Editor's comment

Dying for a smoke

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My grandfather died of chronic obstructive airways disease. He was only 65. He smoked heavily all his adult life. My memory of him was his posture – the classic one of air hunger – sitting forward in his chair, his elbows on his knees, struggling for breath, with a cigarette dangling out of one hand. He was a brilliant man who had won every academic award going in his years at Wits – his degree was in civil engineering. He pioneered the strip tarmac roads that all of us who grew up in the old Rhodesias remember so well. But the final years of his life must have been blemished by constant air hunger and hypoxia. He was apparently on continuous oxygen for the final months and years of his life, dulling a mind that continued to work – telling me stories on the way to school in the mornings, fiddling with new inventions in his clutttered workshop that held me enthralled as a child. What a waste of a life.

And what a waste of so many lives – taken by a disease that is devastating in its symptoms, difficult to treat and so easily preventable. Since 1994 South Africa has introduced stringent anti-smoking measures such as preventing smoking in all public places except in designated areas and has attempted to control the sale of cigarettes, particularly to children. However, smoking-related diseases are still a huge burden on South Africa.

The most recent figures for South Africa were published in the *South African Medical Journal* in 2007. Figures presented in this paper showed that in 2000 smoking accounted for between 41 632 and 46 656 deaths in South Africa. This amounted to between 8% and 9% of deaths and 3.7% and 4.3% of DALYS in 2000. Smoking ranked third – behind sexually transmitted infections and hypertension – in 17 risk factors evaluated. Three times as many men as women died of smoking-related diseases, and lung cancer was the largest attributable fraction due to smoking. But it was cardiovascular disease that accounted for the largest proportion of diseases caused by smoking in the developed world. In the introduction to the paper, the authors point out that, in 2000, tobacco smoking caused 4.8 million adult deaths worldwide. This is expected to increase to 10 million by 2025, according to the World Health Organization.

In the developed world, cardiovascular disease is the largest group of smoking-related diseases. However, in the developing world chronic respiratory diseases account for a larger proportion of deaths than in developed countries.

Annual adult cigarette consumption in South Africa apparently peaked at around 1 650 cigarettes per adult in the 1980s. However, government's steps to reduce tobacco consumption – stopping smoking in public places such as restaurants and airports, warnings on tobacco packaging, banning tobacco advertising and sponsorship and setting maximum limits on tar and nicotine levels – have contributed to a massive drop in per capita cigarette consumption to 800 per adult by the time the paper was written. Overall, there has been a drop in the prevalence of smoking from 32% in 1992 to 24% in 2003. However, there are groups in whom cigarette smoking has either declined only moderately or not at all – these are women, whites, Indians and people aged 50 or older.

A large number of tobacco-related deaths occur in the economically active age group – 35 - 69 years. The startling conclusion of the study was that tobacco smoking accounts for between 12% and 15% of deaths in adults in South Africa over the age of 35 from preventable disease, with at least half a million DALYS lost per annum. The latter figure is at least as important as the figures for deaths – it shows the economic and human cost of smoking-related disease. People who smoke are often generally unhealthy, and their quality of life suffers. How is it that in 2009, when we well know the deleterious effects of smoking, that cigarettes are still legally sold and the tobacco companies are still listed on stock exchanges and trade freely? Decreasing smoking prevalence is an urgent public health priority. We must not feel complacent because of our bold legislation – there is still a long way to go.

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