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Smoking

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Cigarette smoking is a major avoidable cause of ill health and premature death. Lung cancer and a myriad of other cancers including the upper aerodigestive tract, cervical and pancreatic cancers, chronic obstructive lung disease, chronic bronchitis and cardiovascular disease, all share tobacco use as a common causal factor. Statistics from WHO show that the three million or so deaths a year attributed currently to the use of tobacco, is estimated to rise to ten million by the year 2025. Seven million of these deaths alone will occur in developing countries.

This unnecessary wastage of economically-active lives can be avoided by preventing and controlling the harmful behaviour of cigarette smoking. New policy initiatives and interventions are necessary to reduce smoking initiation, promote steps to stop smoking and to increase the success of these measures when implemented.

Singapore has had an impressive history of smoking control. National efforts first formalised in 1970, were strongly intensified in 1986 with a multisectoral integrated approach to smoking control. The programme was based on informative and persuasive education with a supportive environment, backed by legislation where necessary.

Overall smoking rates first measured in the mid-Seventies, showed smoking prevalence to be 26% among adult Singaporeans. Regular surveys done subsequently by the Ministry of Health have shown that smoking rates fell to 20% in 1984 and then to a low of 14.3% in 1987, following a 3-month long intensive national anti-smoking campaign. Smoking levels rose to 16.6% in 1991 and to 17.4% in 1995. The rise was mainly the result of an increase in smoking among the young, whose levels rose from 25% among young adult males aged 18 to 24 years in 1984 to 32% in 1995, and from 1 % to 4% in young adult females. These young Singaporeans claimed that they tried smoking out of sheer curiosity, for relaxation and to conform to peer pressure. Experimentation with smoking as shown from the surveys of the Ministry of Health and surveys specifically on National Servicemen by the Ministry of Defence, was mainly at the ages of 12 to 13 years. This is similar to the picture seen around the world and appears to be part of "growing up" behaviour associated with becoming adolescents. Such experimental behaviour should not be allowed to become established, since substance abuse whether in the form of cigarette smoking, alcohol or drug intake, is addictive. More than half the regular smokers who failed to quit smoking, readily admitted that having acquired the habit they faced great difficulty giving it up because of addiction.

As a control measure, the prevention of substance abuse has been shown to be far more effective and successful than trying to get those with the habit to give it up. Children therefore need to be instilled with good decision-making skills from young, preferably at the age of 8 to 9 years, so that when they reach the age of experimentation at around 13 years they will be able to adequately resist pressures from their peers or the environment to smoke, take drugs or be promiscuous. Redirecting the energies of the young to more invigorating and health-benefitting activities such as sports and games, will have much more valuable effect.

Regular smokers in Singapore are largely males, being 32% in males and 3.7% in females in 1995. Smoking is also higher among the less educated. Smoking cessation programmes therefore need to be intensified in institutions catering to the less academically inclined. Among the ethnic groups, more Malays smoke, compared with Chinese or Indians, being 47%, 29% and 32% respectively in the 3 ethnic groups in 1995. This calls for special programmes to be drawn up, which are culturally and socially appealing to Malay youths.

Surveys have also shown that the family has an important influence on smoking behaviour. Nearly two-thirds of young smokers had at least one family member who smoked. Many who quit smoking also said they did so because of pressure or disapproval from their family or loved ones. This demonstrates the powerful influence of loved ones in moulding behaviour. For older smokers who gave up smoking, the development of smoking-related diseases or strong disapproval from their doctors was a strong motivating factor. Doctors need to be consciously aware of their influential and authoritative role. Despite the many demands on family physicians of today, the giving of relevant and good advice regarding the lifestyle habits of patients should comprise an integral part of the medical care they provide. The availability of Smoking Cessation Clinics should also be widely publicised to assist smokers who wish to give up the habit.

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