

# In this month's *Bulletin*

## Hooked before their teens

Of the 500 million smokers alive who will eventually be killed by their habit, about half of them are still children and teenagers. And of the 8.4 million annual deaths from tobacco expected by 2020, 70% of them will be in developing countries. However, information on tobacco use among young people is not available for most developing countries. To remedy this lack and to create a baseline from which trends in tobacco use among young people can be measured, several agencies, including WHO and the Centers for Disease Control and Prevention in the United States, have launched a "Global Youth Tobacco Survey (GYTS)." Warren et al. (pp. 868–876) present early GYTS findings from 12 developing or transitional countries. Among the 50 207 school children, 13 to 15 years of age, in these countries who responded to a GYTS questionnaire, 12–70% (median: 24.2%) had smoked at some time, 2–34% (median: 8.7%) were current smokers, 11–39% (median: 26.4) had started the habit before the age of 11 years and 40–87% (median: 68%) said they wanted to quit. One conclusion the authors offer is for anti-tobacco programmes to concentrate not only on prevention, as many of them do, but also on helping youngsters to kick the habit.

## Women's special risks

Tobacco advertising ("You've come a long way, baby," "Mild as May"), is one way the tobacco industry has been enticing more and more women to join the smokers' community, up to now a predominantly male domain. Today, of the estimated 1.2 billion smokers in the world about 200 million are women and of the 4 million or so people dying of tobacco-related deaths every year, about 500 000 are women. Ernster et al. (pp. 891–901) review some of the strategies the tobacco industry has been using to bring women into the fold. They also highlight the major tobacco-related health problems specific to women — associated with pregnancy and oral contraceptive use for the most part but also with postmenopausal problems (notably, loss of bone density) — not to mention the afflictions, such as cancers, cardiovascular and respiratory diseases, that women share with men. Anti-tobacco policy should, the authors argue, protect women from perverse advertising and take into

account their specific vulnerabilities. Giving women a broader role in formulating anti-tobacco policy and legislation would be a start in this direction.

## The games Big Tobacco plays

Six years ago, thanks to the courage of two whistle-blowers and a handful of anti-tobacco activists and litigation lawyers in the United States, millions of internal tobacco industry documents became available for public viewing in books and on the Internet. These documents have revealed that industry executives knew as early as the 1950s that tobacco is carcinogenic and nicotine, addictive. Saloojee & Dagli (pp. 902–910) chronicle the ploys of industry strategists to deflect the public opprobrium "big tobacco" has been facing, mainly in the United States, since the discovery of these "cigarette papers". Tobacco's hold on industrialized countries may be slackening, but the battle between public health and corporate wealth is not over. The industry's sights are now on developing countries. Enter WHO and other international health bodies, that are marshalling worldwide consensus — through instruments like the International Framework Convention on Tobacco Control (see next paragraph) — on the need to regulate tobacco and its wily, single-minded purveyors.

## A global treaty

"Globalization" is much in the news these days — as a boon or a bane. For the international public health community, tobacco is clearly a global bane. By means both legal (international trade agreements and transnational marketing practices, for example) and illegal (smuggling now accounts for a third of exported cigarettes worldwide), the reach of the handful of firms dominating the tobacco industry now encircles the planet. Tobacco itself has become a truly global product, with over 70% of consumers (800 million people) in the developing world, plus an untold number of passive smokers, now sharing with their counterparts in the industrialized world the risks of disease and early death their habit incurs. Only a global response that harnesses the planet's powerful legal and scientific resources can counter this

planetary threat to health. Taylor & Bettcher show (pp. 920–929) how the proposed WHO Framework Convention on Tobacco Control (FCTC), as a global "public good" in the world's attempt to counter the spread of tobacco consumption, can constitute such a response.

## Measuring the world's smoking habits

In its battle against tobacco, the public health community has suffered from the lack of an efficient global information system for tracking tobacco production, trade and consumption, as well as tobacco-related mortality and morbidity. To fill this need, in 1998, WHO and the Centers for Disease Control and Prevention in the United States set up a "National Tobacco Information Online System" (*NATIONS*) for gathering baseline data. From data relating to 198 countries and territories, Corrao et al. report (pp. 884–890) that in 1998 about 30% of the world's population smoked and that the highest prevalence of smoking was in the Western Pacific region of WHO (34%), the lowest in the Eastern Mediterranean region (22%). Globally, 48% of men smoked, vs 12% of women, but the proportion of women smokers rose to a high of 23% in Europe and the Americas. The data also show that in most developing countries, prices of imported cigarettes have fallen, in real terms, over the past decade. These and other analyses using the *NATIONS* database could pinpoint areas where specific anti-tobacco activities might be stepped up.