

Tobacco use: A neglected public health problem

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Leading diseases affected by tobacco

Source: *Essen & Leeder, WHO, 2005*

High mortality low income countries	Low mortality low income countries	Developed countries
Lower respiratory infections	Lower respiratory infections	
Ischaemic heart disease	Ischaemic heart disease	Ischaemic heart disease
Tuberculosis	Tuberculosis	
	Chronic obstructive lung disease	Chronic obstructive lung disease
	Cerebrovascular disease	Cerebrovascular disease
		Trachea/bronchus/ lung cancers



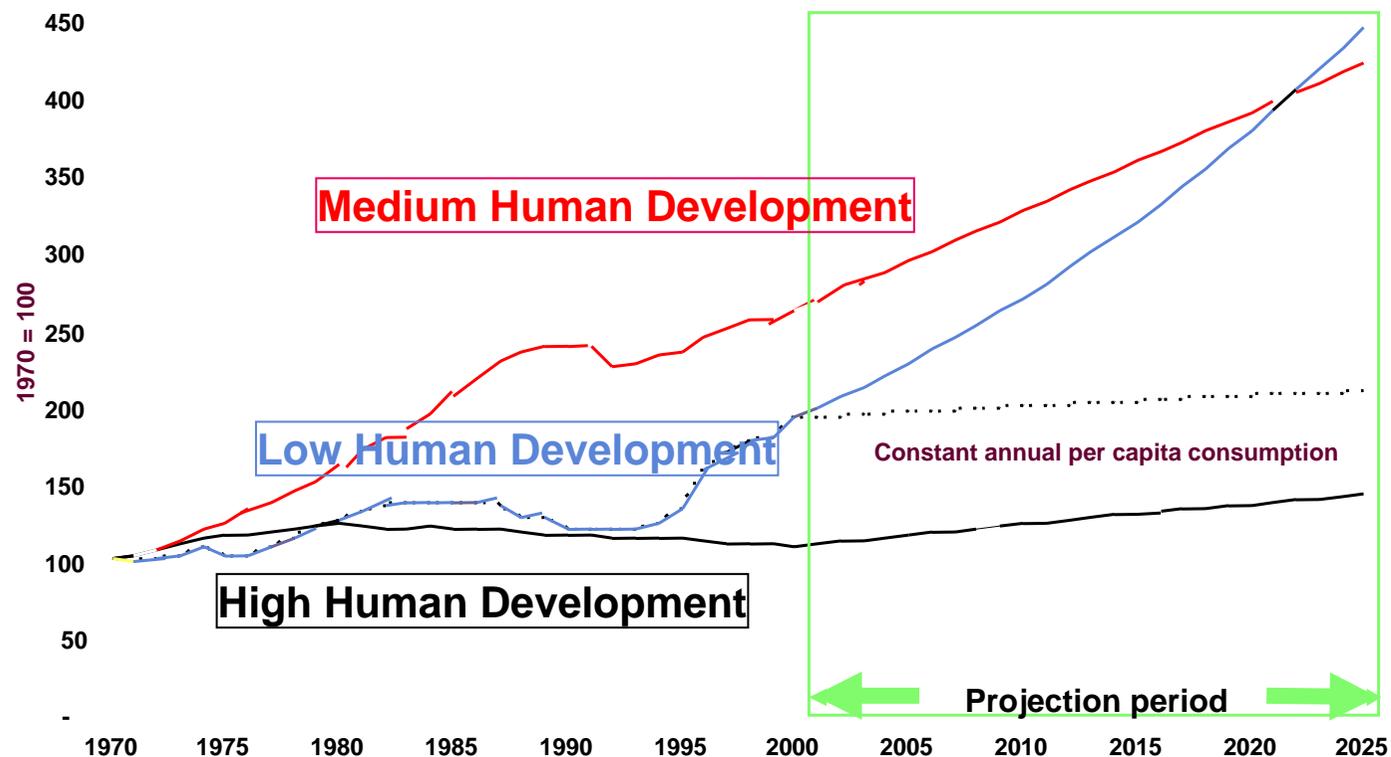


Estimated smoking rates in low/middle income countries in the world, 2000

Jha et al, 2006

World Region	Smoking prevalence (%)			Total smokers	
	M	W	Total	Millions	% of all
East Asia/Pacific	63	5	34	429	38
Europe/Cent Asia	56	17	35	122	11
Latin America/Car	40	24	32	98	9
Mid East/N. Africa	36	5	21	37	3
South Asia	32	6	20	178	15
SubSaharan Africa	29	8	18	56	6
<i>Low/mid income</i>	<i>49</i>	<i>8</i>	<i>29</i>	<i>920</i>	<i>82</i>
<i>High income</i>	<i>37</i>	<i>21</i>	<i>29</i>	<i>202</i>	<i>18</i>

Cigarette consumption 1970-2025 (projected)

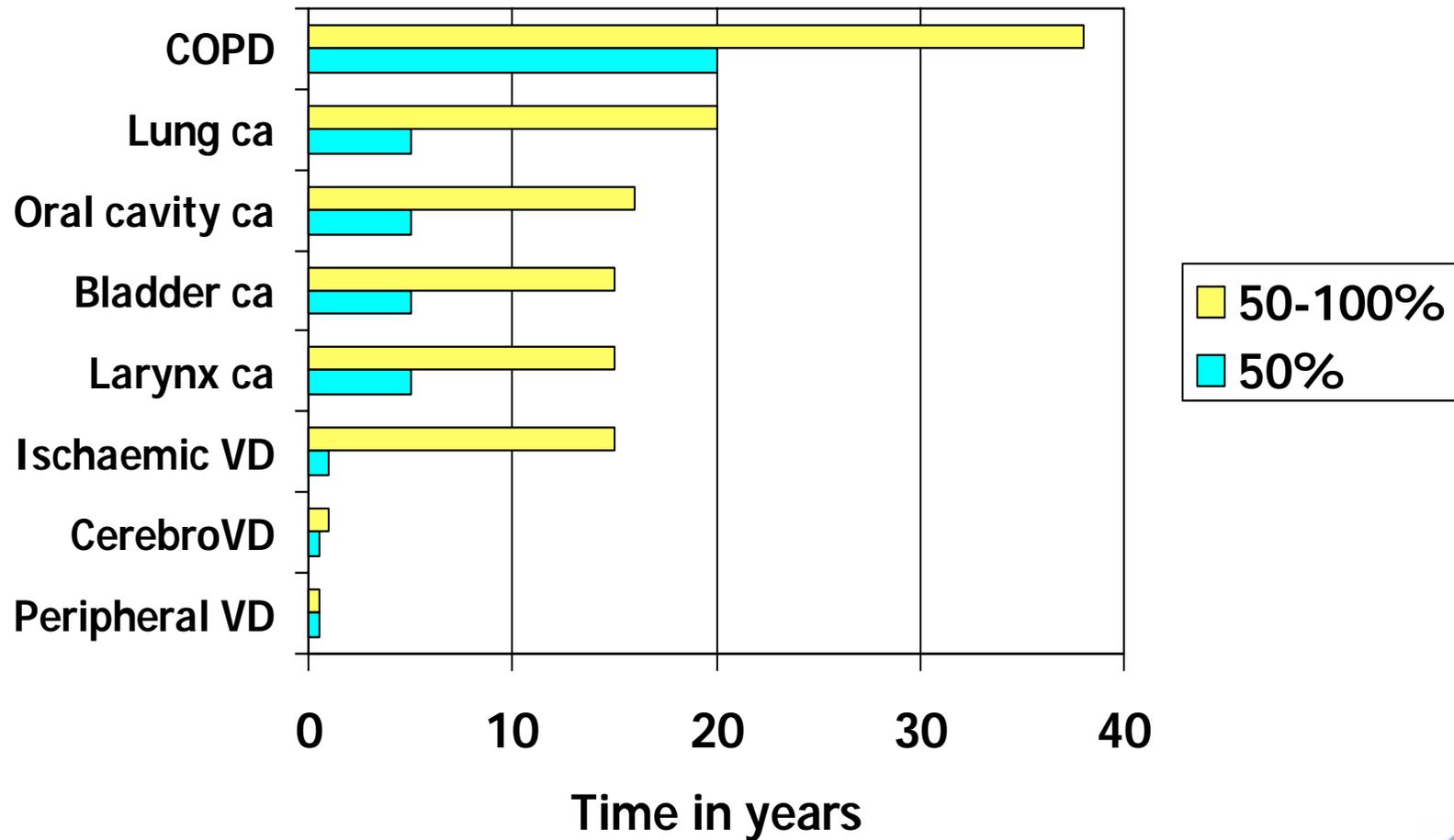


PAHO

Trends and projections of total cigarette consumption,
1970-2025, by levels of human development



Percentage reduction in excess risk over time after smoking cessation



COPD and lung cancer mortality, US, 1968-1999

Kazerouni et al, 2004

Increased death rates 1968-1999 for

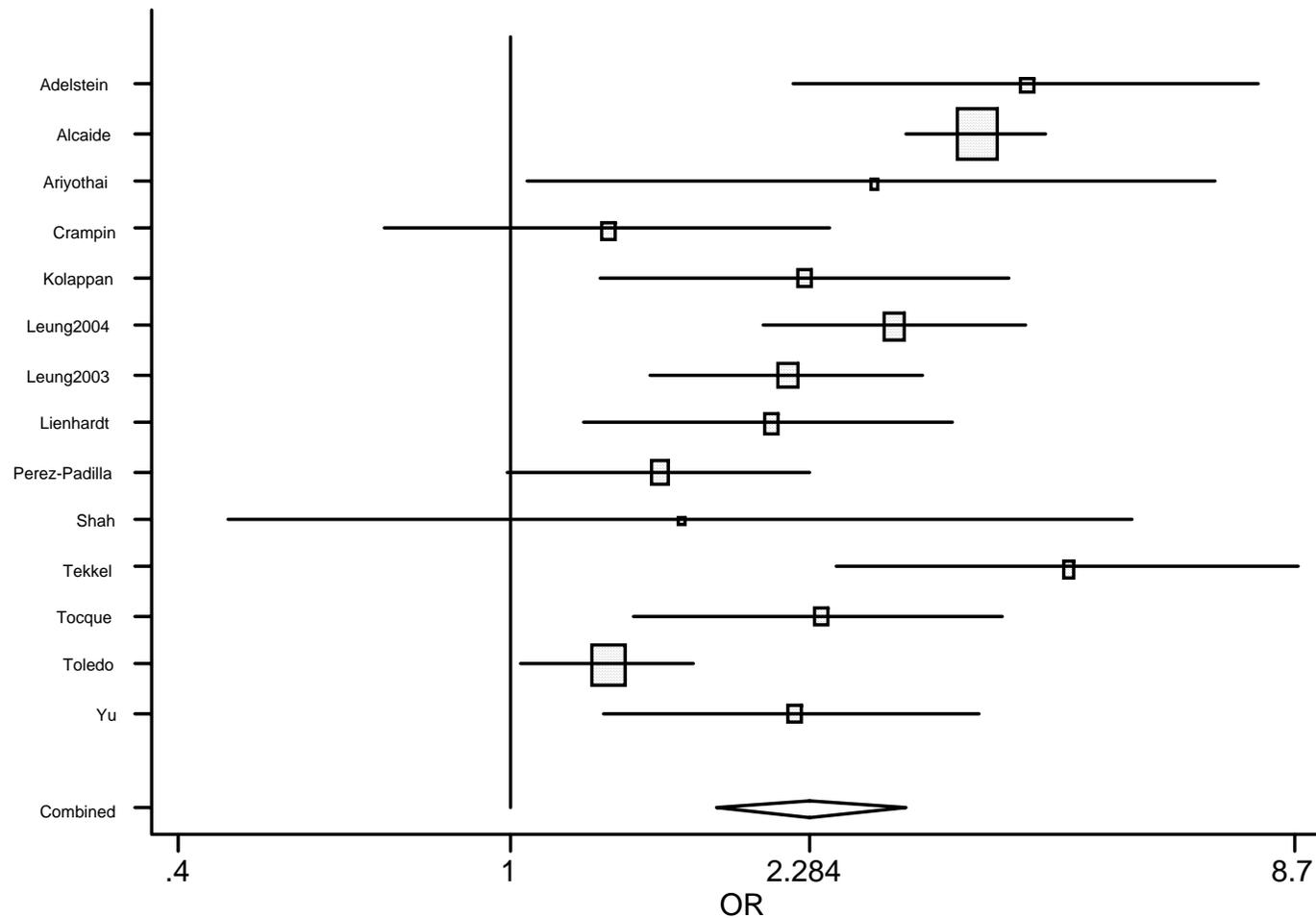
	COPD	Lung cancer
Men	+ 27%	+ 15%
Women	<u>+382%</u>	+266%

NOTE: in 2000, a significant decrease found in people under 55 years with COPD, showing results of efforts made in the 1960s.



Odds ratio of developing tuberculosis disease for ever- versus never-smokers

Slama et al, 2007



The current situation

In 2006

- World consumption of tobacco >5 million tons per year, 5.7 trillion cigarettes
- « It's a good conversation starter: Hi. Do you have a cigarette? » teenager in the US.
- Up to half of smokers continue to light up after diagnosis with cancer (*Szabo L, 2005*)
- Most of those with COPD do not try to quit, and success is not greater than for healthy smokers (*Barnes, 2006*)



The tobacco epidemic: costs

- 1.3 billion estimated smokers in the world;
 - 1/3 of the world population aged 15 years and older
 - ~1 billion men
 - Highest prevalence: men in Asia >50%
- An estimated 430 million people will die over the next 50 years because of tobacco use
- Tobacco users, their families and the wider society pay the toll of tobacco deaths



Why is the tobacco epidemic neglected as a public health problem?

- Tobacco companies have money and power to subvert tobacco control
- Pro-tobacco interests act to reinforce the idea that smoking is a choice like any other
- Smoking, even if it is perceived to be addictive, is seen as a personal problem for which individuals themselves are responsible
- Governments see the money coming in from taxes; health care costs are less visible and less obviously associated with tobacco use
- Increased knowledge does not necessarily lead to change
- Prevention is *generally* neglected



Tobacco industry influence

- « No diagnostic or treatment modality will have nearly the effect on mortality as the elimination of tobacco products from the marketplace. »

Spiro et al, 2005

- In the US in 2005, the tobacco industry spent \$13.11 billion marketing cigarettes. No figures exist for the rest of the world

Federal Trade Commission

- To envisage that sum: \$36,016,483 per day;
\$1,500,687 per hour



Tobacco growing

- Tobacco usurps the place of food crops, so tobacco farmers must buy their food
 - Land now used for tobacco crops world-wide is estimated to be able to feed 10-12 million people
- Wood burning to cure tobacco causes deforestation
 - The FAO reported by 1986 that most tobacco growing regions already had wood deficits
- Tobacco growing is labour and capital intensive
 - 1200 labour hours per acre (170 hours for maize)
- Tobacco control is not the enemy of tobacco farmers
 - If tobacco control is able to halve annual adult consumption by 2020, the rise in population would mean that the absolute tonnage of raw tobacco needed would remain stable rather than decrease.



Tobacco and Development

- In low income countries, scarce consumer capital is spent importing tobacco products
 - Very few countries (Malawi, Zimbabwe) make more from raw tobacco than they spend for imported tobacco products
- Household expenditures in poor families with smokers limit expenses in foodstuffs or education
 - The proportion of average spending on tobacco is higher than spending on medical care or education in Vietnam.
 - In China, spending on medical services because of tobacco diseases impoverished 30.5 million people in 2002.



Tobacco use and the environment

- As anti-tobacco measures are put in place
 - a growing proportion of smokers try to quit and succeed.
 - Society gives more value to non smoking
 - Fewer young people start
- Societies with weak or no anti-tobacco measures
 - Young people want to start in growing numbers
 - Smokers do not want to stop



A photograph of a woman with dark hair and glasses, wearing a dark cardigan over a light-colored top, holding a lit cigarette in her right hand. She is looking off to the side. A young girl with dark hair, wearing a blue and white striped shirt, is looking up at the woman. The background is dark.

WARNING
**CHILDREN SEE
CHILDREN DO**

Your children are twice as likely to smoke if you do. Half of all premature deaths among life-long smokers result from tobacco use.

Health Canada



A change of climate

- **1950s & 60s:**
 - Health effects are noticed
- **1970s**
 - Some governments get tough: eg. Norway, Singapore
- **1990s**
 - Lawsuits against the industry are no longer unwinnable
 - Whistle-blowers / Internal document disclosures
 - Tobacco industry executives jailed for criminal complicity in smuggling.
 - Smoke-free cities
 - Greatly expanded knowledge about nicotine and wide variety of treatment modalities
- **2000s**
 - International funding for tobacco control (BGI)
 - World standards for tobacco control with FCTC
 - Smoke-free countries



Tobacco control: winning hearts and minds

- The major tools
 - Legislation
 - Information and advocacy
 - Programmes
- Objectives
 - Getting people to change their minds about tobacco (not to start, not to continue using it)
 - Providing tools and an environment that allows them to stay or become unexposed to tobacco



Desired outcomes in tobacco control

- The population living in good health for longer

via

- Cultural and social and individual values that support anti-tobacco norms and traditions
- Highly regulated tobacco industry



Conclusion: tobacco use is a neglected public health problem

It has been over 50 years since the public and governments were informed of a major public health problem from smoking

Progress is being made:

- Smoking rates are decreasing in Canada and Australia at 3% per year
- The FCTC can accelerate change
- But unless we go much faster and wider, the number of tobacco deaths will continue to rise **throughout the 21st century**