

Tobacco control: a Pacific conference

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Introduction

The Western Pacific Region is the only WHO region in which the per capita consumption of tobacco has increased over the last 10 years. Tobacco products are being vigorously promoted and tobacco related illness is thought to have increased recently.

A conference on tobacco control was conducted with grant funds from the Office of Smoking and Health of the CDC. Participating jurisdictions were the Marshall Islands, Belau, American Samoa, Guam, Hawaii, Northern Mariana Islands (CNMI), Pohnpei, Chuuk, Kosrae and Yap. The conference was planned cooperatively by the participating jurisdictions through a series of monthly PeaceSat conference calls. Ms Joyce Bourne donated several months of her time as conference co-ordinator.

Conference purposes

1. Catalyse legislative action for tobacco control in American affiliated territories in the Western Pacific and American Samoa.
2. Enhance technical skills needed for tobacco control activities by sharing experiences and training with experts from the World Health Organisation (WHO)
3. Familiarise participants with available resources for education about tobacco, coalition building, technical assistance and programme funding.

Highlights

Consultants from WHO reviewed the problem in the region from a global perspective. They noted the per capita tobacco consumption is decreasing by about 1.1% per year in most developed countries while it is increasing by about 1% per year in the Western Pacific region. They noted that some countries in East Asia have met with considerable success in establishing legislative tobacco controls. For example Hong Kong was the first to ban the sale of smokeless tobacco products while Singapore was the first to ban advertising entirely. In both these countries tobacco consumption is decreasing.

Tobacco companies view the markets of the Western Pacific as an opportunity for sales growth since the populations are young, disposable incomes are rising and awareness of the dangers of tobacco is still low. Strategies to increase sales and prevent tobacco control legislation are well financed, sophisticated and systematically employed in

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countries throughout the world. To increase consumption tobacco companies spend an average of 7 - 8% of gross sales in advertising and promotion efforts. Advertising is designed to appeal to youth, and to portray tobacco use as a normal activity which is modern, glamorous, affluent and daring. Programmes in which cigarettes are given away free or free gifts are given with purchases are designed to introduce young people to the use of tobacco and establish addiction.

Strategies to prevent tobacco control include lobbying and making donations to politicians, spending large sums of money on news media advertising, threatening to withdraw advertising from the news sources that are unsympathetic to their views, and raising fears of smuggling, economic hardship, and government oppression from legislation which increase tobacco taxes and establish smoke free areas in public places. Tobacco companies promote their own teen “youth education programmes” and voluntary merchant standards to “prevent” sales of tobacco to minors in jurisdictions which try to enact legislation directed towards youth. These industry-sponsored programmes are designed to leave tobacco sales unaffected but to prevent passage of legislation by creating the appearance that the industry is already taking care of the problem.

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**Director of Health, CNMI. This conference was in Saipan, July 1995.

The presenters from WHO and CDC stressed that good baseline data on the prevalence and trends of tobacco use as well as the health and economic impact of smoking are necessary for the planning of tobacco control activities.

A series of panel sessions reviewed the data from each participating jurisdiction, current status of legislation and control activities, tobacco education techniques, and youth group activities related to tobacco. In general, data is inadequate, but indicates tobacco use in the Western Pacific is high by world standards and rising.

In some jurisdictions, the CNMI for example, tobacco is already known to be the leading cause of mortality. Considering the magnitude of the problem, efforts for tobacco control have lagged behind those designed to address other health issues. There has been however, some successes, including the passage of a clean air law on Guam, the formulation of a comprehensive tobacco control plan in American Samoa and the passage of tobacco control legislations in Belau. The most successful education programmes reviewed were those that involved youth groups outside the classroom and in which youth leaders largely directed the activities. Examples of these include the lobbying and film documentary produced by teens of the Saipan Youth Council and the tobacco sales to youth compliance checks conducted by members of the Dededo Drug Free Group on Guam.

A review of the effectiveness of the legislative options were given by experts from the CDC. The experiences of participants from the region were discussed. Of all legislative options, an increase in tobacco tax is the single most powerful method of decreasing consumption. Earmarking some tax revenues for anti-tobacco education and the promotion of sports was recommended. Other legislative options include prohibitions against sales to minors, licencing of merchants to sell tobacco, outlawing vending machines in all places accessible to minors, outlawing smokeless tobacco products, prohibiting tobacco advertising, mandating smoke-free areas in public places and plane flights, requiring that tobacco be sold only in plain packets without pictures, and requiring that health warnings be placed on the packets. It is reasonable to require that the health warnings be printed in local languages since tobacco companies are already producing cigarettes in packets with local scenes designed for Guam and Saipan markets.. Laws that prohibit the sales of tobacco to minors are not at all effective unless explicit and feasible penalties for violations, resources for surveillance and responsibility for enforcement are provided. Considering the political power of tobacco companies and distributors it is usually not possible

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for health workers alone to obtain passage of effective tobacco legislation. The most effective campaigns for legislation are conducted by coalitions of people from school systems, youth groups, churches, social service agencies, women's and indigenous affairs groups, sports associations, individuals and families harmed by tobacco, and representatives of public health agencies and providers of health care services.

Plans for follow up

Several participants emphasised that the political conditions vary greatly among the different jurisdictions and that efforts at tobacco control should in general proceed independently. However, tobacco companies do organise their promotions on a region-wide basis but control efforts are lagging behind. Some specific inter jurisdiction activities may be helpful. It was agreed that the WHO Action Plan for Tobacco or Health is a good blueprint for use within Pacific countries. Participants also agreed that a further regional conference should be held after several years.

Funding opportunities for tobacco control

1. WHO has limited funds available but may be able to fund technical assistance for specific projects. For example a workshop leader was sent to assist prepare a national control plan in American Samoa. *Inquire to Dr. Han, Manila WHO office. Fax (632) 521 1036*
2. CDC Office of Smoking and Health expects to disperse in 1996 about \$5 million for the entire US and affiliated territories for "performance Partnerships". *Inquire to Corrine Meltzer-Graffunder at the Office. Fax: (404) 488 5844*
3. American Cancer Society currently takes more donations from the islands (especially Guam) than it puts out in programmes for the region. *Inquire to Christie Anderton at the society headquarters in Guam Fax (671) 477 9450*
4. The Asian Pacific Partnership for Empowerment and Leadership. This California based organisation funds projects for improvement of health in Asian and Pacific populations. *Contact Rod Lew, Fax (510) 451 2786*
5. Internal funding. Tobacco taxes for tobacco control activities. One way to present such a request is by estimating the amount of tax collected from illegal sales

to minors and lobbying for this amount of money to be devoted to youth tobacco protection programmes.

Tax collected per year

- = (population of 12-17 year olds)
 - x (prevalence of smoking in this age group)
 - x (tax per pack)
 - x (100 packs per year)
- the estimated consumption per teen smoker*

Non-monetary resources for tobacco control

1. WHO literature and educational materials related to tobacco control. *Hong Kong clearinghouse contact Dr. Christopher Leung PO Box 98526 Hong Kong. Fax 23 388 528*
2. WHO Action Plan on Tobacco or Health 1995-1999. Contact Dr. Han, Regional Office for Western Pacific, Manila.
3. Office of Tobacco Control, Department of Health, Hawaii has sample legislation and format for presentation of tobacco surveillance data and health education materials. Contact Julian Lipsher Fax (808) 832 5955

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4. For other samples of legislation from the region contact: Eugene Santos, Department of Public Health, Guam Fax (671) 734 5910; Josephine Sablan, Division of Public Health, CNMI, Fax (670) 234 8930; Dr. Caleb Otto , Ministry of Health, Belau, Fax (680) 488 3115
5. Governor’s Pacific Health Promotion and Development Center, Hawaii has education materials. Contact Kim Birnie Fax (808)544 3335
6. American Cancer Society has education materials and offers assistance setting up “Fresh start” smoking cessation programmes. Contact Christie Anderson in Guam. Fax (671) 477 9450
7. The South Pacific Commission has education materials and consultants available free on request for Pacific islands. Contact the Secretary General, B.P. D5, Noumea, New Caledonia. Fax: (687) 26 38 18.
8. Full proceedings of the first Western Pacific Region Tobacco Prevention and Control Conference. Contact Josephine Sablan, Fax (670) 234 8930. □

