Mortality from smoking in developed countries, 1950–2000

One of the priority areas for the World Health Organisation (WHO) in promoting global tobacco control strategies is the development of reliable, locally relevant data on the health hazards of smoking and how these risks are changing with increasing (or decreasing) consumption. This type of epidemiological information is critical for documenting the severity of the tobacco epidemic and for assisting public health advocates and policy makers to develop appropriate policy responses.

As part of its activities in global health situation and trend assessment, the WHO has been routinely collecting annual mortality statistics with details on the age, sex, and cause of death. Although this database is extremely useful for monitoring trends in tobacco-related diseases, it does not provide the information, more relevant to policy, on annual mortality due to tobacco use alone, as many diseases, most notably ischaemic heart disease, are multicausal. Research by the WHO in collaboration with the Imperial Cancer Research Fund in the UK and the American Cancer Society, has led to the establishment of a method to estimate indirectly the proportion of various diseases due to smoking in different countries. The application of this method to the annual mortality data collected by WHO has, for the first time, permitted the estimation of trends in mortality attributable to smoking in countries, with detailed numbers for men and women separately, and for various age groups and causes of death. These estimates have been published recently on behalf of WHO and the Imperial Cancer Research Fund.

The estimates show just how devastating the tobacco epidemic in developed countries has been over the last half of the 20th century. Between 1950 and 2000, about 62 million people will have died in these countries from tobacco use, most (52 million) of them men, with the majority (38 million) dying in middle age (35–69 years). On average, those killed by tobacco in this age group lose more than 20 years of life expectancy. The study also demonstrates that for men, the full effects of smoking are already evident, with one in four deaths among males attributable to smoking. Smoking now causes about a third of all male deaths in middle age, plus about a fifth of those in old age. Smoking is the cause of about half of all male cancer deaths in middle age and about a third of cancers in old age. Indeed, the analyses demonstrate that smoking accounts for virtually all of the difference in cancer trends between men and women, and between countries. When the effects of smoking are removed, cancer trends are remarkably similar, at least in middle age, for men and women and for different countries. This finding reinforces the need for the overwhelming role of tobacco as a cause of cancer to be given due prominence in national cancer control strategies.

Among women, the epidemic has not yet reached its peak anywhere. Death from smoking has become common in only a few countries (most notably the US, UK, Denmark, Hungary, and Ireland), but it will become increasingly common in other countries where many young women now smoke. Already in the US, smoking is the cause of a third of all female deaths in middle age, and overall, about 225,000 American women die each year from tobacco. As figure 1 shows, female mortality from tobacco is likely to exceed that of males within about a decade, and in the UK (figure 2) this is likely to occur even sooner.

Figure 2 reflects very well the public health achievements that tobacco control policies can bring about. Men in the UK were among the first to adopt cigarette smoking and were among the first to benefit from the massive...
Children and Tobacco

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Peto and Lopez' have made the urgent and well-founded statement that “among those who start smoking cigarettes regularly in their teenage years: if they keep on smoking steadily then about half will eventually be killed by tobacco (about one-quarter in old age plus one-quarter in middle age).” Most people who start smoking do so before they are 18 or 19 years of age, so this warning is extremely relevant and action must be taken now to save their lives.

Cigarette smoking has reached different stages in different countries. What appears to happen is that men are the first people to take up the habit, followed by women, boys, and then girls. In most Western countries, men's and boys' smoking prevalence has reached a peak and is now falling steadily. Women's smoking started to fall later and is not decreasing so quickly. Girls' smoking prevalence is still at its peak and, in some countries, may still be increasing. Taking England as an example, there are more girls than boys smoking from the mid-teens years and, at the age of 15 years, 25% of girls and 21% of boys were smoking regularly in 1992.

In most developing countries, however, the development of cigarette smoking is at an earlier stage, with many men and boys, but few women and girls, smoking regularly. The tobacco industry is very aware of the falling sales in the Western world and the potential new market in developing countries, especially among women and girls.

Therefore there are, at present, two different scenarios with regard to young people and smoking. In westernised countries, most young people are very familiar with the health risks messages and take little notice of them. Peer pressure, rebelliousness, low self esteem, low self efficacy, family smoking and many other influences are far stronger than the possibility of a serious disease at the age of 40. In developing countries, in general, the messages of health risks are not so familiar to the young people, and education that focuses on these is sometimes successful. It is almost certain, however, that this situation will change as it has done over the years in the Western world.

One of the main reasons for the rejection of anti-smoking education given in schools is the social reinforcement of the behaviour. Advertising of cigarettes can be attractive and give positive messages to young people about the behaviour. Adults smoking, especially that of parents, teachers, and other authority figures gives apparent authorisation to the behaviour. Availability of cigarettes from shops, machines, and as rewards or gifts also adds to the risk of a child becoming a smoker. Cheap cigarettes which can be afforded by children also make them more accessible.

The UICC is seriously concerned about the problem of children's smoking and has convened three workshops of experts to review the situation and to consider what action might be taken. The first workshop was held in Toronto, Canada, and focused on the Western world. The outcome was a publication entitled A manual on tobacco and young people for the industrialised world. Intended for policymakers, health professionals, educators, and others who work with young people, it takes as its main themes, the key elements of a successful comprehensive tobacco reduction programme for young people, social change, and the conceptual model of the child, the family, and the community. Thus it covers the psychological, developmental, and physical factors influencing the child, and the wider social issues including the tobacco industry, smoking control legislation, and the need to be responsive to changes when planning and implementing programmes.

Clearly the issues dealt with in this publication were not necessarily relevant to all countries, and a second workshop of experts from developing countries was held at the Tata Memorial Hospital, Bombay, India. The publication from this workshop is in the form of a “how to do it” manual. It is, in fact, a wider view than the manual for industrialised countries because it also covers the issues of other smoked tobacco and oral tobacco. This manual