

B. COMMENTARY ON TOBACCO: THE WORLD'S LEADING CAUSE OF CANCER

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Abstract: Cancer incidence is on the rise in many regions of the world, including the Middle East, where incidence rates for both men and women are increasing. Like many regions of the world, increased tobacco use, combined with other factors, is driving cancer incidence in the Middle East. Tobacco, the only consumer product proven to kill more than half of its regular users, will be responsible for 4.9 million deaths worldwide this year alone. That burden is fairly evenly shared by industrialized and developing nations today but, if current trends continue, the cancer burden in the developing world will more than triple in the next 25 years, resulting in a global total of 10 million deaths worldwide each year. Seven million of these deaths will occur in the developing world, in nations least prepared to deal with the financial, social, and political consequences of this global public health tragedy. In the Arab world, lung cancer is already occurring with increasing frequency, particularly among men. (*Ethn Dis.* 2007;17[Suppl 3]:S3-8–S3-9)

Key Words: Cancer, Tobacco

TOBACCO AND LUNG CANCER

Despite new treatments, better prevention, and early detection techniques and other advances, cancer continues to be a growing global public health threat. Today, cancer kills more people than AIDS, tuberculosis and malaria combined. To understand why the cancer burden is increasing despite years of progress in the United States and other developed nations, we must look to the developing world. By 2020, an estimated 70 percent of the forecasted 10 million annual deaths will occur in developing countries, which are least prepared to address their growing cancer burdens.^{1,2}

Cancer incidence is on the rise in many regions of the world, including the Middle East, where incidence rates for both men and women are increasing.³ Like many regions of the world, increased tobacco use combined with other factors is driving cancer incidence in the Middle East. Although communicable diseases still account for a large percentage of deaths in emerging nations, improvements in vaccination and prevention efforts are reducing the deadly toll of these diseases. But deaths from non-communicable diseases like cancer are rising steadily, driven by an increase in tobacco use and the spread of Western lifestyle behaviors, such as lack of physical activity, that lead to obesity.

Tobacco, the only consumer product proven to kill more than half of its regular users, will be responsible for 4.9 million deaths worldwide this year alone.⁴ That burden is fairly evenly shared by industrialized and developing nations today but, if current trends continue, the cancer burden in the developing world will more than triple in the next 25 years, resulting in a global

total of 10 million deaths worldwide each year.⁵ Seven million of these deaths will occur in the developing world, in nations least prepared to deal with the financial, social and political consequences of this global public health tragedy.⁵ In the Arab world, lung cancer is already occurring with increasing frequency, particularly among men.³

Lung cancer is already the most common cancer among men in Tunisia, Algeria and Jordan – surpassing prostate cancer.³ Without intervention, this trend is likely to continue in other countries. Even in Arab immigrant populations in the United States, tobacco use is high. In one study of Arab Americans in Dearborn, Michigan, 62 percent of respondents reported smoking at least half a pack of cigarettes each day.⁶ The study also revealed that young Arab Americans who smoke were exposed to environmental smoke at an earlier age than the US national average.⁶

Worldwide, similar tobacco use trends are taking their toll. Tobacco will kill 650 million people, half of whom are now children.⁵ Half of these people killed by tobacco will die in middle age, when they are most productive for their economies, their societies and their families.⁵ In the last century alone, tobacco use killed 100 million smokers.⁷ If left unchecked, tobacco use will kill more than a billion people in this century.

This extraordinary suffering and death is not inevitable. Without intervention, the tobacco pandemic will be the worst case of avoidable loss of life in recorded history. Yet, with comprehensive, concerted action, we can eliminate the global scourge of tobacco and save hundreds of millions of lives within the next few decades.

From the American Cancer Society, Atlanta, Georgia.

INTERVENTION

To save lives, we must help current smokers quit and we must stop the tobacco industry from using its marketing techniques to lure the world's children into deadly addiction. If we choose to act, we could save thousands of lives. For example, if we were able to cut adult cigarette consumption by just 50% worldwide, we could avert more than 200 million needless deaths within the next 50 years.

As smoking rates decline in the United States and many other industrialized nations, the tobacco industry has dramatically stepped up its efforts in emerging markets in Asia, Africa and Latin America. Because tobacco kills the majority of its customer base, the industry must recruit millions of new smokers each year just to break even. In the unrestricted markets of the developing world, that means that no one is immune from the industry's tactics, especially the most vulnerable people of all – children.

Worldwide, one in seven teens, aged 13 to 15, smokes.⁸ One-quarter of them tried their first cigarette before the age of 10 years. Nearly 100,000 children and adolescents become addicted worldwide every day. In the United States alone, the tobacco industry spends more than one million dollars an hour, 24 hours a day, seven days a week, marketing its products.⁹

Fortunately, thanks to the rigorous educational, scientific and advocacy efforts of dedicated tobacco-control activists worldwide, many nations of the world are taking a stand against tobacco by supporting the world's first global public health treaty—the Framework Convention on Tobacco Control (FCTC).¹⁰ In fact, the campaign to reduce the global burden of tobacco-related disease celebrated a significant victory in November 2004, when Peru became the 40th nation to ratify the FCTC. Developed by the WHO and

formally adopted by the World Health Assembly in 2003, the treaty required ratification by 40 nations before it could become legally binding on the countries that have adopted it. Ratification of the FCTC was a tremendous milestone for global public health, putting us on the track to saving the millions of lives we know we can save each year just by reducing tobacco consumption.

The FCTC hits the tobacco companies where they live by restricting their unscrupulous marketing tactics. It gives nations—particularly the low-income nations the tobacco companies have targeted as their most promising markets—powerful new tools to protect their citizens from the tobacco industry's deception. The treaty commits nations to ban all tobacco advertising, promotion and sponsorship (with an exception for countries with constitutional constraints). It also requires that warning labels cover at least 30% of cigarette packaging.

In addition to aggressively combating tobacco marketing, the FCTC requires many other measures to protect the citizens of the world, including shielding citizens from secondhand smoke, increasing tobacco excise taxes, preventing cigarette smuggling, promoting public awareness of the deadly consequences of tobacco use, providing greater access to treatment for nicotine dependence and providing more stringent regulation of tobacco products – an especially important action since these products will continue to be freely and legitimately available to youth and adults worldwide.

CONCLUSIONS

In combating tobacco trends, it is crucial to understand that increased knowledge about cancer prevention, cancer treatment or tobacco control does not equal successful cancer survi-

vorship. If the growing cancer burden is to be reversed in the Middle East and other areas of the developing world, cancer and tobacco control agencies must work together and surpass political and cultural barriers. The benefits of international collaborations to achieve cancer and tobacco control initiatives are reaped globally. International efforts to build the capacity of emerging cancer societies and to enhance worldwide tobacco control efforts lay the necessary foundation for healthy, peaceful, prosperous and productive societies.

REFERENCES

1. Vastag J. Developing Countries Face Growing Cancer Burden. *Natl. Cancer Inst.* 2006;98: 1106–1107.
2. Parkin DM, Bray FI, Devesa DD. Cancer Burden in the Year 2000: The Global Picture. *Eur J of Cancer.* 2001;37(Suppl. 8):S4–S66.
3. Elattar IA. Cancer in the Arab World: Magnitude of the Problem, as presented at the 132nd Annual Meeting of the American Public Health Association (APHA), November 6–10, 2004. Available at: http://apha.confex.com/apha/132am/techprogram/paper_80999.html. Accessed on: 5/17/06.
4. World Health Organization. *An International Treaty for Tobacco Control*. August 12, 2003. Available at: <http://www.who.int/features/2003/08/en/print.html>. Accessed on: 5/17/06.
5. The World Bank. Development in practice: Curbing the epidemic: Governments and the Economics of Tobacco Control. *Tob Control.* 1999 Summer;8(2):196–201.
6. Rice VH, Kulwicksi A. Cigarette use among Arab Americans in the Detroit metropolitan area. *Public Health Rep.* 1992 Sep–Oct;107(5): 589–594.
7. ASH- Action on smoking and health UK. Available at: <http://www.ash.org.uk/?international>. Accessed on 5/17/06.
8. Global Youth Tobacco Survey (GYTS). Introduction available at: <http://www.cdc.gov/tobacco/global/GYTS/intro.htm>. Accessed on: 5/15/06.
9. United States Federal Trade Commission. Federal Trade Commission Cigarette Report for 2002. Issued 2004. Available at <http://www.ftc.gov/reports/cigarette/041022cigaretterpt.pdf>. Accessed on: 5/17/06.
10. World Health Organization. *An International Treaty for Tobacco Control*. August 12 2003. Available at: <http://www.who.int/features/2003/08/en/print.html>.