

Live It Up Without Lighting Up

Ling Chew,¹MBBS, MMed (PH), Hin Peng Lee,²MBBS, MSc (PH), FFPH

The tide against the tobacco industry is growing.

The World Health Organisation (WHO) Framework Convention on Tobacco Control (FCTC), a global public health treaty on tobacco control, has been ratified by 174 WHO Member States covering more than 87% of the world's population.¹ At the recently concluded 15th World Conference on Tobacco or Health in Singapore, the Director General (WHO), Dr Margaret Chan, urged the world to 'stand shoulder to shoulder' to fight tobacco industry intimidation. The industry has mounted legal challenges against countries—Australia, Norway, Uruguay and Turkey—which have put in place novel legislative measures to protect the health of their citizens. Endgame tobacco control strategies as viable public health policy options are also increasingly being discussed.²⁻⁴ Such optimism in reducing tobacco use prevalence close to zero would be unheard of 20 years ago.

Cigarette production began around the time of the World War I and it was then the *ala mode* of the era to be seen smoking. However, cigarette smoking soon became implicated in the 1930s as the major cause of diseases, particularly lung cancer. The landmark publications of Wynder et al's⁵ and Doll et al's⁶ classic papers in 1950 which were rapidly followed by other works, mainly in Western populations, provided overwhelming evidence of tobacco use (primarily smoking) as a risk factor for many chronic diseases. Locally, research among the Chinese cohort in recent years had added to the evidence including lifestyles of smokers, risks of tobacco use and environmental tobacco smoke associated with cancers, heart diseases and respiratory conditions as well as the impact of smoking cessation on risk of lung cancer mortality.⁷⁻¹⁹

In Singapore, due to a committed public administration, tobacco control has been a major public health endeavour since the early 1970s. The national efforts of tobacco control have been described previously.²⁰⁻²³ Briefly, the National Tobacco Control Programme, now driven by the Health Promotion Board (HPB) uses multi-pronged strategies to curb the demand for and reduce the supply of tobacco. Key strategies include tobacco taxation, legislations (on control

of marketing, sale of tobacco products and prohibition of smoking in public spaces), smoking cessation services, health education in schools and mass media campaigns.

The impact of these measures has been gratifying. The smoking prevalence rate among adults has declined from about 26% in the 1970s to 18.3% in 1992. It was further reduced to 15.2% in 1998, and 12.6% in 2004.²⁴⁻²⁶ What is more important is the outcome of the control strategies. The lung cancer incidence rates, particularly in males where most of the cases are tobacco-related, have steadily declined from 63.0 per 100,000 in the period 1978 to 1982 (age-standardised) to 45.0 per 100,000 in 1998 to 2002, and 40.8 per 100,000 in 2003 to 2007.²⁷

Our national efforts to create a smoke-free lifestyle for its citizens have not gone unnoticed. WHO awarded Singapore her first "World No-Tobacco Day" medal in 1990 in recognition of the Ministry of Health's work in tobacco control. In 1999, the second "World No-Tobacco Day" award was given to the Ministry of the Environment "for its commitment to establish smoke-free public places in Singapore".

Despite a sustained and comprehensive tobacco control programme in Singapore, grey clouds continue to hover in the horizon. Tobacco use is responsible for 7.4% of the total disease burden in Singapore in 2007.²⁸ The decline in the national prevalence of smoking appears to have levelled off. In 2010, the smoking rate increased slightly to 14.3%.²⁹ Smoking has become particularly common among the females (4.2%) and the young, in particular, the 18 to 29 years age group (16.3%). The tobacco industry continues to be aggressive in its marketing strategy to find new customer segments. New forms of tobacco, e.g. flavoured tobacco, e-cigarettes, are constantly being invented while older forms e.g. shisha, bidis usually prevalent only in specific regions of the world are becoming global.³⁰⁻³² These products, targeted at the young, pave the way to lifelong nicotine addiction. Our real need is not more facts but better insights and ideas to handle this challenge.

One strategy increasingly being deployed in anti-tobacco initiatives is the denormalisation of smoking.^{33,34} In

¹Research and Strategic Planning Division, Health Promotion Board

²Saw Swee Hock School of Public Health, National University Singapore

Address for Correspondence: Dr Ling Chew, Research and Strategic Planning Division, Health Promotion Board, 3 Second Hospital Avenue, Singapore 168937.

Email: chew_ling@hpb.gov.sg

Singapore, this strategy taps on the power of the community to create the groundswell and advocacy for a smoke-free lifestyle as the normative value. Localised solutions within the communities e.g. the Blue Ribbon initiative,³⁵ a global symbol of anti-tobacco movement, to promote voluntary adoption of smoking bans in the common public areas—housing estates and hawker centres, are being promoted and have been piloted in several neighbourhoods.

Among the smokers, especially the young, health and longevity are not the *raison d'être* for quitting. HPB's "Live It Up Without Lighting Up" movement, highlights to the youth the benefits of being tobacco-free including appearance, fitness, financial savings and impact on the environment; reasons which resonate better with the youths. It also taps on the power of peer influence as youth leaders trained by HPB are deployed to better engage their peers in this issue.

It is known that the quit smoking journey has relapses. Smokers who attempt to quit often feel isolated and marginalised. In 2011, the I Quit, a smoking cessation movement leveraging the popular social media platform to help smokers quit, was launched. In I Quit, smokers, ex-smokers and supporters form an online community where support, tips and advice on quitting the habit, and staying smoke-free are freely shared. Complemented with a mobile phone application, and about 150 touchpoints in the community e.g. pharmacies, polyclinics where face-to-face support could be rendered, I Quit now has more than 14,000 members.³⁶ Building on the success of the campaign in 2011, I Quit in 2012 will chronicle the quit experience of a smoker and highlight the harms of environmental smoke through its Help-David-Quit campaign.

While the national impact of the denormalisation strategy as part of the national multi-pronged efforts could only be seen after a period of time, early findings from ongoing surveillance are suggestive that these efforts may have gained traction. There has been a drop in smoking rates among young adults during the I Quit campaign. Among students aged 13 to 16 years, the smoking proportion declined from 9% in 2006 to 6% in 2009.³⁷

In the area of clinical science, the efforts to look for more effective screening tests and therapeutic regimes must continue. In the meantime, the best screening test is still for medical practitioners to ask the simple question: "Do you smoke?"³⁸ Short of banning the product completely, we need to persevere in encouraging our people to stay off the habit. All practitioners must consistently ASK, MOTIVATE and HELP patients and fellow citizens to strengthen our resolve to choose being tobacco-free as a happy and preferred lifestyle choice. Let us reaffirm our resolve to marshal all the knowledge, skills, resources and strategies towards making Singapore a tobacco-free nation

in the not too distant future.

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