

## OPINION

# TOBACCO SMOKING AND CARDIOVASCULAR DISEASES

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I met one of my best friends last week after a game of golf and because he is a smoker, I naturally introduced the topic of “quitting smoking” into our conversation. In summary this is what he had to say;

*“Doc, I know smoking tobacco kills, but it is very hard to quit. Every time I try to quit, I feel terrible, depressed, and irritable.”*

*“I know it is addictive but I am scared of the withdrawal symptoms.”*

*“I know it causes lung cancer and heart diseases.”*

*“I know it costs me approximately 95 tala per week for two packets a day, 380 tala per month, or more than 4,000 tala per year, and since both my wife and I smoke, this amount doubles, but it is very hard to quit.”*

I felt uncomfortable listening to his carefree views on the seriousness of the matter.

*“Doc, why do you bother? I know tobacco kills but aren’t we all going to die some day?”*

## Evidence and Why We Seek to Prevent Tobacco Related Diseases

During the early 1950s scientists began to publish scientific studies suggesting that cigarette smoking causes lung cancer and other diseases. Two of the most influential of the early studies, published by Drs. Richard Doll and Austin B Hill (UK)<sup>1</sup> and Drs Ernst L. Wynder and Everts A. Graham (USA)<sup>2</sup> showed that smokers had a greater risk of lung cancer than non-smokers did.

Today, tobacco smoking causes 4.9 million deaths worldwide every year - more than the total deaths from HIV, tuberculosis, motor vehicle accidents, suicide and homicide combined<sup>3</sup>. It is an important and reversible risk factor for coronary heart diseases. The incidence of a myocardial infarction (MI) is increased sixfold in women and threefold in men who smoke at least 20 cigarettes per day compared to subjects who never smoke<sup>4</sup>. On the other hand, the risk of recurrent MI in a study of smokers who had an MI fell by 50% within one year of smoking cessation and normalized to that of non-smokers within two years<sup>5</sup>. In other words, the amount of cigarettes currently smoked increases morbidity and mortality from CVD, and benefits begin to appear a few months after cessation, reaching the non-smoker level in several years. Tobacco cigarettes are the only products available in shops today with consistent evidence that it kills half of all continuing consumers.

Passive smoking by children adversely affects their lung growth and function. A non-smoker married to a smoker has a 30 % higher risk of lung cancer. Pregnant women who smoke during pregnancy are 3 times more likely to cause foetal intrauterine growth retardation and low birth weight babies.

When you smoke you inhale more than 4000 chemicals<sup>6</sup> including:

- tar (road sealing)
- acetone (paint stripper)
- ammonia (toilet cleaner)
- cyanide (rat killer)
- carbon monoxide (car exhaust fumes)

## The Role of the Tobacco Industry

But the Tobacco Industry did not brush these evidences under the carpet. They worked towards protecting the political and legal position of the industry and its profits instead<sup>7</sup>.

It bothers me to know that despite the strong scientific evidence on the danger of smoking, production and consumption trend increases<sup>8</sup>.

1 Many public health workers and tobacco control professionals have long suspected that the tobacco industry has known that smoking is dangerous and addictive. But there was no proof to substantiate this suspicion until in mid-1994, when an unsolicited box containing several thousand pages of documents from the Brown and Williamson Tobacco Corporation (B&W) arrived at Professor Stanton Glantz’s office at the University of California, San Francisco<sup>9</sup>.

These documents combined with some private papers from a former research director at B&W’s parent, British American Tobacco (BAT), pro-

vided a candid-private-camera view of the tobacco industry's thoughts and actions over the past thirty years and were published in the 1995 and 1996 issues of the Journal of the American Medical Association (JAMA).

For instance this is what Dr. S. J. Green, Head of BAT research and development and a member of the board, wrote in the documents, 1976:

*"B&W and BAT frankly recognized that nicotine is an addictive drug and that people smoke to maintain a target level of nicotine in their bodies. The companies also recognized that smoking causes a variety of diseases, and they actively worked to identify and remove the specific toxins in tobacco smoke that cause these diseases".<sup>10</sup>*

Instead of removing toxins from cigarettes, their response to this growing body of scientific evidence was to promote new types of cigarettes, such as cigarettes with filters and "low-tar" cigarettes which at the end they conceded that the filters did not actually make the cigarettes healthier, but only gave smokers the illusion of smoking a healthier product.

Mr Ernest Pepples, B&W vice president and general counsel, wrote in 1976<sup>11</sup>:

*"The industry has moved strongly toward filter cigarettes, which have increased from .6% in 1950 to 87% in 1975. KENT cigarettes were introduced in 1952 with an unusually heavy promotion campaign discussing the micronite filter. Other companies moved strongly into the rapidly growing filter market.*

*In 1951, nine out of twenty brands on the market accounted for as much as 1% of market share. By 1964, 17 of 41 brands had more than 1% share of market. Some claimed to possess the least tars. In most cases, however, the smoker of a filter cigarette was getting as much or more nicotine and tar as he would have gotten from a regular cigarette. He had abandoned the regular cigarette, however, on the ground of reduced risk to health."*

Asia-Pacific's population smokes more than half of the tobacco sticks that are produced and distributed by the tobacco companies around the world and because of the weak tobacco control laws in these countries, it is predicted that they

will exceed the 75% mark by the year 2020 if nothing is done about it.

Why? This is what Mr M A Morris (the Managing Director of Phillip Morris, the largest manufacturer of tobacco in the world) wrote in the Company's Mission Strategic Consistency, 21 December 1992<sup>12</sup>:

*"Asia is the place to be. Let's be sure we are focusing enough there as each of these markets become unleashed"*



In 1994 at the Phillip Morris Corporate Affairs Conference, Manilla, Mr Morris went on to say this<sup>12</sup>;

*"Governments here (Asia-Pacific) are focused on growing their economies and improving living conditions. The press and politicians are generally not on a crusade of political correctness and legal systems do not promote whimsical litigation."*

Needless to say women and teenagers in the Asia-Pacific are the target for sales and marketing by the tobacco companies. Samoa is not an exception, and now and then you would notice around the corner either a teenager or a young woman puffing away. The B&W and BAT withheld this important information for years that revealed how the tobacco industry effectively manipulated the terms of debate in the scientific and legal communities in a way that led to an obsessive concern about "causality," to the exclusion of common sense.

### Tobacco smoking and prevention

The humanitarian argument will be, it is better to be healthy than ill or dead<sup>13</sup>. On the other hand, the case for preventive medicine is often argued on economical grounds where medical economists measure the burden of diseases with indicators like Disability Adjusted Life Years (DALYs) lost due to premature death and healthy life years lost due to disability from diseases. And since smoking tobacco is one of the risk factors for cardiovascular diseases and cancers, this puts this habit as a strong predictor of premature disability and death. Suffice to say here that premature death or ill health impairs earning capacity on an individual basis for the household, and the costs of medical care are high and continually escalating. Prevention is therefore said to be a money saver.

## Future Directions for Samoa

The Samoa Health Sector under the leadership of the Minister of Health with all the stakeholders have developed and pushed the Tobacco Control Bill in 2008 that is now the Tobacco Control Act 2008. It is an important milestone as far as health promotion, preventative medicine and health protection is concern. All we need now are the regulations to implement the Act. Multiple studies have consistently shown that implementing smoking bans in public spaces including bars and restaurants significantly reduces the risk of acute coronary events. This is because there is a causal effect between second-hand smoke and cardiovascular disease and that the benefits of a smoking ban can be observed very quickly<sup>14</sup>.

The limitation of space means I do not have to go into the millions our government gains from BAT profits by selling cigarettes to our people in Samoa, and how free markets give more power to the tobacco companies to take advantage of the poor and the powerless. However, the fundamental nature of the Samoa Tobacco Control Bill is to protect the present and future generations of Samoa from the devastating health, social, environmental and economic consequences of tobacco and exposure to tobacco smoke. Studies have shown that the earlier someone starts smoking, the higher his or her chances are of becoming a regular smoker and the less likely he or she is to quit.

The Brown and Williamson and British American Tobacco documents revealed that the tobacco industry has been amazingly successful in protecting its ability to market an addictive product that kills its customers in epidemic numbers.

I care about my friend, he is like a brother to me, but I despise the tobacco that he, his wife and his young children (through second-hand smoking) inhale daily. He is right that everyone will die someday but smoking tobacco will speed up this process.

I have given him the description of a smoker who is admitted to hospital for a heart attack, stroke, lung cancer or chronic obstructive lung disease. Those who survive get a second chance to be with their loved ones but disability will drag them down slowly over the remaining years of their lives.

Friends, you have the right to know the right information so that you can each make informed decisions. You do not have to die prematurely or suffer the disability caused by these 'preventable tobacco related diseases'. You have a choice to

quit and enjoy more productive years with your families and friends.

Nobody should tell you that it is too late to quit now. Studies have shown a rapid decline in cardiovascular death risk in the first five years after quitting (61 % reduction in regard to heart attacks and 42% in regard to strokes deaths)<sup>15</sup>.

See a doctor or give us a call at the Oceania University of Medicine and ask for help from anyone of the staff. The health promotion division at the Samoa Ministry of Health are also there to help you with your first crucial steps towards quitting the bad habit.

I will end this with a quote by C. Everett Koop, MD., SC.D., Surgeon General USPHS 1981-1989<sup>16</sup>:

*"During my years as surgeon general and since, I have often wondered how many people died as a result of the fact that the medical and public health professions were misled by the tobacco industry. Now we can see in retrospect, as the documents revealed that the tobacco industry was demoralized and in disarray in the mid-1960s, but the public voluntary health agencies and others did not take the kind of decisive action against the industry that some inside the industry expected and feared."*

Do not start smoking tobacco. Tobacco is addictive and every cigarette stick you smoke increases your risk of developing lung cancer, heart attack, a stroke and many other deadly diseases.

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