

# When less is more

Health  
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By Dr Aryn Alidina

**T**OBACCO is a major cause of cancers of the larynx, pharynx, mouth, lungs and the oesophagus; and a contributing factor in cancers of the pancreas, bladder, kidney, stomach, colon, uterine cervix and acute leukemia.

Tobacco causes more cancers than all other known causes combined. A typical 50-year-old smoker has three times as greater a chance of dying from cancer as compared to a non-smoker. At least 40 per cent of all cancer deaths in our country are secondary to tobacco use.

Tobacco smoke accounts for 90 per cent of all lung cancers. One in nine smokers will develop lung cancer, 85-90 per cent of these cancer patients will die from their disease. The risk increases with the number of cigarettes smoked. A person who smokes more than 20 cigarettes per day has a 20 times higher chance of developing lung cancer as compared to a non-smoker. If he stops smoking, the risk will drop significantly to as low as twice that of a non-smoker.

Passive smoking (second-hand smoking) accounts for 40 per cent of lung cancer deaths in non-smokers. The risk of developing lung cancer for a non-smoking spouse of a smoker is one-and-a-half times that of a non-smoker. A child is particularly vulnerable to developing lung cancer by passive smoking especially when exposed for longer periods of time.

Smokeless tobacco (snuffing and chewing tobacco) generally has higher nicotine content than that found in cigarettes. Also, smoking tobacco in the form of biri or hookah is considered more notorious than cigarette smoking. Chewing tobacco is a major risk for developing cancers of the larynx, pharynx and mouth. Tobacco use accounts for why head and neck cancers are one of the most common cancers in our part of the world. A local report showed that the risk is 14 times higher than in non-tobacco users.

Many continue to use tobacco despite knowing the consequences. This is because nicotine use is addictive, resulting in physiological and psychological dependency. Discontinuation results in withdrawal symptoms.

Tobacco use is clearly preventable and elimination will drastically lower cancer deaths. A study shows that on an average, seven serious attempts are made before a cigarette smoker achieves abstinence. Whereas only three per cent of smokers become non-smokers per year, this rate goes up to 15 per cent if done with the help of trained staff. Physicians and health care professionals have a major role in helping patients stop tobacco use.

The National Cancer Institute (USA) suggests using the '4 A' strategy:

'Ask' about the use of tobacco.

'Advise' to stop and educate them.

'Assist' them with a stop date, self-help handouts and other interventions.

'Arrange' a follow-up.

Another is discussing the '4 R' strategy: discuss the 'Risk' of developing cancer, the 'Rewards' of quitting tobacco use, the 'Relevance' of stop-smoking programmes and the continued 'Repetition' of the stop-smoking message.

To quit tobacco use, only having will power is not enough. Comprehensive programmes for motivated people achieve good results. Such programmes include:

1. Medications to help reduce the dependency to nicotine addiction (Nicotine replacement therapy).

2. Encouragement and support from clinicians, families and friends.

3. Behavioural therapy involving skilled training and problem-solving techniques for achieving and maintaining abstinence. Such programmes can be a part of healthcare institutions or welfare organizations. This will drastically result in the reduction of tobacco-induced diseases, including cancer. ■

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