

Tobacco Control in Pakistan: a Challenge for the Medical Profession

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The adverse effects of tobacco on human health are now well established. Even the tobacco companies accept it by printing a warning on packages of cigarettes. The fact that they have used it as a ruse for avoiding paying damages is another story.

Ever since tobacco was introduced into Europe and then Asia, about five hundred years ago, tobacco addiction has taken a strong hold on millions of individuals. The more unfortunate part is the addiction of the governments to the revenue earned from the tobacco trade.

The figures of mortality related to the use of tobacco are staggering. According to a World Bank estimate about 500 million people alive today will eventually be killed by tobacco use, and about half of regular smokers will die due to the effects of tobacco smoking¹.

It is estimated that in Pakistan tobacco is etiologically related to approximately 50% of the cancers in men and 30% in women. The real magnitude of the disease burden related to tobacco can be better gauged when atherosclerosis related cases and diseases of the lungs like emphysema are added to cancers.

As physicians we face the question as to what should we do to prevent tobacco related diseases? Around the world the tobacco control activities have been led by physicians. In Pakistan too, over the last thirty years some efforts have been made by a number of physicians in their individual capacity, but the impact has been limited as is evident from the surveys conducted over this period. The percentage of tobacco users, as reported by these surveys, have shown no noticeable change².

In the past decade or so, two initiatives to ban tobacco advertisements on TV and radio have been stymied. Once the Federal Ombudsman issued orders banning advertisements on TV but it was reversed and in the second instance stay orders have been obtained against a judgement of the Lahore High Court. Last year the Karachi Branch of Pakistan Medical Association (PMA) has filed a case to stop cigarette advertisements on the electronic media. The case has been accepted for full hearing. All these are isolated efforts. What is needed is a full fledged campaign by the profession as a whole.

To begin with we must ensure that we as physicians do not use tobacco. Those of our colleagues who have unfortunately become addicted to it should be actively helped to give up the habit. Those physicians who still can not give it up, should be persuaded to smoke in strict privacy. A physician using tobacco in public or before a patient undermines the credibility of the whole anti-tobacco campaign.

In this issue of the Journal an article is being published on the prevalence of tobacco use amongst medical students³. Studies in other medical colleges of Karachi and Peshawar show a similar pattern⁴⁻⁶. This is a matter of serious concern. Medical students are the future doctors and if we cannot persuade them to give up the tobacco habit at this stage how are we ever going to convince the population at large to do so. All medical colleges should actively monitor the use of tobacco amongst their students and provide them counselling.

The paper in this issue also reports on the knowledge of the students about the causal relationship of tobacco use and some common diseases. The results highlight the need for greater emphasis on tobacco related diseases in the curriculum.

As physicians we should also actively work for the enforcement of the existing laws on smoking in hospitals and public places. Most of the hospitals do have no smoking signs, but that is not enough. We must see to it that these regulations are strictly followed.

As physicians we must also actively join the campaign to ban tobacco advertisements. We can do so by asking our local PMA to follow the example of the Karachi Branch and file suits in courts. Finally, all new patients should be asked about tobacco use and counselled accordingly. Health promotion should be a part of all interaction with the patients and their families.

The urgency for concerted efforts has increased since due to declining market in North America and parts of Europe the tobacco companies are shifting their attention to developing countries where the anti tobacco laws are nonexistent or weak.

References

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