EDITORIAL

SMOKING AND HEALTH — A SOCIAL CHALLENGE

For more than a quarter of a century, a wealth of epidemiologic evidence has causatively linked tobacco smoking with lung cancer. Decades ago, smoking was shown to increase the risk of premature heart attack and was recognised as a major factor in chronic obstructive pulmonary disease. Cancers of the mouth, larynx, oesophagus, pancreas, kidney and bladder have also been linked with excessive use of tobacco. Furthermore, the incidence of lung cancer is rising among women as they smoke more. Yet, inspite of this overwhelming evidence of the deleterious effects of this habit or addiction, as it should be correctly called, it is disconcerting to note that smoking is on the increase in Singapore. What then can society do to ameliorate this important social evil. It is our view that as long as member of a society continue to smoke cigarettes, young people will continue to experiment with tobacco and, for many, casual experimentation may lead to acquisition of a habit that persists for most of their lives. Hence, the first prong of attack should be a vigorous youth anti-smoking programme to prevent the acquisition of the smoking habit. The major premise of most youth anti-smoking campaigns so far has been that once youths are made aware of the dangers of smoking they will simply choose not to smoke. This simply has not been the case. Studies in secondary schools in the U.S. have shown that adolescents acquire the habit to smoke despite the knowledge that smoking poses a danger to their health. There is therefore, a need to look deeper into the social and psychological aspects why youths take up this habit and then formulate counter measures. One way would be to familiarise youths with social situations in which they might be pressured or encouraged to smoke such as at picnics, parties, army camps and to teach them ways of effectively coping with such peer pressures. Another way would be to innovate programmes in which youth counsels youth about situations that lead to smoking and how to cope with them. This could effectively be done in schools, youth clubs, community centres and various other youth orientated groups. Such positive attempts to discourage smoking by providing specific behavioural training about possible smoking situations and how to cope with such pressures probably have better chance of success than teaching passively about the effects of smoking on health.

The second prong of attack should be smoking-cessation programmes to help current smokers quit. The success of such campaigns differs in different parts of the world. It is recognised that such programmes are comparatively successful in the United States where in a study conducted by the American Health Foundation, 27 per cent of the men and 11 per cent of the women were "former smokers" who had been off cigarettes for a year or more. It is also interesting to note that the extent to which anti-smoking messages are effective in promoting behavioural change appears to be at least partially a function of education. For example, among male ex-smokers, there is a positive correlation between increased level of education and smoking cessation. Among women, education is also positively related to smoking cessation.

Although many adult smokers give up the smoking habit without help, many others desire to stop but require help. At present, several options are available in Singapore for smokers who would like assistance but the sine qua non of all such self help programmes is motivation and perseverance. In addition health economists must be made to recognise the cost effectiveness of smoking-cessation programmes. It is time for the medical-care establishment to come to grips with the purely economic, as well as the medical and humanitarian aspects of the smoking and health issue. Smoking cessation programmes must receive more support from the media, the community, employers, the health-related industry, the health-care delivery system and indeed from every physician.

Finally, since there are about 25% of adult smokers in Singapore, an all inclusive preventive strategy requires additional efforts beyond smoking-prevention and smoking-cessation programmes. Such additional efforts involve "managerial preventive medicine", in which a product or an environment is modified by industry or by society's action. In the smoking and health issue, the obvious centres around a less harmful cigarette. Although some progress has been made in the identification and reduction of major toxic agents in the particulate matter of cigarette smoke, the availability of a "safe" cigarette is still decades away. Meanwhile, if tobacco-related disease are to be eliminated, more large scale and nationally co-ordinated preventive programmes are required. Increased support from government sources should be forthcoming for these activities. It is incumbent upon all those directly or indirectly involved with smoking and disease to become more involved, not just in the "preaching" but also in the "practice" of this vital and challenging aspect of current health care. After all, the true art of medical practice lies not so much in the therapy as in the prevention of disease.

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