One event at the XI Asia Pacific Congress on Diseases of the Chest, held in Bangkok in November, 1989 was the decision that this would be a “smoke free” meeting. This announcement received full cooperation from the participants, as well as from over 50 pharmaceutical company personnel who displayed their products. By coincidence, the headline in an English language Bangkok newspaper on November 20 reported that the United States is continuing to pressure Thailand to comply with the demand to allow import of American cigarettes. The background for this is that the United States Cigarette Export Association (USCEA) petitioned the United States government, through its Trade Representative Office (USTR) and announced in May, 1989 that it would initiate an investigation, under Section 301 of the 1974 Trade Act, into alleged “unfair trade practices” because of Thailand’s ban on the import of foreign cigarettes. If no settlement is reached by May, 1990 regarding the lifting of the import ban and repeal of the Thai law banning all forms of cigarette advertising, Thailand could face punitive trade retaliation by the United States.

Led by the Antismoking Coalition, health groups in the US have come out in full force to support Thailand in its resistance of this trade threat as well as the attempt to urge the USTR to reject the USCEA’s petition. At the public hearing on the Thai case held in Washington, D.C. in September, representatives from the US cigarette industry argued that the cigarette issue is purely a “trade” matter. They claimed that US cigarettes are “the world standard of excellence.” These products “have been a bright spot in the United States trade picture and they helped to reduce the US trade deficit.”

Representatives from health groups as well as several congressmen argued that the US government’s policy of assisting the US cigarette industry to gain market access abroad would result in promotion of cigarette smoking worldwide and hamper smoking control efforts, particularly in developing countries with limited resources and where knowledge of the health hazard from cigarette smoking has not yet been widely disseminated. While the US had been successful in reducing cigarette consumption among its own citizens, promotion of US cigarette sales in other countries is certain to hurt America’s image, and might create a backlash that would harm export efforts of other American products.

Is it ethical for the US to promote cigarette sales overseas when the US government is waging a war against illicit drugs? The former American Surgeon General has officially declared that cigarettes are addictive and no less harmful than cocaine or opiates. The fact that many American health groups came out strongly to oppose the US government’s cigarette export policy should be noted by lawmakers. They are usually one of the last groups to challenge any trade issue. Several US Congressmen had voiced their suspicion that the USTR may have given preferential treatment to the powerful American cigarette industry in its efforts to pry open foreign markets and help them to obtain concessions in advertising their products abroad. The USCEA has openly praised the USTR’s role in using section 301 of the Trade Act to successfully gain market access in Japan, Taiwan and South Korea. In the case of Thailand, the USTR probed the level of commitment of the Thai government to curb cigarette consumption. If Thailand does not have a record of a serious antismoking campaign, then Thailand’s argument to keep the market closed would carry little weight and the USTR would be justified in considering this purely a trade issue.

Thailand has a very active coalition of antismoking activists who have been successful in bringing about a law that has prohibited all cigarette advertising in this kingdom. There are no cigarette ads on TV, in newspapers, magazines and no billboards advertising cigarettes are allowed along roads. One can, however, still see tobacco ads in foreign publications imported into Thailand which is Thailand’s concession to free dissemination of news and views. A majority of respected academics in Thailand have had part of their training in the United States and have strong emotional and professional bonds with America. Thailand has had over 100 years of friendly relations with the United States and there is now a growing feeling of frustration and disappointment that the US Government has been involved in this unsavory issue of forcing the
export of an addicting substance on this country. It is, indeed, an event reminiscent of that when Great Britain exported opium to China during the last century and certainly one that is unworthy of a great nation such as the United States of America.

Smoking and chewing of tobacco have been recognized as major health hazards worldwide. Rather than help promote the use of these products further, would it not be wise for America to help curb tobacco consumption by taking the popular initiative and exclude cigarettes from the list of trade items under section 301 of the Trade Act? A bill to do just that (House 1249) is now under consideration by the American Congress and should be supported. We do not believe that the majority of Americans would approve the USTR's role in helping the cigarette industry find new markets in foreign countries to make up for the declining sales at home. The National Institutes of Health has estimated that by the year 2000 the smoking rate in American males will be 15 percent, while in developing countries, the rate is sure to remain over 50 percent with American cigarettes making up a significant portion of those smoked. The USTR also needs to look back at its own government's antismoking measures. It cannot claim all the credit for the significant reduction in cigarette consumption at home. The credit for this achievement should also go to many health-conscious consumer advocate groups and, above all, to the courageous former Surgeon General of the United States. Even so, the US Government has not been all that successful in restraining its own cigarette industry, indeed far less so than the government of Thailand.

Tobacco advertising in printed media is still allowed in America and is widespread and very visible. Cigarette companies sponsor sport events and there are billboards throughout the US advertising smoking. America has not yet been able to pass laws to require cigarette companies to reveal the level of harmful ingredients in their products, a provision of Canadian law which resulted in voluntary withdrawal of American cigarettes from the Canadian market.

Thailand is not alone in the cigarette dispute with the United States. Health advocates in other countries open to US cigarette imports are outraged by the irresponsible behavior of transnational tobacco companies in evading and circumventing advertising regulations. Worst are those that target youth and women. In June, 1989, nine countries in Asia formed the Asia-Pacific Association for the Control of Tobacco. Among the priorities of this association is to prevent developing countries from being victimized by the transnational tobacco companies. While we are waiting for American lawmakers to pass legislation that would exclude cigarettes from trade items under section 301, we thoracic physicians should commit ourselves to fight further expansion of the tobacco addiction pandemic.

It is hoped that all future APCDC meetings will be "smoke free." This will show our commitment, and set an example for other major international meetings.

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Psychobiological Aspects of Asthma and the Consequent Research Implications

A patient suffering from severe asthma, requiring multiple trips to the emergency room for epinephrine injection, and suicidal depression refractory to standard treatment, was recently admitted to our hospital. Trial of a monoamine oxidase inhibitor (MAOI) antidepressant seemed indicated, but what if the patient had an asthma attack while taking this medication? Most acute treatments for asthma are contraindicated in patients on MAOI, including epinephrine injection. We called the local pulmonary specialist who carefully outlined a plan for managing the patient's asthma should an attack occur while receiving the MAOI. The psychiatric staff held its collective breath as each day on the antidepressant passed.

Yellowlees and Kalucy would probably not be surprised to learn that not only did this patient's depression remit after four weeks on the antidepressant, she never again had an asthma attack (see their article, p 628, this issue). All of our elaborate plans for pharmacologic management of her asthma were unnecessary. Was the antidepressant acting specifically to relieve the respiratory pathology, perhaps by elevating levels of endogenous catecholamines and therefore serving as a bronchodilator, or was it the relief of her depression and its consequent stress that induced the remission from asthma? The excellent review article by Yellowlees and Kalucy suggests that both possibilities are probable and point to the increasing evidence that psychiatric disturbance can be intimately involved in causing or exacerbating medical illness in two ways: by specific biochemical pathways, and by the nonspecific induction of stress.

Increasingly, our group and others have recognized in the last decade that one form of pathologic anxiety—panic disorder—prominently involves ventilatory dis-