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Dr. Gro Harlem Brundtland, elected Director-General of the World Health Organization just a year ago, has already taken this lumbering bureaucracy to a high point of land and forced it to look around. One of the most pressing issues that has come into view is the global epidemic of tobacco use. WHO estimates that about one third of the world's population smokes and that tobacco causes 3.5 million deaths a year (about 10 000 a day, or 7% of all deaths). If current trends continue, WHO predicts, tobacco will be responsible for a staggering 10 million deaths a year and will be the single largest cause of disability and death by the year 2030.

The WHO has at last joined others in laying the blame at the door of companies that make and market tobacco products. In a recent speech to the International Conference of Drug Regulatory Agencies, Brundtland urged that tobacco products be put under the purview of food and drug regulators: "A cigarette is a euphemism for a cleverly crafted product that delivers just the right amount of nicotine to keep its user addicted for life before killing the person. ... Cigarettes are one of the most highly engineered consumer products available." The WHO is moving to galvanize global support for tobacco control through, among other means, taxation and bans on advertising.

With the increasing regulation of tobacco products in the developed world, tobacco companies are shifting their marketing efforts away from affluent nations to countries that can ill afford the economic losses of tobacco use. Of the world's 1.1 billion smokers, 800 million are in developing countries; by 2030, 70% of tobacco-related deaths will occur in the developing world. The

World Bank estimates that the health care costs of tobacco-related illnesses amount to a net loss of US\$200 billion per year world wide and that half of these losses are tallied up in developing countries.

Part of what Brundtland describes as the "unfinished agenda of the 20th century" is to close the gap between the distribution of need and the distribution of resources. Developing countries are carrying 90% of the world's burden of disease with only 10% of its health care resources. Closing the gap requires sustainable development to combat poverty along with investments in health that make the best possible use of resources. No surprise that WHO has mounted its Tobacco Free Initiative with such vigour: smoking prevention and smoking cessation programs are among the most cost-effective of all health care interventions.

We congratulate Brundtland and the WHO for their aggressive stance against the manufacture and distribution of tobacco products. It is a stance that we should emulate in Canada, where the direct health care expenses related to tobacco use are estimated at \$3.5 billion per year. This figure does not include the cost of disability, lost productivity, and pain and suffering (estimated at between \$8 and \$11 billion annually; see the CMA Web site at www.cma.ca/advocacy/tobacco/03-12.htm). As we consider in this issue the increasing demands for health care funds for dialysis (page 1557) and perhaps for the earlier detection and management of diabetes (pages 1592 and 1593), we may well ask where the money will come from. Savings from the more determined curtailment of the distribution of tobacco would be a good source. ☺