## S12. Cancer prevention and the tobacco epidemic in the developing world: Mission impossible?

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Tobacco is the largest preventable cause of death in the world, killing more than five million people annually, the great majority of which live in developing countries. Half the people that smoke today – about 650 million people – will eventually be killed by tobacco.

The association between tobacco smoking and cancer was demonstrated by Sir Richard Doll in 1950. After a half of a century the Report of the Surgeon General stated that cancer "was among the first diseases causally linked to smoking". Lung cancer is the leading cause of cancer death. 87% of lung cancer deaths can be attributed to tobacco use. Besides lung cancer, tobacco use causes increased risk for cancer of the mouth, nasal cavities, larynx, pharynx, oesophagus, stomach, liver, pancreas, kidney, bladder, uterine cervix, and myeloid leukaemia.

Tobacco remains available as a consumer product largely because of its addictive properties and as a result of global market strategy that now aggressively targets low- and middle-income countries. In the developing world tobacco is one of the leading risk factors and its importance is growing quickly even in countries where infectious and maternal and child problems have traditionally dominated the ranking of most frequent diseases. Globalization of the epidemic restricts the capacity of countries to regulate tobacco through domestic legislation alone – making international coordination of policies essential.

Responding successfully to the public health challenges posed by tobacco in the developing countries

is not an impossible mission. It is an urgent mission that requires a mutually reinforcing combination of population-based policies and interventions that focus on individuals. WHO, in collaboration with global partners, is working with countries on the implementation of a package of six cost-effective policies that builds on the demand reduction measures of the WHO FCTC and is part of the WHO Strategies related to Cancer Prevention and Control:

- raising tobacco taxes and prices;
- enforcing bans on tobacco advertising, promotion and sponsorship;
- warning people about the dangers of tobacco;
- protecting people from tobacco smoke in public places and workplaces;
- offering help to people who want to stop using tobacco;
- monitoring successes and challenges.

There are no borders between advocating for cancer prevention and tobacco control. Health professionals can truly add value to the WHO "saving lives" global effort by bringing prevention and treatment perspectives together more effectively, promoting tobacco cessation in the practice, and helping spearhead establishment of smoke-free environments in health-care settings. All these can be done through raising awareness among politicians, health professionals and society, eventually implementing the WHO FCTC at large.