

How to Fight the Tobacco Epidemic

Presentation to Portfolio Committee on the Tobacco Products Control Amendment Bill, 7 November 2006

C T Bolliger



History of Tobacco

- ◆ A.D. 600: Maya stone carvings
- ◆ 1492: Columbus tobacco to Europe
- ◆ 16th cty: Sultan Constantinople: smokers to be quartered, or at least beheaded
- ◆ 1604: James I: "A Counterblaste to Tobacco" AND big revenue by tax !!!
- ◆ 1798: Benjamin Rush, colonial physician: condemns tobacco
- ◆ 19th cty: moderate consumption
 - pipe, cigars, chew, sniffing
- ◆ 1881: cigarette-rolling machine
 - safety matches

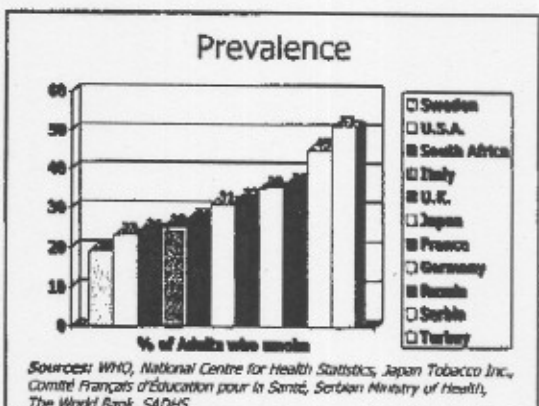
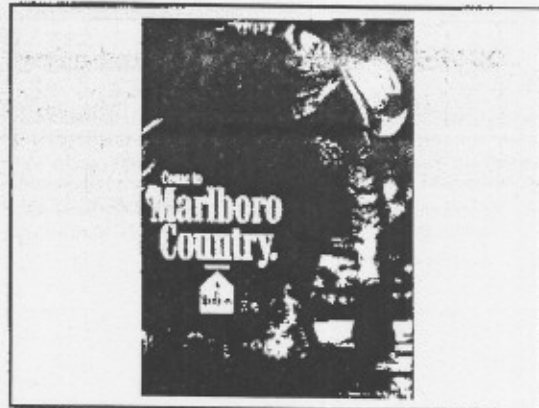
History of Tobacco

- ◆ 1906: "The Dukes" investing up to 80% of profit into advertising
- ◆ 20th cty: smoking epidemic
- ◆ 1945: cigarette dominant
- ◆ 1964: Luther Terry, First Surgeon General's report
- ◆ 1998: EC advertising ban voted
- ◆ 2003: FCTC (signed by > 100 countries by June 2004, !!! = ratified)



MORE DOCTORS SMOKE CAMEL THAN ANY OTHER CIGARETTE

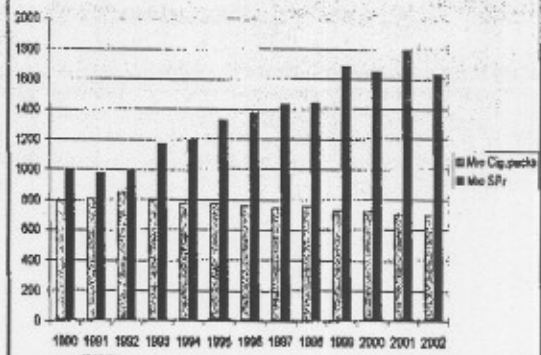




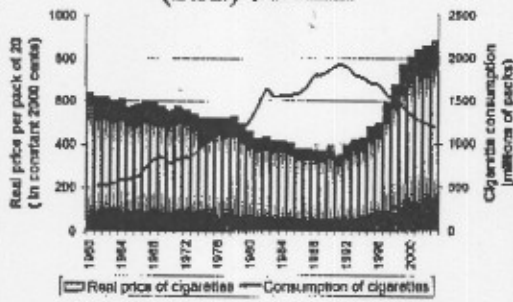
Advertising banned in SA since 2001

- ❖ **Switzerland (15-74yrs): 33%**
 - latest (2002): 30.5%
 - 15-24 yo.: 37.4%
- ❖ **South Africa (>18yrs, SADHS 98): 24%**
 - latest (2004): 22%

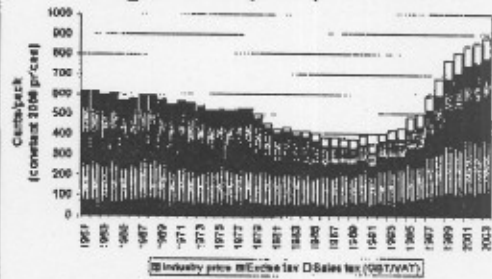
Cigarette Sales and Tax Revenue (CH)



Cigarette prices and consumption (S.A.) C van Walbeek



Composition of the retail price of cigarettes (S.A.) C van Walbeek



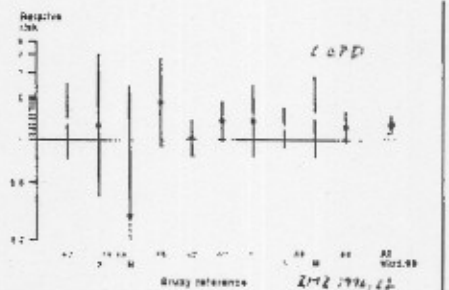
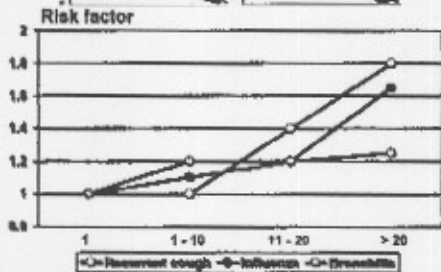
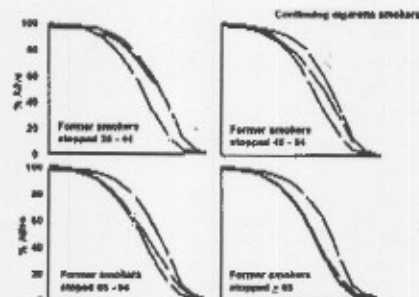
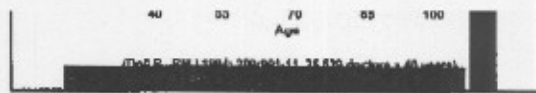
S.A. government's achievements

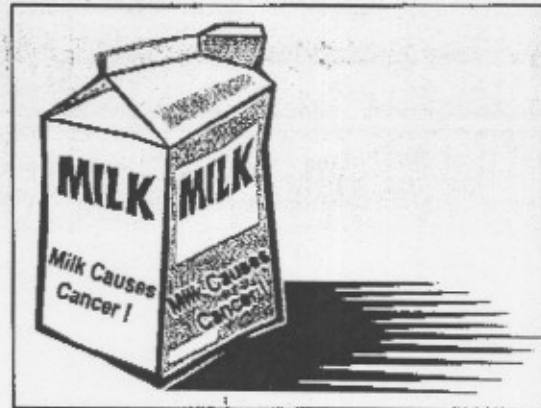
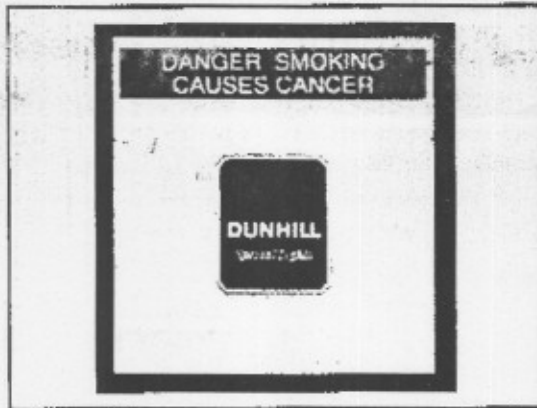
- ❖ **Advertising ban**
- ❖ **Price increase**
- ❖ **Restaurants**

Projected annual tobacco-related deaths

Year	Total	1.World	3.World
1950	300.000	300.000	.
1965	1.000.000	900.000	100.000
1975	1.500.000	1.300.000	200.000
1995	3.000.000	2.000.000	1.000.000
2000	3.500.000	2.400.000	1.100.000
2025	10.000.000	3.000.000	7.000.000

Mackay JL, Tubar Lung Dis 1994;75:8-24





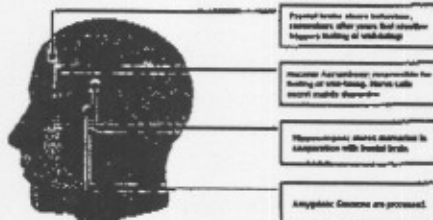
Desired nicotine actions

- ◆ Arousal
- ◆ Relaxation (in stress)
- ◆ Improved mood
- ◆ Increased concentration
- ◆ Increased vigilance
- ◆ Shorter reaction time
- ◆ Weight control
- ◆ Regular bowel movements

Nicotine withdrawal symptoms (DSM-III)

- ◆ Craving for tobacco
- ◆ Irritability
- ◆ Anxiety
- ◆ Difficulty concentrating
- ◆ Restlessness
- ◆ Headaches
- ◆ Drowsiness
- ◆ GI tract disturbances

Effects of Nicotine on the Brain Improves mood and influences Memory



How to quit? Most smokers need professional help

- ◆ National Quitline: 011 720 3145
- ◆ GP
- ◆ Smoking cessation specialist
- ◆ Smoking cessation Clinic
Faculty of Health Sciences, U.S.:
021 938 9423

The 5 A's

- | | |
|-----------|------------|
| ◆ Ask | Smoker? |
| ◆ Advise | Quit! |
| ◆ Assess | Willing? |
| ◆ Assist | Aid! |
| ◆ Arrange | Follow-up! |

Practical smoking cessation

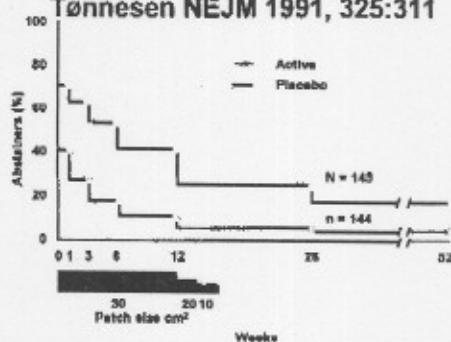
- ◆ Screening visit: phone, computer? (motivation?)
- ◆ Initial interview GP/ nurse (day 0; 40' - 1 h):
 - ◆ Info about withdrawal symptoms
 - ◆ Coping strategies
 - ◆ Change of life style
 - ◆ Pharmaceutical Aids? (\pm 3/12)
 - ◆ Nonsmoker at once
- ◆ Intensive follow-up (p.e. weeks 1, 2, 4, 8, 12, 16, 20, 26, 52)
- ◆ Occasionally intensive group therapy

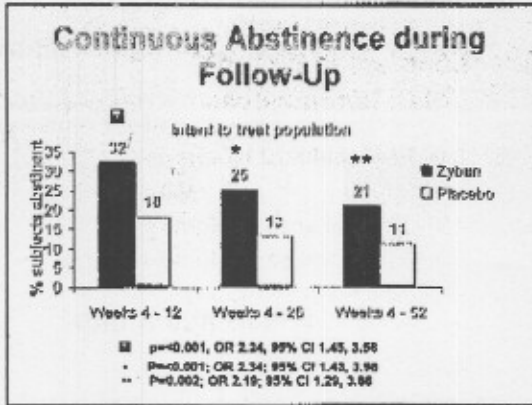


Nicotine replacement therapy

- ◆ Patch (15 - 25 mg; 16h or 24 h)
- ◆ Chewing gum (2 or 4 mg)
- ◆ Mouth spray (1mg/actuation)
- ◆ Nasal spray (0.5 mg / puff)
- ◆ Inhaler (13 μ g / puffs; 80 puffs
~ 1 mg = 1 Cig.)
- ◆ Lozenges (1mg)
- ◆ Sublingual tablets (2 mg)

Tønnesen NEJM 1991, 325:311





Take home message:

For the doctor

- ◆ Smoking is highly addictive (Nicotine)
- ◆ Smokers underestimate health risk: 50% will be killed long-term
- ◆ Smokers need professional help to quit
- ◆ Pharmaceutical aids double success rate

For the politician

- ◆ S.A.: so far very good job with legislation
- ◆ Tobacco companies not to be underestimated
- ◆ Tobacco Products Control Amendment Bill needs endorsement to achieve further reduction in tobacco consumption