

TOBACCO AND HEALTH

Currently, there are an estimated 1.3 billion smokers in the world. The death toll from tobacco consumption is now 4.9 million people a year; if present consumption patterns continue, the number of deaths will increase to 10 million by the year 2020, 70% of which will occur in developing countries. Action must be taken now to prevent this from happening. Governments and legislators have a role to play but they are not the only ones. Society at large needs to be involved in the struggle against tobacco. Within society, one group of professionals has a special role to play because they practice their profession in a particular sector – health.

Tobacco consumption continues to be the leading preventable cause of death in the world. As research and findings continue to show the negative effects of tobacco consumption on health and the number of affected people increases, the list of conditions caused by tobacco consumption has grown. Now it also includes cataracts, pneumonia, acute myeloid leukaemia, abdominal aortic aneurysm, stomach cancer, pancreatic cancer, cervical cancer, kidney cancer, periodontitis and other diseases. These diseases join the familiar list of tobacco-related diseases such as vesicle, lung, oesophagus, larynx, mouth and throat cancer; chronic pulmonary and cardiovascular diseases, and damage to the reproductive system^I. However, those who consume tobacco are not the only ones exposed to its negative effects. Millions of people, including one half of the world's children, are exposed to second-hand tobacco smoke, known also as passive smoking. There is conclusive evidence linking passive smoking to an increased risk of cardiovascular diseases, lung cancer and other respiratory diseases in adults and respiratory diseases, ear infection and sudden infant death syndrome in children, to name a few of passive smoking's harmful effects^{II}. Passive smoking is a health problem that requires society's active effort.

In addition to the diseases caused by tobacco consumption and those caused by exposure to second-hand tobacco smoke, tobacco dependence itself is a disease as described in the International Classification Disease (ICD-10)^{III}. As a chronic disease, often involving relapses, nicotine addiction requires proper treatment.

Despite what we know about tobacco today, tobacco consumption continues to increase worldwide. The epidemic is still expanding, especially in less-developed countries. The tobacco industry has a huge potential market in these countries, where they face weaker tobacco control measures and find a great number of possible new customers, among women in particular.

TOBACCO AND GENDER

The tobacco epidemic has recently expanded among women worldwide. Recent data from the Global Youth Tobacco Survey show that tobacco consumption among girls is increasing drastically around the globe, and that prevalence is, in many cases, comparable to or even greater than boys^{IV}.

Developing countries, which are making an enormous effort to improve health conditions at childbirth and decrease maternal and infant mortality are now facing an added burden in achieving this goal, as the number of mothers who smoke increases. Babies born to these women are on average 200 grams (8 ozs) lighter than babies born to comparable mothers who do not smoke. Furthermore, the more cigarettes a woman smokes during pregnancy, the more likely the baby's lower birth weight. Low birth weight is the main cause of infant mortality; a baby born with low weight has a higher risk of dying, especially in low-income countries. Furthermore, research has shown that cigarette smoking may contribute to inadequate breast

milk production^v, as well as to other increased health risks to the newborn child.

Studies show that women who smoke have up to four times higher risk of developing cervical cancer compared to those who are non-smokers, and the risk increases with duration of smoking. The latest United States Surgeon General report on tobacco and health concluded that smoking causes cervical cancer^{vi}.

Cervical cancer is the leading killer cancer in women worldwide, with more than half a million new cases diagnosed annually. Tobacco control measures and smoke cessation could contribute to the reduction of this burden in woman's health and the improvement of maternal-child health in developed and developing countries.

TOBACCO AND INFECTIOUS DISEASES

There is a growing body of evidence linking smoking and an increased risk of tuberculosis infection, disease and mortality. Studies carried out in India, for instance, show that half the male tuberculosis deaths in that country are caused by smoking, and three quarters of the smokers who were infected with tuberculosis (TB) would not have been infected if they had not smoked^{vii}. The exact physiological mechanism for this association has yet to be completely elucidated but damage to pulmonary mucosa by tobacco smoke, which makes it more susceptible to infection, as well as weight loss and malnutrition in smokers, could be possible mechanisms. The latter would be of special importance among the poorest sector of the population and especially among women.

The incidence of tuberculosis in some developing countries is high and has been aggravated lately by the HIV-AIDS epidemic. An increase in smoking prevalence in these countries could seriously increase the incidence of tuberculosis infection and tuberculosis mortality.