

## **WMA STATEMENT ON HEALTH HAZARDS OF TOBACCO PRODUCTS AND TOBACCO-DERIVED PRODUCTS**

Adopted by the 40<sup>th</sup> WMA General Assembly, Vienna, Austria, September 1988  
and amended by the 49<sup>th</sup> WMA General Assembly, Hamburg, Germany, November 1997  
the 58<sup>th</sup> WMA General Assembly, Copenhagen, Denmark, October 2007  
and the 62<sup>nd</sup> WMA General Assembly, Montevideo, Uruguay, October 2011

### **PREAMBLE**

More than one in three adults worldwide (more than 1.1 billion people) smokes, 80 percent of whom live in low- and middle-income countries. Smoking and other forms of tobacco use affect every organ system in the body, and are major causes of cancer, heart disease, stroke, chronic obstructive pulmonary disease, fetal damage, and many other conditions. Five million deaths occur worldwide each year due to tobacco use. If current smoking patterns continue, it will cause some 10 million deaths each year by 2020 and 70 percent of these will occur in developing countries. Tobacco use was responsible for 100 million deaths in the 20th century and will kill one billion people in the 21st century unless effective interventions are implemented. Furthermore, secondhand smoke - which contains more than 4000 chemicals, including more than 50 carcinogens and many other toxins - causes lung cancer, heart disease, and other illnesses in nonsmokers.

The global public health community, through the World Health Organization (WHO), has expressed increasing concern about the alarming trends in tobacco use and tobacco-attributable disease. As of 20 September 2007, 150 countries had ratified the Framework Convention on Tobacco Control (FCTC), whose provisions call for ratifying countries to take strong action against tobacco use by increasing tobacco taxation, banning tobacco advertising and promotion, prohibiting smoking in public places and worksites, implementing effective health warnings on tobacco packaging, improving access to tobacco cessation treatment services and medications, regulating the contents and emissions of tobacco products, and eliminating illegal trade in tobacco products.

Exposure to secondhand smoke occurs anywhere smoking is permitted: homes, workplaces, and other public places. According to the WHO, some 200,000 workers die each year due to exposure to smoke at work, while about 700 million children, around half the world's total, breathe air polluted by tobacco smoke, particularly in the home. Based on the evidence of three recent comprehensive reports (the International Agency for Research on Cancer's Monograph 83, Tobacco Smoke and Involuntary Smoking; the United States Surgeon General's Report on The Health Consequences of Involuntary Exposure to Tobacco Smoke; and the California Environmental Protection Agency's Proposed Identifi-

cation of Environmental Tobacco Smoke as a Toxic Air Contaminant), on May 29, 2007, the WHO called for a global ban on smoking at work and in enclosed public places.

The tobacco industry claims that it is committed to determining the scientific truth about the health effects of tobacco, both by conducting internal research and by funding external research through jointly funded industry programs. However, the industry has consistently denied, withheld, and suppressed information concerning the deleterious effects of tobacco smoking. For many years the industry claimed that there was no conclusive proof that smoking tobacco causes diseases such as cancer and heart disease. It has also claimed that nicotine is not addictive. These claims have been repeatedly refuted by the global medical profession, which because of this is also resolutely opposed to the massive advertising campaigns mounted by the industry and believes strongly that the medical associations themselves must provide a firm leadership role in the campaign against tobacco.

The tobacco industry and its subsidiaries have for many years supported research and the preparation of reports on various aspects of tobacco and health. By being involved in such activities, individual researchers and/or their organizations give the tobacco industry an appearance of credibility even in cases where the industry is not able to use the results directly in its marketing. Such involvement also raises major conflicts of interest with the goals of health promotion.

### **RECOMMENDATIONS**

The WMA urges the national medical associations and all physicians to take the following actions to help reduce the health hazards related to tobacco use:

1. Adopt a policy position opposing smoking and the use of tobacco products, and publicize the policy so adopted.
2. Prohibit smoking, including use of smokeless tobacco, at all business, social, scientific, and ceremonial meetings of the National Medical Association, in line with the decision of the World Medical Association to impose a similar ban at all its own such meetings.
3. Develop, support, and participate in programs to educate the profession and the public about the health hazards of tobacco use (including addiction) and exposure to secondhand smoke. Programs aimed at convincing and helping smokers and smokeless tobacco users to cease the use of tobacco products and programs for non-smokers and non-users of smokeless tobacco products aimed at avoidance are both important.
4. Encourage individual physicians to be role models (by not using tobacco products) and spokespersons for the campaign to educate the public about the deleterious health effects of tobacco use and the benefits of tobacco-use cessation. Ask all medical schools, biomedical research institutions, hospitals, and other health care facilities to prohibit smoking, use of smokeless tobacco on their premises.

5. Introduce or strengthen educational programs for medical students and physicians to prepare them to identify and treat tobacco dependence in their patients.
6. Support widespread access to evidence-based treatment for tobacco dependence - including counseling and pharmacotherapy - through individual patient encounters, cessation classes, telephone quit-lines, web-based cessation services, and other appropriate means.
7. Develop or endorse a clinical practice guideline on the treatment of tobacco use and dependence.
8. Join the WMA in urging the World Health Organization to add tobacco cessation medications with established efficacy to the WHO's Model List of Essential Medicines.
9. Refrain from accepting any funding or educational materials from the tobacco industry, and to urge medical schools, research institutions, and individual researchers to do the same, in order to avoid giving any credibility to that industry.
10. Urge national governments to ratify and fully implement the Framework Convention on Tobacco Control in order to protect public health.
11. Speak out against the shift in focus of tobacco marketing from developed to less developed nations and urge national governments to do the same.
12. Advocate the enactment and enforcement of laws that:
  - provide for comprehensive regulation of the manufacture, sale, distribution, and promotion of tobacco and tobacco-derived products, including the specific provisions listed below.
  - require written and pictorial warnings about health hazards to be printed on all packages in which tobacco products are sold and in all advertising and promotional materials for tobacco products. Such warnings should be prominent and should refer those interested in quitting to available telephone quit-lines, websites, or other sources of assistance.
  - prohibit smoking in all enclosed public places (including health care facilities, schools, and education facilities), workplaces (including restaurants, bars and nightclubs) and public transport. Mental health and chemical dependence treatment centers should also be smoke-free. Smoking in prisons should not be permitted.
  - ban all advertising and promotion of tobacco and tobacco-derived products.
  - encourage the development of plain packaging legislation
  - prohibit the sale, distribution, and accessibility of cigarettes, and other tobacco products to children and adolescents. Ban the production, distribution and sale of candy products that depict or resemble tobacco products.
  - prohibit smoking on all commercial airline flights within national borders and on all international commercial airline flights, and prohibit the sale of tax-free tobacco products at airports and all other locations.

prohibit all government subsidies for tobacco and tobacco-derived products.  
provide for research into the prevalence of tobacco use and the effects of tobacco products on the health status of the population.

prohibit the promotion, distribution, and sale of any new forms of tobacco products that are not currently available.

increase taxation of tobacco products, using the increased revenues for prevention programs, evidence-based cessation programs and services, and other health care measures.

curtail or eliminate illegal trade in tobacco products and the sale of smuggled tobacco products.

help tobacco farmers switch to alternative crops.

urge governments to exclude tobacco products from international trade agreements.

13. Recognize that tobacco use may lead to pediatric disease because of the harm done to children caused by tobacco use and second-hand smoke exposure, the relationship of tobacco use by children and exposure to adult tobacco use, and the existence of effective interventions to reduce tobacco use. Special efforts should be made by physicians to:

- provide tobacco-free environments for children
- target parents who smoke for tobacco cessation interventions
- promote programs that contribute to the prevention and decrease of tobacco use by youth
- control access to and marketing of tobacco products, and
- make pediatric tobacco-control research a high priority

14. Refuse to invest in companies or firms producing or promoting the use or sale of tobacco.