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**Global Public Health Advocates Open New Fronts in War on Tobacco**

Vienna, Austria—December 5, 2016—Efforts to control tobacco as a public health threat have escalated as clinicians and public health advocates have coalesced to beat back threats from tobacco companies through public advocacy, public health, and pension reform. Today, public health advocates from Brazil, Malaysia, Ireland, Australia, and Uruguay presented different strategies that have effectively reigned in the global threat of tobacco companies at a press briefing held at **IASLC 17<sup>th</sup> World Conference on Lung Cancer (WCLC)**.

As a young doctor treating lung cancer patients at the Peter MacCallum Cancer Centre in Melbourne, Australia, Dr. Bronwyn King was dismayed to see the impact of cigarette smoking on her patients—many of whom had started smoking as children. However, her surprise grew when she discovered that her hospital’s pension fund had invested her money in the very tobacco products that were killing her patients.

“Once I discovered that through my compulsory pension fund, I was invested in and actually owned a part of several tobacco companies, I couldn’t just do nothing – I had to take action,” she said.

To accomplish this, Dr. King founded [Tobacco Free Portfolios](#) to collaboratively engage with leaders of the finance sector to encourage tobacco-free investment. She soon found that finance executives were also alarmed at the scale of the tobacco problem and have deeply re-considered the role they can play in addressing this pressing global issue.

“Because of this, there are now 35 tobacco-free pension funds in Australia – just over 40 percent of all funds. Many more will soon follow and each tobacco-free announcement is met with resounding public support,” she said.

“Tobacco is everyone’s problem, not just the doctors who provide the care and treatment. We should all feel obliged to do something about it and all those with investments, including those through compulsory pension schemes, have a role to play,” she said.

In Ireland, the tobacco industry claimed that environmental tobacco smoke was not harmful to public health, but the Irish government rejected this claim and instituted a comprehensive workplace smoking ban that



included bars, restaurants, bingo halls, and casinos, according to Dr. Luke Clancy of the TobaccoFree Research Institute in Dublin, Ireland. Ireland was the first country to enact a country-wide ban.

“The 2004 smoking ban in Ireland has shown a positive impact on public health and has served as a model for other European countries to follow,” said Dr. Clancy of the TobaccoFree Research Institute in Dublin, Ireland. Clancy’s talk was part of a tobacco prevention theme today at the IASLC 17th World Conference on Lung Cancer in Vienna, Austria.

Clancy reported that the planning and investment paid off, as the national Irish smoking ban was associated with reductions in early mortality. Studies on the effects of the smoking ban demonstrated a 13 percent decrease in all-cause mortality, a 26 percent reduction in ischemic heart disease, a 32 percent reduction in stroke, and a 38 percent reduction in chronic obstructive pulmonary disease.

Since introducing its comprehensive, national smoke-free legislation, Clancy reported that all 27 EU member state countries have initiated some form of a smoke-free strategy. To date, 14 EU member states have enacted laws which ban smoking in all indoor workplaces including bars, restaurants, and clubs. However, several countries with significant populations, such as Germany and Poland, have only limited smoke-free laws.

“Unfortunately, I was surprised to come to Vienna—this beautiful city of art, music, and culture—to see people smoking in the lobby of my hotel. It is hard to understand,” Clancy said.

Clancy admitted there is much work still to do.

“Despite this progress, the prevalence of smoking in Ireland is 18.5 percent. The prevalence of smoking in Europe as a whole remains at approximately 29 percent of the adult population, and seems to be increasing among females in some European countries,” he said. “Ireland hopes to be tobacco free by 2025. Full implementation of the World Health Organization Framework Convention for Tobacco Control (FCTC) recommendations may not be enough to achieve this in Ireland.”

While King and Clancy battle tobacco interests in their countries, Dr. Zariyah Zain of Lincoln University College Malaysia is carefully examining global trade agreements to make sure tobacco products are treated like the dangerous, addictive products they are.

“The main objective of any global trade agreement is to encourage the free movement of goods and service between countries by removal of any forms of tariff and non-tariff barriers. However, when this principle is applied to tobacco products, public health may suffer in the countries governed by these very agreements,” Dr. Zain said.

“Tobacco is not like any legal commodity, it is highly addictive, causes deaths, precipitates serious debilitating morbidity, and accounts for about 30 percent of all cancer incidence. An industry such as the tobacco industry should not be given any privileges and should not be allowed to benefit from trade agreements to gain hefty profits at the expense of public health,” Dr. Zain said.



The control of tobacco is one of the most cost effective public health strategies, and tobacco is the only legal consumer product that has an international law to curb its supply and demand via the WHO Framework Convention on Tobacco Control (FCTC). However, Zain pointed out that there are clauses in many free trade agreements that can override the WHO Framework.

As an example, Dr. Zain cited nine specific clauses in the Trans-Pacific Partnership Agreement (TPPA), which was negotiated by 12 countries of the Pacific Rim including Malaysia. She cited Chapter 2 of the TPPA that requires tobacco to be treated like any other product in terms of tariff reduction.

“We physicians have a role in our country’s trade policies,” she said. “We should be consulted and we have to make our voices heard by our governments about tobacco in global trade agreements.”

Vera da Costa e Silva from the WHO Framework Convention on Tobacco Control began the press briefing by providing a global perspective on tobacco control and initiatives to counter tobacco company efforts to create trade treaties that are bad for public health.

“I hope everyone in the world is soon free of tobacco smoke and that people encounter bars, restaurants, and public facilities that are smoke-free,” she said.

Tobacco control plays an important role in the IASLC 17<sup>th</sup> World Conference on Lung Cancer. The IASLC is proud to have a committee comprised of world-renowned tobacco control experts from so many countries.

#### **About the WCLC:**

The WCLC is the world’s largest meeting dedicated to lung cancer and other thoracic malignancies, attracting more than 6,000 researchers, physicians, and specialists from more than 100 countries. The goal is to increase awareness, collaboration, and understanding of lung cancer, and to help participants implement the latest developments across the globe. Organized under the theme of “Together Against Lung Cancer,” the conference will cover a wide range of disciplines and unveil several research studies and clinical trial results. For more information, visit <http://wclc2016.iaslc.org/>.

#### **About the IASLC:**

The International Association for the Study of Lung Cancer (IASLC) is the only global organization dedicated to the study of lung cancer. Founded in 1974, the association's membership includes more than 5,000 lung cancer specialists in over 100 countries. Visit [www.iaslc.org](http://www.iaslc.org) for more information.

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