

Bring tobacco and alcohol control to the fore to achieve the health MDGs

Editor – I refer to the Round Table in the December 2004 issue of the *Bulletin* on achieving the Millennium Development Goals (MDGs) for health, with the main article by Jeffrey Sachs (1).

The Secretariat of the Pacific Community has recently produced a 160-page document on the Pacific Islands Regional MDGs, with statistical indexes for the various goals. Few people know the extent of the work of the Secretariat in this area and I would be happy to arrange for a copy of this report to be sent to WHO. The report was circulated to governments at the 34th Meeting of the Committee of Governments and Administrations, held in Noumea on 16–19 November 2004, with input from Mr Greg Urwin, Secretary General of the Pacific Islands Forum Secretariat. Much of this work contributes significantly to our understanding of the various goals and efforts to redress poverty and ensure more equitable outcomes in a range of social, health, environmental and economic indicators.

I was struck by what was missing from the *Bulletin's* Round Table. Dr Sachs recently supported a report from Professor Stephen Leeder on the challenge that cardiovascular disease poses in developing countries (2), and other recent publications point to the importance of noncommunicable disease risk factors in developing country situations. This is very evident in the Pacific Islands. The Comparative Risk Assessment Collaborating Group points out in the most recent burden of disease publication that some 5 million people die annually from tobacco use, with the majority now in developing countries, and just under 2 million die from alcohol use, with a comparatively greater burden of DALYs from alcohol when compared with tobacco (3). So

while Sachs points to the “respiratory infections because they breathe wood smoke” his silence on the issues of tobacco and alcohol in the MDG documents is “deafening”.

In June 2004, the Economic and Social Council of the United Nations received a report from the Ad Hoc Inter-Agency Task Force on Tobacco Control indicating that unless countries tackled the issue of tobacco control several of the key MDGs were unlikely to be achieved (4). My own sense of this in the Pacific is that we can expect continued poor health outcomes and poverty in a large number of the Pacific Islands unless we give higher profile to the importance of tobacco control and its key role in development at the individual, community and national levels. Tobacco control is a marker for development (5). Inclusion of such an emphasis in some of the writings by Sachs and others on the MDGs would go a long way in support of such efforts. In the Pacific, we have millions of dollars for HIV/AIDS, malaria and TB, but only thousands for tobacco and alcohol. Such resource allocation is fairly typical. ■

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References

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The first reports on smoking and lung cancer — why are they consistently ignored?

Editor – In his commentary on early reports on smoking and lung cancer, Michael J. Thun ignores the actual first reports and concentrates on the series of case-control studies published in 1950, first in the United States and then in the United Kingdom (1). He also claims (as others have done) that in the pre-1950 era the most popular hypothesis was that “lung cancer mortality ... was more likely to have resulted from the widespread tarring of roads and exhaust from motor vehicles than from cigarette smoking”. Could he please produce contemporary — i.e. pre-1950 — references on this hypothesis that match the veritable mountain of publications from pre-1950 implicating cigarette smoking (2), in particular, formal analytical studies of road tarring and motor exhaust similar to the many analytical studies of smoking and lung cancer?

Of course, as is now well known (3, 4, 5–10), extensive research on smoking and lung cancer appeared before 1950, much — but not all — of it from Weimar and then Nazi Germany. In 1928 Schönherr from Chemnitz drew attention to the high rates of smoking in a series of lung cancer patients (11). He explicitly studied where the lung cancer cases lived and reported they were not closer to roads than expected (tar and exhaust already being an unsupported hypothesis) and suggested that lung cancer in non-smoking wives of smokers was caused by passive smoke inhalation. In his comprehensive review of smoking and lung cancer in 1929 (reviews were already being written 20 years before the 1950 “discovery”) the influential actuary Frederick Hoffman wrote: “Unfortunately, German statistical discussions are invariably confusing and complicated by the omission of proper headings to statistical tables, which makes a full use of the elaborate investigation

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