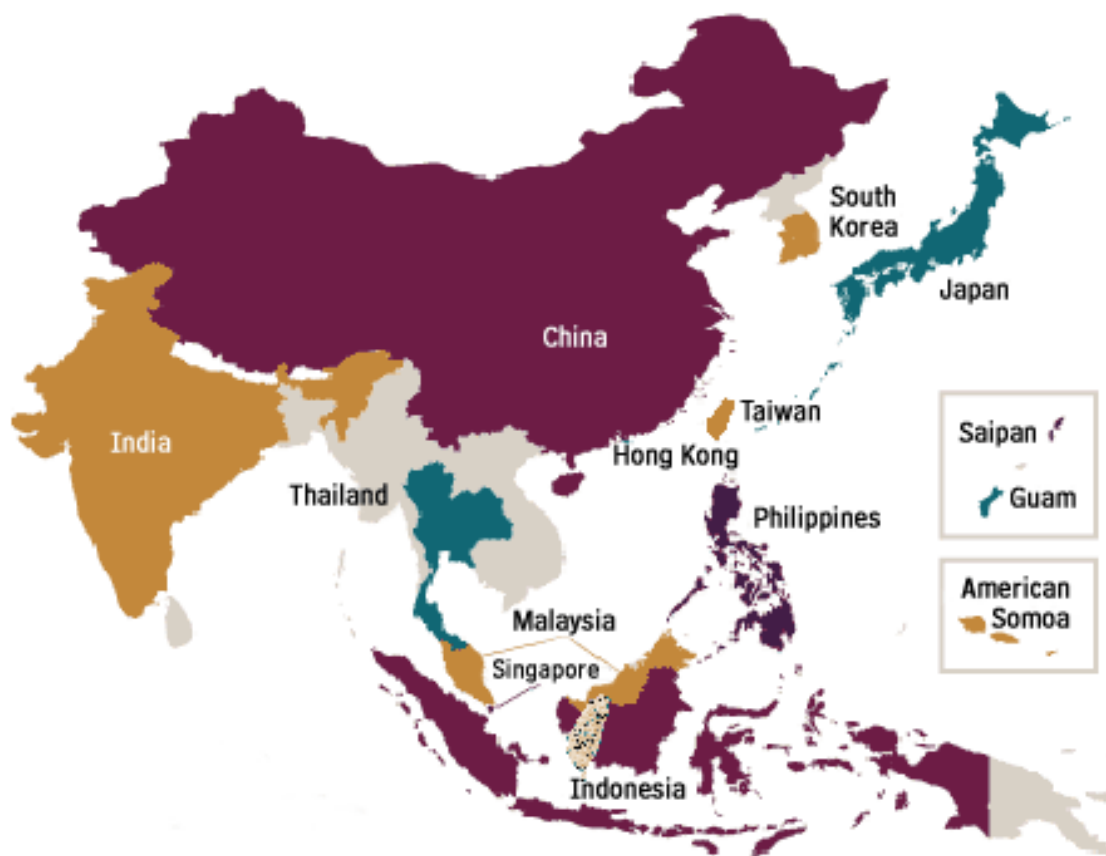


THE ROLE OF REGIONAL ORGANIZATIONS IN THE ASIA-PACIFIC REGION



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Stretching from Hokkaido in northern Japan to Tasmania in southern Australia, a distance of 6,000 miles, the Asian side of the Pacific Rim is populated by billion people whose looks, lifestyles, politics, and economic progress differ as widely as the topographics of their countries.

In the Asia-Pacific region tobacco use is a major health problem. Smoking rates are increasing, contrary to the trend in the West. Asians are quickly puffing their way into becoming the world's largest and most lucrative tobacco market.

Asia has enjoyed the world's highest economic growth rates although it continues to have the biggest share of poor people, estimated at 800 million out of it's three-billion population. From 1965 to 1990 the Asian economies grew faster than any other part in the world. As disposable income increases cigarettes become more affordable and tobacco consumption rises.

Population growth is another reason for the increase of tobacco use. Some 600 million people more will be added to the Asia-Pacific population in the next two decades.

Ignorance of tobacco hazards results from weak action of the governments and non-governmental organizations. Lack of funds and support for tobacco control measures are crucial.

The transnational tobacco companies (TTCs), under attacks for years in the West, have been targeting the Asian market with sophisticated marketing prowess. For the world's tobacco merchants, Asia is the future and probably their savior.

TOBACCO CONSUMPTION

Twenty nine Asian countries consumed, the world's highest, 1.17 and 2.10 trillion manufactured cigarettes in 1970 and 1985 respectively, with an increase of 22.1 % per adult consumption. On the contrary, four Oceania countries consumed 6.4% less in 1985 than in 1970.⁽¹⁾ Euromonitor, a British market research group, estimated that 2600 billion cigarettes were smoked in Asia during 1992, two thirds of these in China alone. Demand rose by 13.5% between 1986 and 91.⁽²⁾ South Korea will be the sixth largest consumer of tobacco by the year 2000 (the fifth highest if North and South Korea are unified before then).⁽³⁾

It has been an Asian culture that non-smoking is a norm for Asian women so the smoking rate among Asian females is still low. It is a challenge to keep it that way. But

female-oriented cigarette marketing and the increased cultural and financial freedom could contribute to the rise in tobacco use. Asian women are becoming more independent and consequently adopting less traditional lifestyles. One symbol of their newly discovered freedom may well be cigarettes.

Asian young adults are another growth segment. As they break into the burgeoning business world, many are taking up the adult custom with vigor. Flip-top box-type packaging has become increasingly common because it is particularly appealing to the younger generation.

TRADITIONAL TOBACCO USE

The little clove flower finds its most ardent fan in Indonesian smokers who puff through well over 100 billion kretek cigarettes a year. Average tar and nicotine levels for kreteks are comparatively high, being 58 mg and 2.4 mg per cigarette, respectively. In the early 1970s, kreteks represented about 60 percent of total consumption. By 1990, 85 percent of the 140,000 million cigarettes smoked were kreteks.⁽⁴⁾

In Thailand the high-tar 'Khy Yo' cigars consumed mostly in the Northern City Chiang Mai is responsible for higher prevalence of lung cancer than in other regions.

Consumption of traditional tobacco products with different practices, e.g. chewing and reverse smoking, significantly increase the risk of different types of cancer. In India, chewing and reverse smoking cause increased risk for oral cavity cancer. Bidi smoking has a high risk for cancer of the pharynx, larynx, and lung. Bidi smoking may be regarded as a major contributor to the development of ischemic heart disease. Young men in Sri Lanka who are heavy smokers of bidis are particularly prone to occlusive disease of the small arteries. In countries where bidis are smoked they are among the main smoking – related causes of lung cancer, oropharyngeal cancer, and cancer of the larynx. Hookah smoking seems to be associated with a prevalence of chronic bronchitis. In Hindu women in South India reverse chutta smoking causes increased risk for palatal cancer. In Kerala pan chewing increases risk for buccal and labial cancers. In Goa palatal lesions have been attributed to reverse dhumti smoking.

THE HIGH CONTENTS

China and India have levels of tar over 20 mg and nicotine 1 to 1.4 mg. Indonesian cigarettes yield even higher tar (49 mg) and nicotine (4 mg), particularly the kretek cigarettes.⁽⁵⁾

Cigarettes manufactured or sold in Asia are distinguished by their high tar and nicotine levels, even in brand-names similar to the ones marketed in the west. Although cigarette manufacturers in the US compete to sell the cigarette with the lowest content of tar and nicotine in an attempt to make their products appear safe, the cigarettes bearing international brand names are sold in the developing world with substantially more tar and nicotine.^(6,7) In studies comparing the tar content of similar brands of cigarettes sold in the US and the Philippines, the Philippine products had a 50 percent higher tar content, with sometimes twice as much nicotine.⁽⁷⁾ The 1978 WHO expert committee stated “the export of cigarettes that do not meet current standards in the exporting country is, of course, as reprehensible as the export of substandard drugs of any sort.”⁽⁸⁾

DIFFERENT STANDARD

Cigarettes are sold in many countries in Asia without health warnings. In the Philippines when Phillip Morris and R.J. Reynold refused to conform to the law in health warning at the side of cigarette packets, the legal advisors of anti-smoking group went to court.

In the U.S., cigarette companies follow a voluntary ads code not to use celebrities, especially athletes, who have special appeal to young people. But in Asia tobacco firms practice an immoral double standard promoting tobacco consumption by using rock stars, actors and athletes who are young people’s role models and by using international celebrities to perform in tobacco sponsored events.

THE HEALTH BURDEN

The health implications of the tobacco boom in Asia are nothing less than terrifying. The epidemic of smoking-induced diseases, disability and death does not lie in the future – it has already begun. The epidemiologic transition has taken place and non – communicable diseases are already the health burden. At a WHO Western Pacific Regional meeting on

tobacco or health, held in Tokyo in November 1987 – two most common causes of death in Asia are now cardiovascular diseases and cancer, both of them smoking – related. Increasing number of young adults under the age of 40 are suffering heart attack in South-East Asia.⁽⁹⁾

Peto ⁽¹⁰⁾ has projected that the rapid increase in smoking among the Chinese during the 1980 will cause 2 million deaths a year from tobacco-related DISEASE BY THE YEAR 2025 – A TREMENDOUS POTENTIAL BURDEN FOR THE COUNTRY’S HEALTH CARE SYSTEM. Although the lag time can be 30 to 60 years for a population of new smokers to have lung cancer, in Pakistan lung cancer is now the most common of fatal cancers of all sites, whereas oral, metastatic, and skin cancers were more common 10 years ago.⁽¹¹⁾ In India, a sixfold increase in mortality from bronchitis and emphysema has been noted coincident with that country ‘s sharp increase in tobacco use.^(12,13) In Bangladesh, also with marked rise in cigarette consumption, lung cancer has become the third most common cancer among men, and perinatal mortality is 270 per 1000 children of smoking mothers – more than twice the rate for nonsmokers’ infants.⁽⁶⁾

FOREIGN INVASION

Buoyed by a thriving movement of anti – smoking coalition and of nonsmokers’ right, Americans are increasingly say no to tobacco. Flagging cigarette sales have caused manufacturers to look to the Third World - especially Asia, for future growth. The September 1987 issue of World Tobacco had the headlines “Bright Future Predicted for Asia Pacific” with subheads: “Growth Potential predicted, for “More Smokers.” China was described as “Most important feature on the landscape” of the tobacco industry’s future.

Nowhere is the tobacco battle being fought more vigorously than in Asia. The US Government has helped strong arm Asian nations into opening up lucrative domestic cigarette markets to American companies by using the 1974 Trade Act, Section 301 as an instrument. This section 301 empowers the U.S. Trade Representative to investigate unfair trade practices by foreign countries. Should these practices be judged unfair, the USTR may recommend to the President that he take action to retaliate against the offending nation.

In September 1986 the U.S. threatened trade sanctions on Japanese products. On 3 October 1986 the Japanese Government announced it would suspend all tariffs on foreign cigarettes, and would ease restrictions on cigarette distribution and pricing arrangements.⁽¹⁴⁾

In December 1986 the Taiwanese Government, threatened with trade sanctions under Section 301 of the US Trade Act, agreed to allow cigarette advertising in the print media.⁽¹⁵⁾ In May 1988, during trade talks, the South Korea Government was persuaded to reach a watershed agreement on imported cigarettes and was told that its textile exports were in jeopardy unless US tobacco products were accepted. The Government responded by reducing tariffs on imported cigarettes, increasing the number of retail outlets and permitting advertising.⁽¹⁴⁾ On April 10, 1989 the U.S. Cigarette Exporter Association (USCEA) filed a petition to the USTR to investigate Thailand for not opening its market to foreign cigarettes. Thailand's tobacco control advocates foughted tediously and gained support from international, regional, and American health communities. To avoid a shameful social blame the USTR took the case to the multilateral forum of the General Agreement on Tariffs and Trade (GATT) on October 22. On September 21, 1990 the GATT Panel Report was released – import restriction are not justified but Thailand could impose laws, regulations and requirements effecting the internal sales, introduce labelling and ingredient disclosure, and ban on advertisement.⁽¹⁶⁾ In October 1992, China surrendered to the U.S. government's threats to impose punitive tariffs on Chinese exports to America by signing a new trade pact. As part of the terms of the new pact, China agreed to reduce its import barriers to a variety of American products, including cigarettes. China, Asia-Pacific's last bastion of tobacco independence, in the fall of 1993 agreed to open its markets to American goods, including cigarettes, starting no later than 1995. One tobacco industry executive stated, just thinking about the possibilities of the Chinese market "is like trying to imaging the limits of the universe."

THE TTCs' BEHAVIOR

The problem is that US manufacturers are not just exporting American cigarettes, they are exporting cigarette marketing – the high-gloss hard-sell persuasion that tobacco firms have perfected. The introduction of Western advertising irrevocably alters Asian cigarette markets, setting the stage for increased smoking. In an industry where 90% of new-brand introductions fail, U.S. cigarette manufacturers have been showing Asian counterparts good old American go-get-'em know how, right in the Asians own back yard. Battling head winds of protectionism and health lobbies Philip Morris, R.J. Reynold, and BAT have led the assault on Asia's multi-billion dollar cigarette market with success, through the 'marketing ingenuity'.

Cigarette companies spent more than US\$ 185 million in 1993 for advertising in Asia, according to a survey by Asian Advertising and Marketing magazine.⁽¹⁷⁾ Even with advertising ban in some countries no one can forbid pollution of cigarette logo via satellite television, one of which covers 39 countries having 3,000 million population or 60 percent of the world total.

In May 1992 advertising executives from the International Advertising Association, American Association of Advertising Agencies, Association of National Advertisers, and Interpublic Group of Cos. asked Deputy USTR to demand the right in future trade deals to advertise legal products in countries where they are sold.

Tobacco control advocates such as Judith Mackay of Hong Kong accuse the TTCs of an unconscionable conspiracy to 'export death' to Asia. And former U.S. Surgeon General Dr. C. Everett Koop described the tobacco industry's actions as "one of the most disgraceful examples of private enterprise gone amok."

The tobacco industry countered growing antismoking campaigns in Asia with the formation of the Asian Tobacco Council. The idea behind the Council "came from the antismoking lobby's own cohesive, effective, expansive network." Founding members of the Council are Philip Morris, BAT, Brown & Williamson, Gallaher, Japan Tobacco, Inc., and Rothmans. The ATC will serve as an industry representative throughout Asia, and will assist and advise new tobacco associations throughout the region. The Asian tobacco industry officials foresee a day when "the anti-tobacco furor may reach the frenzy experienced by the United States."⁽¹⁸⁾

Removal of trade barriers and other restrictions in Asia and Eastern Europe now give the TTCs access to all but 5% a global market of 5.33 billion cigarettes per year.

ACTIVITIES OF THE REGIONAL ORGANIZATIONS

WHO

As early as 1981 WHO organized a "WHO Workshop on Smoking and Health Issues in Developing Countries" in Colombo, Sri Lanka, during 18-20 November. Eight countries participated in the Workshop – 5 being member of the South East Asia Regional Office of WHO (Bangladesh, India, Nepal, Sri Lanka, and Thailand), 2 from the Western Pacific

Regional grouping (China, the Philippines), and I from Eastern Mediterranean Region (Pakistan).

The Workshop considered countries' situation analyses and smoking control programme in the light of Health for All by the Year 2000.

WHO-SOUTHEAST ASIA REGIONAL ORGANIZATION (SEARO)

WHO's South East Asia Regional Organization (SEARO) held its only regional seminar 'Smoking and Health' in Kathmandu, Nepal, during 26-30 March 1984. Only 6 (Bangladesh, India, Indonesia, Nepal, Sri Lanka and Thailand) of the 11 member countries attended. The objectives were to review the regional situation, to discuss and further develop the national program, and to evolve guidelines for the implementation of the national program. The meeting discussed the role of WHO, economic reasons for action to control smoking, smoking control program, smoking control and primary health care, the use of WHO Guidelines for Smoking Surveys, countries' situational analysis and action plan.⁽¹⁹⁾

WHO WESTERN PACIFIC REGIONAL ORGANIZATION (WPRO)⁽²⁰⁾

The first Western Pacific Regional Working Group on Tobacco or Health was convened in Tokyo, Japan, in November 1987, immediately prior to the Seventh World conference on Tobacco or Health. It culminated in recommendations on tobacco control in the Region.

The second Working Group met in Perth, Australia, in March 1990 prior to the Eighth World Conference on Tobacco or Health. It drafted a Regional Action Plan on Tobacco or Health for the period of 1990-1994. The Plan was completed and distributed in August 1990. The main objectives of the 1990-1994 Action Plan on Tobacco or Health are for the WPRO to support :

- Development and implementation of comprehensive national policies and programmes on tobacco control.
- Data collection in countries that have not been done so, especially on prevalence of smoking and cost analysis,
- Health education and information.
- National efforts for legislation,

- Development of price policies,
- Identification of existing sources of information within the Region and support for the establishment of a regional information centre,
- Evaluation of progress within the Region at a follow –up Regional Meeting in 1994.

The Action Plan incorporates annual programme as follows :

1990 – The Action Plan was disseminated to all 35 Member States.

- The names of key individuals in tobacco control were sent to Geneva to be included in the circulation of WHO's Tobacco Alert.

- Background information was to be collected from various government ministries.

- Representation was to be made by WHO for the 1990 Asian Games in Beijing and for all subsequent games in the region to be smoke-free.

1991 – A survey was carried out by WHO on all airlines operating Western Pacific routes.

- all Member States were encouraged to celebrate World No-tobacco Day and to implement one additional major health education activity.

1992 – Endorsement by all medical societies, especially the national medical association, with the statement of the harmful effect of smoking to health.

- All Member States were to report one new initiative (e.g., passage of law, tax increase, etc.)

1993 – All Member States undertook a national prevalence survey on tobacco use, and, where possible, studies on the economic cost of tobacco consumption.

1994 – All Member States begin to implement comprehensive national policies on tobacco by a central coordinating body.

- All States should have been undertaken a national smoking prevalence survey and collected data on tobacco attributable mortality.

- At least one quarter of the States would have conducted a cost analysis, collected information on import, export, taxation and tobacco farming

- Members are encouraged to approach the International Agencies, i.e. the FAO and the World Bank for a support of tobacco crop substitution program.

- All Member States organize WHO's World No – tobacco Day.

- All Member States pass 2 or 3 tobacco control laws.

The goals of the Action Plan were set as follows :

- In countries with longer time of action the goal is a continuing decrease in tobacco use of at least 2% - 3% a year and decrease in smoking-related diseases recorded between 1995-1999.

- Less active countries' goal is establishing and reporting national action against tobacco with a view of recording reduction in consumption between 1995-1999

- Preventing an increase in smoking among women.

The Action Plan is supported by WPRO in the following responsibilities :

- providing practical support, e.g. short – term consultants.

- providing legislative information.

- forming networks with TOH experts, collaborating centers, NGO's, health educational agencies ;

- organizing and supporting meeting and research.

- publishing progress reports.

- holding a subsequent Work Group before the end of the Plan to evaluate progress.

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THE INTERNATIONAL UNION AGAINST CANCER (UICC)

The UICC has supported tobacco control activities in the Asia Pacific region by dividing into two regions Asia North Pacific and Japan chaired by Dr. Judith Mackay from Hong Kong and Asia South West Pacific, cochaired by Drs. Steve Woodward and Harley Stanton of Australia. Both sectors cooperate closely with the Asian Pacific Association for the Control of Tobacco (APACT) in their coordination of activities throughout the region. A number of workshops have been carried out in both Asia North Pacific and Asia South Pacific. The first South Pacific Workshop on Tobacco and Cancer held in the Solomon Isles in May 1991 with 50 representatives attending from New Guinea, Vanuatu, New Caledonia, Kiribati, and the Solomon Isles.⁽²¹⁾ In 1992 the UICC supported the Chinese National Tobacco or Health Conference in Beijing with the theme "Youth and Tobacco" with the objectives to highlight the increasing rate of smoking among Chinese youth and to discuss preventive programs. There were 100 Chinese participants from all over China. The UICC funded chair and co-chair of Asia Pacific Region to attend 8th World Conference on Tobacco or Health in Buenos Aires. It paid for and distributed free publication "Children and Tobacco : the wider view" to countries in the region. In 1993 the UICC supported national Workshop in Laos to initiate and develop

national tobacco control program. It also helped a Workshop in Beijing in funding overseas experts. The UICC funded some participants to attend the third APACT Conference on Tobacco or Health in Omiya, Japan to share information, experiences, and expertise among countries of the Asia Pacific Region. In 1994 two Workshops are planned in Vietnam and Shanghai and funding provided for participants to the 9th World Conference in Paris.

THE ASIA – PACIFIC ASSOCIATION FOR THE CONTROL OF TOBACCO (APACT)

This regional organization was born on 12 June 1989 in the midst of tobacco trade disputes. At a critical juncture a number of Asian countries concerned by trade pressure to control foreign tobacco in their countries formed an international coalition called APACT in an urgent bid to support the Thai Government and people after the USCEA requested the USTR to investigate Thailand on April 10. It is an organization representing health coalitions within various countries that are themselves neither officially connected or directly sponsored by their governments. The first APACT meeting, held when it was born, was called “Asian – Pacific Conference on Cigarette smoking and Health”. The membership included representatives from health and consumer groups from nine Asian nations: Hong Kong, Indonesia, Japan, South Korea, Malaysia, the Philippines, Singapore, Thailand, and Taiwan. An APACT letter was sent to President George Bush: “The cigarette issue is not an issue of trade or trade imbalances. It is an issue of human health, and Asian health is as important as American health, Asians want to purchase good American products not harmful ones... We urge you to be a champion of Asian health and reject the possible damaging effects of this investigation.”

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One of the major objectives of APACT was to provide active help to Asian nations that face the threat of sanction from U.S. Representatives of APACT testified in the U.S. congress and at the public hearing held by the USTR. The APACT also took out a half page color ad in Washington Times entitled “President Bush, Is America a Friend or Foe?” Another major strategy involved coalition building. In 1989 The American Cancer Society (ACS) published an issue of “Tobacco in Asia” in its periodical World Smoking and Health. Many of the articles included were reports presented at the APACT inaugural meeting. Another coalition building effort was the provision for twice yearly executive committee meetings held in various member countries. The first was held in the Fall of 1989 at the American Public Health Association

(APHA) meeting in Chicago. On this occasion APACT executive committee members presented a program highlighting the issues surrounding the US tobacco firms invasion of Asia. This caused a great concern among the members of the APHA. At the conclusion of its annual meeting in Hong Kong on 11 January 1991 APACT stated that it would take the offensive against what it calls a marketing blitz by U.S. and other Western tobacco companies to increase the number of women and adolescent smokers in Asia. APACT also slammed the industry for targeting adolescents by offering free admission to pop music concerts and discos to teenagers who turn in empty cigarette packages at the door. Such tactics are responsible for pushing the number of high school age smokers from less than 10 percent to more than 20 percent in many Asian countries. APACT planned to provide information on ways to help women and others quit the habit, and to share with tobacco – control advocates news of the tobacco companies' marketing efforts in Asia.

The second "Asia – Pacific Conference on Tobacco and Health", held in Seoul, South Korea, during August 28-30, 1991, provided a great opportunity for mutual exchanges. Tobacco control advocates throughout Asia – Pacific gathered to discuss ways to "immediately implement aggressive tobacco control programmes which include bans on all cigarette advertising, restrictions on smoking in public places and comprehensive educational and intervention programs to create a tobacco – free Asia – Pacific in the year 2000. The main function of APACT is to assist in the attainment of these goals, particularly through nongovernmental initiatives.

The APACT's mission is to create a smoke free Asia by the year 2000. Memberships in APACT consist of three categories : regular members, associate members and institutional members. Regular membership consists of individuals who are residents of Asia Pacific countries. Associate members are defined as interested individuals who live outside the region. Institutional members are organizations, in or outside the region, that are accepted into the APACT. As of 1991 members were from 12 countries – Bangladesh, Hong Kong, Indonesia, Japan, South Korea, Malaysia, Philippines, Singapore, Sri Lanka, Thailand, Taiwan, and the U.S.

During the 7th World Conference on Tobacco and Health in Perth, Australia, the APACT held its general meeting and members rally around Thailand in support of Thailand's tenacious

fight in the 301 case. APACT's members sent telegrams to both President Bush and the GATT's Secretary – General.

In 1992 APACT made an effort to help tobacco control advocates in the Philippines. Executive members of APACT travelled to Manila to give support to the First Philippine Conference on 'Tobacco or Health' held during November 26-27, designated as a joint Philippine Medical Association – WHO – APACT conference. A 'Manila Declaration on Tobacco or Health 1992 ' was announced jointly by the University of Philippines College of Public Health, the Philippine Medical Association, APACT, and Asian Consultancy on Tobacco Control.

Searching for ways of developing the full potential of a national tobacco control movement in each member country is the fundamental theme of the third Conference with the theme "Tobacco – free World for Children" held in Omiya, Japan during 6-8 June 1993 . A series of workshops discussed the role of medical and co – medical professional groups; consumer organization , womens' groups, community organizations and the media ; and, school health education and youth groups. Round table discussions were conducted on the subjects on coalition building for media advocacy , lobbying and legislations; how to prepare simple teaching materials for tobacco – free education ; and, practical methods of smoking cessation.

The 4th Asia-Pacific Conference on Tobacco or Health will be held in Chiang Mai, Thailand during 22-24 November 1995. The theme would be "Strengthening National Policies in Tobacco Control. "To help tobacco control workers in the Third World, international expertise is needed for contribution in leading training programs of several 'How to 's – do a prevalence survey, plan a research project, write a paper for a journal, write and give a paper at a conference, hold a press conference/deal with the media, raise funds, lobby government departments, mobilize grassroots support, coordinate action by organizations, and organize a conference.

CONCLUSION

Tobacco pandemic is looming large on the Asia – Pacific horizon, due to several contributing factors - the world's highest economic growth, enormous increase of population,

people's ignorance of health hazards, no – concern – or – remorse governments , trade globalization, and aggressive immoral promotion of the tobacco goliaths.

With so much ill wind blowing regional organizations have become more alert. WHO – SEARO has been inert whereas WHO – WPRO has been much more productive. The UICC has been generous in contributing to the tobacco control activities of developing countries in this region. AFACT is an emerging force which for the ensuing decades could whip up interest of regional NGOs to push for stronger measures and to make a strong frontal assault on the multinationals.

REFERENCE

1. Masironi R, and Rothwell K. "Worldwide smoking trends." In. Aoki M, Hisamichi S. and Tominaga S (eds). Smoking and Health 1987. Amsterdam : Excerpta Medica, 1988 : 47-51.
2. Globalink Asia – Pacific News Bulletins, January 1994, citing AAP 11 January 1994.
3. Globalink Asia – Pacific News Bulletins, November 1993, citing Tobacco International , 15 September 1993 , p.9
4. WHO. Tobacco Alert, January 1993.
5. WHO. Tobacco Alert, October-December 1987.
6. Taylor SA. Tobacco and economic growth in developing nations. Business in the Contemporary World. Winter 1989 : 55-70.
7. The satisfaction quotient : advertising in the Third World. In : Nath UR. Smoking : Third World Alert, Oxford, England : Oxford University Press, 1986.
8. WHO. Controlling the Smoking Epidemic. Tech Rep Series 636, 1979.
9. WHO. Tobacco Alert, January 1991.
10. Peto R. Tobacco – related deaths in China, Lancet 1987 ; 2 : 211.
11. WHO. Smoking control strategies in developing countries. Tech Rep Ser 695, 1983.
12. Nath UR. Smoking in the Third World. World Health, June 1986 : 6-7.
13. Yach D. The impact of smoking in developing countries with special reference to Africa. Int J Health Serv 1986 ; 16 : 279-92.

14. Australian Council on Smoking and Health. Fact Sheet : Marketing Cigarettes – U.S. Trade Act 1974, citing McLellan DL. “the ‘tobacco war’: US open Asian markets “Tobacco and Youth Reporter. Spring 1989,4.
15. Australian Council on Smoking and Health. Fact Sheet : Marketing Cigarettes – U.S. Trade Act 1974, citing Anonymous. “US invasion into Thai markets?” Action Alert, SCARC. 13 June 1989.
16. Chitanondh, H. Tobacco Use. An Update – April 1991. Ministry of Public Health, Thailand. 1991.
17. Hines C. Cigarettes : Asia goes up in smoke. The Nation 28 February 1994, p. C3.
18. Zimmerman C. New Asian Council will manage issues. Tobacco Reporter, June 1990, p.34.
19. WHO /SEARO. Smoking and Health : Report of a Regional Seminar, Kathmandu, Nepal, 26-30 March 1984. SEARO Technical Publication No. 7, 1985.
20. WHO. Tobacco Alert, April 1993.
21. Wood M. Overview and purpose of national / regional strategic planning sessions from Buenos Aires to Paris. Eight World Conference on Tobacco or Health. Building a Tobacco – Free World, March 30-April 3, 1992, Buenos Aires, Argentina.
22. Chen TTL, and Winder AE. The Opium Wars Revisited as US Forces Tobacco Exports in Asia. Am J Public Health 1990 ; 6 : 659-662.