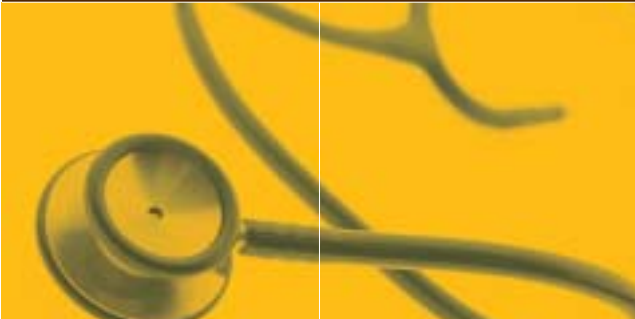


# **tobacco under the microscope**



**the doctors' manifesto for global tobacco control**

# foreword foreword

## **Tobacco Under the Microscope: the doctors' manifesto for global tobacco control**

Some fifty years since Sir Austin Bradford Hill and I found convincing evidence that the great majority of lung cancers were due to smoking, the global death toll from tobacco continues to climb.

In the intervening decades, research has established that tobacco causes more than twenty fatal conditions and forty illnesses and has established the measures that are most effective in combating the tobacco epidemic.

Doctors helped establish the risks of tobacco, care for patients with illnesses caused by tobacco, and can help their patients to give up. They and their professional organisations also have a responsibility to protect health by urging effective public policies.

The Framework Convention on Tobacco Control represents an unparalleled opportunity for governments to tackle the tobacco pandemic. In **Tobacco Under the Microscope**, doctors examine the evidence, identify best practice, and set out their manifesto for global tobacco control.



Sir Richard Doll CH, FRS  
Honorary Consultant  
Clinical Trial Service Unit  
and Epidemiological  
Studies Unit  
University of Oxford  
UK



“The tobacco settlement and adverse litigation will put tremendous financial pressure on Big Tobacco to expand international sales of tobacco.

In this time of increased danger, we must stand together in support of The Doctors' Manifesto for Global Tobacco Control, for the Framework Convention.”



C. Everett Koop, MD, ScD  
Senior Scholar  
The C. Everett Koop Institute  
USA



# manifesto

# manifesto



Tobacco is one of the greatest threats to health. It is estimated that in the 21st century one billion people will die from tobacco-induced disease.

The epidemic is rapidly shifting from the developed to the developing world. Decisive action is long overdue.

Doctors play a vital part in reducing preventable illness and death. But tobacco is not just a matter for doctors. National governments and international bodies must also act.

The WHO Framework Convention on Tobacco Control will establish an internationally binding treaty to protect the public health against tobacco. Doctors believe that the Framework Convention must be firmly rooted in the scientific evidence.

We call on all governments to ensure that the Framework Convention includes strategies proven to reduce tobacco consumption, including measures to:

- **Include clear, informative health warnings on every packet**
- **End misleading claims that some cigarettes are safer than others**
- **Increase the price of tobacco through taxation**
- **End tobacco advertising**
- **Protect non-smokers from tobacco smoke**

Doctors have a duty to **promote the highest possible standards of health**. Our manifesto calls on national governments and international bodies to ensure that this fundamental principle is enshrined at the heart of the Framework Convention.



# Un manifeste manifesto

Le tabac est l'un des plus grands dangers pour la santé. On prévoit qu'au 21<sup>e</sup> siècle la consommation de tabac fera un milliard de victimes. L'épidémie se déplace rapidement du monde développé vers le monde en développement. Une action décisive se fait attendre depuis longtemps.

Les médecins jouent un rôle essentiel dans la réduction du nombre des décès et des maladies évitables. Mais la question du tabac ne s'adresse pas seulement aux médecins. Les organisations nationales et internationales doivent aussi agir.

La Convention de l'OMS sur le contrôle du tabac prévoit d'instituer un traité international pour protéger le public contre les dangers du tabac. Les médecins estiment que la Convention doit être reposée sur des bases scientifiques solides.

Nous invitons les gouvernements à s'assurer que la Convention de l'OMS énonce des stratégies éprouvées de réduction de consommation de tabac, notamment des mesures visant à :

- **apposer sur chaque paquet des mises en garde contre les dangers pour la santé**
- **stopper les revendications selon lesquelles certaines cigarettes sont moins dangereuses que d'autres**
- **augmenter le prix du tabac au moyen de la taxation**
- **arrêter la publicité du tabac**
- **protéger les non fumeurs de la fumée du tabac**

Les médecins ont le devoir de promouvoir les plus hautes normes possibles de santé. Le présent manifeste invite les gouvernements et instances internationales à s'assurer que ce principe de base constitue le fondement de la Convention de l'OMS.

El tabaco es una de las amenazas más grandes para la salud. Se calcula que en el siglo 21 mil millones de personas morirán a causa del tabaco. La epidemia se está trasladando rápidamente de los países desarrollados a los en vías de desarrollo. Ya se debieran haber tomado medidas decisivas.

Los médicos cumplen una función vital en la disminución de enfermedades evitables y de la muerte. Pero el tabaco no es sólo un asunto de médicos, los gobiernos y los organismos internacionales también deben tomar parte activa.

El Convenio Marco de la OMS para el Control del Tabaco establecerá un tratado internacional para proteger la salud del público contra el tabaco. Los médicos consideran que el Convenio Marco debe estar basado sólidamente en evidencia científica.

Hacemos un llamamiento a todos los gobiernos a asegurar que el Convenio Marco incluya estrategias probadas que disminuyan el consumo de tabaco, incluidas medidas para:

- **Incluir advertencias claras e informativas sobre la salud en cada paquete de cigarrillos**
- **Terminar con los anuncios engañosos que afirman que algunos cigarrillos son más seguros que otros**
- **Aumentar el precio del tabaco a través de impuestos**
- **Terminar con la publicidad del tabaco**
- **Proteger a los no fumadores del humo del tabaco**

Los médicos tienen el deber de promover los más altos niveles de salud posibles. Nuestro manifiesto hace un llamamiento a los gobiernos y a los organismos internacionales a fin de asegurar que este principio fundamental sea el centro del Convenio Marco.

## МАНИФЕСТ ВРАЧА ЗА ГЛОБАЛЬНУЮ БОРЬБУ ПРОТИВ ТАБАКА

Табак - одна из самых больших опасностей для здоровья. По оценкам, в 21-м веке от вызванных табаком болезней умрет один миллиард человек. Табачная эпидемия быстро переносится от развитых стран к развивающимся. Давно пора предпринять решительные действия по борьбе против табака.

Врачи играют жизненно важную роль в сокращении предотвратимой заболеваемости и смертности. Однако табак - проблема не только для врачей. Необходимы действия правительств государств и международных организаций.

Рамочная конвенция ВОЗ по борьбе против табака учреждает обязательное в международном плане соглашение, направленное на защиту общественного здоровья от табака. Врачи полагают, что Рамочная конвенция должна иметь достаточно научно-основу.

Мы призываем все правительства обеспечить включение в Рамочную конвенцию стратегий, которые, как было доказано, сокращают потребление табака. Среди них меры, предусматривающие:

Помещение четких, информативных предупреждений о вреде курения для здоровья на каждой упаковке табачных изделий

Запрет вводящих в заблуждение заявлений о том, что некоторые сигаретные бренды опаснее, чем другие

Повышение цен на табак посредством налоговых сборов

Запрет рекламы табака

Защиту некурящих от табачного дыма

Долг врачей - способствовать самому высокому уровню здоровья. Наш Манифест призывает правительства государств и международные организации обеспечить, чтобы этот базовый принцип сохранился в сердце Рамочной конвенции.

# manifesto manifesto



## 关于全球烟草控制的医生宣言

烟草是对健康的最大威胁之一。据估计，21世纪将有10亿人死于烟草诱发的疾病。这种悲剧必须从发达国家传播到发展中国家。完美的应用措施早就应该采取了。

医生在减少可预防疾病和死亡方面具有举足轻重的作用。烟草问题不仅是个人的问题，各国政府和国际团体也必须采取行动。

世界卫生组织关于烟草控制框架公约的建立，一个国际性的公约，阻止烟草对公共健康的危害。医生们认为，新公约的必要性与科学证据紧密结合在一起。

我们号召各国政府确保新公约中包含经证明能减少烟草消费的政策。包括下列措施：

- 每个烟草包装上都标有清楚的、有裨益的健康警示
- 杜绝“有丝香烟比其它香烟安全”的误导宣传
- 通过税收提高烟草价格
- 杜绝烟草广告
- 保护不吸烟者免受二手烟草危害

医生有义务帮助人们建立更健康的未来。我们的宣言与各国政府的和国际团体确保在框架公约的主要精神中传递对此宗旨原则。

## بيان الأطباء لمكافحة التبغ عالمياً

يعتبر التبغ من أخطر المواد التي تهدد الصحة ومن المثير أن مليار أسد سوف يموتون في القرن الـ 21 بسبب الأمراض الناتجة عن تدخين التبغ. وهذا الوفاء ينتقل بسرعة من البلدان المتطورة إلى البلدان النامية. لذلك من الضروري أن نجد آليات فعالة لتصرف عاجل.

والأطباء يعمون دوراً هاماً وحيوياً في تقليل حالات الوفاة والمرض القابلة للوقاية. لكن التبغ ليس مسألة تخص الأطباء وحدهم إذ أن على الحكومات الوطنية والهيئات الدولية أن تتصرف بكفاءة.

إن المعاهدة الإطارية لمنظمة الصحة العالمية حول مكافحة التبغ سوف تيسر الاتفاقية ملزمة دولياً لصحية الصحة العامة من مكافحة التبغ. ويؤكد الأطباء بأن المعاهدة الإطارية يجب أن تنشأ أساساً وبخطة إلى آفاق وبراهين علمية.

إننا ندعو جميع الحكومات لكي تتأكد من أن المعاهدة الإطارية تتضمن آليات الفعالة لتقليل من استهلاك التبغ، بما في ذلك الإجراءات التالية كما يلي:

- أن تضمن كل طبياً ضمان تضررات صحية واضحة وآليات منظومة وافية
- إنهاء الاعادة الممنعة بأن بعض السجائر أقل أماناً وسلامة من غيرها
- رفع أسعار التبغ من خلال التقليل الضريبي
- وقف وإلغاء الإعلانات المتعلقة بالتبغ
- حماية الأشخاص غير المدخنين من تأثير دخان التبغ

إن من واجبات الأطباء والتشجيع وتعزيز أرفع مستويات الصحة العامة. وبالتالي يدعو الحكومات الوطنية والهيئات الدولية لضمان إدراج هذا البند الأساسي في صلب المعاهدة الإطارية.

# endorsements

# endorsements



## World Medical Association

Physicians see, on a daily basis, the life-shattering effects of tobacco use, for those who smoke and those who inhale the smoke of others. Although physicians can play a very important role in preventive and curative care, we must stand together in demanding effective regulation and legislation, by government, to prevent this epidemic.

The WHO Framework Convention on Tobacco Control is a fine start to this process and we applaud the courage demonstrated in taking on this challenge. We strongly urge government to now follow this example. The World Medical Association, global representative body for physicians, endorses and fully supports this manifesto.



**Dr Delon Human**  
Secretary-General  
World Medical Association

## Commonwealth Medical Association

Tobacco use causes many life-threatening diseases. The control of the tobacco epidemic – and protection from promotion of tobacco use for commercial gain – are extremely important to the doctors of the Commonwealth.

Tobacco is of particular importance to developing countries, whose populations already suffer disproportionately from infections such as HIV/AIDS, tuberculosis and malaria. The Commonwealth Medical Association fully supports this manifesto.

We call on governments to ensure that the Framework Convention includes measures proven to reduce tobacco consumption and appropriate to developing countries.



commonwealth medical association

**Dr Jane Richards**  
Secretary  
Commonwealth Medical Association

# endorsements

# endorsements



## European Forum of Medical Associations

European medical professionals have first-hand knowledge of the human misery and suffering caused by tobacco. Doctors have an ethical responsibility to act to protect their patients and improve the public health.

EFMA has long recognised the importance of both international scientific and technical cooperation and of action by governments and international bodies in tackling the tobacco epidemic. In a series of statements and declarations, EFMA has called for the enactment of legislation to prohibit both indirect and direct advertising of tobacco, to heavily tax tobacco products, to exclude tobacco from national price indices, to ensure effective health warnings on all tobacco products, and to ensure the right to smoke-free public places. EFMA supports the inclusion of these measures in the Framework Convention on Tobacco Control.



**Dr Klas Winell**

Chair, Tobacco Action Group  
European Forum of Medical Associations



## Standing Committee of European Doctors (CPME)

Every year, within the European Union, more than 500,000 people die from diseases caused by tobacco – almost one death every minute. Illness and deaths from tobacco are entirely preventable.

Experience from Europe shows that strong, comprehensive tobacco control programmes backed by national legislation are effective in reducing the burden of tobacco-induced illness and death. The CPME supports the WHO Framework Convention on Tobacco Control, and calls on all governments to ensure it includes measures that reflect international best practice.



**Dr Reiner Brettenthaler**

President  
Standing Committee of European  
Doctors (CPME)





PEOPLE THEN HAVE  
A RIGHT TO  
ACCURATE, ACCESSIBLE  
INFORMATION ON THE  
TRUE HEALTH RISKS  
OF TOBACCO.



# Include clear, informative health warnings on every packet



“Tobacco users – especially young people – underestimate how addictive tobacco is. In Sudan, two out of ten toombak dippers and eight of ten young smokers say they have tried to give up. Hundreds start water-pipe smoking every day. Health warnings should include the message that nicotine is highly addictive.”



**Dr Ali Idris**  
Director  
Toombak and Smoking  
Research Centre  
Sudan



“In Japan, health warnings are very weak. Smokers need to be informed of the real risks of smoking, with information on specific diseases. Strongly worded, rotating warnings are most effective.”

**Dr. Eitaka Tsuboi**  
President  
Japan Medical Association  
Japan

“In Canada, health warnings carry strong rotating messages, include pictures and cover half of the package. The warnings increase smokers’ awareness of health risks, and increase their motivation to quit. I would like to see strong, hard-hitting package warnings adopted worldwide.”



**Dr Dana Hanson**  
President  
Canadian Medical Association  
Canada

“Smoking causes more than 5,000 deaths each year in Hong Kong. The Hospital Authority alone spent more than US \$ 90 M on treatment for smoking-induced diseases. The FCTC should provide for culturally relevant health warnings in local languages on tobacco packs. Picture warnings are also a good way of reaching children and those who cannot read.”

**Hong Kong Hospital Authority**  
Hong Kong



**LOW TAR,  
LOW NICOTINE  
PRODUCTS ARE  
NO SAFER THAN  
OTHER CIGARETTES.**

# End misleading claims that some cigarettes are safer than others



“The ISO method used to measure tar and nicotine yields does not reflect the dose absorbed by the smoker. The FCTC should abandon the ISO method and provide for the development of new regulatory systems, under the guidance of WHO.”

“So-called ‘light’ cigarettes are a deceit. They perpetuate tobacco use by falsely claiming that they are less damaging to health. It is in the interest of the tobacco industry that smokers continue to be addicted.”



“In Pakistan, where there is no requirement to disclose the content of tobacco, cigarettes have very high nicotine content. The FCTC should include measures that require manufacturers to inform national authorities of all ingredients of their products, and their intended purpose.”

“There is no evidence that some cigarettes are less harmful to health than others. Yet branding and promotion are used to convey this false message to smokers. The FCTC should include measures to prevent such claims.”



“Marketing for ‘light’ and ‘mild’ brands often targets women. Moreover, research shows that ‘light’ and ‘mild’ branding has been used to reassure existing smokers about the health consequences of tobacco, and to encourage them to switch brands, rather than stopping. Such branding should be banned under the FCTC.”

**Dr Cormac Macnamara**  
Irish Medical Association  
Ireland

**Dr Herman Schargrofsky**  
President  
Epidemiology and  
Prevention Committee  
Inter American Heart Foundation  
Argentina

**Dr Javid Khan**  
Professor of Medicine  
The Aga Khan University Hospital  
Pakistan

**Dr Vivienne Nathanson**  
Head  
Science and Ethics  
British Medical Association  
UK

**Dr Corrine Bretscher**  
Representative to WHO  
Medical Women's  
International Association



A TEN PERCENT  
RISE IN  
PRICE CUTS  
TOBACCO CONSUMPTION  
BY FOUR PERCENT

# Increase the price of tobacco through taxation

“ Tobacco kills. In India, we should be focussed on the power of education and economics. Higher prices make it that much more difficult for young people to start to use tobacco. Do we have an option? ”



**Dr K A Dinshaw**  
Director  
Tata Memorial Centre  
India



“ When a tax on tobacco was used to fund a comprehensive tobacco control programme in Massachusetts, the number of smokers dropped dramatically. A comprehensive effort should also include community-based youth and adult programmes, smoking cessation programmes and effective public education campaigns. ”

**Dr Howard K Koh**  
Commissioner of  
Public Health  
The Commonwealth  
of Massachusetts  
USA

“ In Latvia, as in many other countries, tobacco smuggling is a concern. Tobacco smuggling undermines public health policy, and must be controlled. The FCTC should include strong measures to tackle smuggling, including tracing of tobacco exports. ”



**Prof Viesturs Boka**  
President  
Latvian Medical Association  
Latvia



“ Taxing tobacco is one of the most effective ways of preventing young people starting to use tobacco. Taxes also motivate users to quit. The FCTC should include provisions to tax tobacco in a way that limits consumption to the greatest possible extent. ”

**Dr Jesper Poulsen**  
President  
Danish Medical Association  
Denmark

“ In Kenya, six out of ten men, three out of ten women, and four out of ten secondary school adolescents use tobacco. Raising tobacco taxes may encourage users to give up, or use less tobacco. The FCTC should commit countries to raising taxes at least in line with the growth of real incomes and ahead of inflation. ”



**Dr A E O Ogwel**  
Chair  
National Tobacco  
Control Committee  
Kenya



**BANNING ALL  
TOBACCO  
ADVERTISING,  
SPONSORSHIP  
AND PROMOTION  
CUTS TOBACCO USE**

# End tobacco advertising



“ In Turkey, smoking among children fell following the introduction of a ban on tobacco advertising. The FCTC should protect children by banning all forms of tobacco promotion. It should also include measures to prevent the tobacco industry participating in youth education campaigns. ”

“ Certain countries may have genuine constitutional barriers to a complete ban on advertising. The FCTC should commit countries to restricting advertising as far as the courts determine the constitution will permit. ”



“ In Mali, brandstretching has been used to circumvent a national advertising ban. The FCTC should commit governments to introduce comprehensive legislation to ban all forms of tobacco promotion and sponsorship. ”



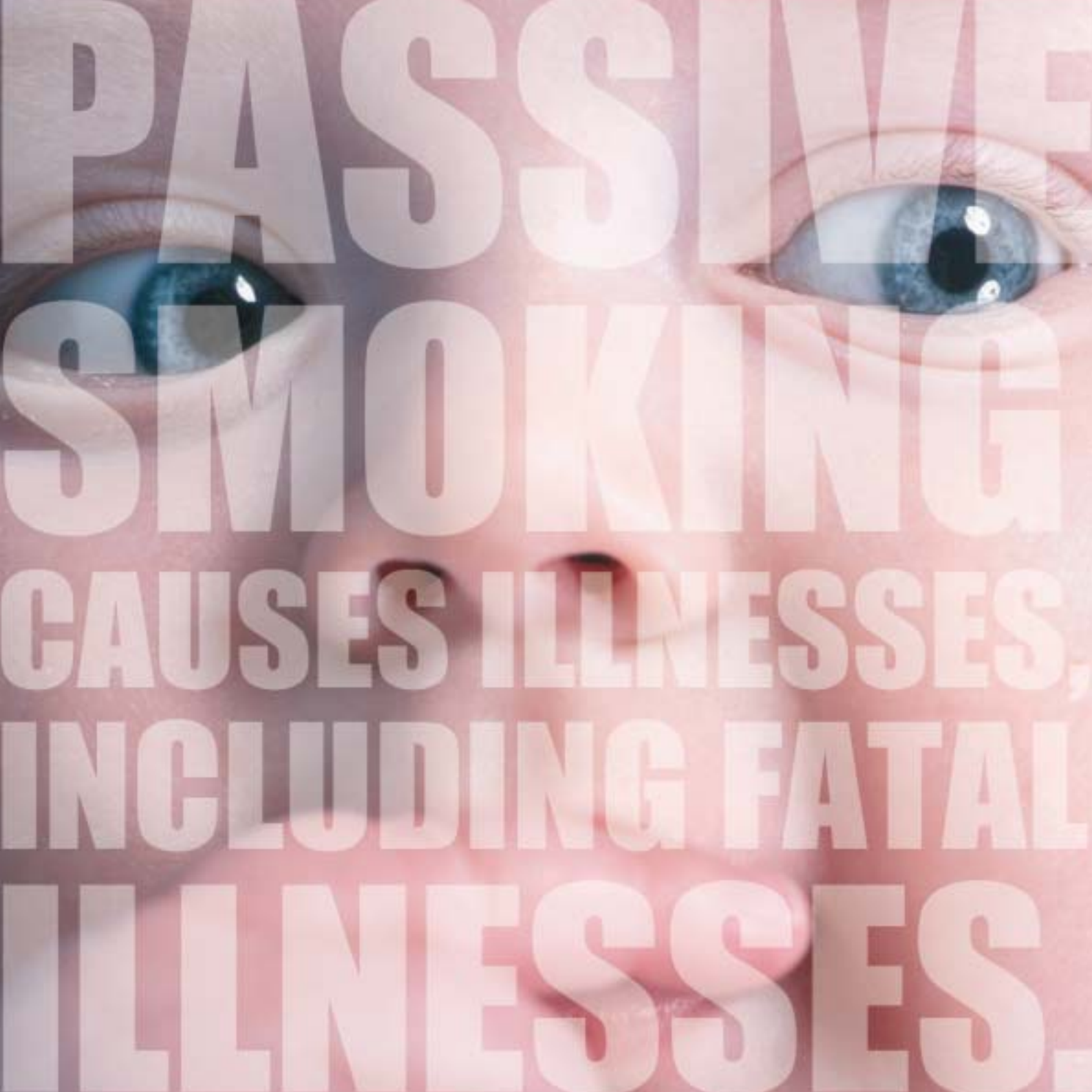
“ In Uganda, brand names such as Rex and Sportsman link tobacco to health and wellbeing. Our children’s future cannot be left in the hands of the marketing men. The FCTC must place lives above commercial gain. ”

**Dr Füsün Sayek**  
President  
Turkish Medical Association  
Turkey

**Prof Helmut Gohlke**  
Member of Board  
of Management  
German Heart Foundation  
Germany

**Dr Abdoulaye Néné Coulibaly**  
Director  
National Centre for Health  
Information, Education and  
Communication  
Mali

**Dr Margaret Mungherera**  
President  
Uganda Medical Association  
Uganda



PASSIVE  
SMOKING  
CAUSES ILLNESSES,  
INCLUDING FATAL  
ILLNESSES.



# Protect non-smokers from tobacco smoke



“ In 1999, South Africa introduced legislation prohibiting smoking in public places. Over 70% of smokers and 90% of non-smokers support restrictions on smoking in public places. Nonsmokers should not have to breathe other peoples’ tobacco smoke. ”

“ Passive smoking harms unborn babies, and causes asthma, cot death, otitis media and respiratory illness in children. These effects have a negative impact on children’s life chances. Children have the right to a smoke-free start to life. Pregnant women and children should be protected from secondhand smoke. ”



**Prof H C Seftel**  
Emeritus Professor  
of Medicine  
University of  
Witwatersrand  
South Africa

**Prof Fiona Stanley**  
Professor  
Department of Paediatrics  
University of Western Australia  
Australia



“ In Venezuela, one person dies every 20 minutes because of smoking – an important proportion of these deaths is related to secondhand smoke. Vulnerable groups are at risk, but so are healthy nonsmokers. The FCTC should ensure all nonsmokers are protected from secondhand smoke. ”

“ Passive smoking causes fatal diseases, including lung cancer, in adults. Research has not identified any safe level of exposure to tobacco smoke. The FCTC must aim to eliminate exposure to secondhand smoke. ”



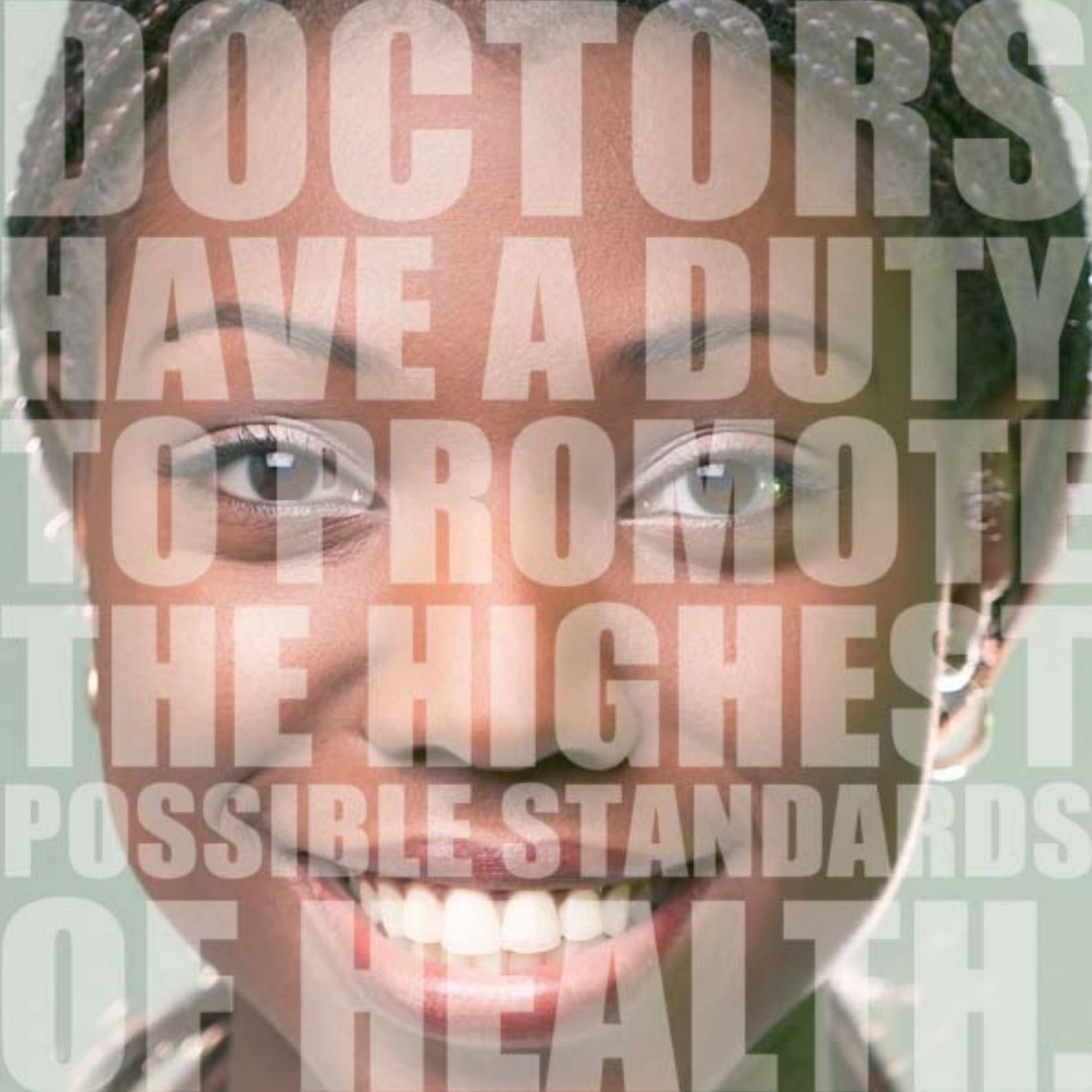
**Dr Manuel Adrianza**  
Former Chief  
Pulmonary Department  
National Institute of Tuberculosis  
and Respiratory Diseases  
Venezuela

**Prof Dr Pavel Pafko**  
Head  
3rd Surgical Clinic  
First Faculty of Medicine  
University Hospital Motol  
Czech Rep  
Photo: MAFA – Jiri Turek



“ Tobacco smoke is among the most toxic agents present in the environment. Passive smoking causes illness and death in adults, and is particularly dangerous for infants and young children. The FCTC must include measures to protect all non-smokers – and especially pregnant women and children. We must protect our future. ”

**Prof Maurice Tubiana**  
President  
French National Academy  
of Medicine  
France



DOCTORS  
HAVE A DUTY  
TO PROMOTE  
THE HIGHEST  
POSSIBLE STANDARDS  
OF HEALTH.

# Ensure that the WHO Framework Convention gives the highest priority to health



“ Globalisation and international trade are powerful world forces. Governments should ensure that they are harnessed to protect lives, so that our common wealth can also work for the common health. The FCTC should include measures to ensure health takes precedence over trade. ”

“ In Thailand, trade sanctions have been used to undermine national tobacco control measures. Moreover, existing regional and international trade agreements have facilitated tobacco trade and present serious obstacles to Thailand’s effort in strengthening tobacco control measures.



The FCTC must ensure that public health takes priority over trade. Tobacco must be excluded from the list of products traded under regional and international trade agreements. ”



“ Smoking is a major cause of cardiovascular disease, which kills 17 million people each year. Four out of five deaths are in low- and middle-income countries, where tobacco companies are pursuing market growth. The WHF underlines the importance of prioritising public health, as could be embodied by the FCTC, over the commercial objectives embodied in other international agreements. ”

“ Cigarette consumption is rapidly increasing in many Muslim countries, whose populations are a target of promotional drives by cigarette manufacturers. Heart disease and other smoking-related illnesses are now adding to the burden of infection and malnutrition. Tobacco control must be a central part of health policies in both developed and developing countries.



The FCTC has a vital role in international cooperation, exchanging knowledge and experiences, and solving transnational problems in tobacco control. ”

**Datuk Dr P Krishnan**  
President  
Commonwealth Medical  
Association  
Malaysia

**Dr Prakit Vateesatokit**  
Professor and Dean  
Faculty of Medicine  
Ramathibodi Hospital  
Mahidol University  
Thailand

**Prof Mario Maranhão**  
President  
World Heart Federation  
Brazil

**Dr Nizal Sarraf-Zadegan**  
Director  
Isfahan Cardiovascular  
Research Centre  
Iran

# Medical Association members

## wma, cma, efma, cpme



The membership of the World Medical Association, the Commonwealth Medical Association, The European Forum of Medical Associations and the Standing Committee of European Doctors (CPME) includes the following medical associations:

### **Albania**

Albanian Medical Association

### **Andorra**

Andorra Medical Association

### **Argentina**

Confederación Médica Argentina

### **Armenia**

Armenian Medical Association

### **Australia**

Australian Medical Association

### **Austria**

Austrian Medical Association

### **Azerbaijan**

Azerbaijan Medical Association

### **Bangladesh**

Bangladesh Medical Association

### **Barbados**

Barbados Association of  
Medical Practitioners

### **Belgium**

Belgian Association of Medical Unions  
Ordre des Médecins Conseil National

### **Belize**

Belize Medical and Dental Association

### **Bermuda**

Bermuda Medical Association

### **Bolivia**

Colegio Médico de Bolivia

### **Bosnia**

Bosnian Medical Association

### **Botswana**

Medical and Dental Association  
of Botswana

### **Brazil**

Associação Médico Brasileira

### **Bulgaria**

Bulgarian Medical Association

### **Belarus**

Byelorussian Association of  
Physicians

### **Cameroon**

Cameroon Medical Association

### **Canada**

Canadian Medical Association

### **Chile**

Colegio Médico de Chile

### **China**

Chinese Medical Association

### **Colombia**

Federación Médica Colombiana

### **Costa Rica**

Unión Médica Nacional

### **Croatia**

Croatian Medical Association  
Croatian Medical Chamber

### **Cuba**

Colegio Médico Cubano Libre

### **Cyprus**

Pancyprian Medical Association

### **Czech Republic**

Czech Medical Association  
Czech Medical Chamber

### **Democratic Republic of Congo**

Ordre des Médecins du Zaire

### **Denmark**

Danish Medical Association

### **Dominican Republic**

Asociación Médica Dominicana

### **Ecuador**

Federación Médica Ecuatoriana

### **Egypt**

Egyptian Medical Association

### **El Salvador**

Colegio Médico de El Salvador

### **Estonia**

Estonian Medical Association

### **Ethiopia**

Ethiopian Medical Association

### **Fiji Islands**

Fiji Medical Association

### **Finland**

Finnish Medical Association

### **France**

Confédération des Syndicats  
Médicaux Français  
Conseil National de l'Ordre des  
Médecins Français  
Association Médicale Française

### **Georgia**

Georgian Medical Association

### **Germany**

German Medical Association  
German Hartmannbund

German Marburger Bund  
Association of German Physicians  
in Private Practice

### **Ghana**

Ghana Medical Association

### **Granada**

Granada Medical Association

### **Greece**

Panhellenic Medical Association

### **Guyana**

Guyana Medical Association

### **Haiti**

Association Médicale Haitienne

### **Hong Kong**

Hong Kong Medical Association

### **Hungary**

Hungarian Medical Association  
Federation of Hungarian  
Medical Societies

### **Iceland**

Icelandic Medical Association

### **India**

Indian Medical Association

### **Indonesia**

Indonesian Medical Association

### **Ireland**

Irish Medical Association

### **Israel**

Israel Medical Association

### **Italy**

Italian Federation of Doctors and Dentists

### **Jamaica**

Medical Association of Jamaica

**Japan**

Japan Medical Association

**Kazakhstan**

Kazakhstan Association of Physicians and Pharmacists

**Kenya**

Kenya Medical Association

**Korea**

Korean Medical Association

**Kyrgyzstan**

Kyrgyzstan Medical Association

**Latvia**

Latvian Physicians Association  
Latvian Medical Association

**Lesotho**

Lesotho Medical Association

**Liechtenstein**

Liechtensteinischer Ärzteverein

**Lithuania**

Lithuanian Medical Association

**Luxembourg**

Association of Doctors and Dentists of the Grand Duchy of Luxembourg

**The Former Yugoslavian Republic of Macedonia**

Macedonian Medical Association

**Malawi**

Medical Association of Malawi

**Malaysia**

Malaysian Medical Association

**Malta**

Medical Association of Malta

**Mauritius**

Mauritius Medical Association

**Mexico**

Colegio Medico De Mexico - Fenacome

**Montenegro**

Medical Association of Montenegro

**Mozambique**

Mozambican Medical Association

**Namibia**

Medical Association of Namibia

**Netherlands**

The Royal Dutch Medical Association

**New Zealand**

New Zealand Medical Association

**Nigeria**

Nigerian Medical Association

**Norway**

Norwegian Medical Association

**Pakistan**

Pakistan Medical Association

**Panama**

Asociación Médica Nacional de la República de Panamá

**Papua New Guinea**

Medical Society of Papua New Guinea

**Peru**

Colegio Médico del Perú

**Philippines**

Philippine Medical Association

**Poland**

Federation of Polish Medical Societies  
Polish Chamber of Physicians and Dentists  
Polish Medical Association

**Portugal**

Portuguese Medical Association

**Romania**

Romanian Medical Association

**Russia**

Association of Physicians of Russia  
The Russian Medical Association

**Samoa**

Samoa Medical Association

**Seychelles**

Seychelles Medical and Dental Association

**Sierra Leone**

Sierra Leone Medical and Dental Association

**Slovakia**

Slovak Medical Association  
Slovak Medical Chamber

**Slovenia**

Slovenian Medical Association  
Medical Chamber of Slovenia

**South Africa**

South African Medical Association

**Spain**

General Council of Spanish Medical Colleges

**St Lucia**

St Lucia Medical and Dental Association

**St Vincent and the Grenadines**

Medical Association of St Vincent and the Grenadines

**Swaziland**

Medical Association of Swaziland

**Sweden**

Swedish Medical Association  
Swedish Society of Medicine

**Switzerland**

Swiss Medical Association

**Taiwan**

Chinese Medical Association – Taipei

**Tanzania**

Medical Association of Tanzania

**Thailand**

Medical Association of Thailand

**Tonga**

Tonga Medical Association

**Trinidad and Tobago**

Trinidad and Tobago Medical Association

**Tunisia**

Conseil de l'Ordre des Médecins de Tunisie

**Turkey**

Turkish Medical Association

**Uganda**

Uganda Medical Association

**Ukraine**

Association of Ukrainian Doctors

**United Kingdom**

British Medical Association

**United States of America**

American Medical Association

**Uruguay**

Sindicato Médico del Uruguay

**Uzbekistan**

Physicians Association of Uzbekistan

**The Federal Republic of Yugoslavia**

Medical Association of Montenegro  
Serbian Medical Association

**Vatican State**

Associazione Medica del Vaticano

**Zimbabwe**

Zimbabwe Medical Association

# organisations

# organisations

## **The World Medical Association**

The World Medical Association (WMA) is an international organisation representing the world's physicians. Its mission is to serve humanity, by endeavouring to achieve the highest international standards in medical education, medical science, medical art and medical ethics.

The WMA's membership includes national medical associations in some 70 countries, across Africa, Asia, Europe, and both South and North America. The member organisations represent almost 8 million doctors.

## **The Commonwealth Medical Association**

The Commonwealth Medical Association is an organization of national medical associations with affiliates in nearly 40 Commonwealth nations. It works to assist national medical associations in improving the health of their communities, particularly the health of vulnerable and disadvantaged groups.

The Commonwealth Medical Association speaks on behalf of national medical associations whose members serve approximately one-quarter of the world's people in the countries of the Commonwealth.

These countries span five regions of the World Health Organisation.

## **The European Forum of Medical Associations**

The European Forum of Medical Associations is an organisation of medical associations from across the 51 member states of the WHO European Region. These associations represent almost 2 million doctors across the Region - more than 60% of the European medical profession.

EFMA aims to establish a dialogue and cooperation between National Medical Associations and the World Health Organisation in the European region, to improve the quality of health and health care in Europe, promote the exchange of information and ideas between national medical associations and formulate consensus policy statements on health issues.

## **The Standing Committee of European Doctors**

The Standing Committee of European Doctors (CPME) is a membership-driven association, the aim of which is to promote the highest standards for public health and medical practice at the European level.

The members are national medical associations of the member states of the European Union and the countries of the European Free Trade Area.

CPME also has as observers and associate members national medical associations from other European countries, many of them applicant countries to the European Union. Member associations of the CPME represent some 1.6 million doctors.

### **The Tobacco Control Resource Centre**

The Tobacco Control Resource Centre works in partnership with national medical associations, supporting them in their efforts to educate their members, help patients and inform public policy with respect to tobacco.

The TCRC is based at the British Medical Association. The Centre is funded by the European Commission and the BMA, and receives support from other national medical associations.

#### **Tobacco Control Resource Centre**

Director: Dr Sinéad Jones  
Information Officer: Kerry Jardine  
Programmes Manager: Lisa Buck  
Policy Researcher: Helen Frew

#### **Tobacco Control Resource Centre**

British Medical Association  
50 Thistle Street Lane North East  
Edinburgh EH2 1DA, UK  
Tel: +44 (0)131 247 3070  
Fax: +44 (0)131 247 3071  
E-mail: [tcrc@bma.org.uk](mailto:tcrc@bma.org.uk)  
Web: <http://www.tobacco-control.org/>



## Tobacco Under the Microscope

Project Manager: Helen Frew  
E-mail: [doctorsmanifesto@bma.org.uk](mailto:doctorsmanifesto@bma.org.uk)  
Web: <http://www.doctorsmanifesto.org/>  
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World Medical Association



commonwealth medical association

Commonwealth Medical Association



European Forum of Medical Associations



Standing Committee of European Doctors (CPME)



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