

The Role of Heart Foundations in the Tobacco Epidemic

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Background

The global war against tobacco is being lost. Both the numbers of smokers, and the numbers of deaths caused by tobacco, are increasing and are likely to do so for decades to come. The increase in smoking among girls and women is of particular concern.

In spite of centuries of knowledge and decades of action, multiple World Health Assembly resolutions, 11 World Conferences and many regional, national and sub-national meetings, it is predicted that in the foreseeable future there will be an increase in:

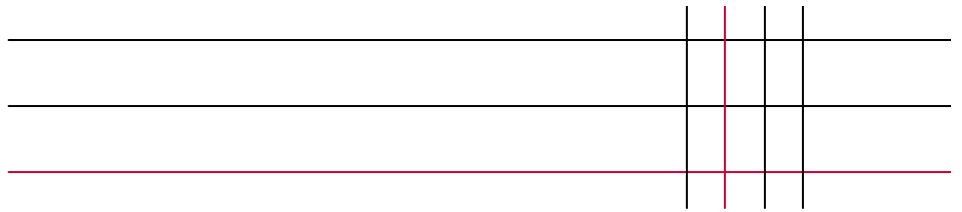
- the number of tobacco-users
- the number of tobacco-attributable deaths
- the number of children exposed to passive smoking
- the number of children starting to smoke, and
- the economic costs of the tobacco epidemic.

Table 1. Current and projected estimates of the tobacco epidemic
(If tobacco control efforts continue at the 2001 level)

Year	2000	2030
Number of smokers (thousand million)	1.2	1.6
Males "	1.0	1.1
Females "	0.2	0.5
Annual tobacco deaths (million)	4	10
Children exposed to ETS (million)	700	770
Economic costs (US\$ billion)	200	?
% smokers in developed countries	18%	15%
Children alive today who will be killed by tobacco (million)	325	

WHAT CAN HEART SOCIETIES DO?

As many of the diseases caused by smoking, not just lung cancer but also many cardiovascular diseases such as heart disease and stroke, can cause instant death or are incurable or irreversible at the time of diagnosis, the key to reducing the tobacco epidemic



lies with prevention and quitting. This requires not only individual action by doctors within their medical practice, but also strong and sustained government action.

Governments change, so it is important to develop a stable, on-going, professional base on tobacco issues among health societies like heart organisations, to act as advisers to the government of the day.

International NGOs like the World Heart Federation (and also the International Union Against Cancer (UICC), the International Union Against Tuberculosis and Lung Disease (IUATLD)), encourage their member organizations to take a public stand on tobacco, and fund projects, research and meetings.

Heart societies can become involved with the following:

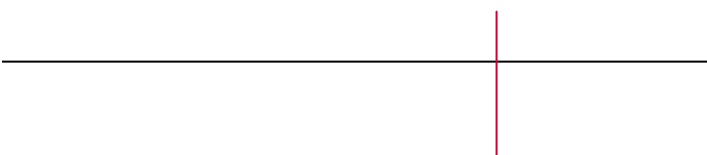
- **Research**

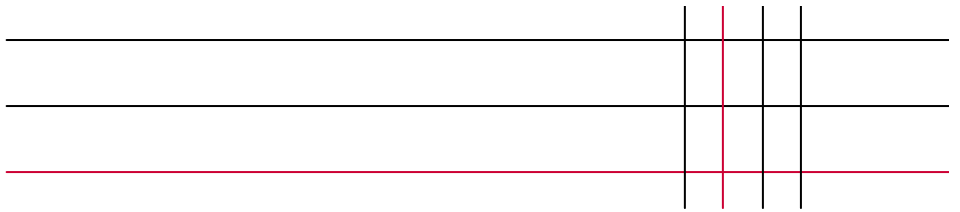
Undertake research: Most of the 60,000 research studies on tobacco have been undertaken by the medical profession, and it is important to continue this research to elucidate further the health impact of smoking and passive smoking (especially when this is challenged by the tobacco industry); to enable each country to have its own basic data; and to evaluate the most successful intervention programmes. Research needs to be undertaken on:

- prevalence
- consumption
- health effects
- public opinion
- the economic impact of tobacco, including tax, health care costs, lost productivity, fires, litter
- tobacco production, trade and industry
- effectiveness of tobacco control measures and organisations

Yet, even in the USA, tobacco research is greatly underfunded [1]:

Research Funding for Major Diseases Compared to Tobacco for Every Associated Death, United States



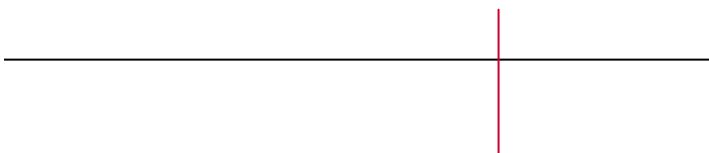


Disease	Dollars Spent per Associated Death
AIDS	\$156,000
Tuberculosis	\$116,000
Asthma	\$ 47,000
Hypertension	\$ 15,000
Alzheimers	\$ 11,000
Diabetes	\$ 10,000
Cancer	\$ 8,000
Cardiovascular Disease	\$ 2,000
Stroke	\$ 1,400
Tobacco Use	\$ 1,000

- **Cessation**

If efforts concentrate only on preventing children from smoking, there will be no reduction in the up to 200 million smoking-related deaths expected to occur before 2025 in already-smokers.[2] Quitting works. Studies show that although some damage may persist after smokers quit, the main dangers of smoking decrease even in those who have smoked for 30 or more years.

- Within only one day of stopping smoking, beneficial effects are already seen on the heart, blood pressure, and the blood.
- At one year, the excess risk of coronary heart disease is decreased to half that of a continuing smoker.
- From 5 to 15 years after quitting, stroke risk is reduced to that of people who have never smoked.
- At 10 years, the risk of lung cancer drops to less than half that of continuing smokers, and other cancers decrease.
- At 15 years, the risk of coronary heart disease is now similar to that of people who have never smoked. The overall risk of death returns to nearly the level of people who have never smoked. Thus, it is never too late to quit smoking. And the best time to do so is before serious health problems have started.





- **Medical, nursing and allied health curricula**

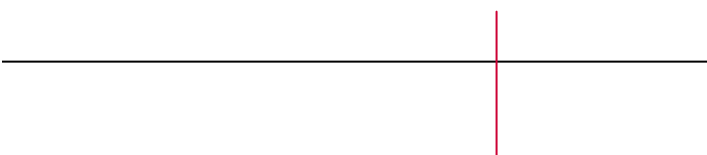
Ensure that smoking is systematically included in the curricula in medical, nursing and allied health schools. A recent study showed only 60% of smoking medical students in 9 Asian countries thought that smoking was harmful to health, and there was a 'gross underestimation of tobacco's causal role in a number of important diseases ...'[3] The curriculum should include not only information on the harmfulness of smoking and how to give advice on quitting, but also information on preventive measures such as legislation, and on countering the tactics of the tobacco companies.[4]

- **Advocacy**

Societies Act as a government advisory body, bringing the latest global and national information on tobacco to the attention of the government, and advising on tobacco control action, for example, legislation, health education, and tobacco price policy. Virtually every ministry has some role, for example, in addition to the obvious health, education, finance, sports ministries, even the Post Office can issue a no-smoking stamp! Or a Ministry of Religion create smoke-free areas in places of religion. The main arguments that influence governments are:

- Economics of tobacco, realising that tobacco control will not harm the economy or lead to job losses
- Public Opinion Surveys (which virtually always show support for further government measures)
- The behaviour of the transnational tobacco companies, especially in their own country.
- The tobacco industry documents are valuable here
- Concern for health
- What neighbouring countries are doing
- Recommendations of WHO, WHF, UICC, AFACT, etc

Make firm public statements on smoking.

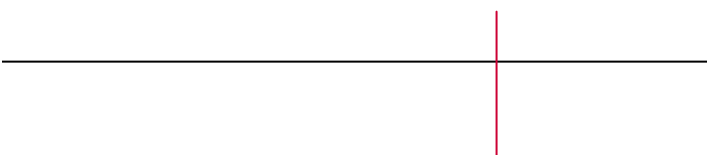




Work with the media. The media has many roles in the tobacco epidemic - discouraging young people from taking up the smoking habit, encouraging smokers to quit, protecting the health of non-smokers, supporting and explaining tobacco control measures, educating and informing decision makers, portraying non-smoking as the desirable norm and countering the disinformation put out by the tobacco companies. In general, the media in Asia is surprisingly supportive of tobacco control efforts, even where they receive tobacco advertising money.

- **Individual Societies and cardiologists**

- Make organisation's premises and conferences smoke-free. (this costs nothing)
- Place tobacco issues into Keynote and Plenary slots in all heart conferences.
- Dedicate funds and personnel to supporting tobacco control action. The key question a heart society needs to ask itself is 'What is our annual budget for tobacco prevention and control activities?'
- Conversely, not invest funds (for example in pension funds) in tobacco companies, thereby avoiding giving endorsement to such an unhealthy product.
- Support the WHO Framework Convention on Tobacco Control, WHO's first international treaty and use of international legislation to further public health.
- Link up to Globalink, the computer network on tobacco, based at the UICC Headquarters in Geneva, which has moved communication into the electronic age.
- Subscribe to the journal 'Tobacco Control' published by the British Medical Journals - the only dedicated international journal on a wide spectrum of tobacco issues.
- Individual heart specialists can help by: being a non-smoker; creating a smoke-free hospital or office; providing posters and literature on smoking; giving advice on quitting; not investing in tobacco shares, boycotting tobacco-sponsored events, not accepting research, conference or other funding from the tobacco companies (which implicitly supports the tobacco industry).





In conclusion, heart foundations and societies have a core and fundamental role to play in reducing the tobacco epidemic.

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