



## The ELF Award 2008

The European Lung Foundation presents an annual award to a person who has made an outstanding effort to improve public health in the respiratory field. Previous prestigious recipients have worked in many different areas of public health, but two in particular have made a significant contribution to the fight against tobacco. These are Gro Harlem Brundtland, former Director-General of the World Health Organization, for launching the Framework Convention on Tobacco Control; and Sir Richard Peto for his pioneering epidemiological studies on tobacco-related deaths and cancer prevention.

In 2008, we again applaud the work of one man in the field of tobacco control: Michael Bloomberg, Mayor of New York City. Mayor Bloomberg received the award during the Annual Congress of the European Respiratory Society, in Berlin. He was the first to show the world that cities could become smoke-free, by introducing tobacco-free workplaces in New York. Furthermore, he has used this as an example for the world and donated \$375 million for the fight against tobacco in developing countries, including several eastern European countries.

During his visit to Berlin to receive the award, Mayor Bloomberg gave a presentation in which he demonstrated a burning will to defeat the spread of tobacco and to help save thousands of human lives from early death due to tobacco use. That presentation is printed here.

The European Lung Foundation and the European Respiratory Society will work with Mayor Bloomberg and his foundation to help realise some his goals in the coming years. We hope you will all play your part too.

Kai-Håkon Carlsen, ELF chair

# 'The responsibility for leadership falls most heavily on those with the means to exercise it'

It's a great privilege for me to address this eminent international body, and also an honour to be the first non-European to receive the European Lung Foundation Award. Most of the speakers at this Congress will address the latest advances in medical research and treatment. I will certainly leave those subjects to the experts.

Instead, I want to speak to you about what I am doing as a public official and as a private philanthropist, and about what you must do, as researchers and physicians, even more vigorously and effectively than many of you are today, to stop the leading cause of preventable death on the globe. One that is more deadly than TB, AIDS, and malaria combined, one that kills 5 million people a year around the world: tobacco.

This is a duty I have, as an elected leader and as a concerned citizen. It's a duty that as doctors you have "sworn by Apollo" to make your sacred calling in life. If we do not redouble our efforts, the already appalling toll taken by tobacco is certain to grow much worse. Because today, an epidemic of tobacco-related deaths is unfolding in the developing nations of the world. They are where 70% of cigarettes are already consumed.

They're where tobacco companies are most aggressively marketing their highly addictive products to millions of new potential smokers, and where they're lobbying governments not to implement effective tobacco control policies.

If we fail to effectively counteract this marketing and lobbying onslaught, while also reducing the still far-too-prevalent use of tobacco in the US and in Europe, the consequence will be: 1 billion premature deaths

worldwide in the 21st century, deaths by stroke, by heart attack, and by the respiratory diseases, including lung cancer, that you, the members of this Congress, work so diligently to treat and, ultimately, to cure.

This would be a public health calamity of the first magnitude. But there is nothing inevitable about its coming to pass. It can be prevented - if governments around the world act now to head it off. The good news is that we already know what we must do. The Framework Convention on Tobacco Control - the first international public health treaty, developed by the 2003 recipient of the ELF Award, Dr Gro Harlem Brundtland - has been ratified by more than 150 nations.

It maps out a clear course for reducing tobacco use worldwide. Now the challenge is to turn its words on paper into realities. That's the mission of the "Initiative to Reduce Tobacco Use". Founded in 2005 - funded with an initial grant of \$125 million from my foundation - it has worked with the World Health Organization, the World Lung Foundation, the Bloomberg School for Public Health at Johns Hopkins University, and other partners to measure the scope and define the nature of the global tobacco epidemic, and to identify and advocate public policy strategies that can defeat it.

Three months ago, our foundation made another \$250 million, four-year investment in the Initiative to Reduce Tobacco Use, which has now also been joined by the Bill and Melinda Gates Foundation. And, with the WHO, this year it also published the first comprehensive report on the global tobacco epidemic, which sets out what we call the "M-POWER" agenda.

*This is the text of a speech made by New York Mayor Michael R. Bloomberg, recipient of the 2008 European Lung Foundation Award, to the European Respiratory Society Annual Congress in Berlin, on October 5, 2008.*



*M.R. Bloomberg*

*Mayor of New York City*



MPOWER is an acronym for six key policies for tobacco control by local and national governments everywhere:

- **M** for monitoring tobacco use and policies to prevent it;
- **P** for protecting people from tobacco smoke;
- **O** for offering people help to quit smoking;
- **W** for warning about the dangers of tobacco;
- **E** for enforcing bans on tobacco advertising, promotion and sponsorship; and
- **R** for raising taxes on tobacco.

MPOWER spells out how governments can stop the tobacco epidemic. But I believe strongly that the best way to lead is not simply by exhortation, but also by example.

In the area of tobacco control as well as on another issue that this Congress is taking up – global warming and its health effects – the need for action transcends all borders, and the responsibility for leadership falls most heavily on those with the means to exercise it. In that vein, I'm quite proud of the example of leadership in reducing tobacco use that we've set in New York City over the past six-and-a-half years.

When we came into office, progress in reducing smoking was stalled. Between 1992 and 2002, the number of smokers in New York City had remained constant. Yet tobacco was the leading cause of death in our city – implicated in 10,000 completely preventable deaths every year. So we made reducing smoking our top public health priority. We attacked the problem on many fronts.

Six years ago, we made New York City smoke-free. We faced enormous opposition at the time. We were told that tourists, from Europe in particular, would shun our city. But today, New Yorkers take our smoke-free law for granted. And international tourism, including from Europe, is at record-high levels. At the time we enacted our law, only one of America's 50 states was smoke-free. Today, the majority of Americans live in smoke-free jurisdictions. And around the world, cities such as Paris and nations including Italy, Norway, the UK, Ireland, and Turkey have since followed suit. I am happy to say that they have just also been joined by the world's largest democracy: India.

We also launched hard-hitting anti-smoking ad campaigns. We made smoking cessation programmes far more widely available. And we raised cigarette taxes steeply. And, very importantly, we did so by taxing each pack of cigarettes a fixed amount, rather than making the tax increase a percentage of sale prices. That means the greatest impact of the tax increase falls on the lowest-priced brands – which encourages

smokers to quit smoking entirely rather than to switch to cheaper brands. So this new tax didn't just increase our City's revenues; it also produced maximum public health benefits.

Here are the results of all these efforts: today, there are 300,000 fewer smokers in our city than there were six years ago. That's 20% fewer smokers than in 2002. That translates into at least 100,000 fewer premature deaths. And smoking among teenagers is down 52%. That could save even more lives in the years ahead. Yet as good as these results have been, they aren't good enough. And as effective as our policies have been, they have been hampered by a lack of comparable action at the national level.

If the United States had joined the 150-plus nations that have ratified the Framework Convention on Tobacco Control. If our federal government had raised taxes on tobacco to match the tax increases we've enacted locally. If, as other nations do, we now required that cigarette packaging include graphic displays of the health effects of smoking, then our progress in New York would have been even greater. And the result would be millions fewer smokers in our nation today.

The nations of Europe need to do more, too. Today, there are an estimated 225 million smokers in Europe. In some European countries, including Russia, despite everything we know about its deadly consequences, the rate of smoking is actually increasing. In fact, smoking leads to some 1.6 million deaths across Europe every year.

Now, let me pose a hypothetical situation to you. What do you think would happen if SARS, or the flu, or some other communicable disease epidemic was wiping out a city the size of Belgrade, or Warsaw, or Vienna, every year, year after year? Can you imagine the anguish, the outrage, the demands for action? But that is precisely the threat that tobacco presents to the people of Europe.

And as European physicians, I believe you have a heightened responsibility to do something about that. You have a duty to be leaders as well as healers. You must first, as individuals and as a profession, lead by example. That means doing something that's difficult – but not impossible. Stop smoking. Because in Greece, nearly 40% of physicians smoke! In France, nearly one-third of general practitioners smoke! This problem is prevalent in other nations, too. And it has disastrous consequences.

Every doctor who smokes sets an example that undermines the best public health anti-smoking campaigns. It's been said that every

doctor who smokes is worth \$100,000 to the tobacco industry, because he or she sends the message: "After all, just how bad can smoking really be?" So your first duty is to heed the wisdom of the Biblical proverb: physicians, heal thyself!

That's a start – but it's only a start. You should also work hard to get your individual patients to stop smoking. But that's not enough, either. In addition, you've got to stress prevention politically – as citizens in your home cities and nations. As physicians and researchers, your opinions and your activism on health issues carry tremendous weight. So advocate for higher tobacco taxes. Advocate for funding anti-tobacco advertising that conveys the unvarnished truth about the terrible health risks of smoking.

And here in Germany, seize the opportunity presented by the recent Constitutional Court ruling on local smoke-free laws – a ruling that affirms the right to legislate smoking bans in bars and restaurants – to now work for a comprehensive federal law that prohibits smoking in all enclosed public spaces nationwide. I applaud the ERS's participation in the Smoke-Free Partnership, and its advocacy of increasing European Union tobacco taxes and for cracking down on tobacco smuggling.

Now, I urge you to redouble such efforts. Remember the words first expressed by the father of medicine, Hippocrates. And I don't mean "First do no harm" – because while that's hard to argue with as a standard of professional conduct, I've always thought it sets the bar rather low. No, I mean this thought from Hippocrates: "The function of protecting and developing health must

#### ELF, ERS and MPOWER

The ERS and ELF are involved in various ways in all aspects of the MPOWER agenda. The ERS works on several fronts to combat tobacco use, primarily through lobbying at European level to improve tobacco control measures. The Smokefree Partnership, of which the ERS is a member along with Cancer Research UK and the French Institut National du Cancer, is deeply involved in efforts to ensure legal protection from secondary smoke in Europe and beyond. The Smokefree Partnership has also provided assistance to several countries in legislating against tobacco.

The ERS School provides a range of smoking cessation resources, including a recent Postgraduate Course on tobacco addiction in women, a current online course on smoking cessation and reviews and Hot Topic articles in Breathe. The health effects of smoking are also central to much of the School's other educational provision. A 14-chapter monograph on smoking cessation, bringing together the latest thinking on the subject, will be published early next year. The ELF, meanwhile, is working to provide resources to the public. Its website contains an expanding range of links to smoking cessation and advice websites, as well as information about the impact and risks of tobacco use. A factsheet for distribution to patients is in production, and should be available in eight languages by summer 2009.

rank even above that of restoring it when it is impaired." In other words, as doctors, you have an important role to play as activists for effective public health. And that puts me on same page with Hippocrates when I ask you today to join our Initiative to Reduce Tobacco Use, to help us "MPOWER" individuals, communities, and government at all levels to combat the tobacco epidemic. And to enlist the medical profession in saving 1 billion lives around the globe in the next century.

The European Lung Foundation and the European Respiratory Society do invaluable work in advancing these goals. For that reason, I am privileged to receive the ELF 2008 award. And I look forward to working with the ELF, the ERS, and with all of you to make the breath of life an inalienable right of every person on our planet. Thank you all once again.