Non-communicable diseases, tobacco, and The Union

The greatest achievements in health in the nineteenth century were improving sanitation and the understanding of microbial causes of disease. In the twentieth century, huge strides were made in conquering communicable diseases. Now, in the twenty-first century, the critically important health challenge is non-communicable diseases (NCDs). The main conditions (heart disease, cancers, respiratory diseases, and diabetes) kill more than 36 million people annually.\(^1\) In addition, these chronic diseases extract an enormous toll in suffering and challenge the health care systems of all countries. The United Nations (UN) deemed the situation so important that it held a high-level meeting on the prevention and control of NCDs in September 2011.\(^2\)

The Non-Communicable Diseases Alliance, an organization of which the International Union Against Tuberculosis and Lung Disease (The Union) was a founding partner, helped bring about the 2011 UN summit (http://www.ncdalliance.org/who-we-are). In July 2014, the UN held another high-level meeting to assess the progress made since the last meeting. Most countries now have plans in place to prevent or reduce NCDs.

Reduction of NCDs is within reach, but it requires efforts beyond the health sector. Tobacco use, harmful alcohol intake, physical inactivity, and unhealthy diet are major risk factors.\(^3\) Over 80% of coronary heart disease, up to 90% of type 2 diabetes, and 33% of cancers could be prevented by changes in lifestyle factors, particularly smoking cessation, diet, weight maintenance, and physical activity.\(^4\) The prevalence of these conditions in a population reflects past exposure to these risk factors, while future rates will be determined by current levels of exposure.\(^5\)

Tobacco use is the most common modifiable risk factor for NCDs. If the current trends continue, tobacco is projected to kill 8 million people annually by 2030.\(^1\) Effective tobacco control programmes aligned with the legal structure of the Framework Convention on Tobacco Control, coupled with experience gained by tobacco control advocates on the tactics used by the tobacco industry, offer practical solutions for reducing morbidity and mortality caused by tobacco use.\(^6\) Low- and middle-income countries already bear 86% of the burden of premature deaths caused by NCDs, resulting in cumulative economic losses of US $7 trillion over the next 15 years. The practical approach and lessons learned in tobacco control, if applied to other risk factors, have the potential to benefit millions of people.\(^7\)

Although there is growing consensus in the public health community that an integrated approach to address all modifiable risk factors is essential if these diseases are to be dealt with effectively, the challenge is how practically to achieve this when the relative ‘maturity’ of these programmes varies so widely. While the public health community grapples with these fundamental systems issues, new products are appearing on the market that create a need for additional strategies for risk mitigation.

The most visible new product of recent years has been electronic nicotine delivery systems. Although they have been trumpeted as effective tools for smoking cessation, these products mimic the act of smoking, and have the potential to re-normalize the habit in all age groups. For tobacco control advocates, the situation smacks of déjà vu. As with cigarettes in years gone by, e-cigarettes today are unregulated, freely available to all age groups, produced in novelty flavours clearly aimed at young people, and are backed by sophisticated advertising campaigns across all media platforms. There have as yet been no adequate, long-term, independent studies on their efficacy as a smoking cessation device or on their safety.

Responding to this challenge, the Forum for International Respiratory Societies (FIRS) produced a joint statement in association with the high-level UN meeting in July 2014.\(^8\) Using The Union’s electronic cigarettes position statement as a template,\(^9\) tobacco experts from each of the FIRS societies developed a consensus position that was approved by all societies on electronic nicotine delivery systems. It advises that ‘The potential benefits of electronic cigarettes to an individual smoker should be weighed against harm to the population of increased social acceptability of smoking and use of nicotine, the latter of which has addictive power and untoward effects.’ It recommends that ‘Electronic nicotine delivery devices should be restricted or banned until more information about their safety is available. If they are allowed, they should be regulated as medicines or tobacco products.\(^8\)

The response of these professional organizations illustrates an ability to address new challenges and to discourse with groups working to mitigate NCD risk factors. Thanks to an international treaty and several decades of dealing with industry counter-offensives, tobacco control strategies can offer many important
and practical lessons—from both past successes and past mistakes—to other areas of NCD prevention and reduction. At present, for example, the food and beverage industry is closely monitoring the legislative environment around tobacco control. It has recently been revealed that the manufacturer of Mars (chocolate bars) warned the UK government in 2012 not to pass laws on plain packaging for tobacco, as ‘Mars is concerned that the introduction of mandatory plain packaging in the tobacco industry would also set a key precedent for the application of similar legislation to other industries, including the food and non-alcoholic beverage industries in which Mars operates.’

The industries behind modifiable NCD risk factors are both powerful and influential. Opportunities for tobacco control advocates to share their experiences with other workers for public health can help create a more cohesive, cost-effective, and sustainable approach to tackling NCDs. The rise of e-cigarettes is an example of the kind of challenge faced by those working to reduce these disease risk factors. Swift action to restrict or ban e-cigarettes is the optimal action until independent longitudinal research on their impact on health has been carried out. If they are found not to be a risk factor, they should be re-positioned within the market as medicines and cessation products. The current carte blanche for advertising and re-normalizing the act of smoking must stop.

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