

Doctors And The War Against Tobacco

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Tobacco related diseases represent major health problems in Hong Kong. A conservative estimate is that more than 3500 people in Hong Kong die each year from smoking related disease.¹ Countless more may die from exposure to environmental tobacco smoke (ETS). The average prevalence figure of 16%² provides little indication of the true smoking related risks by age, gender and socio-economic groups. The cumulative prevalence of smoking experience in school children is alarming and is one indicator of the threat to the future health of the community in Hong Kong. Other worrisome statistics include smoking trends in young women (24%),³ the prevalence of smoking in males in New Territories' towns (42%)⁴ and in young men in certain occupational groups such as construction workers (64%)⁵ all of which greatly exceed the average reported prevalence.

Most physicians will not be surprised by these statistics and will certainly know that tobacco poses a major health risk both to their patients and the community. However, few realise the full extent of the risks involved. In one study, doctors incorrectly believed that the health hazards of smoking are roughly similar to those from air pollution, asbestos or alcohol while in fact, even in Hong Kong, smoking kills more people than all three of these problems combined.⁶

In addition, physician knowledge does not always bring about the desired change in physician behaviour. Physicians in Hong Kong, as elsewhere, do not routinely follow the recommendations proposed by organisations such as the American Medical Association (AMA). These recommendations, called the 4 A's, state that it is the responsibility of every physician to always

1. Ask every patient if they smoke
2. Advise all patients who smoke to stop
3. Assist patients in the effort to quit
4. Arrange for follow-up.

A fifth "A", *Anticipate*, is recommended for physicians who treat children or young adults. Anticipate means asking even very young children if they have tried cigarettes and counselling them accordingly.⁷

Simple advice from a physician taking less than 2 minutes has been shown to influence 5% of smokers to quit.⁸ Not impressive? Why bother? If each physician influenced just 5% of all the patients he/she saw who smoked, the benefits would be enormous. Thousands of illness episodes and premature deaths might be avoided in smokers who quit because of this advice. Nothing that a physician does could be more cost effective than getting a patient who smokes to quit. If primary care and other services are to make their full contribution to the prevention of morbidity and premature death from smoking, physicians must take an active role in counselling and educating all patients about tobacco.

EDITORIAL

While it is critically important to help adult patients who smoke to quit, the focus of tobacco control efforts must be on preventing young people from starting to smoke. In Hong Kong, smoking is pervasive among adolescents and those even younger. One study found that about 11% of primary school children, some as young as 7 and 8 years of age, have already tried smoking and have higher risks of cough, phlegm and wheeze than their peers.⁹ The tobacco industry targets young people because older smokers are dying or quitting and the young represent future customers. It engages in this activity by appealing to youth in advertisements and promotions and by sponsoring events widely attended or watched by young people. Adolescents are known to be more sensitive to advertising than adults which explains the success of advertising campaigns such as the one which features Old Joe Camel.

As smoking prevalence in the West declines, the tobacco industry has targeted Asia as a growth market. China is already the world's largest consumer of tobacco. If we are to control the tobacco epidemic, physicians, wherever they work, must become actively involved in the fight. I propose a 6th "A" be added to the recommendations made by the American Medical Association; *Advocacy*.

Advocacy means becoming involved in the tobacco control movement; fighting for the health and rights of non-smokers, especially children and actively discouraging smoking in Hong Kong. The Health and Welfare Branch is currently proposing an amendment to the (Public Health) Ordinance which is attempting to ban all tobacco advertising in Hong Kong. Numerous studies have clearly demonstrated the association between advertising and consumption and banning tobacco advertising and sponsorship is a step all responsible governments must

take to protect young people from being influenced by these advertisements. Your support for this bill will be crucial. Write or call legislative councillors.

If health professionals in all disciplines make tobacco and smoking prevention their first priority, then they will be making a significant and worthwhile contribution to the future health of Hong Kong. ■

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