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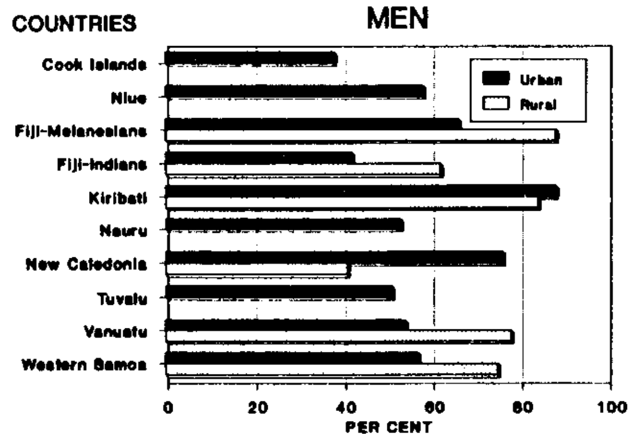
SMOKING – A DANGEROUS HABIT

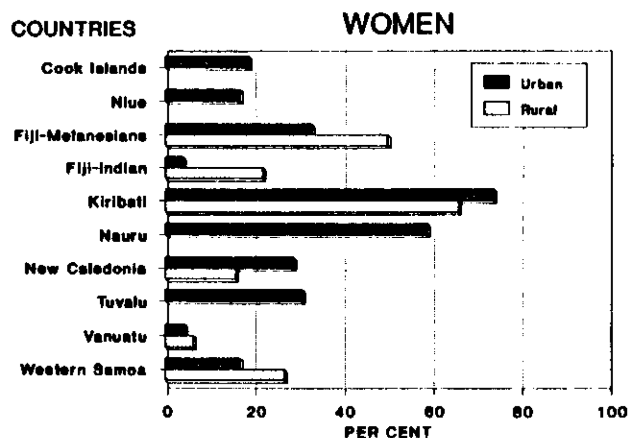
HOW BIG A PROBLEM IS SMOKING IN THE PACIFIC?

Tobacco was unknown in Pacific Island communities before European contact. Smoking was first introduced in the Pacific in the early 1500s through Papua New Guinea and the Mariana Islands. By the late 1700s to early 1800s tobacco had been introduced throughout the Pacific Islands. By the late 1800s it was regularly smoked by Islanders of all ages and usually both sexes. Tobacco was cultivated and traded and even served as a substitute for currency on many islands.

Smoking may start during adolescence, mainly because of peer pressure. In adulthood, more and more people begin to smoke until around the mid-50s, after which the rate of smoking tapers off. More men than women smoke and men tend to smoke more than women. People with lower incomes tend to smoke more than those with higher incomes. Smoking of imported tobacco is more common in the urban and other areas with wage-earning jobs. Between five per cent of people in their early twenties and twenty per cent of people over 55 years have stopped smoking for health or financial reasons.

The incidence of smoking has grown rapidly in the Pacific since the 1960s. As an example, in Papua New Guinea the annual consumption of tobacco per head increased in 20 years from 2.8 to 6.1 kg and the amount of commercial cigarettes smoked from 20 to 70 per cent of the total tobacco consumed. Rates of smoking are escalating in the Pacific because of the increased availability of inexpensive commercial cigarettes, extensive cigarette advertising and sponsorships and the influence of Western culture with associated breakdown of traditional values and controls.





Prevalence of smoking in the Pacific

Source: World Smoking and Health

Surveys of South Pacific countries from 1975 to 1981 indicate that smoking rates vary considerably throughout the Pacific. The highest rates among men and women were in Kiribati. Rates for men were also high in Melanesians in Fiji, Western Samoa and New Caledonia (urban only). In general, more

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people smoked in the rural areas than in the urban ones of the Pacific. However, smoking rates were low in rural areas which did not cultivate their own tobacco. It should be noted that tobacco is traditionally smoked in the Pacific without inhalation, using home-made pipes or cigars. Lack of inhalation, combined with a lower degree of total consumption than for commercial cigarettes, would make the health effects of home-grown smoked tobacco less severe than those of commercial cigarettes.

HOW SERIOUS ARE THE HEALTH EFFECTS OF SMOKING?

Almost all smokers suffer some adverse effects (shortness of breath, etc.) from smoking. In addition, most smokers are physically addicted to the nicotine found in tobacco smoke. Health effects from smoking range from having more colds to dying from heart disease and cancer. Most excess illness and death from smoking is in the prime of life, not in old age. Though not all smokers die of diseases caused by smoking, on the average smokers die 21 years earlier than non-smokers.

Many scientific studies have established that smoking is the major preventable cause of death from lung cancer, chronic bronchitis and obstructive lung disease. As cigarette smoke contains a number of cancer-producing substances, it is no surprise that 90 per cent of all lung cancers are caused by smoking. Smokers are much more likely than non-smokers to die of heart disease and strokes and more smokers die of these diseases than from cancer. Smoking is a contributing cause of many cancers including cancers of the mouth, tongue, larynx, pharynx, oesophagus, bladder, pancreas, kidney and cervix.

There are many other adverse effects from smoking, such as damage to unborn children, low birth weight, infant development problems and increased infant death, pregnancy complications (including stillbirth, stomach and duodenal ulcers), and mouth ulcers and gum disease. Non-smokers are at increased risk of all the 'smoker's' diseases when they are breathing in smoke from nearby smokers (passive smoking). Children of smoking parents have an increased risk of persistent wheezing, asthma and respiratory infections.

Smoking can also detract from one's good looks. Smoking can make your hair smell of smoke, damage your skin, and cause wrinkles, unattractive nicotine stains on teeth and fingers, tooth decay and bad breath. Smoking causes severe breathlessness which can greatly affect your ability to enjoy an active lifestyle in sports, dancing, etc.

WHAT ARE THE ECONOMIC EFFECTS OF SMOKING?

Economic effects of smoking are felt both by the affected family and by society. Family income is diverted from family needs not only by the habitual purchase of tobacco, but also from aggravated medical costs and loss of a wage earner's income. If smoking results in death, funeral and burial costs add to the family's financial burden.

The cost to society of smoking is high. Though governments receive a modest short-term financial benefit from taxation of tobacco, the economic penalty of smoking is severe. There are high costs for items such as medical treatment, disability and welfare support, lost productivity, insurance premiums, loss of consumer income in the local economy, fire and smoke damage.

Increased medical costs as a consequence of smoking result from increased out-patient visits, hospitalisation, drug treatment, chemotherapy, surgery and overseas referrals. Disability pensions for the smoker and welfare costs for the surviving family members can be high. Costs for lost productivity include sick leave, substitute worker labour and retraining costs.

Smokers as a group have more frequent illnesses and a lower life-span than non-smokers. As a result, medical and life insurance premiums will be high for both smokers and non-smokers. A smoker's income spent on imported tobacco is lost to the local economy and contributes to a worsening of the country's import/export balance of exchange.

Other indirect costs of smoking include fire and smoke damage to property caused by cigarettes and matches. Extensive cultivation of tobacco as a cash crop can cause local deforestation and lead to increased

dependence on imported food. And in urban areas collection and disposal of smoking litter adds to the country's solid waste disposal problem.

CAN I STOP SMOKING?

As many as seven out of ten smokers stop on their own. For most people it is easier to stop all at once rather than reducing the number of cigarettes smoked over a period of time. Before stopping, you should prepare yourself weeks in advance so that your motivation will be high. Ask friends who are ex-smokers to give you support and advice.

About four out of five ex-smokers experience a small weight gain of about 2 kg after stopping because the nicotine in tobacco smoke can increase the body's metabolism rate. Therefore, to control your weight you should eat nutritious foods and increase your physical activity by starting regular exercise (i.e. walking, running, swimming) after stopping smoking. A traditional Pacific Island diet with fish, root crops, greens and local fruits is especially good.

Within two to five days of stopping, the cells in your lungs will begin to heal and repair themselves. After three weeks, your lungs will be working better, making exercise easier. By two months, blood flow to your limbs will have improved, giving you more energy. After three months, your lungs' cleaning mechanism will be working normally. After five years, your risk of sudden death from heart attack is almost identical to that of non-smokers. After ten years your risk of death from all smoking-related causes is greatly reduced and your risk of death from heart disease and other diseases, including lung cancer, is close to that of someone who has never smoked. Women who stop smoking before pregnancy or during the first three or four months will greatly reduce their chance of having a low birth-weight baby.

WHAT SHOULD BE DONE TO ADDRESS THE SMOKING PROBLEM?

The World Health Organization Western Pacific Office *1990-1994 action plan on tobacco or health* recommends the following activities for the Pacific Island countries:

(1) *Develop and implement comprehensive national policies and programmes on tobacco control.* Policies and programmes should have the following objectives:

- prevent the onset of smoking,
- reduce smoking rates,
- assist smokers in stopping,
- promote non-smoking as the social norm.

These policies and programmes should be comprehensive, long-term and continuous, with governmental and non-governmental support and action.

(2) *Collect data (where this has not been done), especially on the prevalence and cost of tobacco use.* Data on the total tobacco consumption per adult would demonstrate the need for action on a national level. There is also a need for an analysis of the cost of smoking to the country and, if resources permit, surveys on attitudes towards tobacco use.

(3) *Further develop health education and information systems.* These information systems should have extensive involvement of the public during their planning, implementation and evaluation. The mass media should be well utilised to promote non-smoking as normal social behaviour. School programmes are of particular importance to instil non-smoking behaviour and teach skills to deal with peer pressure. There is a need to educate politicians, health personnel and other key professionals on the hazards of smoking.

(4) *Draft appropriate legislation at both national and subnational levels.* Legislative and administrative measures are a crucial part of an anti-smoking programme. These measures should, in particular, aim to do the following:

- create and expand a smoke-free environment in enclosed public places and all areas intended for use by young people;
- eliminate the advertising and promotion of tobacco products and brand names, etc;

- control the level of harmful substances in tobacco (for example, by banning high tar cigarettes);
- ensure that all tobacco products are labelled with strong health warnings in the local language;
- formulate and implement tobacco taxation policies;
- prohibit sales of tobacco products to minors;
- prohibit cigarette-vending machines.

(5) *Develop price policies.* Price increases have been shown to be an effective way of reducing smoking, especially among the young, without loss of revenue to government. Taxes on tobacco should be increased at least five to ten per cent annually over and above the increase in the cost of living. Automatic adjustments for cost of living increases should be introduced. Tobacco products should be removed from national price index measurements. Governments are encouraged to earmark a percentage of tobacco tax revenue to fund health promotion activities.

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