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## COMMENTARY

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# Tobacco Smoking in the Asian Pacific – the Scope of the Problem

Yumiko Mochizuki-Kobayashi and Malcolm A Moore

### Abstract

Smoking is a major cause of death in the west and increasingly also in the Asian Pacific area, some of the countries of which have the highest smoking rates in the world. While lung cancer incidence may demonstrate a better general correlation with numbers of cigarettes smoked rather than percentages of smokers, clearly the emphasis should be on quitting as well as not starting smoking. For this purpose the cooperation of the general physician is essential. Helping persuade these individuals to themselves refrain from their own habit as role models for their societies, increasing their counselling and support of patients, and generating a comprehensive understanding of the most effective approaches to prevention by taking into account the myriad of interacting factors, is one of the most important tasks of the APJCP in 2000 and the new century.

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**Key words:** smoking and lung cancer - cigarette consumption - prevention

### Introduction

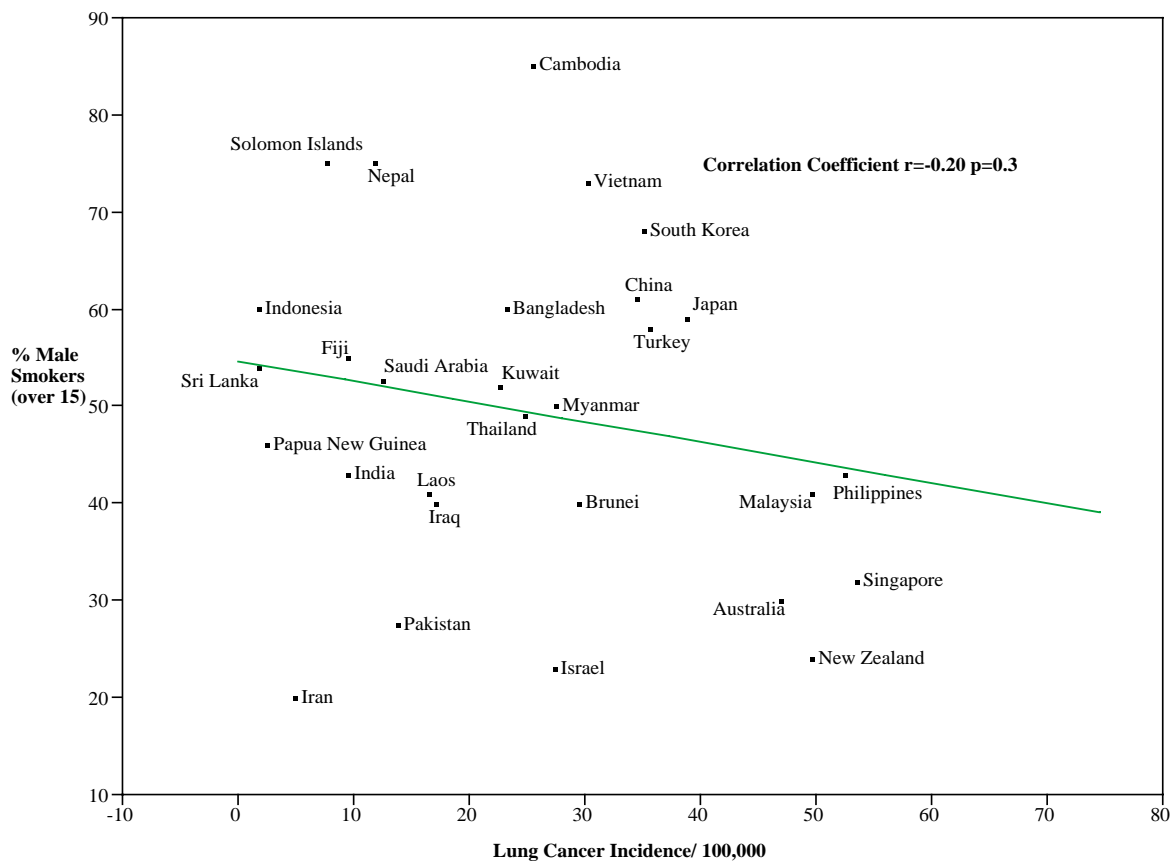
All three major chronic diseases causes of mortality in the western world, arteriosclerosis, cerebrovascular problems and cancer, are closely linked to the smoking habit (IARC, 1986; Peto et al., 1992; Boyle, 1997; Boffetta et al., 1999). In terms of neoplasia, while lung cancer is the most obviously related to cigarette consumption, the smoking habit plays a major role together with alcohol in generation of cancers in the buccal cavity, oesophagus and larynx, and strong positive associations have also been found for a large number of other cancer sites, accounting perhaps for one seventh of all malignancies (Parkin et al., 1993).

### Correlation between Smoking and Lung Cancer

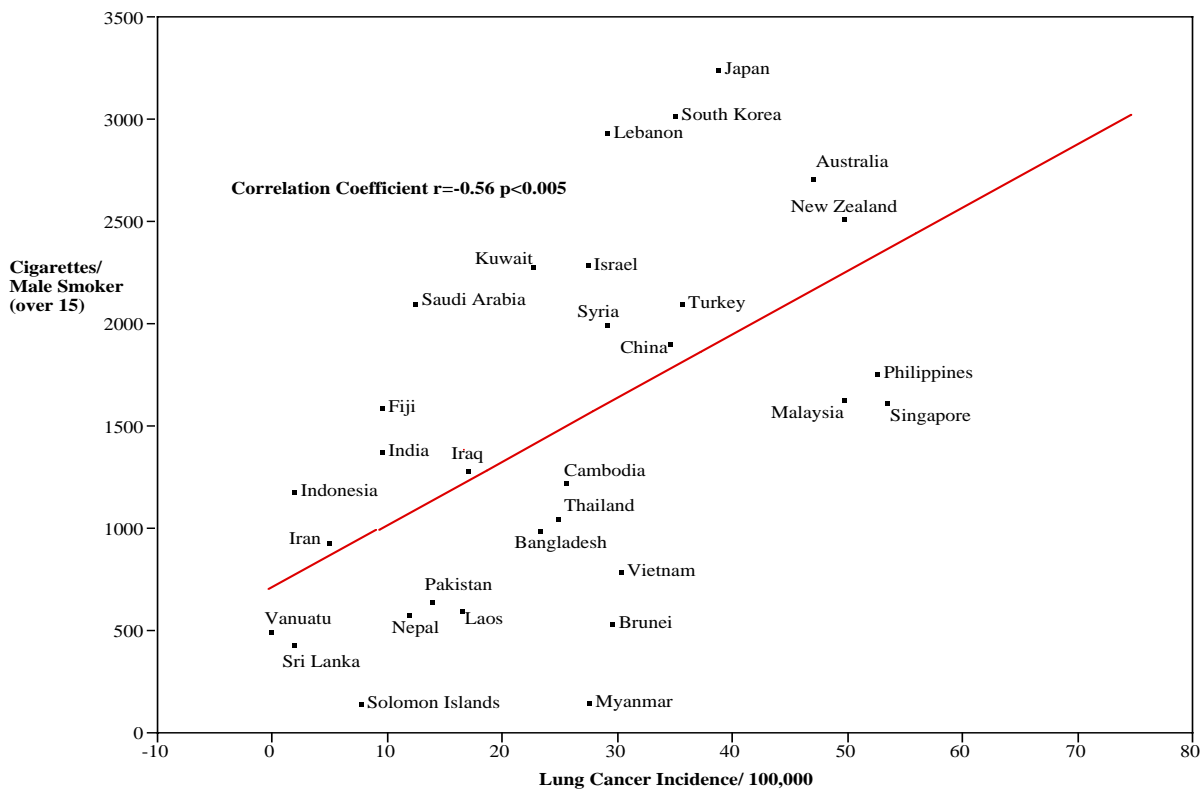
While the data are less comprehensive for the undeveloped world, perusal of the Country Profile data in the WHO Tobacco or Health: a Global Status Report ([www.cdc.gov/tobacco/who](http://www.cdc.gov/tobacco/who)) gives an alarming picture

of the magnitude of the problem. In Figures 1 and 2, the incidence rates for lung cancers in males in the Globocan Cancer Data made available by the International Agency for Cancer Research ([www.iarc.fr/cgi-bin/exe/globocan/rate.exe?vcountry](http://www.iarc.fr/cgi-bin/exe/globocan/rate.exe?vcountry)) are compared with data for percentages of male smokers and annual average consumption of cigarettes per adult over 15 years of age, respectively. The correlation will be shown more clearly when the incidence data are compared with the prevalence data in three or four decades ago because of the time-lag between the exposure and the outcome. Over 50% of males in more than half of the countries of the region for which data are available are regular smokers (see Figure 1). Furthermore, there is also exposure through pipe smoking, tobacco chewing and other habits such as placing 'nos' (moist tobacco powder) beneath the tongue. Even with the imprecise data collected, there is a clear relation between cancer risk and number of cigarettes consumed at the population level (see Figure 2) and in many countries this trend is continuing to rise, especially in those that are economically less well developed and with less effective anti-tobacco programs.

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**Figure 1: Smoking Incidences and Lung Cancer Prevalence in the Asian Pacific Area**



**Figure 2: Cigarette Consumption and Lung Cancer Prevalence in the Asian Pacific Area**

## Factors for Intervention

With regard to the economic impact, this is of particular importance, importation of cigarettes being a major drain on resources, most major exporting countries of tailor-made cigarettes already belonging to the high-technology group. While tobacco taxes can be an earner, constituting for example half of government revenue from industry in Nepal, reduction in this source of funds could be ameliorated by investment in other areas. Cigarettes in some countries like Laos, are used as protection against mosquitoes so that some cheap alternative must be found.

Religion has a potentially important role to play, as evidenced by the fact that Sikhs do not use tobacco at all and Parsis very little, in contrast to the Hindus, Moslems and Christians, for whom smoking is permissible. Clearly everything possible should be used to counteract the habit as a status symbol among urban uneducated youths, by combatting their insufficient awareness of the dangers. In addition to exposure via family and friends, movie star idols may influence whether they smoke (Distefan et al., 1999) so that the assistance of such figures should be obtained wherever possible. High risk groups deserve particular attention. In the Asian area, predisposing factors which have so far been detected include tuberculosis and other pre-existing lung disease and inhalation exposure to cooking oils (Gao et al., 1987, Ger et al., 1993). Chronic benign respiratory disease, possibly caused by infection with fungi such as *M. canis*, is also likely to be involved in the high incidence of lung cancer in certain areas of northern Thailand (Nakachi et al., 1999).

A great deal will depend on the cooperation of physicians. Unfortunately in many countries a substantial proportion of these are themselves smokers, the percentages apparently increasing in China, with a decline in their readiness to perform anti-smoking counselling for their patients (Li et al., 1999). It is vital that this trend be reversed since advice of a physician to quit, repeated at every visit, has been found to be positively related to success in breaking the habit (Duncan et al., 1992; Ockene and Zapka, 1997).

While the majority of lung cancer patients are smokers, the relation between tobacco and cancer is clearly very complex (Pandey et al., 1999). As reviewed recently by Bergen and Caproraso (1999), research into the causes of smoking and thus how best to effect reduction, must take into account a range of associated demographic and social factors, as well as genetic background, physiological considerations and psychiatric conditions. However, in addition to these approaches, practical intervention and social science studies are essential to promote tobacco control to be a top priority in the Asia Pacific countries,

where the tobacco epidemic is still at the very beginning stage but will eventually become a very great burden in their societies in this new century.

This effort will depend for success on a broad interactive view with collaboration between all interested parties. The Asian Pacific Organization for Cancer Prevention and its journal hope to make a positive contribution.

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Personal Profile: **Yumiko Mochizuki-Kobayashi**

Born in Japan, Yumiko Mochizuki graduated from Keio University Medical School (M.D.) and its postgraduate course (Ph.D. in public health). While working at the National Cancer Center Research Institute (1987-1994), she became aware of the extent of the tobacco problem in Japan and also in the world. Since then, she has been involved in the tobacco control area at the National Institute of Public Health (1994-present) and at the Ministry of Health and Welfare (1995-1999). Main research interests are strategy building including product regulation, economic analysis and risk communication for tobacco.