

Tobacco or health: A global status report



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The World Health Organization was established in 1948 as a specialized agency of the United Nations serving as the directing and coordinating authority for international health matters and public health. One of WHO's constitutional functions is to provide objective and reliable information and advice in the field of human health, a responsibility that it fulfils in part through its extensive programme of publications.

The Organization seeks through its publications to support national health strategies and address the most pressing public health concerns of populations around the world. To respond to the needs of Member States at all levels of development, WHO publishes practical manuals, handbooks and training material for specific categories of health workers; internationally applicable guidelines and standards; reviews and analyses of health policies, programmes and research; and state-of-the-art consensus reports that offer technical advice and recommendations for decision-makers. These books are closely tied to the Organization's priority activities, encompassing disease prevention and control, the development of equitable health systems based on primary health care, and health promotion for individuals and communities. Progress towards better health for all also demands the global dissemination and exchange of information that draws on the knowledge and experience of all WHO's Member countries and the collaboration of world leaders in public health and the biomedical sciences.

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SELECTED WHO PUBLICATIONS OF RELATED INTEREST

Evaluating tobacco control activities: experiences and guiding principles.

C. Chollat-Traquet. 1996 (220 pages)

Sw. fr. 42.—

Legislative action to combat the world tobacco epidemic, 2nd ed.

R. Roemer. 1993 (310 pages)

Sw. fr. 59.—

Women and tobacco.

C. Chollat-Traquet. 1992 (139 pages)

Sw. fr. 26.—

Smokeless tobacco control.

Report of a WHO Study Group.

WHO Technical Report Series, No. 773, 1988 (81 pages)

Sw. fr. 11.—

Smoking control strategies in developing countries.

Report of a WHO Expert Committee.

WHO Technical Report Series, No. 695, 1983 (92 pages)

Sw. fr. 10.—

Tobacco or health: status in the Americas.

A report of the Pan American Health Organization.

PAHO Scientific Publication, No. 536, 1992 (401 pages)

Sw. fr. 40.—

It can be done: a smoke-free Europe.

Report of the First European Conference on Tobacco Policy.

WHO Regional Publications, European Series, No. 30, 1990 (67 pages)

Sw. fr. 18.—

**Prevention in childhood and youth of adult cardiovascular diseases:
time for action.**

Report of a WHO Expert Committee.

WHO Technical Report Series, No. 792, 1990 (105 pages)

Sw. fr. 12.—

The health of young people: a challenge and a promise.

1993 (119 pages)

Sw. fr. 23.—

Further information on these and other WHO publications can be obtained from
Distribution and Sales, World Health Organization, 1211 Geneva 27, Switzerland.

Prices subject to change. Prices in developing countries are reduced by 30%.

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¹ The following abbreviations are used in these profiles:

GDP: gross domestic product

real GDP per capita (PPP\$): real gross domestic product per capita expressed in terms of parity purchasing power.

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Introduction

Monitoring the tobacco epidemic

Every 10 seconds, another person dies as a result of tobacco use. Tobacco products are estimated to have caused around 3 million deaths a year in the early 1990s. The death toll is steadily increasing and, unless current smoking trends are reversed, that figure is expected to rise to 10 million deaths per year by the 2020s or early 2030s, with 70% of those deaths occurring in developing countries. The global public health community has expressed increasing concern about these alarming trends and, since 1970, the World Health Assembly has adopted 14 resolutions which, taken together, strongly urge Member States to implement comprehensive tobacco control measures. In 1989 and 1990, the World Health Assembly adopted resolutions calling on WHO to periodically monitor and report on the global "tobacco or health" situation as well as on the effectiveness of Member States' tobacco control programmes.

A substantial amount of data and information was collected, collated, and validated in order to assess key aspects of the tobacco situation in each country. Part I of this book presents comparative analyses of the tobacco situation on a regional and global basis, and comparisons of individual countries on the basis of indicators such as tobacco use, mortality trends, production, and trade. These, together with tobacco control measures, are brought together in Part II for each Member State of WHO in a series of country profiles. This publication thus provides a baseline assessment of the "tobacco or health" situation together with national policy responses as of the early 1990s. It is intended that similar monitoring reports will be compiled periodically in the future in order to assess progress at national, regional, and global levels in controlling the tobacco epidemic.

Data sources and methods

WHO has established a data centre that provides a standardized reference source of information for global epidemiological surveillance of the tobacco epidemic. The data centre consolidates a large amount of information on the "tobacco or health" situation in countries and, wherever possible, includes trends in tobacco use and related mortality over the last few decades. WHO has also collected information on tobacco production, trade, consumption, and health effects, as well as on national tobacco control measures, policies, and programmes. The data and information

collected at the WHO data centre are analysed, validated, and then disseminated in various reports and publications, of which this is one.

A series of indicators was chosen for use in assessing the most important aspects of the tobacco situation in Member States as they relate to public health. For most countries, this book includes data and information on these indicators from the early 1990s. However, wherever possible, later data or estimates have been used. The indicators can be grouped into six broad categories, namely those on:

1. *The sociodemographic situation.* These indicators include those of specific relevance to the assessment of tobacco use and tobacco-related diseases, e.g. population age structure, life expectancy, national wealth, labour force structure and social development. For purposes of international comparability, this information was obtained from such sources as the United Nations Department for Economic and Social Information and Policy Analysis, the WHO Division of Health Situation and Trend Assessment, the United Nations Development Programme, and the United Nations Statistical Office. The population and health status information reported in country profiles is taken from official estimates and projections published by the United Nations Population Division.
2. *Tobacco production, trade, and industry.* Perhaps the best standardized set of data on these indicators is that maintained by the United States Department of Agriculture, particularly on such indicators as unmanufactured tobacco and cigarette production, imports, and exports. These data are collected by the Department's overseas emissaries attached to the United States Embassies in various countries. Data were also obtained from the World Bank, the United Nations Statistical Office, and the Food and Agriculture Organization of the United Nations. In many cases, this information was provided directly by Member States, often based on data supplied by the tobacco industry. Industry publications were also consulted, as were key informants in various Member States.
3. *Tobacco consumption.* This includes trends from the 1970s to the early 1990s. Estimates of annual adult per capita cigarette consumption were based primarily on production and trade data from sources discussed above.
4. *The prevalence of tobacco use.* The indicators include data on prevalence in specific population subgroups such as young people, adults, the elderly, males and females separately, occupational categories (especially health workers, teachers, and other exemplar groups), other demographically defined categories such as ethnic or religious groups, and groups defined by income or place of residence. These data were obtained from Member States and from sources such as conference reports, scientific publications, and other documents.
5. *The health effects of tobacco use.* Special emphasis is placed here on mortality due to smoking. For a number of countries, estimates of mortality from this cause have been prepared by the WHO Collaborating Centre for Chronic Disease Control at the University of Oxford, in collaboration with the American Cancer Society, the Imperial Cancer Research Fund and WHO (1).

6. *National policy responses.* These include legislation, education, and the organization of tobacco control activities in each country. Much of this information was provided directly by Member States and key informants. Information was also obtained from a recent WHO publication (2), as well as from the WHO Health Legislation unit.

Data and information for the country profiles were assembled from existing reports, publications, and other documents available to WHO. For some indicators, different sources provided inconsistent or conflicting information; a number of sources, including key informants, were then consulted, and decisions made on a case-by-case basis after a thorough analysis of all available data. In the preparation of this book, every attempt was made to include accurate and up-to-date information, available as of late 1995.

Once this basic data collection phase was completed, a set of summary profiles were prepared, supplemented by data and information provided by leading tobacco control experts, scientists and organizations in the various WHO regions. Finally, the profiles were sent to the regional offices for amendments, validation, and clearance by Member States.

Despite the efforts made by WHO to obtain and validate data and information, many gaps in, and uncertainties about, the actual "tobacco or health" situation in Member States remain. WHO would therefore greatly welcome any comments or additional information from readers of this publication in order to improve the reliability of its global epidemiological surveillance and thereby enhance the value of information support for tobacco control measures.

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1. Peto R et al. *Mortality from smoking in developed countries, 1950–2000*. Oxford, Oxford University Press, 1994.
2. Roemer R. *Legislative action to combat the world tobacco epidemic*, 2nd ed. Geneva, World Health Organization, 1993.

Note

Andorra became a Member State of the World Health Organization when the preparation of this book was already at an advanced stage. It has not, therefore, been possible to include information about Andorra in the country profiles in Part II.

PART I

Tobacco or health: A global overview