

## World No Tobacco Day 2005: rationale

**The Tobacco Free Initiative proposes that World No Tobacco Day 2005 focus on Health Professionals and Tobacco Control. The explanation of this rationale follows:**

### Introduction

In May 2003, the WHO Framework Convention on Tobacco Control (WHO FCTC) was adopted. One year later, at the end of the signature period -29 June 2004- the treaty had been signed by 168 countries and the European Community, and had more than half the number of Party States needed for its entry into force. The good response that the WHO FCTC has received from the civil society and governments is proven by the number of NGOs involved in the WHO FCTC process, the number of tobacco control programmes currently in place around the world, and the number of signatories and parties the Treaty has achieved one year after its adoption.

The WHO Member States with their response to the Treaty have shown their firm commitment to tackle the public health challenges posed by tobacco. The Treaty outlines in its provisions the measures that countries need to take to achieve its objectives. Issues as diverse as price and tax measures, cross-border smuggling, illicit trade, advertising and promotion need to be tackled by governments when designing their tobacco control programmes.

When governments are getting ready for the full implementation of the Treaty, a continued support from the civil society is fundamental. The WHO FCTC in its preamble especially emphasizes 'the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation national and international tobacco control efforts' (WHO FCTC, 2003).

### Tobacco control and health professionals

Following the WHO FCTC preamble, WHO convened a meeting in January 2004 with International Health Professionals Organizations' representatives to explore ways in which Health Professionals could participate more actively in the WHO FCTC process and how they could contribute to tobacco control/public health goals. Health Professionals include not only medical doctors, but also other professionals, like nurses, dentists, midwives, psychologists and psychiatrists, physicists, pharmacists and other health related professions.

Comprehensive tobacco programmes aimed at controlling the use of tobacco efficiently should consider to put in place a mix of measures at country and international level. This mix of measures should include legislation and pricing measures, but also prevention -through education, communication, informational campaigns that raise awareness of the effects of tobacco on health- and other demand reduction measures concerning tobacco dependence and cessation.

**Health Professionals have a fundamental role to play in these ambits. They reach a high percentage of the population. Health Professionals have the opportunity to help people change their behaviour and they can give advice, guidance and answers to questions related to the consequences of tobacco use, they can help patients to stop smoking –especially those patients who have tobacco-related illnesses.**

Studies have shown that even brief counseling by Health Professionals on the dangers of smoking and the importance of quitting is one of the most cost-effective methods of reducing smoking.

**Health Professionals should also play a predominant role in preventive measures, especially when considering the youth.** They have the opportunity to promote social norm change, and forewarn children and adolescents of the dangers of tobacco.

**Health Professionals should be the example that a healthy society reflects upon. Many associations and establishments have started -and should continue- to designate their own workplaces as smoke- and tobacco-free. Health Professionals students** that are trained on tobacco control during their educational years become more efficient at identifying and treating patients in tobacco-related issues, and are able to act as informers that can prevent tobacco use and

can support their patients cessation efforts. Adding tobacco control as a part of the training and education programme of all health professionals can result, ultimately, in a drastic reduction of smoking prevalence.

At the legislative level, Health Professionals can use their influence in their local and national communities to encourage preventive tobacco control measures to be put in place at country and at international level.

WHO is convinced that tobacco control efforts are more likely to be sustained when incorporated into existing national, state and district level health structures and linked with existing positions and accountability processes. Involvement of the governmental health sector is expected to increase awareness among health personnel and contribute to the development of sustainable tobacco control programmes at the country level. Such a systematic approach will also pave the way for multi-sectoral acceptance of tobacco control efforts in countries.

### **Code of practice on tobacco control for health professional organizations**

Health Professionals that attended the January 2004 meeting (close to 50, from 29 different international organizations) were enthusiastic about this approach. They presented and showed how, in most cases, they already had in place similar approaches to tobacco control among their own organizations and affiliates.

All the participants deliberated and created what they would like to be a standard code of practice on tobacco control for their organizations. This **code of practice lists 14 action points by which Health Professionals themselves can contribute to tobacco control, including the support to the WHO FCTC process. The code of practice was adopted by all the representatives present at the meeting and has been promoted and shared since among their members and affiliates.**

The code of practice has been translated into the 6 official WHO languages; and other languages at the Health Professionals own initiative.

### **Global Health Professionals Tobacco Survey**

The Health Professionals agreed, and it was included in the code of practice, that **they should be a role model to others.** By promoting smoke-free workplaces and a smoke-free culture they should set the example to follow by their patients. One of the aspects of World No Tobacco Day 2005 will be to conduct a pilot survey on smoking: the Global Health Professionals Students Tobacco Survey - following the principles of the Global Youth Tobacco Survey, in collaboration with CDC. The development of the survey is already in place, with samples that will be collected from 6 countries (one on every WHO region). The results of this pilot survey will be used on the materials to be produced.

### **Leverage and dissemination**

One of the reasons to have chosen this theme, is the possibility to use information and resources from existing initiatives. Health Professional organizations are aware of their potential role and responsibility in tobacco control and several organizations have already initiated specific activities to this extent. For example, a Doctors Manifesto for Tobacco Control was launched on 21 October 2002 , with the support of medical associations worldwide. Many individual associations have their own codes regarding tobacco control (i.e. Pharmacists against Tobacco, had previously to the code of practice their own no-Smoking action in Pharmacies). This group in particular dedicated WNTD 2004 to "the role of the pharmacist in promoting a tobacco free future", including the promotion of the code of practice adopted during the meeting convened by WHO.

WNTD 2005 is a good occasion to leverage these efforts, and capitalize on the outcomes and the enthusiasm of the participants of that meeting, disseminating the outcomes of the meeting and adding new information that can have the joint effort of different group of professionals towards one cause: tobacco control.

### **WHO informal meeting of health professional organizations and tobacco control**

## **New code of practice adopted during WHO informal meeting of health professionals**

28-30 JANUARY 2004 | GENEVA -- The Tobacco Free Initiative organized a meeting with representatives of international health professional organizations from 28-30 January 2004 in Geneva, Switzerland. The purpose of this meeting was to explore with various international health professional organizations (medical doctors, as well as nurses, pharmacists, dentists, etc.) potential ways in which they could contribute to tobacco control/public health goals. Their potential role in the signature, ratification and implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) was also addressed.

A "code of practice" for health professional organizations was developed as a result of the meeting. This outlines the potential role of health professional organizations in treatment of tobacco dependence and smoking cessation.

### **Code of practice on tobacco control for health professional organizations**

**Preamble:** In order to contribute actively to the reduction of tobacco consumption and include tobacco control in the public health agenda at national, regional and global levels, it is hereby agreed that health professional organizations will:

1. Encourage and support their members to be role models by not using tobacco and by promoting a tobacco-free culture.
2. Assess and address the tobacco consumption patterns and tobacco-control attitudes of their members through surveys and the introduction of appropriate policies.
3. Make their own organizations' premises and events tobacco-free and encourage their members to do the same.
4. Include tobacco control in the agenda of all relevant health-related congresses and conferences.
5. Advise their members to routinely ask patients and clients about tobacco consumption and exposure to tobacco smoke –using evidence-based approaches and best practices–, give advice on how to quit smoking and ensure appropriate follow-up of their cessation goals.
6. Influence health institutions and educational centres to include tobacco control in their health professionals' curricula, through continued education and other training programmes.
7. Actively participate in World No Tobacco Day every 31 May.
8. Refrain from accepting any kind of tobacco industry support – financial or otherwise –, and from investing in the tobacco industry, and encourage their members to do the same.
9. Ensure that their organization has a stated policy on any commercial or other kind of relationship with partners who interact with or have interests in the tobacco industry through a declaration of interest.
10. Prohibit the sale or promotion of tobacco products on their premises, and encourage their members to do the same.
11. Actively support governments in the process leading to signature, ratification and implementation of the WHO Framework Convention on Tobacco Control.
12. Dedicate financial and/or other resources to tobacco control – including dedicating resources to the implementation of this code of practice.
13. Participate in the tobacco-control activities of health professional networks.
14. Support campaigns for tobacco-free public places.

Adopted and signed by the participants of the WHO Informal Meeting on Health Professionals and Tobacco Control; 28-30 January 2004; Geneva, Switzerland

- [Press release](#)

## **Health professionals to promote a new code of conduct on tobacco control**

### **New code asks health professionals to lead by example, and reduce smoking themselves**

30 January 2004 | GENEVA -- To stem trends in tobacco use, which currently causes nearly five million deaths per year, healthcare professional associations today agreed to promote a new code of conduct. The associations, meeting this week at the World Health Organization (WHO), represent members in almost all countries. The code looks at tangible ways to stop the use of a product which will eventually kill half of its regular users.

Participants included professional associations representing pharmacists, dentists, nurses, midwives, chiropractors and physicians. During the discussions, professionals vowed to increase and strengthen tobacco surveillance, cessation programmes, ensure access to tobacco-free healthcare facilities and implement education and community advocacy programmes.

"When it comes to tobacco use, health professionals have the opportunity to help people change their behaviour. Their involvement is key to successfully curbing the tobacco epidemic," said Dr Vera Luiza da Costa e Silva, Director of the Tobacco Free Initiative, WHO. "For example, If dentists warned all their patients that smoking causes excess plaque, yellowing teeth and contributes to tooth decay, as well as a five-fold increased risk of oral cancer, the impact on smoking would be dramatic."

### WHO FCTC

Studies have shown that even brief counselling by health professionals on the dangers of smoking and importance of quitting is one of the most cost-effective methods of reducing smoking. According to the proposed code of conduct, health professionals shall also lead by example. They should act as role-models for their patients, by ceasing to smoke, and by ensuring their workplaces and public facilities are smoke and tobacco-free.

Smoking prevalence among health professionals in many countries is the same if not higher than the average of the population. In Albania in 2000, 44% of medical students smoked, compared with 39% of the population. In Saudi Arabia, 20% of the doctors smoke whereas the average for the population is 13%.

The participants agreed that another important role of health professionals is to introduce tobacco control in the public health agenda at country level, supporting the political process through the signature and ratification of the WHO Framework Convention on Tobacco Control (FCTC) by their governments, and supporting the implementation of the Convention by their own members.

In a display of support for the Convention, the associations have decided to create a list of 'mirror signatures', which will be open for signature by all affiliates and members.

Dr Catherine Le Galès-Camus, Assistant Director-General for Noncommunicable Diseases and Mental Health, WHO, said: "With 1.1 billion people addicted to tobacco and five million annual deaths, tobacco should continue to be a priority on the health agenda." She added: "We would like these associations to convey the message that this is the time for government action, as we now have, with the WHO FCTC, the right tool to fight this epidemic".

### **Notes for the editors:**

The WHO FCTC, adopted in May 2003, sets out the standards on tobacco-related issues, such as price and tax increases, illicit trade, labelling, advertising and sponsorship and second-hand smoke. Since its adoption, 87 countries and the European Community have signed it, and six (Fiji, Malta, New Zealand, Norway, Seychelles, Sri Lanka) have ratified it (as at 29 January 2003).

The WHO FCTC will be open for signature in the United Nations Headquarters in New York until 29 June 2004. Member States that sign the Convention indicate that they will strive in good faith to ratify it. Countries wishing to become a party to the Convention after 29 June 2004 may do so by means of accession.

The FCTC will become law 90 days after 40 countries have signed and ratified it, binding the

countries that are parties to the Treaty to legislate according to its provisions.

**For more information contact:**

Ms Marta Seoane - Communications officer  
WHO/Tobacco Free Initiative  
Telephone: +41 22 791 2489  
Email: [seoanem@who.int](mailto:seoanem@who.int)

**World No Tobacco Day 2005**

**The Tobacco Free Initiative proposes that World No Tobacco Day 2005 focus on the role of health professionals on tobacco control.**

31 May 2005-- Health Professionals are in an excellent position that allows them to have a prominent role on tobacco control.

Comprehensive tobacco programmes aimed at controlling the use of tobacco efficiently should consider a mix of measures including legislation and pricing measures, but also prevention -through education, communication, informational campaigns that raise awareness of the effects of tobacco on health- and other demand reduction measures concerning tobacco dependence and cessation. Health Professionals can intervene in these ambits. They reach a high percentage of the population. Health Professionals have the opportunity to help people change their behaviour and they can give advice, guidance and answers to questions related to the consequences of tobacco use, they can help patients to stop smoking. Studies have shown that even brief counseling by Health Professionals on the dangers of smoking and the importance of quitting is one of the most cost-effective methods of reducing smoking.

Health Professionals can also be very instrumental with preventive measures, especially when considering the youth. They have the opportunity to promote social norm change, and forewarn children and adolescents of the dangers of tobacco.

We would like health professionals to help us strengthen the position they have on tobacco control, and we would like to tell their patients and everyone else that their doctor, nurse, physician, dentist, pharmacist, etc. have the answers to their questions about tobacco.