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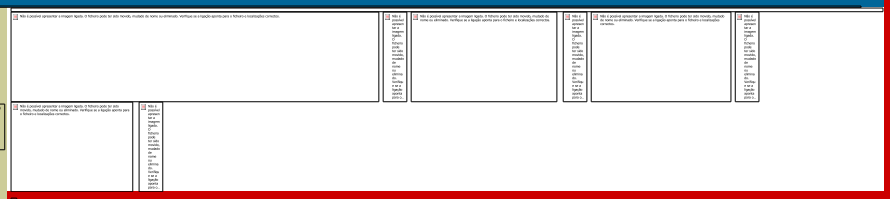

From The Surgeon General

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International Tobacco Control: An Update

David Satcher, MD, PhD

Two years ago, I wrote about the 52nd World Health Assembly's (WHA) resolution that began work on the Framework Convention on Tobacco Control (FCTC) (*JAMA*. 1999;281:942-943). Since then, the member states of the World Health Organization (WHO) have met twice in working groups and twice as an intergovernmental negotiating body, in a process that should lead to the first international treaty developed under WHO. The hopeful atmosphere as the WHA authorized the process has perhaps been tempered a bit by the serious realities of the hard work needed to reach a successful conclusion. But the member states, including the United States, remain committed to meaningful international cooperation.

Despite progress in raising the visibility of the tobacco use problem, smoking remains a major health concern. In March, I released my report on *Women and Smoking* (http://www.cdc.gov/tobacco/sgr/sgr_forwomen/sgr_women_chapters.htm), showing that smoking rates among US women were no longer declining and were rising steeply among teenaged girls. Strong action is needed here and around the world.

One victory has already been achieved because of the negotiations. The chair of the negotiations, Ambassador Celso Amorim of Brazil, was elected last October despite being a smoker, with a telltale brown patch on his white mustache. At the opening of the second negotiating session, he proudly announced that he had stopped smoking, proving that exposure to information about tobacco use can have an effect on addictive behavior.

In the United States, we have identified the elements for comprehensive tobacco control. My report on *Reducing Tobacco Use* (http://www.cdc.gov/tobacco/sgr/sgr_2000/sgr_tobacco_chap.htm), issued last summer, followed this February by publication in the *American Journal of Preventive Medicine* of the Task Force on Community Preventive Services' "Recommendations Regarding

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Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke," set out the parameters for effective domestic action. Research shows that tobacco use can be reduced through a comprehensive approach including education, community and media-based activities, pharmacological treatment of nicotine addiction, regulation of advertising and promotion, clean air regulations, restriction of tobacco sales to minors, and taxation of tobacco products. The FCTC will include a similar blueprint for countries to adopt. What makes the FCTC both a proposal for domestic action and a vehicle for international action are the cross-border elements, such as antismuggling measures, tobacco-use surveillance, and research.

During the FCTC discussions in Geneva, countries supported strong measures to eliminate illicit trade in tobacco products. Worldwide, only two thirds of exported cigarettes appear as legal imports. The missing cigarettes are probably smuggled. Smuggled cigarettes represent a loss of tax revenue for governments and a public health problem. Smuggled cigarettes are sold at below-market prices. These cheaper cigarettes thwart national health polices that use price increases to reduce tobacco consumption, leading to greater tobacco consumption than would occur if they were not available. This is a cross-border problem that requires cross-border cooperation to solve.

A key feature of the United States' proposed plan to combat smuggling is a recommendation that all countries require licensing of manufacturers, importers, exporters, and wholesalers of tobacco products. If tobacco products are tracked from the beginning of their journey, opportunities for smuggling will be diminished. An effective antismuggling program will reduce crime, increase government revenue, and keep cheap tobacco out of the hands of consumers.

More familiar to health care professionals is international cooperation in surveillance and research. Through the FCTC, programs for national surveillance on tobacco use should be encouraged. At this time, many countries are not conducting these surveys because of a lack of resources or expertise. Within the Department of Health and Human Services, the Office of Smoking and Health in the Centers for Disease Control and Prevention is already taking steps to promote international surveillance cooperation with its Global Youth Tobacco Survey. About 100 member states are expected to be involved by the end of this year. Research increases the effectiveness of programs and policies to reduce tobacco use. The National Institutes of Health will soon offer an international tobacco control research and training program, cosponsored by WHO, for a broad range of studies, including identification of the best practices in reducing first-time smoking worldwide. In addition, countries should be encouraged to foster scientific, technical, and legal cooperation to establish and strengthen national tobacco control programs.

A lot more work needs to be done before 2003. As DHHS Secretary Tommy G. Thompson said at the recent World Health Assembly, "We must work together to achieve a convention on tobacco control that the majority of the member states can sign and ratify."

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