



THANK YOU FOR NOT SMOKING

Dr Judith Mackay can talk about tobacco control for hours on end without exhaustion. She brutally tears through the actions of Big Tobacco albeit with characteristic British politeness; takes down every pro-smoking argument in a soft yet firm manner that brooks no dissent. She has been campaigning against smoking for more than 30 years, convincing presidents and kings alike to get tough on tobacco. And she reckons she'll still be doing it when she is 100.

By Ayswarya Murthy



DEATHS

% caused by tobacco in
Qatar, 2010

9.1%
OF MEN

2.2%
OF WOMEN

Even though fewer men and women, on average, die from tobacco use in Qatar compared with other high-income countries, still 3 men and 0.2 women are being killed by tobacco every week, necessitating action from policymakers.

For those born after the 80s, it's difficult to comprehend what Dr Judith Mackay (identified by the tobacco industry as "one of the three most dangerous people in the world") and her ilk have done to denormalise smoking when compared to its Mad Men-glory days. For a generation that was taught the dangers of tobacco in tandem with the benefits of brushing your teeth twice a day, it is almost jarring to see advertising executive Don Draper light up during meetings, in movie theatres, on public transport...on a plane!!! You half expect someone to fake-cough in an accusatory fashion, point to a No-Smoking sign and ask him to stub it out. But that was 40 years ago. Today, Don Draper would be relegated to desolate smoking zones and his most profitable client, Lucky Strike cigarettes, would be close to worthless because of the near-blanket ban on advertising tobacco products.

For Dr Mackay too, it's a vastly different world. In the several years she practiced medicine in Hong Kong, it had become obvious to her that her wards were "absolutely full of smokers" and curative medicine was only going to be of limited help. When she started working full-time on tobacco control in 1984, she was a lone David in Asia against the Goliath of Big Tobacco, who thought they could "ride into the continent like the Marlboro cowboy and it would be theirs for the taking". For 25 years she worked pro bono (as the Founder and Director of the Asian Consultancy on Tobacco Control) with the governments and NGOs in Vietnam, Cambodia, Laos, China, Magnolia and North Korea as they crafted their early-stage tobacco control policies. "And I had a terrible time of it," she recalls. "The tobacco companies threatened to take me to court, embarked on a campaign of character assassination, and the death threats I received from tobacco support groups prompted the Hong Kong

British government to offer me round-the-clock police protection. Now that smoking has become a mainstream public health issue, this doesn't happen anymore." Today she holds several positions including Senior Policy Advisor at the World Health Organisation, Senior Advisor at the Bill & Melinda Gates Foundation and Honorary Professor of Public Health at two Hong Kong universities. For the purposes of this article, we'll refer to her as the Senior Advisor at the World Lung Foundation where she works on the Bloomberg Initiative to Reduce Tobacco Use; she joined the organisation in 2006 and it was her first paying job since she started her fight against tobacco. And we are completely awestruck when she tells us that there is so much work yet to be done and leagues to go before she considers the war won.

Smoke and mirrors

Fresh from attending the World Conference on Tobacco or Health in Abu Dhabi, Dr Mackay is in Qatar for another round of talks with the Supreme Council of Health, lending her expertise to a new tobacco control law in the works. The existing law, ratified in 2002, is pretty boilerplate; however, adequate implementation is lacking. Some facts released in the Tobacco Atlas are shocking, notably that no national anti-tobacco campaign was run in 2011 and 2012, 25.3% more boys, on average, smoke in Qatar compared with other high-income countries, and there is zero excise tax on cigarettes. However, Dr Mackay hints at big changes in the offing in the form of a newly finalised Tobacco Control Action Plan. "This plan, which will likely be made public on World No Tobacco Day (May 31), is an important next step that

potential for Qatar to emerge as a leader among the Gulf States in tobacco control," she says encouragingly.

Qatar's particular challenges include the high prevalence of smoking among children and the use of sheesha. Dr Mackay acknowledges that combating sheesha use might be more difficult considering its special significance in the cultural and social life here. One has only to remember the feeble attempt to restrict sheesha use in Souq Waqif in 2013 which was withdrawn in less than a month. We mention this to her and Dr Mackay says, "While the government is obligated to protect its citizens from harm, they can't introduce new laws and measures without public understanding. Most people don't have any idea of how harmful sheesha is; a big publicity campaign is needed to explain this and policy changes linked to its ban."

She says Qatar isn't the only country that is finding it difficult to enforce tough tobacco laws. Currently, Iran and Turkey are the only two countries in the Middle East to have achieved the gold standard in all aspects of tobacco control - complete ad bans, smoke-free areas, help for people who want to quit, excise tax of up to 75% of the retail price, and pictorial warnings. "All governments are struggling to come to grips with the need to enact legislation," she says, listing the myriad of reasons why many countries are dragging their feet on anti-tobacco action.

- "Big Tobacco has big sway with officials, businesses and journalists; they can buy anything they want and regularly interfere with tobacco legislation through subtle means, like getting powerful former government ministers on their boards. We almost never find out what they are doing behind closed doors."
- "Health ministry resources and funds are often channeled more towards curative than preventive medicine. So they are more used to dealing with infectious diseases and epidemics rather than health education. But there is now a notable shift and a return to the preventive mode of the pre-surgery and pre-antibiotic era."
- "The tobacco industry has a long history of discrediting research and lying about the dangerous and addictive effects of nicotine. They, with their huge army of economists, continue to misrepresent economic

enhances cessation on youth smoking and firms up regulation on smoke-free areas, among other things," she says. New measures like a Quitline (in Arabic and English), youth groups in schools and a comprehensive awareness campaign are expected to strengthen existing tobacco laws. "There is a lot of



data and spread fear that tougher tobacco legislation will result in farmers losing their livelihood, manufacturing jobs being lost and an increase in smuggling.”

- “Many leading businesses and families have huge tobacco interests (an example is the clove industry in Indonesia). In many cases, there is a national monopoly. The biggest tobacco company in the world today, bigger than Philip Morris International or British American Tobacco, is in fact the Chinese government (China Tobacco).”
- “And increasingly the tobacco industry has started challenging legislation in various countries, notable examples being Australia, Uruguay and South Africa. These cases have generally been unsuccessful, but they delay legislation, divert the attention and resources of health ministries and are intimidatory. Australia has had to fight three different lawsuits before it succeeded in implementing plain packaging laws.” Incidentally, Bloomberg Philanthropies and the Bill & Melinda Gates Foundation announced a \$4 million fund at the Abu Dhabi conference to support countries facing legal action from Big Tobacco.

The doctor dons many hats

Dr Mackay’s primary battleground is the low- and middle-income countries which are the hardest hit by the effects of tobacco. That smoking has dire consequences for poverty alleviation, the economy and environment is accepted wisdom these days, she says. “Tobacco-related diseases are a huge financial burden on the health system and although prevalence of smoking is coming down everywhere (except in Africa where people are getting wealthier and can afford to buy cigarettes), the sheer number of smokers is increasing. We will have two billion more people by 2040; this is a crisis, though we tend not to think of it in those terms,” she says emphatically.

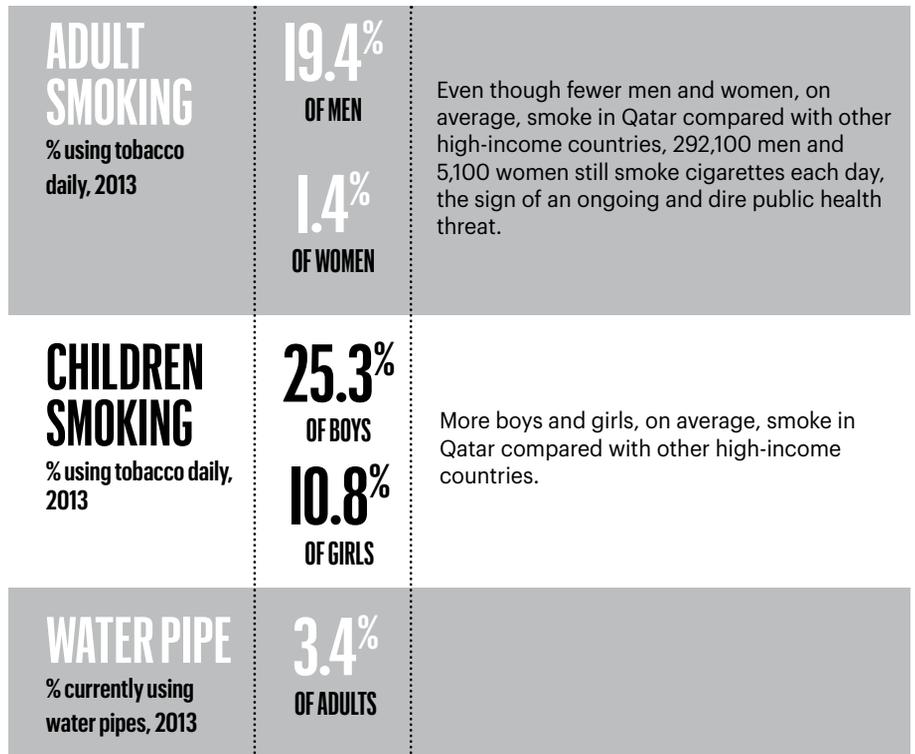
She also mentions how in many of the low-income countries, up to half of the family income is spent on tobacco; money that could potentially go towards food and education. “The United Nations Development Program has come out with strong indicators linking smoking to development and many other institutions like the World Bank and Asian Development Bank have said that if countries want to

meet their development goals, they will have to discourage smoking. In fact, tackling non-communicable diseases (NCD) is most certainly going to be part of the next UN Millennium Development Goals and tobacco-related diseases are among the most important NCDs like cardiovascular diseases, cancer and diabetes,” says Dr Mackay.

Enacting fiscal measures to impact public health policy is a relatively new concept that few are used to. “Many of the hard decisions to be made are in the domains of finance, tax... all of us have had to become amateur economists; it’s unusual in medicine. But it has become clear that this epidemic will not be solved in the corridors of hospitals and clinics but in the corridors of power.” The lessons learnt from this changing paradigm of public health have implications in fighting other NCDs, Dr Mackay says. “All these parameters will be used in the regulation of the alcohol or sugar industries because the health effects are so intertwined.”

Consequently the profile of the kind of people who you would find working in this space has changed considerably since when Dr Mackay first started out. “While schools of public health are still the greatest recruiting ground, we have economists,

THE MARKET IN QATAR



WARNING ABOUT THE DANGERS TO TOBACCO USER ON PRODUCT PACKAGING

Australia (Best Practice)	Qatar
Type of Warning Labels	
Graphic	Graphic
Percent of Pack Covered	
83%	50%
Graphic Warning Rounds	
2	1
Has Plain / Standardized Packaging	
Yes	N/A

WARNING ABOUT THE DANGERS TO WHOLE POPULATION IN A MEDIA CAMPAIGN

WHO Best Practice	Qatar
Ran A National Anti-Tobacco Campaign During 2011 And 2012	
Yes	No
Part Of A Comprehensive Tobacco Control Program	
Yes	N/A
Pre-Tested With The Target Audience	
Yes	N/A
Target Audience Research Was Conducted	
Yes	N/A
Aired On Television And / or Radio	
Yes	N/A
Utilized Media Planning	
Yes	N/A
Earned Media/Public Relations Were Used To Promote The Campaign	
Yes	N/A
Process Evaluation Was Used To Assess Implementation	
Yes	N/A
Outcome Evaluation Was Used To Assess Effectiveness	
Yes	N/A

environmentalists, women’s groups, lawyers and people from so many other fields helping us address this multifactorial issue. And so many young and energetic people from the low- and middle-income countries are attracted to this multi-dimensional approach and are getting

into tobacco control. The principal legacy of the Bloomberg Philanthropies and Bill & Melinda Gates Foundation (“who fund 50% of tobacco control activities in such countries”) is giving these people a voice and a career path.

One of the key messages from Asia is that tobacco control is not the prerogative of western countries. There are so many cases where laws have been implemented well and many first, Dr Mackay says proudly. “Singapore was the first to ban duty-free cigarettes; Hong Kong banned smokeless tobacco when nobody had even thought to; Thailand was one of the first countries to impose a 2% tax on cigarettes which was used to fund health and tobacco control; Mongolia implemented some of the toughest tobacco laws way back in 1994; China helped tobacco farmers in the Yunnan province diversify into other crops, resulting in a 20-100% increase in their revenues; India has taken tobacco companies to court, calling them to account. On the other hand we have countries like Indonesia where you can still smoke in the parliament. So it’s not a simple divide; the rich are not doing better at tobacco control than the poor,” she says.

The end goal

Unthinkable even 15 years ago, the progress made in tobacco control worldwide has given activists and policy makers a target to work towards. “The WHO has called for a 30% reduction in relative use of tobacco by 2025, which many countries have agreed and signed on to (though very few are actually on track to achieving it). Beyond that, there is an end-game target of a 5% rate of prevalence called the Lancet Target. Some countries like New Zealand, Scotland and Finland with prevalence rates below 15% have announced their commitment to reaching this number. New Zealand has mapped out an orderly progression of policies and actions that will help them reach this goal by 2025. In my home, Hong Kong, the current prevalence rate is 11.8%. The tobacco companies have gone on record saying prevalence will never drop below 10% so we are trying to get there first,” she says gleefully. Dr Mackay is confident. More so now that she is no longer a lone voice in the wilderness. Hong Kong’s seven million citizens have 120 control offices, 30 government officials and many more in NGOs fighting to keep their environment smoke-free. She has an entire army on her side now ■