November 2, 2004, was a successful day for smoke-free policies in Columbus, Ohio; Lincoln, New Jersey; Copperas Cove, Texas; Winooski, Vermont; Wausau, Wisconsin; and many other cities and towns across the United States. They either upheld smoke-free workplace laws that were under threat or introduced new ones. The spread of these laws follows the recent success seen in New York City where over a period of 1 year, smoking prevalence has declined by 11 percent, due to a combination of efforts: smoke-free workplace laws, increased access to tobacco cessation methods, and tobacco tax increases. Progress is not restricted to the USA. Over the last few years, nationwide bans on smoking in public places have been introduced in countries as divergent as Ireland, Norway, Montenegro, Uganda, South Africa, Tanzania, South Korea and several cities in China and even Japan. Despite considerable opposition from the tobacco industry, this progress is now unstoppable.

The tobacco industry had long feared that populations would recognize that breathing other people’s smoke would become unacceptable and would translate in time into lost profits for them. That time is getting nearer, but many in the tobacco industry continue to deny that exposure to tobacco kills and harms the health of adults and children. They offer ineffective separation policies as alternatives. While 5 million tobacco users die each year because of their use of tobacco products, additional tens of thousands of deaths, and more preventable disease occur in exposed nonsmokers.

Michael Givel (1) describes the lengths to which the tobacco industry went to avoid adoption and use of E-codes for environ-
mental tobacco smoke (ETS) as an external cause of death. Industry tactics are similar to those they used to try to subvert research by the International Agency for Research on Cancer on the role of ETS in lung cancer. Elisa Ong and Stanton Glantz (2) wrote about them in *Lancet* and they were documented in the report of the Committee of Experts on “Tobacco Company Strategies to Undermine Tobacco Control Activities at the World Health Organization” (3), both in 2000.

The WHO inquiry was begun in response to evidence that emerged from tobacco industry documents disclosed during US litigation, showing that WHO had been the target of a sustained industry effort over many years to thwart introduction of tobacco control policy internationally. One of the key case studies cited described IARC’s ETS study; another uncovered the influence of an industry “mole” working “to acquit” – find not guilty – certain pesticides used on tobacco. The committee, in its recommendations, found that WHO had inadequate protections in place to counter the influence of scientists unknowingly paid by the tobacco industry (3). Since then modest progress has been made, but as Judith Richter recently reported, many loopholes continue to exist that make WHO’s global normative role vulnerable to undue influence (4). Just in October 2004, BBC’s television program Panorama documented the role played by an NGO, with an official relationship to FAO and WHO, in influencing a 1998 report on sugars and carbohydrates. The group, International Life Sciences Institute, supported by food–chemical–tobacco companies, donated cash and consultants to defend claims that sugar was not harmful to health (5).

On September 6, 2004, the University of Geneva issued a report of its inquiry into the activities of one of its faculty, Professor Ragnar Rylander (6). Ong and Glantz had earlier highlighted his role in supporting the work of the tobacco industry-funded Center for Indoor Air Research. For over three decades, Professor Rylander had been a highly paid secret consultant to the tobacco industry: he staged conferences that would cast doubt on the effect of ETS; prepared scientific papers on this line for well-regarded journals; provided testimony against the US Environmental Protection Agency’s analysis of the hazards of ETS; and even – it appears – tailored the results of his own research on the effect of passive smoke on children (7).
In a press release dated October 29, the university summarized its findings:

The scientific community and the public must know that Ragnar Rylander’s studies on the effects of environmental tobacco smoke on health are marred with serious suspicion, because the author has not revealed his conflicts of interest which were susceptible of influencing the significance of these studies and because he cannot be considered as an independent scientist, considering his role as secret employee of the tobacco industry. Prof. Rylander’s multiple breaches of scientific integrity take their full significance only when placed in the framework of the strategy conceived and carried out by the tobacco industry to throw doubt on the toxicity of tobacco smoke, particularly for the non-smokers. The case of one individual must not make us forget that the most unforgivable guilt is that of an institutional and commercial entity, the tobacco industry, whose objectives and interests are in contradiction with both public health and medical science (8).

(English translation)

The Global Youth Tobacco Survey, a joint effort between WHO and the US Centers for Disease Control and Prevention (CDC), which includes 1.3 million children between 13 and 15 years of age from all continents, showed that 42.7 percent of these children reported being exposed to ETS at home, 53.2 percent were exposed to smoke in public places, and almost 80 percent thought that smoking should be banned from public places (6).

If WHO staff working on tobacco control had not been awake to unacceptable tobacco industry tactics, the industry would, in all likelihood, have tried to influence the first major review of the impact of ETS on children’s health, one requested by the Environment Ministers of the G8 nations in their 1997 meeting in Miami. In this instance, scientists carrying out the review concluded that “ETS is a real and substantial threat to child health, causing death and suffering throughout the world. Several childhood diseases were regarded as being causally related to ETS, maternal smoking was linked to harmful outcomes in neonates and infants, and children’s exposure to ETS was considered a possible contributory cause of cardiovascular disease in adulthood” (9). Many actions to protect
children from exposure that were recommended by the reviewers are now part of the WHO Framework Convention on Tobacco Control (FCTC) (10).

Adoption of the FCTC in May 2003 provided a boost to global efforts to address ETS. In the portion of the treaty addressing ETS, it states that all parties “recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability” (10). Based on this, the WHO treaty calls for each party to implement bans on smoking in indoor workplaces, public transport, indoor public places, and, as appropriate, other public places. However, the tobacco industry continues to stonewall. Shortly after the treaty was signed, Tobacco Reporter, the official voice of the industry, published a critique of the FCTC with specific comments on the ETS provisions (11). The Imperial Tobacco Group stated, “We recognize that environmental tobacco smoke can be irritating and annoying to some people in certain situations, but believe that the scientific evidence taken as a whole is insufficient to establish that it is a cause of any disease. The wishes of smokers and nonsmokers regarding smoking in the workplace and public places can be, and for many years have been, accommodated by courtesy, common sense and cooperation. While some restrictions may be necessary, we do not believe that indiscriminate bans are justified.”

Martin Broughton, then chairman of British American Tobacco said, “To have sensible regulation that can really contribute to reducing the health impact of tobacco, we need to move away from the adversarial approach of the WHO to one of cooperation and inclusion. On public smoking, for example, it would be helpful if the WHO could base its views on sound scientific evidence, rather than continuing to promote the belief that smokers pose a significant threat to nonsmokers’ health.”

From the industry documents, we learn that their executives fear restrictions on smoking in public as most detrimental to sales and profit. “We are afraid of the measures regarding protection from exposure to tobacco smoke, with some crazy measures like in the USA and especially California. The idea of [regulating] passive smoke – which is still unproven to be hazardous and may already be proven that the hazard doesn’t exist – is the most dangerous for the sector and the opinion. We are less afraid with packaging and
labeling” (11). The tobacco industry and their lawyers know that ETS is not issue of choice for most people who are exposed – especially children. Corporate responsibility and not individual responsibility is the correct policy response, and that will threaten industry profitability.

Stanton Glantz and his team of researchers have provided valuable evidence of how the tobacco industry has teamed up with the hospitality industry around the world to maintain smoking in public places (12). Increasingly, however, restaurant, pub, and hotel owners will recognize that smoke-free policies are not only good for the health of employees and customers but will also not harm their income. The recent New York City experience of combining smoke-free policies with better access to effective means of quitting and tobacco tax increases needs to be emulated widely (and fast), if what remains the largest preventable cause of death in the world is to be eliminated.

REFERENCES


