The endgame for tobacco

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“You can live to be a hundred if you give up all the things that make you want to live to be a hundred.”—Woody Allen

Renowned Hollywood director, Woody Allen, withdrew the release of his much acclaimed film, Blue Jasmine in India last week, refusing to comply with regulations on anti-tobacco messages. This brings the debate on appropriateness of anti-tobacco messages in films to the fore again. In the accompanying feature (doi:10.1136/bmj.f5258), Balaji Ravichandran reports on the new Indian law that requires all television programmes and films to carry prominent anti-tobacco messages. If you have been to any cinemas recently, you will have noticed a flashing anti-tobacco warning pop up on the screen every time a character in the film smokes. Predictably, filmmakers and audiences are not happy about it.

The argument is quelled to some extent by findings that Bollywood delivers nearly 14 billion tobacco images to Indian audiences each year, which is 15 times that delivered by Hollywood to UK audiences (doi:10.1136/bmj.f2608).

Evidently, media exposure to tobacco marketing has made an impression on the minds of 5 or 6 year olds in countries across the world (doi:10.1136/bmj.f6149). Peter Baldini, chief executive of the World Lung Foundation, urges countries to adopt such countermeasures, given “an ever increasing body of evidence that graphic national anti-tobacco mass media campaigns alert people to the dangers of smoking and can lead to behaviour change at a population level.”

Strategic use of mass media is reflected in the World Health Organization’s report on the global tobacco epidemic (doi:10.1136/bmj.f4493), which finds a ban on television and radio advertising of tobacco products to be adopted by 144 countries. There are gains to cheer about. A third of the world’s population is now covered by at least one tobacco control measure—a substantial improvement from around 5% covered in 2008. While introducing smoke-free environments is the most likely measure adopted by governments, tobacco taxes have made the least progress.

At the Endgame for Tobacco conference in Delhi last month, K Srinath Reddy, president of the Public Health Foundation of India, called for “significant tax hikes on tobacco products and the use of tobacco derived tax revenue to fund tobacco control [and] universal health coverage, and support the transition of tobacco farmers and workers to alternate occupations.” At present, taxes account for only 38% of the retail price of cigarettes in India and 9% of the retail price of beedis, far below the 66-80% recommended by the World Bank (doi:10.1136/bmj.f5676).

Addressing the conference, Margaret Chan, director-general of the World Health Organization, emphasised the need for a diversity of endgame strategies, given the diversity of factors that drive the tobacco epidemic.

One such strategy advocated by Crawford Moodie and colleagues is plain (standardised) tobacco packaging (doi:10.1136/bmj.f4786). They build on findings from a recent Australian study published in BMJ Open (doi:10.1136/bmjopen-2013-003175) that affirms to the effectiveness of plain packaging in reducing appeal of tobacco products and enhancing communication of health warnings.

Another topical debate brewing in Europe concerns the regulation of e-cigarettes, which have seen a dramatic rise in recent times. Martin McKee, professor of European Public Health, writes on the aggressive marketing push to portray e-cigarettes as an effective form of harm reduction, while indirectly and dangerously popularizing smoking, particularly among youngsters (doi:10.1136/bmj. f5780).

In response to the tobacco industry’s deliberate attempts to propagate doubt around the harmful effects of tobacco in both scientific and popular media, we, at the BMJ, have taken a stand. The editors of the BMJ, Tobacco Control, Heart, Thorax, and BMJ Open refuse to publish research funded by the tobacco industry hereafter. In doing so, they affirm their commitment to not allow the journals “to be used in the service of an industry that continues to perpetuate the most deadly disease epidemic of our times.” (doi:10.1136/bmj.f5193)

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