-making companies, non-profit agencies and volunteer groups of all types continue to grow almost exponentially, especially in the US and certain other industrialized nations. This trend will continue. Programs of this kind fare better in an anti-smoking atmosphere.

d) Economic costs

There will be no diminution of efforts in this area. The charges will continue to relate smoking to increased costs to society because of its alleged effects on health. This theme was not ignored at Winnipeg where it was addressed by several speakers. One, however, strayed from the party line. Robert Leu of Basel, Switzerland, reported a study whose results, he said, "imply that smoking does not increase medical care expenditure and, therefore, reducing smoking is unlikely to decrease it".

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The economic theme will continue to be stressed in third world countries. The claim is that economic dependence on tobacco in such countries would be reduced by switching from tobacco growing to other crops, especially food crops. Other objectives also would be achieved by this, according to the report from the "Socio-economics Aspects" rapporteur, one being that it would "encourage corporate diversification by tobacco companies".

The adverse effects of smoking on economies everywhere were cited by a number of speakers. Daube, Gray and others referred to the "vast" number of deaths caused by tobacco.

Another, lesser theme in this area -- the need for a fire-safe cigarette -- has been promoted to a major degree in recent years only in the US. The leading US proponent of a fire-safe cigarette, Andrew McGuire, delivered a paper at Winnipeg.

2. Advertising and Promotion

This will remain a prime target for the anti-tobacco forces in both developed and developing countries. The latter will receive extra emphasis, as was indicated by several speakers at Winnipeg who showed examples of cigarette advertising in such countries.

Here again, one of the significant aspects of the Conference was not the very high level of emotional response to debates on the advertising issues, but the total absence of any attempt at serious analysis. This suggested to one observer that the anti-groups are no longer confident of their technical position in this area, despite their continuing fanatical devotion to their cause.

Dr. Kjell Bjartveit of the Norwegian National Council on Smoking and Health, whose data is often advanced as "proof" of the effectiveness of advertising bans, restricted himself to suggesting that it was impossible to quantify the effects of the advertising ban in Norway, and that the burden of proof should lie with the industry rather than his organization.

Norway was repeatedly mentioned as a model for counter-smoking campaigns.

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Australia's BUGA-UP extremists, whose session was the only one to be repeated by popular demand, will no doubt continue their billboard-defacing activities and their enthusiasm may catch on elsewhere. Non-cigarette items, such as clothing and equipment of various kinds that carry cigarette brand names, will also be a likely target.

Consumer Interpol, an extremist arm of the international association of consumer organizations, is being urged to lend its weight to the anti-tobacco efforts of some of its constituent associations, particularly those in Australia and Malaysia (Penang).

At least 16 countries have enacted bans against cigarette advertising, according to Daube, and 35 require health warnings on packages. The ban figure cited at the Stockholm meeting was 13.

An effort is being made on an international basis to persuade well-known personalities in sports, entertainment, the arts, etc., not to participate in any form of tobacco advertising or promotion. Author of this idea is Simon Chapman of Australia who was at Winnipeg selling copies of, and giving a paper on, his recently published 53-page "The Lung Goodbye -- A manual of tactics for counteracting the tobacco industry in the 1980's". This manual had a ready sale at Can. \$4 a piece and its contents are considered so "enlightning" that it is enclosed with this package.

3. Third World Countries

The third world was listed as a major action area at the Stockholm Conference and it was given increased attention in the Winnipeg program. Many more third world delegates were present than were at Stockholm including, for the first time, one from mainland China. Yet, it was clear that third world delegates feel they have been ignored in the formulation of policy and plans. They are disappointed that so little has been done since Stockholm. It also was clear that because of the views they expressed at Winnipeg and other actions taken before the Conference that anti-smoking efforts will be considerably strengthened and expanded in third world countries.

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In 1982, the World Health Organization set up an expert committee, which includes third world representatives, whose sole responsibility is to deal with smoking in developing nations (this is described more fully in a later section). Smoking control workshops have been held in a number of developing nations in recent years and more are planned. Anti-smoking programs have been initiated in several Arab lands following the January 1980 meeting of the "General Secretariat of the Board of Health Ministers of the Arab Countries of the Gulf".

Efforts will continue to have developing countries try to lessen their dependence on tobacco. More will be done to study the prevalence of smoking and the incidence of diseases with which smoking has been associated. Pressure will continue to be exerted on the Food and Agricultural Organization to help develop crops other than tobacco.

The primary session on Tobacco Growing in Developing Countries had promised to be an important one but as it was relegated to a side room and ran simultaneously with 10 other sessions on Tuesday morning, the audience comprised only 12 people at the start, rising to 25 towards the end.

Of the scheduled speakers, only Mike Muller (the Chairperson) and John Madeley (freelancing for the London Observer) were present. Mrs. Klein (FAO) and Dr. Burley (EIU) were absent. The latter had, however, submitted a paper to the Conference which was read out. Brief comments on this session can be found in Tuesday's daily telexed summary attached and interested parties can order the tape recording of the entire proceedings.

The themes in the third world area generally will be the same : countries there supposedly get cigarettes with higher tar-nicotine levels than are sold in industrialized nations; tobacco growing apparently takes land that could be used for food crops and leads to serious deforestation; smoking is allegedly dangerous to people's health, etc.

It was evident at Winnipeg that there are, and will continue to be, various problems in regard to developing nations. A session on third world countries was poorly attended; most of the delegates from such countries did not

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attend, perhaps because they were at other, concurrent sessions. Later, a number of third world delegates held a separate meeting (away from the Conference hall) to complain that the organizers did not understand the special aspects of the smoking problem in their countries. They felt subjected to intellectual arrogance and neo-colonialism. The upshot was their own list of three recommendations which are included in the Conference recommendations enclosed.

4. Other Action Areas

...One of the "top priority" recommendations said that world religious leaders and groups would be asked to support actively the international anti-smoking program. An approach was to be made to the World Council of Churches which meets in Vancouver, Canada, July 24 - August 10. It can be presumed that the Conference chairman communicated with officials there. The Council holds an Assembly every six to eight years; its previous Assembly was in 1975.

A session on smoking and religion was held during the Conference. Speakers included a Canadian Rabbi, a US Seventh-day Adventist, a UK Archbishop and a US Mormon. The chairman was an Egyptian Moslem, Dr. Omar Sherif. All inveighed against tobacco with varying degrees of clarity. Only 14 persons attended what had been promoted as a major new field.

For the benefit of readers in Islamic countries, the section on smoking and Islam is reported here in more detail.

Dr. Omar Sherif gave a short resumé of the introduction of tobacco into Moslim areas and the teachings of Islam regarding its use. Reference was made to studies and tradition within Islam as a basis for serious questions about tobacco use with a consensus that it should be prohibited because of the following reasons : harmful habit, no nutritional or medical value, wasteful habit, offensive and irritating to others (especially in Islamic worship environs), classed as an intoxicant or narcotic and as a behavioral modifier and change agent, i.e., "making a pleasant person unpleasant". Having identified these

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reasons for prohibition, Dr. Sherif concluded that Islamic law does not specifically prohibit tobacco use and usage depends on interpretation of the law. He further explained, however, that current Islamic thought affirms the dangers of experimentation with both tobacco and alcohol, and the requirement for older Moslems to teach discipline and model sobriety for new Islamic generations.

Dr. Sherif ended his presentation by reporting on two recent events that support a more aggressive strategy for a policy of prohibition. The first was a March 1983 International Islamic conference in Saudi Arabia at the holy city of Mecca that recommended prohibition because tobacco usage was not beneficial but harmful to human health, wasteful (time, energy, creative accomplishment for Allah), and causes lassitude in users. The second event described televising anti-smoking sermons by imams from Cairo mosques and the positive response from the Moslem community, thus promoting more extensive media use by religious leaders in anti-smoking campaigns.

The presentation was very limited and failed to deal with the key question of pluralism, even in Islamic theology and religious structure. No reference was made to the impact of practice and interpretation involving usage in Moslem tobacco producing countries, the growing conflict (political and religious) between Islamic fundamentalists and moderates, the influx of Islamic religion into virgin areas like South Korea, and the growing conflict between Islamic fundamentalism and other world religions, especially Christianity and Judaism.

At another session Dr. Abdul Rahman Al-Awadi, Kuwait's minister of Public Health, stated that efforts were being made to make smoking unacceptable to Islam.

...Low-yield cigarettes will be attacked as harmful to health. It will be claimed that people smoke more such cigarettes, thus taking in more tar, nicotine and carbon monoxide. Additives in such cigarettes also will be attacked. The opposition will continue to say there is no such thing as a "safe" or "safer" cigarette. However, there are those who believe low-yield cigarettes could be smoked by people unwilling or unable to quit.

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...Increased attention will be given to smoking by women -- women in general, pregnant women, nurses. All were themes of sessions at Winnipeg, with emphasis on reports that lung cancer rates in women in several industrialized countries will soon surpass those for breast cancer. "Smoking and Feminism" was another theme and that also will be given additional emphasis, especially in the developed countries.

...Other areas which will not be overlooked in the months and years ahead are sales to minors; vending machines; smoking in the occupational setting; smoking as a major addiction; smoking on airplanes and most important, increasing taxation.

The primary session on "Taxation and Social Intervention" was held on Tuesday afternoon in a side room with an audience of around 45 people and contrary to the agenda, chaired by Dr. W.F. Forbes, Canada. The session ranged far beyond taxation and addressed itself to strategies and tactics on the "economic war" against tobacco. It should be noted that increasing taxation as a successful tool for reducing consumption was mentioned by several speakers at various other sessions.

...Last but not least : Kjell Bjartveit of Norway, a leading anti-smoker campaigner, said the EEC should be drawn into the fray. In the speech at Winnipeg, he said EEC subsidies to tobacco production and trade rose from \$650-million (Canadian) in 1982 to \$830-million (Canadian) in 1983.

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THE ANTI - S M O K I N G F O R C E S

Four years ago at the Stockholm Conference, it was observed that there were two quite distinctive institutional interests represented within the anti-smoking complex : Bureaucratic interests (W.H.O., Western government agencies, Third World government agencies) and movement interests (the various non-governmental anti-smoking groups). These two interests were anything but identical, with the bureaucratic interests being more reasonable, less absolutist, and therefore capable of compromises with the industry.

Although the distinction between these two interests is still apparent, there appears to have taken place a certain interpenetration. A number of bureaucrats seem strongly committed to the anti-smoking cause. More important, the non-governmental anti-smoking groups have clearly become more bureaucratised and professionalised since Stockholm. There has been a displacement of missionaries by technicians, i.e. by people with a great deal of political and organising competence. They may be less fanatical in their adherence to the cause, but they are much more formidable in getting things done both on the level of influencing political processes (including legislation) and on the level of shaping public opinion ("education"). One might now speak of an anti-smoking conglomerate, a network of interlocking governmental and non-governmental organisations.

The chief anti-smoking forces at the international level are familiar : World Health Organization, International Union Against Cancer, International Union against Tuberculosis, International Union for Health Education, and International Society and Federation of Cardiology. They work together closely in anti-smoking matters, devising strategy and programs, planning meetings, sharing information and expertise, and cooperating with like-minded national and regional groups and societies.

All were described in the INFOTAB report on the Stockholm meeting, which noted that the first three would be the most active and forceful. Actually, the first two have run far ahead of the others.

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Here follows an update on these three, along with some information about a "new" organization that surfaced at the Winnipeg Conference, at least in the sense that it has an "official" name.

First, however, it is important to note some comments made at Winnipeg by a representative of the International Society and Federation of Cardiology during a session on "The role of International Agencies". He said : the society plays a limited role in anti-smoking programs because of the lack of funds and that local heart societies were better able to participate in such programs.

The spokesman, E. McDonald of Canada, then admonished the rather small audience "not to act like Messiahs" in presenting information about disease risk factors to the public. Information of this kind must be handled very carefully, he said.

International Liaison Committee on Smoking and Health (ILCSH)

This committee is the outgrowth of a group organized just prior to the Stockholm Conference by representatives of the five international organizations named above. Its stated purpose was to serve as a coordinating committee for anti-tobacco activities and to begin preparations for the next World Conference on Smoking and Health.

The ILCSH obviously has assumed the leading role in the global campaign against smoking. Its members probably prepared the list of 15 "top priority" recommendations before the Winnipeg Conference opened.

Nigel Gray of Australia apparently had been chairman of the committee since its inception. He was succeeded at Winnipeg by Dr. David Nostbakken, who was Planning Committee Chairman of the Conference. Gray retains his long-time positions as head of the Smoking Control Program of the International Union Against Cancer and as Director of the Anti-Cancer Council of Victoria, Australia. Nostbakken is Director of Public Education of the Canadian Cancer Society in Toronto.

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Membership of the ILCSH consists of two representatives from each of the last four organizations named in the first paragraph above, two each from countries that have organized World Conferences on Smoking and Health, and two from the country where the next Conference will be held. The World Health Organization has observer status.

Gray said the ILCSH was only a liaison committee, not an organization, and that it had no money.

World Health Organization (WHO)

The WHO is the best known of the international pack in the war against tobacco because of its size, resources, presence in all the world's regions, and public acceptance. Among various pursuits in the smoking-health area, it has formed expert committees, established the WHO International Clearinghouse on Smoking and Health Information and co-sponsored the last three World Conferences on Smoking and Health.

WHO's commitment to the anti-smoking cause is absolute and considerable. One need only read these comments from a speech made at Winnipeg by Dr. Roberto Masironi, Coordinator of the WHO program on Smoking and Health :

"WHO's position is ... that measures like legislation to control advertising, taxation, health education and public information systems have already proved effective to some extent in developed countries. These activities should be more vigorously pursued. An intensive educational campaign should be directed at young school children... THE AIM SHOULD BE TO HAVE A NON-SMOKING GENERATION AND NO SMOKING BY THE YEAR 2000" (Emphasis added).

And further : "If steady pressure is maintained and is further spread, it is reasonable to expect that the habit of tobacco smoking, which is a major threat to health and a social nuisance, could progressively be phased out of the social mainstream".

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A World Health Assembly resolution adopted in 1980 led to the formation of a WHO Smoking and Health Program. Under this program, the WHO analyzes the content of cigarettes from developing nations, helped such countries with smoking control efforts, etc.

It will be remembered that last November, the WHO convened an Expert Committee on Smoking Control Strategies in Developing Countries. The report of this Committee, expected to be published pre-Winnipeg, but not yet ratified by the Executive Board, discusses such items as : the adverse health effects of different kinds of tobacco use in developing countries; adverse economic effects from tobacco-related diseases and absenteeism from work; smoking control programs; education and information programs; smoking cessation programs; the role of WHO, United Nations Agencies and non-governmental agencies; the role of medical, political, social, and religious leaders; research on smoking behavior; and so on.

The WHO originates national and international seminars on lung cancer, cardiovascular diseases and respiratory ailments at which smoking control often is a priority item. Another purpose of these seminars, according to Masironi, is "to sensitize governments to implement national smoking control programs".

A WHO team met in March 1983 in Paris with representatives of the International Union Against Tuberculosis to develop an international program for the promotion of respiratory health in both developed and third world countries. (See the section below on the tuberculosis group for brief details)

International Union Against Cancer (UICC)

The UICC has a busier, more structured anti-smoking program than any other major international organization. The medium for this is its Smoking Control Program which, under the leadership of Nigel Gray, conducts Smoking Control Workshops around the world. The program reportedly is financed by annual grants of \$55,000 from UICC and \$50,000 from NORAD, the latter earmarked for developing countries. Obviously, host countries contribute. Twenty-four Workshops have been held since 1976 and it is hoped that there will be at least 10 annually from 1983 on.

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Some consultants to the Smoking Control team are :
Dr. Michael Kunze, Austria; David Simpson, head of the UK's Action on Smoking and Health (ASH); Michael Wood, head of Irish ASH; Allan Erickson of the American Cancer Society; Michael Daube, Edinburgh; Dr. David Nostbakken of the Canadian Cancer Society; Claude Vilain of the French Committee for Health Education, Paris; Robert Conover of the American Cancer Society's California Division; Dr. Fred Bass, Vancouver Health Department; Dr. Keith Ball, Chairman of the UK's ASH; and Michael Pertschuk, member and former Chairman of the US Federal Trade Commission.

Smoking Control Workshops reportedly are being planned for these countries, some for the second time : China, Pakistan, The Phillipines, Austria, Papua New Guinea, Germany, Ireland (November), Spain, Israel, The Netherlands, Colombia, Mexico and Bolivia (September apparently is the month for the last three countries). A workshop is also scheduled for Kuwait in 1984.

South American activists, with the aid of Gray and others, last year formed a Smoking Control Committee for that continent which is planning workshops in 1984 in Ecuador, Panama, Paraguay and Brazil. Workshops already have been held in six other South American countries and these apparently were organized by Erickson of the American Cancer Society. At a special meeting of African delegates it was stated that Workshops would be held in Nigeria, Zimbabwe and Kenya during 1984.

The UICC also sponsors an International Cancer Congress every four years. At least the last eight Congresses have had sessions dealing with smoking.

Other planned UICC activities include : issuance of a German-language version of "Guidelines for Smoking Control"; a Workshop on smoking cessation for European countries; and cooperation with WHO's regional office in Copenhagen, apparently in a European survey related to smoking.

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International Union Against Tuberculosis (IUAT)

The IUAT remains strongly committed to anti-smoking activities, both by itself and in cooperation with other agencies. However, its total operations are hampered by financial and other internal problems. This was disclosed at the Union's December 1982 World Conference.

The IUAT is seeking to expand its activities in the field of respiratory disease and has had a committee working in that field for several years. It is now planning to establish a Smoking and Health Committee as one of its Scientific Committees. It also hopes to organize a Respiratory Disease Research Unit.

IUAT and WHO people met last March to formulate strategies dealing with the prevention and control of chronic respiratory diseases around the world. A report on the meeting is expected before long; it undoubtedly will contain references to smoking.

The IUAT annual meeting is scheduled to be held in Paris next September 15-18. This is not a general membership meeting, but one at which the various councils, committees, and other organizational bodies hold sessions. This meeting had originally been planned for Winnipeg during the Conference.

The IUAT will participate in the meeting of the European Society of Pneumology, Edinburgh, September 11-16, 1983. There will be sessions that include : The Attack by Cigarettes; Upper Airways under Attack; Interstitial Lung Disease; Pulmonary Thromboembolism; Pneumoconiosis in Europe : Yesterday, Today and Tomorrow; and Lung Diseases Induced by Asbestos and Other Mineral Fibers.

The Eastern Region of the IUAT will meet in Jakarta, Indonesia, November 21-25, 1983. The organizers have requested reports in such subjects as : Health and Smoking; Health Education and Non-Tuberculosis Respiratory Diseases; and Health Education and Community Participation.

At the Winnipeg Conference, Dr. Peter Macklem of Montreal, representing the IUAT, delivered a speech in which he attacked the tobacco industry. It appeared to be a carbon copy of what he said at the IUAT's World Conference last December. There he noted that the industry has established "a European watchdog" called ICOSI!

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Macklem may have given the impression at Winnipeg that the IUAT is more interested in anti-tobacco activities than in dealing with tuberculosis. This is not so. The organization is aware that rates of incidence and prevalence of the disease in most developing countries have not changed in the last 20 years. However, the population has increased and the number of tuberculosis cases in the world is now at its highest level.

As recently as last May, the World Health Assembly said that tuberculosis remains an important world health problem, particularly in developing countries where little improvement has been achieved in the last two decades. It urged a stepped-up campaign against the disease.

Other Organizations

The American Cancer Society will continue to cooperate and participate wherever and whenever possible in international anti-smoking efforts. It provides specialists, materials and, at times, financing, in certain areas, e.g., the smoking control programs in a number of South American lands. It has contributed financially and in other ways to the last three World Conferences on Smoking and Health and will be involved in the next one. There will be no curtailment of the Society's presence in the global scene.

Pressures will continue to be brought on the FAO to advise developing countries how they can shift from tobacco agriculture to growing other crops. Further efforts will be made to draw applicable United Nations agencies, such as the International Labor Organization and United Nations Conference on Trade and Development, actively to the side of the anti-tobacco forces.

The International Agency for Research on Cancer, a WHO agency headquartered in Lyon, France, may become more directly involved, if it agrees to cooperate in a global survey of mortality and morbidity as part of the proposed survey that also would include tobacco production and sales. Certainly, the Agency has provided expertise and data at times for use in anti-smoking efforts. It conducts a number of studies in which smoking is included.

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For the first time, a representative of the United Nations Educational, Scientific and Cultural Organization (UNESCO) was at Winnipeg to make a formal presentation at a World Conference on Smoking and Health. He said UNESCO considers tobacco and alcohol are drugs. The agency occasionally issues publications dealing with drugs that include mention of tobacco.

Another first at Winnipeg was the appearance of a representative of the League of Red Cross Societies. He briefly expressed the League's support for the Conference and said it was the League's hope to have a new generation of non-smokers.

Curiously, there was no public mention at Winnipeg about the European Coordinating Committee on Smoking and Health that was organized just before the Stockholm Conference. It is believed this group's proposed function has been taken over by the International Liaison Committee on Smoking and Health.

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OTHER ITEMS IN BRIEF
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The 1987 World Conference on Smoking and Health will be held in Kitakyushu, Japan, a city seven hours by train from Tokyo. For this to have happened means that somebody has already guaranteed the availability of a substantial amount of money. Dr. Hirayama will be the Conference President.

The Winnipeg Conference attracted 1,086 delegates from 79 countries (11 more than Stockholm) and cost \$700,000, according to its organizers. Expecting a deficit, they were seeking more funds. They also needed money for a number of third world delegates who had been given one-way tickets to Winnipeg. Some funds for the Conference had been provided by the government-sponsored Swedish International Developmental Authority, which has been involved in previous Conferences.

On the first full day of the Conference, a Winnipeg newspaper had an article on the recent FAO report saying that tobacco was too valuable to too many countries to be eliminated.

Nigel Gray said international health agencies should ask their member organizations to do more in their respective countries. For example, the UICC should ask the American Cancer Society to join with other health groups in lobbying the US government to reduce exports of unlabeled and high-tar cigarettes.

A new international survey appears imminent. Under the auspices of the WHO, UICC and American Cancer Society, a group of experts met in Winnipeg to devise a standardized questionnaire for assessment of the smoking habits of medical personnel and other health professionals.

Conference press coverage was light. Two US reporters, one of whom was a speaker, were present. The Associated Press carried one story. Canadian Press, a news-wire service, was represented and moved some articles that may have appeared in foreign media. There was no indication during the meeting of major overseas press attention. Winnipeg newspaper and broadcast media coverage was extensive, as was expected. The science writer of the Toronto Globe and Mail spent the entire

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week in Winnipeg. There was heavy radio-television coverage, especially of attending "big names" who actively sought interviews.

Dr. Michael Russell of London reported his familiar data on nicotine chewing gum, a subject also discussed by several other speakers. He had with him a publicity man reportedly retained by a pharmaceutical company that markets it in Canada and expects US government approval of it by year end. Russell has been in the US and Canada several times in the last two years, speaking about the gum at medical meetings.

Russell, in a radio interview, complained the Conference had been "taken over by the anti-smoking Messiahs. That is why so many scientists stay away". (In fact, more scientists attended this meeting, many as speakers, than were in Stockholm)

Dr. R.W. Gibberd of Australia reported that the UK, with less smoking in the last 20 years than in his country and Canada, has more lung cancer. The reason : "Unreliable data".

US speakers on the program had a big lead in terms of numbers; the reason probably was geography. Canadians were next, followed closely by people from the UK. Further back were speakers from Australia, Norway and Sweden.

Former US Surgeon Jesse Steinfeld was partly conciliatory in his speech, asking the industry to cooperate, especially in regard to smoking by children. He predicted that 50 years hence there would be no industry; the companies will have diversified into other fields.

Canadian Health and Welfare Minister Monique Begin said she had asked her government for a 30 percent cigarette tax increase in order to reduce consumption by 10 percent. Her announcement came at a press conference, not during her keynote talk, at which she said she had given up smoking seven years ago, but was "an occasional sinner". Her tax request was a surprise to Canada's Finance Minister. Begin aides later explained she actually proposed a 30 percent retail price increase that would require about a 60 percent federal tax boost.

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Michael Daube proposed that tobacco industry representatives be barred from future Conferences. Delegates were asked to respond to this point on a questionnaire and, while results were not disclosed, it is possible a majority would be in favour.

Daube also suggested that anti-smoking activists single out tobacco company officers and directors by name. In other words, personalize the attack.

For the first time, there were poster sessions at which delegates put descriptions of their research on bulletin boards and stayed there for discussions with visitors.

The BUGA-UP presentation attracted such a crowd that it was repeated -- to much applause. An Australian doctor (Chesterfield-Evans) who is a member of the group said it was started by "three fringe lunatics" and now involves hundreds of people.

A representative from the Consumer's Association of Penang, Malaysia, said there were 500,000 heroin addicts in his country and that tobacco smoking leads to heroin addiction. Martin Khor Kok Peng indicated he would try to establish some sort of international network to provide politicians with anti-tobacco information. His association has just begun publication of an anti-smoking newspaper called "Liberation".

Conference organizers hope to publish the proceedings of the gathering by year end. A delegate list would be mailed to all registrants by the end of July.

At a medical session, a Nepalese delegate said his country has one of the world's highest smoking rates but that lung cancer was rare. He was asked why, but there was no definitive response. He said chronic obstructive lung disease was very prevalent in Nepal.

Frederick Clairmonte of UNCTAD said the tobacco companies are allied with alcohol, food, shipping, and oil interests. Tobacco and alcohol interests forced WHO to suppress an economic report on alcohol this year, he said.

The walls of the Conference centre's corridors and meeting rooms were covered with anti-smoking posters done by children in various countries. It was reported that many of these posters will be used for a book.

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The most popular exhibit was one that played the British television film : "Death in the West", every day, all day. Members of Californians for Nonsmokers' Rights, the exhibitors, took orders for tape copies at \$50 each. It was said nearly 500 copies had been paid for or ordered.

Dr. Alan Blum, new editor of the New York State Journal of Medicine, has scheduled an issue later this year entirely on the subject of cigarettes and promotion. Blum was formerly editor of the Medical Journal of Australia. He got a standing ovation at the Conference following his theatrical and effective attack on cigarette advertisements; he also attacked the pharmaceutical industry.

Dr. Richard Ravenholt of the US National Institute on Drug Abuse called smoking the most serious and widespread form of addiction in the world. Co-author of the paper was the Institute's director.

A delegate from a Canadian university was quoted in a news story as saying the Conference was "a lot of lip-flapping". The recommendations encompass long-term goals and have little relevance to the present, he said. In effect, he was quoted, the Conference "might have taken place on the other side of the moon for all the impact it's had on the world".

Dr. Abdul Rahman Al-Awadi, Kuwait's Public Health Minister, is scheduled to speak at the American Public Health Association meeting in Dallas, Texas, Nov. 13-17, 1983. His topic : "Formative health policies of Kuwait's planned health system". He's Chairman of the WHO committee on third world smoking.

In this connection, it should be noted that Dr. M. Kurze, Austria, stated at the concluding plenary session that the FAC report "the Economic Significance of Tobacco" was "alarming".

Free apples, bananas, oranges and bran muffins were available at breaks during the Conference. Young athletes, clad in gymnasium attire, conducted brief exercise rituals for delegates at many sessions. Health for all.

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US Federal Trade Commissioner Michael Pertschuk said a universal prescription for the "cure of smoking" would be 10 percent medical and 90 percent political. He urged a halt to opposition to US tobacco price supports because the major goal is the reduction of smoking-related disease, "not retribution against those with an economic stake in tobacco".

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C O N C L U S I O N
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This report may be viewed by some as painting a grim picture of the situation confronting the tobacco industry today throughout the world. We believe it is an accurate assessment, however.

No other view is really possible when one examines the events at Winnipeg together with what has transpired in the four years since the Stockholm Conference.

The anti-smoking forces see the industry as a wealthy and powerful entity, but one that is vulnerable and can be defeated by carefully planned and patiently executed campaigns.

We believe it is a serious mistake to consider the opposition as mostly ineffective, zealous do-gooders or extremists who may offend the public, or even as sincere, honest people who will tire of their efforts and give up. The evidence belies such a view.

The anti-smoking forces should be considered for what they are : well-led, well-armed, dedicated people whose leadership is confident, tough, professional, and realistic.

As a next step, the Project team will consider in which areas they believe Industry action should be concentrated.

A presentation will then be made at the INFOTAB September Workshop in Washington, where participants will have an opportunity of discussing, and adding to these views.

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