CIGARETTE ABUSE EPIDEMIC

Position Paper

of the

AMERICAN COLLEGE OF PHYSICIANS

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The American College of Physicians is alarmed by the continuing epidemic of cigarette-induced disease in the United States. Beginning after World War I, cigarette-induced disease represents the worst disease epidemic in our history. This epidemic is characterized by the following facts:

(1) 350,000 Americans die prematurely each year because of illnesses caused by cigarette abuse. More Americans have died in this century from cigarette-caused lung cancer than have been killed in our wars (1).

(2) 30% of all cancer in the United States is due to cigarette smoking. 85% of all lung cancer in the United States is due to cigarettes. Cigarettes are also important in the causation of oral, laryngeal, esophageal and bladder malignancies (2-5).

(3) Heavy smokers are 3-4 times more likely to die of cancer than are non-smokers. They are 15-25 times more likely to die of lung cancer than non-smokers. Lung cancer deaths in women have increased greatly in the past 20 years so that lung cancer has now exceeded breast cancer as the leading cause of cancer death among women (2).

(4) Cigarette smoking is a major cause of coronary heart disease. One half million Americans died of coronary heart disease last year. About 30% of these deaths can be attributed to cigarette smoking (6-8).

(5) Cigarettes are the main cause of chronic obstructive pulmonary disease. About 80-90% of all cases of bronchitis and emphysema are caused by smoking (9-10).

(6) Women who smoke during pregnancy can damage the fetus. Studies show smoking mothers tend to deliver lower birth weight babies and have higher miscarriage rates. Infants born to smoking mothers experience higher neonatal death rates (11-12).

(7) Smoking is a major cause of fires in the United States. Approximately one-third of all apartment, hotel, and motel fires, and 17% of private dwelling fires are attributable to smoking. These result in 4,000 injuries and 1,500 deaths annually (13).

(8) Economic consequences of smoking include $16 billion in direct medical costs annually, and $37 billion in indirect costs related to increased morbidity, disability, and premature death (14-15).
RECOMMENDATIONS

In the light of these unassailable statistics, the American College of Physicians recommends action in the areas outlined below. Some of these recommendations relate directly to the delivery of health care. Others would alter public policies concerning tobacco use.

(1) Health care professionals and hospitals should serve as exemplars of a cigarette-free society. To this end, physicians who currently smoke cigarettes should cease the habit at once, and nonsmoking physicians should resolve never to begin smoking cigarettes. Hospitals should prohibit the sale of cigarettes in their institutions, limit smoking to restricted areas, educate professional and non-professional staff on the risks of tobacco use, and support programs to end smoking among employees.

(2) Physicians are in a unique position to change their patients' behavior. A routine inquiry about smoking, a brief discussion of its adverse health effects, an offer to aid in cessation efforts, and a promise of followup evaluation can encourage smoking cessation and reinforce smoking abstinence. Physicians' offices and patient waiting areas should have available written materials for smokers wishing to quit. Due to mounting evidence of the deleterious health effects associated with smokeless tobacco, physicians should discourage their patients who quit smoking cigarettes from switching to smokeless tobacco.

(3) In order to provide optimal care to their patients, physicians should keep themselves well informed about the health risks of tobacco use, including recent evidence identifying the adverse health effects of smokeless tobacco. They should be knowledgeable about current techniques for smoking cessation as well as local programs that can help their patients. They should be aware of the potential problems of nicotine dependence and withdrawal. The significance of the health threat of cigarette smoking should be emphasized to medical students in pharmacology courses which cover the subject of substance abuse. Continuing medical education programs to improve and maintain physicians' knowledge and awareness of these problems should be encouraged.

(4) Current research is encouraging in demonstrating that community-based intervention programs can succeed in lowering populations' cigarette smoking rates. Continued research is needed to determine how best to effect community changes in knowledge, attitudes, and behavior concerning the hazards of cigarette smoking. By educating the public about the deleterious effects of smoking cigarettes, media-induced conceptions of smoking as an activity for virile men and glamorous women can be challenged. Thus, a social climate can be created which discourages smoking.

(5) The vast majority of cigarette smokers begin when they are young, at a time when they are particularly susceptible to the influences of older siblings, peer pressure, and mass media images. The
College encourages further development and strengthening of educational programs for school children which make clear the medical effects and behavioral aspects of cigarette addiction. These programs may involve direct participation by physicians.

(6) The College supports efforts aimed at discouraging all forms of tobacco promotion including advertising, sponsorship of sports and cultural activities and free distribution of cigarette brand samples. The attempt to persuade young persons to begin smoking represents a deliberate effort to induce them to begin a life-long habit that may be disastrous to their health and well-being. Tobacco promotion nullifies efforts to promote good health habits. For that reason, the College favors counteradvertising by government agencies and others concerned about the risks of smoking. Counteradvertising should emphasize that tobacco is essentially an over-the-counter drug. It should seek to clarify any public misconceptions resulting from misleading cigarette advertising about the risks of smoking. If the cigarette industry continues to promote cigarette smoking it should accept liability for the deleterious health effects that result from that promotion.

(7) Because of the lower mortality rates for non-smokers, many insurance companies have begun to offer discounted rates on life insurance policies for non-smokers. This practice should be continued, and expanded to include fire, health, and homeowners insurance policies as well. The College believes the health benefits associated with an economic policy designed to discourage smoking outweighs the hardship posed by such a policy on some individuals.

(8) Growing evidence shows that passive exposure to cigarette smoke has deleterious health consequences including allergic reactions, respiratory problems, and possibly an increased risk of cancer. The College favors enactment of legislation which recognizes and accords fullest respect for the right to breathe air unpolluted by cigarette smoke. The College favors the establishment of a smoke-free workplace for all employees who desire it, and prohibition of smoking or the establishment of smoke-free enclaves in all public areas.

(9) The College endorses increased taxation of cigarettes as a means to discourage their purchase and use, and to raise public monies that should be targeted to smoking cessation programs, health promotion, and medical research. Economic analysis has clearly demonstrated that increases in the cost of cigarettes (through taxation) are followed by a decrease in per capita cigarette consumption.

(10) To the extent that decreased incidence of smoking would have financial implications for the farming community, the College encourages government efforts to develop and evaluate alternative methods of assisting tobacco farmers to shift to other crops or to non-farm economic activity, and to investigate methods to reduce farmers' dependence on tobacco cultivation.
REFERENCES


