

smokers but to provide them with separate facilities, such as special rooms, where they can go to smoke. Hospitals and health care institutions should set an example by establishing nonsmoking as the norm on their premises, and personnel attending health-related meetings should make it a point to refrain from smoking.

• Promotion of measures to help people stop smoking. Increasing numbers of smokers have given up the habit, mostly by dint of their own will power. Nevertheless, aids to quitting such as smoking cessation clinics and stop-gap substitutes like nicotine chewing gum can prove useful, especially for people

whose immediate health is imperiled and who need to give up the habit fast.

The overall aim of these measures is to change the prevailing social climate so that nonsmoking becomes the normal pattern of behavior. Progress in this direction has been made in such countries as the United Kingdom, where some 8 million people have stopped smoking, and the United States, where there are 30 million ex-smokers. Ultimately, convincing smokers that they are members of a dwindling minority will convince many who might otherwise continue smoking to give it up.

A Plague from the West

by Keith Ball¹

Epidemics of bubonic plague and cholera, those great waves of disease, used to start in the Orient and spread progressively to the West, killing millions in their path. Ignorance of their cause prevented effective action.

Today a new epidemic, starting in the West and potentially as deadly as the earlier plagues, threatens the world. Its effects are less obvious and its growth more insidious, yet its cause is known and its spread is encouraged by those whose interests are vested in its expansion.

It is therefore appropriate that 1980 be set aside as the year to give global recognition to the problem of smoking *or* health. Although the infection has spread far and infiltrated nearly every corner of the earth, timely action can yet halt its progress and lessen the num-

bers of children who acquire the habit and are eventually killed or crippled by its effects.

Smoking in the Developing Countries

Governments who seek short-term gains from cigarette taxation or from profitable tobacco cash crops are often unwittingly sowing ill health in their own people. While cigarette sales are declining in some western countries, with the recognition of the health hazard involved, tobacco companies are sparing no efforts to find fresh overseas markets to counterbalance their losses. It takes a generation before the catastrophic consequences of cigarette smoking are recognized, giving tobacco companies ample time to get the habit deeply ingrained into a country's culture. Advertising and promotion of certain types, which are controlled or even forbidden in several Euro-

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pean states, are widely used in many Third World countries to encourage the view that cigarette smoking is a mark of the sophisticated and affluent way of life held to be the hallmark of progress.

In the words of a World Health Organization report, *Controlling the Smoking Epidemic*, "The threat to many developing countries is immediate and serious... In the absence of strong and resolute government action... smoking diseases will appear in developing countries before communicable diseases and malnutrition have been controlled, and the gap between rich and poor countries will thus be further expanded."

In the United Kingdom, cigarette smoking has become by far the largest environmental health hazard and a major cause of very high death rates from lung cancer, coronary heart disease, and chronic bronchitis. Today it is responsible for the premature death of about one in three of those who take up the habit.

The escalation of cigarette smoking in Britain and other western countries occurred over 30 years before the health hazards were recognized. If governments of developing countries, where a rapid increase of tobacco consumption is now taking place, fail to take steps to control that consumption, they will have to make plans to deal with the epidemic of cigarette-induced diseases that will surely follow. Cigarette smoking has become a global health problem, and a global answer is needed.

Some Case Histories

Few of us can comprehend national or global statistics about diseases caused by smoking, but we can easily understand when those diseases affect individuals. The following examples, from experiences with patients of mine in a London hospital, are just like those which could occur anywhere:

A 34-year-old truck driver had smoked 40 cigarettes a day for many years. Examined af-

ter coughing up some blood, he was found to have a lung cancer too advanced for operation; he died 3 months later. His widow became severely depressed and had to enter a mental hospital. Her five children, between 5 and 12 years old, were separated and sent to different foster parents.

A 57-year-old London builder had a cough and was losing weight. When he brought up some blood he went for an X-ray that showed a cancer in his right lung. He rapidly got worse and died one week later. He had smoked 50 cigarettes a day for many years, rolling 30 g (1 oz) of tobacco daily.

Lung cancer kills over 36,000 men and women each year in the United Kingdom, nearly half of whom are of working age. About 90 per cent of these deaths are due to cigarette smoking. After 10 years those who stop smoking have little more risk of lung cancer than those who have never smoked.

A 47-year-old married woman developed severe chest pain while in Bahrain in March 1978. Two months later, after returning to England, she had an acute coronary heart attack but made a good recovery. She smoked 15 cigarettes a day and was advised to stop, but did not do so. A few weeks later she died suddenly at home.

One hundred and fifty thousand men and women, many of working age, die each year in the United Kingdom from coronary heart attacks. Smoking is thought to be responsible for a quarter of these deaths. Heavy smokers under the age of 50 have about 10 times more risk of a fatal heart attack than nonsmokers. Those who stop smoking after a heart attack halve their risk of relapse.

An industrial chemist 63 years of age was crippled by severe chronic bronchitis. Progressively shorter of breath from the slightest exertion, such as eating or walking a few paces, he was only kept alive by continuous oxygen for 18 hours daily. After 3 years he developed pneumonia and died. He had smoked cigarettes heavily since his youth.

These are some of the patients who have died

from smoking cigarettes. Many took up the habit before its ill effects were known. Cigarette advertisements had touted smoking as a manly, enjoyable, and sophisticated habit that would lead to success in sex, athletics, and social life. Youngsters saw it as a way of appearing grown-up. Too late they found themselves imprisoned, spending hard-earned income on a habit they could not break.

Chronic bronchitis and emphysema, nearly always caused by smoking, are often aggravated by industrial urban air pollution. Commonly occurring in unskilled laborers, these diseases cause a great deal of prolonged distress. Giving up smoking during the early stages of the disease is the only effective remedy.

Remedial Measures

Sadly, tobacco companies are often far more active than health authorities. The cigarette salesman, promoting a deadly habit, often reaches remote villages in developing countries long before health workers. Massive budgets used for cigarette promotion far outweigh the small budgets available for health education. And since the latter must also support education about nutrition, hygiene, family planning, etc., there is little left over for education about smoking.

In view of this situation, how can 1980 become a turning point in the spread of this epidemic? Much can in fact be done. People everywhere should press their governments to recognize the dangers of promoting tobacco. Any short-term gains will inevitably be followed by major long-term reductions in death and disease.

Governments should in fact spend much more to provide health education about smoking as well as other subjects. It should be considered a natural right of all children to be made aware of the risk of smoking, particularly during their primary school years.

Nonsmoking should become the normal social behavior. There must be a total ban on all forms of tobacco promotion. All govern-

ments should produce tar and nicotine tables and set upper tar limits that can be progressively lowered. Developing countries must recognize how they are being exploited by the tobacco companies that are manipulating them to grow or consume tobacco in ways that will do serious health and economic damage. Alternative food crops must be developed to replace tobacco.

Nineteen hundred and eighty could be the year when the epidemic of cigarette smoking starts to recede. If it is not, countless children who take up the habit and many adults already addicted will die before their time. Epidemics of the past have been caused by disease and famine that have eventually been controlled by human effort; but man has inflicted this epidemic of smoking-induced disease upon himself.

Now that the full consequences of this self-imposed epidemic are being recognized, those responsible for the health of their nations must take courageous and concerted action against the many powerful vested interests that exist. Britain alone has lost over 1 million of her people since the last war as a result of cigarette smoking and will lose another million before the end of the century if present trends continue. Hopefully, the developing countries will learn from the West's bitter experience before it is too late.

12 THINGS TO DO INSTEAD OF SMOKING CIGARETTES.

