Cancer and tobacco: global voices, global action.

Statements from the cancer community in support of World No Tobacco Day, 2005
Worldwide, cancer is on the increase. And so are tobacco-related cancers – over the past 30 years, lung cancer rates have doubled worldwide. Now, of the 5 million people killed every year by tobacco, 1.4 million die of lung cancer.

World No Tobacco Day 2005 focuses on the role of health professionals and health organisations in tobacco control.

In May 2005, the International Union Against Cancer (UICC) invited the cancer community – organisations and individuals – to send a statement of support for World No Tobacco Day.

Organisations and individuals from over 60 countries responded. Many sent personal statements describing the impact of tobacco on cancer in their work, communities and countries. This short summary presents selected statements from those received.

These voices from the frontlines of the war on tobacco paint a vivid picture of the deadly toll of tobacco-related cancer throughout the world. They highlight the need for concerted action to curb tobacco use: promoting awareness, protecting young people, helping patients, and supporting effective public policies, such as the WHO Framework Convention for Tobacco Control.

They also show how across the globe, the cancer community – oncologists, nurses, volunteers, researchers, workers with cancer organisations and many more – works to build a better, tobacco-free, future.

These global voices call us to global action, to curb tobacco use, cut cancer rates and save lives.
Tobacco is an important cause of cancer and death in both developing and developed countries.

Lung cancer is the leading cause of death in China.

Dr Zongli Zheng
Cancer Epidemiologist, Stockholm, Sweden

Smoking causes one in every five cancer deaths in Australia.

Mr Alan Inglis, BA
Manager Cancer Advocacy Program, Queensland Cancer Fund, Australia

Smoking is a habit which claims 10,000 lives each year in Israel, a number which exceeds the number of traffic accident victims, war casualties and victims of terror put together.

Miri Ziv
President
Israeli Cancer Association, Israel

Lung cancer is on the increase in many parts of the world …

Tobacco is the silent killer and principal risk factor for the most common cancer in the world: lung cancer. Lung cancer nevertheless is one of the most preventable cancers. Unfortunately, lung cancer rates have been increasing steadily since 1962: from 7.3 to 22.4 per 100,000 men, and from 1.9 to 9.5 per 100,000 women.

Dr Luis Bravo
Pathologist
Cali Cancer Registry, Cali, Colombia

… as is head and neck cancer …

Chewing tobacco in the form of gutkha is a big problem in my part of the world. It is important to reduce the high incidence of oral cancer, which accounts for 30% of all cancers.

Dr AK Dixit, MBBS, MD, MD, DRM
Associate Professor
Rotary Cancer Centre, Kanpur, India
... and other cancers linked to tobacco, such as cancer of the cervix.

Many Nigerian women are developing cancer of the cervix and many present with advanced stage disease. Tobacco use is a risk factor for cervical cancer and thus fighting cervical cancer means fighting all known risk factors, one of which is tobacco use.

Dr Adesola Sangowawa, MBBS  
Senior Registrar  
Medical Women's Association of Nigeria, Ibadan, Nigeria

And still, the problem keeps growing.

The effect of tobacco is like a time bomb in my country. More and more people are becoming tobacco addicts. Not enough is done to help people quit smoking. At the same time, cigarette advertising is increasing. We now see more and more cases of lung cancer in my cancer registry - and nasopharyngeal cancer, which is so destructive.

Dr Amin Bawazir, PhD  
Head, Aden Cancer Centre, Aden, Yemen

In our part of world, smoking is growing vigorously. We have no other industries, but cigarettes are made everywhere. Tobacco is easily accessible and cheap. Governments are lured by the taxes paid and do not consider the problems tobacco brings. In fact, we are unable to treat the cancers created by smoking due to our economic situation.

Dr Nirmal Lamichhane  
Surgical Oncologist, Bharatpur, Nepal

Smoking among young people has risen remarkably in our country and we see more more new cancers among younger people every day. This is an alarming state.

Dr Reza Khodabakhshi  
Radiation Oncologist, Tehran, Iran

Tobacco-related problems in India are on the rise. Besides smoking, chewing tobacco is common. Oral and oropharyngeal precancerous conditions such as leukoplakia, erythroplakia and submucous fibrosis are extremely common here. The increasing incidence of oral and oropharyngeal malignancy is quite alarming.

Prof Dipak Ranjan Nayak, MS, FICS  
ENT and Head & Neck Surgeon, India
All too often, the result is human suffering and loss, for friends…

Close friends of mine have died from lung cancer.

**Dr Leonel Torres,**  
Medical Physicist & Researcher, Havana, Cuba

An acquaintance of mine has smoked a lot. Now he has fallen ill with tuberculosis. It is not cancer - but the link with tobacco is evident.

**Prof Maria Obolenskaya**  
Molecular Biologist, Ukraine

… for families …

I lost a brother to lung cancer – yes, he was a smoker. For 10 years I have worked as a volunteer with cancer patients and have seen the devastation to people and their families that tobacco has caused.

**Mrs Usha Banerji, MSc**  
Biochemist  
Hegde Clinical Laboratory, Mumbai, India

Some smokers do not quit, but deprive their families of some of the fundamentals of life just for tobacco. I have seen many patients with laryngeal cancer smoking through the tracheostomy opening.

**Dr Abdel Rahman, MD**  
Thoracic Surgical Oncologist

…and communities.

I studied in the first affiliated hospital of China Medical University, where I saw patients who suffered lung cancers and other cancers, the cause of which was smoking.

**Xin Deng**
Tobacco use is linked to deprivation and hardship …

I have had hundreds of patients with serious illnesses from active or passive smoking, from lung cancer to emphysema. These entail not only severe impairment or risk of death, but also carry huge expenses in health care and inability to work.

**Dr Jose Jeronimo,**
Oncologist, Damascus, USA

A poor rickshaw puller was addicted to both tobacco chewing and smoking. He developed cancer of the cheek. His cancer was detected late. He was operated upon and radiation was given. Unfortunately, he developed a recurrence after 3 years, and died one year later. All his life savings were drained by his treatment, and he had to sell off his land. Now his widow, three teenaged daughters and two sons aged 7 and 11 are finding it very difficult to survive.

**Dr Sukdev Nayak, MD, PGDM, LLB, DPM**
Associate Professor
AH Regional Cancer Centre, Cuttack, India

… and to health inequalities.

Tobacco causes one in four cancer deaths in New Zealand. In 2002, 49% of Maori, 35% of Pacific and 21% of European adults smoked daily. Cancer is the leading cause of death for Maori women and the second leading cause of death for Maori men. Lung cancer is the main cause of death among Maori. Maori children can be expected to have twice the second-hand smoke exposure of non-Maori children.

**Belinda Hughes, BA**
Health Promotion Advisor (Tobacco Control)
Cancer Society of New Zealand, Wellington, New Zealand
Tobacco-induced cancers have a major impact on health services and economies.

I am a head and neck surgeon working in a regional cancer center in South India. I see a lot of cases of oral cancer in our place - the main workload in our hospital is due to this.

Dr Elizabeth Mathewiype, MBBS, DLO, DNB (Otolaryngology)
Assistant Professor
Regional Cancer Center, Trivandrum, Kerala, India

In Sri Lanka, 60% of all cancers are due to tobacco. If tobacco could be eliminated the benefits for health and the national economy would be very large. At the moment there are not enough facilities for cancer patients at our national hospitals. This too would be solved easily if not for tobacco.

Mrs Pamodinee Wijayanayake, BA (Econ)
Executive Director
Alcohol and Drug Information Centre, Colombo, Sri Lanka

The government should be shown that money spent on treating tobacco related disease is a hundred-fold higher than the revenue it generates.

Prof Raghunadharao Digumarti, MBBS MD DM
Professor & Head of Medical Oncology
Nizam’s Institute of Medical Sciences, Hyderabad, India
Meanwhile, the tobacco industry continues to promote its deadly products …

The use of tobacco (cigarettes) among young people is on the increase. A new giant cigarette plant which has pursued a persistent and subtle marketing style - presenting itself as a responsible corporate member of the community, but aimed at recruiting young people.

**Dr Kofoworola Orija, MBBS, MSc, DPH**
Executive Director
The Bloom Cancer Care & Support Centre, Lagos, Nigeria

We need to stop tobacco companies making very attractive commercials to get kids addicted to tobacco very early in their lives without warning them that quitting is very hard because of a real addiction. That's no fun – not at all as they advertise.

**Dr Hugo Arias-Pulido, PhD**
Research Assistant Professor, School of Medicine, Albuquerque, USA

… and every day, almost 100,000 children begin using tobacco.

Some 98% of our school-going population knows that tobacco causes cancer. But tobacco consumption increases because tobacco smoking is glamorized.

**Ms Kumari Welegedara, Diploma Youth in Development**
Senior Programme Officer, Alcohol and Drug Information Center, Colombo, Sri Lanka

Too many young people still think smoking is a part of being grown up. While their parents try to quit smoking, they start to use tobacco younger and younger than ever. Society does not take enough action to send them a clear message about all the dangers smoking will bring. And their future is our future, too.

**Dr Ira Pavlovic-Ruzic,**
Head of Radiotherapy, Institute for Radiotherapy and Oncology, Clinical Hospital Center Rijeka, Croatia
Curbing tobacco use is a priority in cancer control …

The most important thing in our country is to prevent and stop smoking, and to take all possible steps to decrease the production of cigarettes. This is especially true in my province, Hunan, which is one of the most important for tobacco production in China.

Prof Zhongshu Yan
Professor of Surgery (Oncology), Changsha, China

After qualifying oncology almost two decades ago, I could recognize that tobacco is the biggest and main menace for cancer. To curb this menace is an uphill task but the rewards is thousands of life saved – lives which we often can not save with even the most sophisticated treatment around the world.

Dr Tariq Parvez, MBBS, MCPS, DMRT, MD
Consultant Oncologist & Chairman
Pakistan Society for Cancer Prevention, Lahore, Pakistan

My research activities have taken me to many countries in Eastern Europe and Southeast Asia, where the prevalence of tobacco products is astounding - and the toll of tobacco-related cancers is evident. Tobacco control will cut cancer rates, and help relieve the burden on health care costs imposed by tobacco-induced disease, which can be completely eradicated.

Dr Csilla Szabo
Cancer Geneticist & Assistant Professor, Rochester, MN, USA

Clearing the cloud of tobacco smoke around the world would prevent a huge amount of suffering for the whole of humanity, and would allow to devote a substantial proportion of economic resources to improve the health condtions in the developing world.

Prof Pierluigi Cocco, MD
Associate Professor of Occupational Health
University of Cagliari, Cagliari, Italy

In India, most cancers are tobacco-related which includes cancer of the head and neck and of the lung. Educating the public about the ill-effects of tobacco usage in any form plays a very important role in prevention of these cancers.

Dr Vidyasagar Mamidipudi Srinivasa, MD, DMRT
Professor
Shirdi Saibaba Cancer Hospital & Research Institute, Manipal, India
Tobacco use among health professionals is a barrier to change…

A lot of doctors and nurses in Armenia still are active smokers. It is necessary for health professionals to stop smoking.

Prof Andrias Hambardzumyan, MD PhD DHM FACG
Head of Department
National Cancer Center, Yerevan, Armenia

It is very disappointing that in India more than 60% cancer is tobacco related. What is more shocking to note is that health professionals, even in my department – radiation oncology - continue smoking, sometimes even in the presence of cancer patients, while telling patients not to smoke. Is it not hypocrisy?

Dr Subrata Saha, MD
Radiation Oncologist
Calcutta, India

… but health professionals have enormous potential in tackling tobacco.
As carers, health professionals can helping people to quit tobacco, improving their health …

Health professionals have a unique position to help smokers to quit. This is an important means of reducing tobacco-related morbidity and mortality. Patients should learn that cancer is not caused by the nicotine, but by the smoke. Nicotine replacement should therefore be encouraged as a first-line procedure.

Dr Lars Ramstrom, PhD
Director Institute for Tobacco Studies, Stockholm, Sweden

…reducing the risk of malignancy, and improving the outcome of cancer treatment.

Our Institute has a district-based network in which detects pre-cancer and cancer in Indian villages. Not only are pre-cancerous conditions preventable by effective and sustained intervention to reduce tobacco use, the chances of tumour relapse or recurrence are high if patients being treated continue to use tobacco.

Dr Digpal Dharkar, MS
Honorary Secretary, Indian Institute of Head and Neck Oncology, Indore, India

As role-models, promoting smoke-free health facilities.

As a director of a cancer research unit located in a medical school, I recently succeeded in ensuring the whole building is smokefree.

Dr Claude Prigent, PhD
Department Head
CNRS UMR 6061, Rennes, France

My workplace has become smoke-free as a necessary step to protect the health of all its employees.

Dr Howard Young, PhD
Principal Investigator
National Cancer Institute, Frederick, Maryland, USA
And as advocates, speaking out for strong, effective public policies to cut tobacco use, and save lives.

Vigorous advocacy for tobacco control in Nigeria will assist in no small measure in influencing change of government policy, people’s behaviour and support for smoking cessation programs. Health professionals are major stakeholders in the war against smoking and cancer in Nigeria.

Dr Adenike Onibokun, RN, RM, RNT  
Coordinator  
Center for Hope (C-HOPE), Ibadan, Nigeria

At the legislative level, health professionals can use their influence in their local and national communities to encourage preventive tobacco control measures at country and at international level, in line with the WHO Framework Convention on Tobacco Control. Their voice on the consequences of tobacco use must be united and clear to ensure positive policy changes.

Dr M Haniki Nik M, PharmD  
Associate Professor in Clinical Pharmacy  
School of Pharmaceutical Sciences, Universiti Sains Malaysia, Penang, Malaysia

Comprehensive tobacco control policy includes legislation, price policy, research, and health education. All of these are needed and without even one the whole may fall like a three legged chair.

Dr Matti Rautalahti, MD, PhD  
Chief Medical Officer  
Cancer Society of Finland, Helsinki, Finland
Across the world, the global cancer community is working for a tobacco-free future, through cancer societies …

Serbian Society for the Fight Against Cancer considers tobacco the major preventable cause of cancer. Through a quarterly magazine and brochures, lectures, programmes for schools and press conferences, the Society provides information to the general public and health professionals on health effects of tobacco and tobacco control activities in the country. The Society campaigned for the signing of the Framework Convention on Tobacco Control and will actively ratification.

Dr Ana Jovicevic Bekic,
Medical Doctor & Secretary
Society for the Fight Against Cancer, Belgrade, Serbia and Montenegro

There are more than 20 million people who smoke in Turkey. Lung cancer is the leading cause of cancer mortality. The Turkish Association for Cancer Research is fighting against cancer as a strong advocate of antitobacco activities.

Prof Tezer Kutluk
Medical Doctor
Turkish Association for Cancer Research and Control, Yenisehir-Ankara, Turkey

Tobacco has been one of the major problems in Nepal. In some remote districts, it has been found that 71% of women smoke - perhaps the highest rate of smoking among women anywhere in the world. The cause is lack of awareness and education. Our organization is focusing on an awareness program throughout the country to promote a comprehensive approach to tobacco control.

Mr Diwakar Rajkarnikar, MBA
National President
Nepal Cancer Relief Society, Kathmandu, Nepal

Prevention of tobacco-related diseases and premature deaths is a first priority for preventive actions. Sixteen health and workers unions have joined forces to achieve a complete ban of smoking in workplaces and indoor public areas. If we are successful, Denmark can avoid about 150 deaths each year due to passive smoking, and a substantial proportion of smoking-related deaths of which we have 12 000 per year, and of which half occur before the age of 65.

Dr Hans Storm, MD
Director Cancer Prevention & Documentation
Danish Cancer Society, Copenhagen, Denmark
...through cancer centres...

In Kashmir, tobacco is a major health care hazard affecting a large proportion of our population. Tobacco is sold to minors and tempting advertisements are commonplace. All public places and transport services allow smoking. Our institution will function as the first rural cancer centre of the region. Our major emphasis will be on developing tobacco-free districts. We will work towards getting a ban on tobacco sales to minors and to make public facilities and public places smokefree.

Prof Shad Akhtar, MBBS, MD, MRCP, FRCP, FACP
Medical Director
Hakim Sanaullah Specialist Hospital & Cancer Center, Kashmir, India

...through professional groups...

As a member organization of the International Union Against Cancer, the American College of Surgeons Commission on Cancer (ACoS-CoC) is committed to the fight against the use of tobacco and works diligently within the United States to impact cancer control at the state and local levels. The ACoS-CoC has also been supportive of the WHO Framework Convention on Tobacco Control and continues to work to secure USA ratification.

Mrs Connie Bura, BA
Administrative Director, Cancer Programs
American College of Surgeons Commission on Cancer, Chicago, IL, USA
… and through global cooperation.

The American Cancer Society (ACS) is committed to addressing the tobacco pandemic both within the USA and globally. Working with public health partners such as the UICC and the Framework Convention Alliance, the ACS has devoted resources, both financial and human, to this fight and looks forward to celebrating its successes. An essential partner in this global effort is the health care community and, especially, physicians. There is, perhaps, no more influential group than physicians where tobacco control is concerned - both as nonsmoking role models and providers of care for those who are tobacco dependent. We applaud the WHO for its focus on this issue.

Dr Thomas Glynn
American Cancer Society, Washington, DC, USA

We are running a project on tobacco among school children from the 8th standard to 12th standard, who are prone to start using tobacco. We have selected 15 schools in our area and started a pilot project. A visiting team from American Cancer Society appreciated our work. Inspired by their visit, different school authorities have started approaching us to start an identical project in other schools.

Mr Samiran Das, DipHM
Secretary & Chief Functionary
Saktipada Das Memorial Foundation, Kolkata, India

Tobacco use is always harmful - so harmful for mankind in all senses, all governments, national and international organizations, civic society and others should unite to fight against the use of tobacco.

Dr Hari Prasad Dhakal, MBBS, MD
Consultant, Kathmandu, Nepal

My contribution as an individual may be a drop in the ocean, but I would strongly add my voice to that of the millions of health professionals across the globe calling for tobacco control and the prevention of tobacco-related diseases. I thank UICC for taking the lead in this direction.

Prof Sudha Sharma, MBBs, DGO, MRCOG, MPH
Senior Consultant, Kathmandu, Nepal

Together, we can make a difference.
The UICC (Union Internationale Contre le Cancer) is the only international nongovernmental organisation dedicated exclusively to the global control of cancer.

Its vision is of a world where cancer is eliminated as a major life-threatening disease.

Uniting 262 cancer-fighting organisations in 84 countries, the UICC is a resource for action and a voice for change.

* For a complete list of organisations and individuals who supported this UICC initiative, visit: http://action.uicctobacco.org