

Tobacco Burden and Epidemics

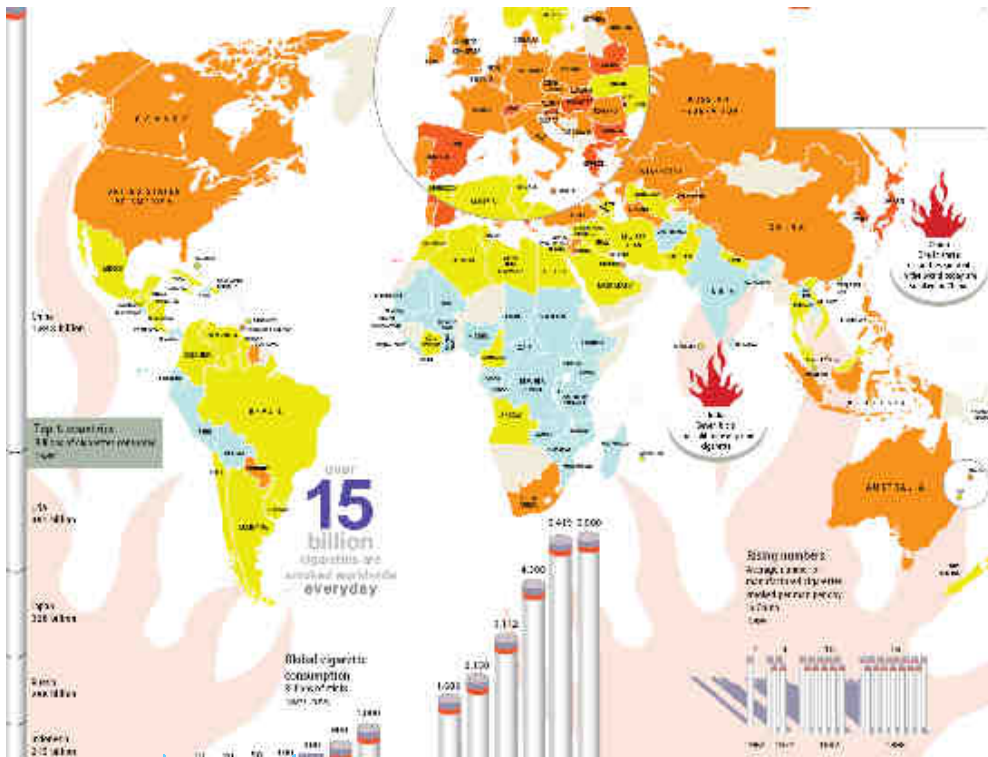
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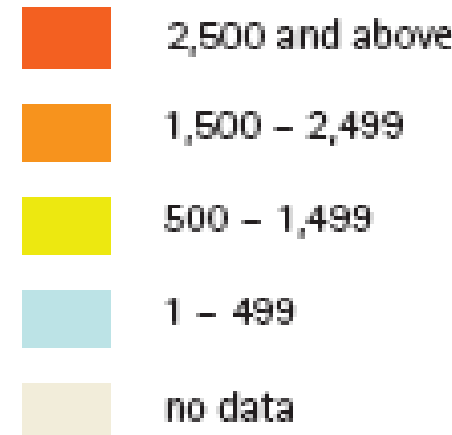
3rd International Cancer Control Congress in Cernobbio, Milan

November 8-11 2009



Annual cigarette consumption

per person
1998 or latest available data



• Income

• Annual Cigarette Consumption

• Obesity

• Cancer Epidemic

• Cardiovascular Disease Epidemics

• Ischemic heart Disease

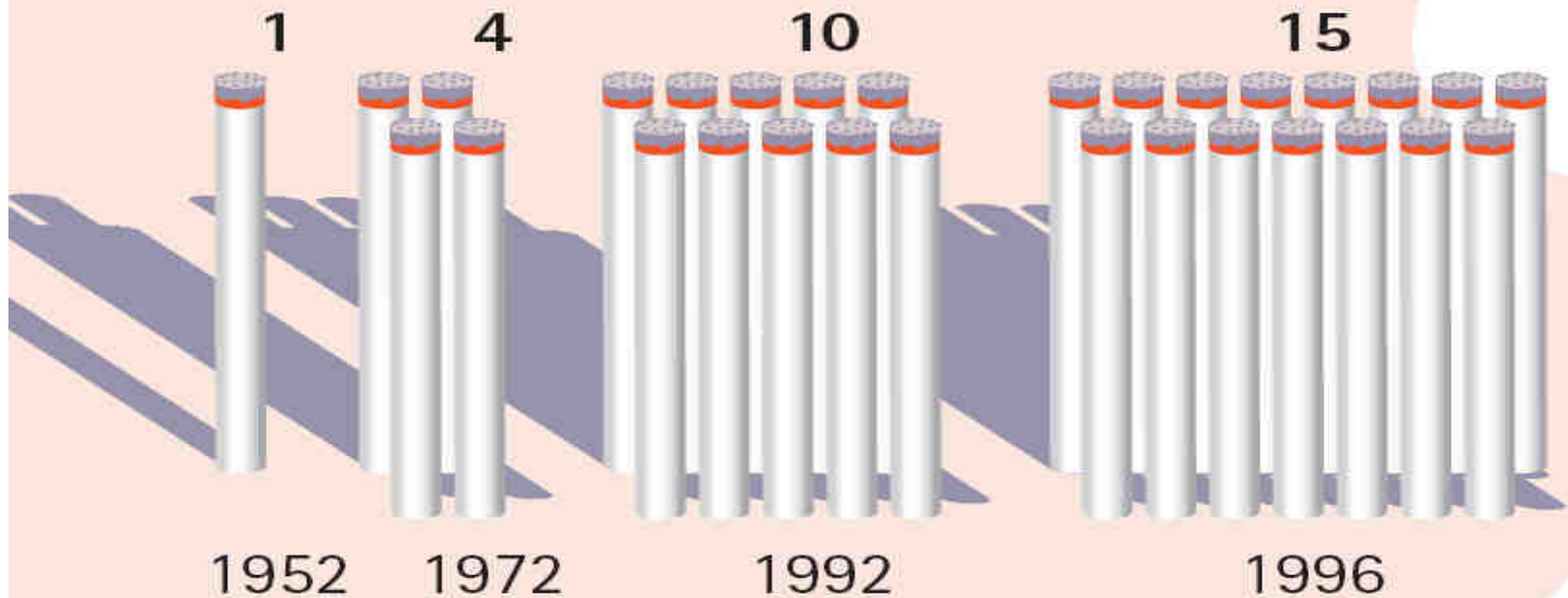
• Stroke



Rising numbers

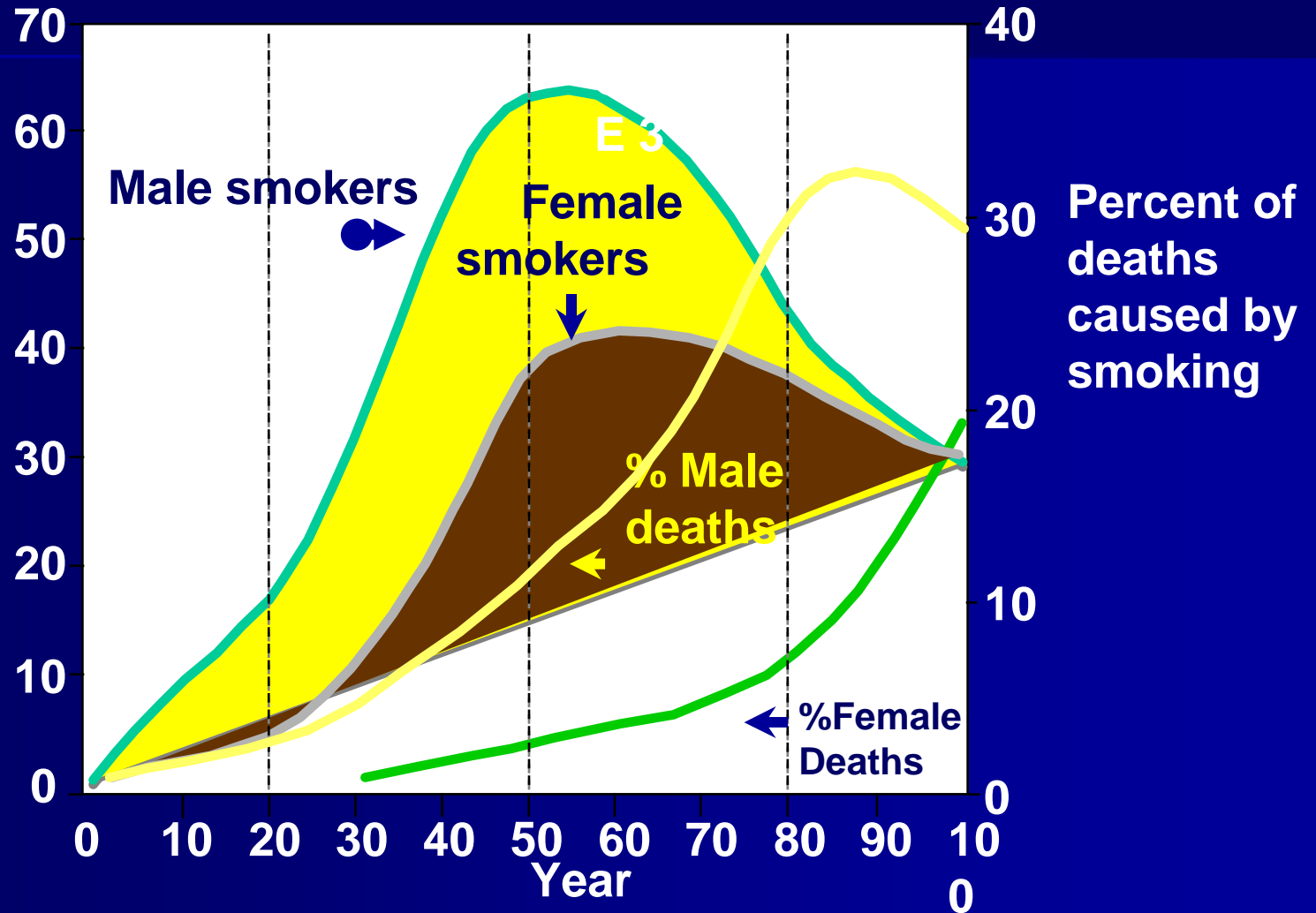
Average number of
manufactured cigarettes
smoked per man per day
in China

1996



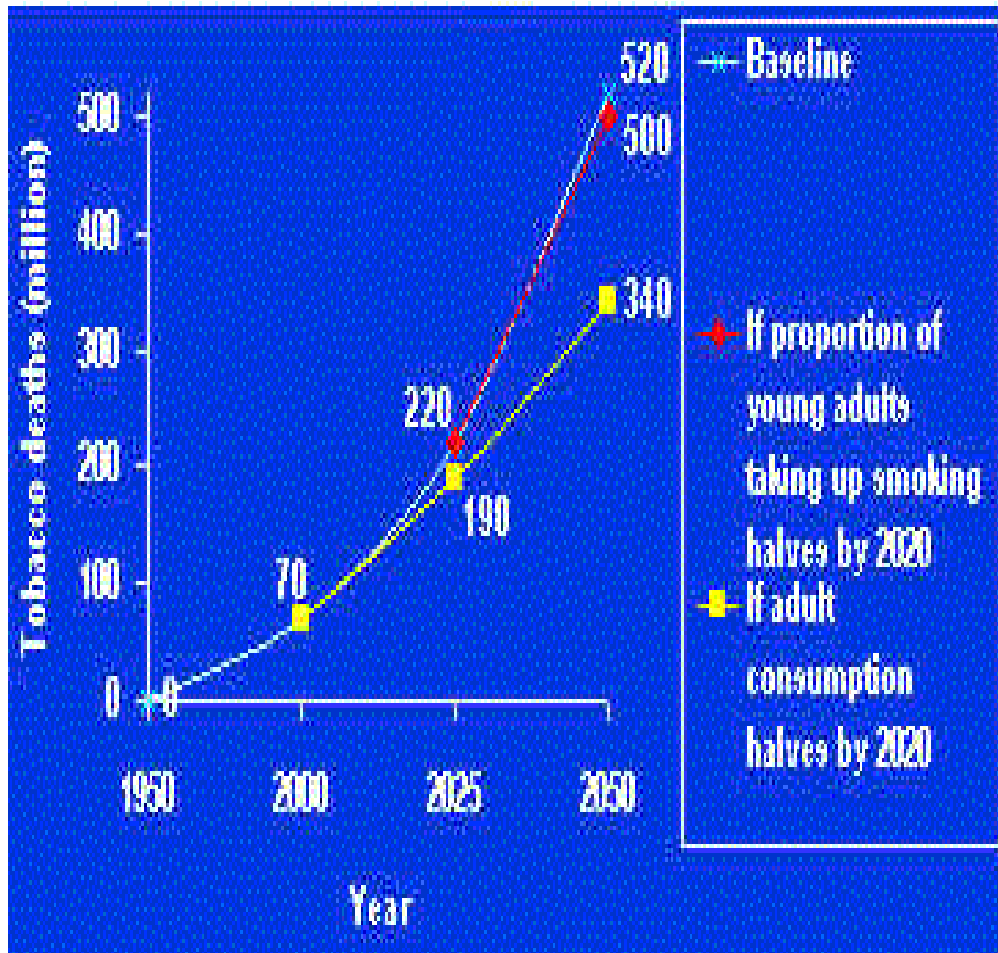
Lopez Descriptive Model

Percent
of smokers



Source: Lopez AD, et al. Tobacco Control. 3:246, 1994

Unless current smokers quit, smoking deaths will rise dramatically over the next 50 years



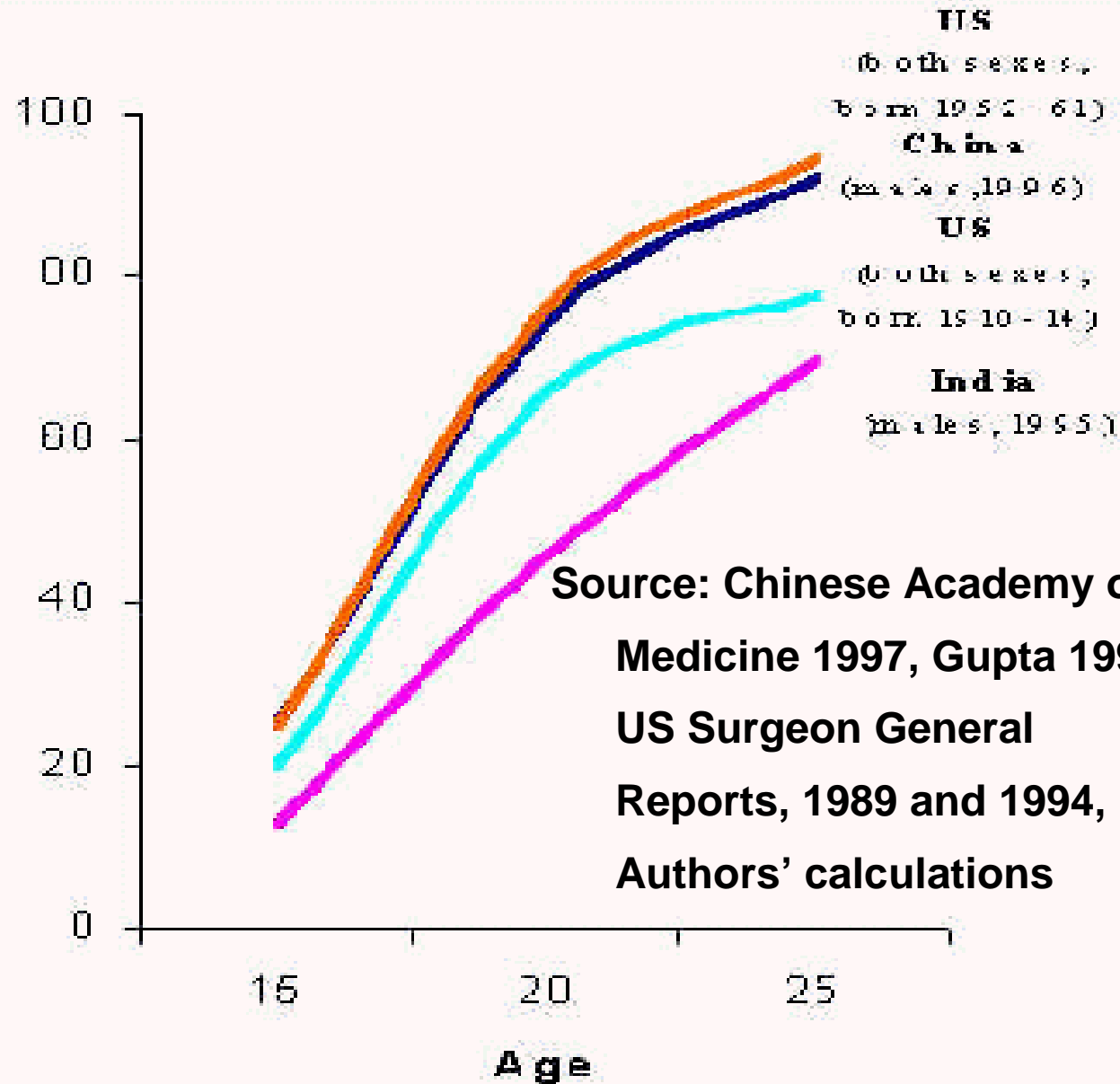
Why should governments intervene?

- Large and growing number of deaths from smoking
- World: Annual Tobacco deaths (in millions)

	2000	2030
• Developed	2	~3
• Developing	~2	~7
• <i>World Total</i>	4	~10
- **1 in 2 of long-term smokers killed by their addiction**
- **1/2 of deaths in middle age (35-69)**
 Source: Peto, Lopez, and others 1997; WDR 1993

Source: Peto and others, 1994;

Tobacco addiction starts early in life



Source: Chinese Academy of
Medicine 1997, Gupta 1996,
US Surgeon General
Reports, 1989 and 1994,
Authors' calculations

Every day 80,000 to 100,000 youths become regular smokers

Adult prevalence data (MPOWER 2008)

Percentage of adults who currently smoke: (a) cigarettes; and (b) any form of tobacco products.

Country	Smoking cigarettes Percentage (%)		Using tobacco products Percentage (%)	
	Males	Females	Males	Females
Bahrain	25.7	2.1	26.2	2.7
Egypt	22.7	3.5	26.0	4.1
Iraq	25.2	1.3	25.7	1.9
Islamic Republic of Iran	21.4	1.7	26.2	4.5
Jordan	61.4	7.9	61.7	7.9
Lebanon	29.0	6.9	29.0	6.9
Morocco	26.8	0.3	29.5	0.3
Oman	24.4	0.3	24.8	1.0
Pakistan	26.7	2.2	31.7	5.2
Saudi Arabia	25.2	3.0	25.6	3.2
Syrian Arab Republic	41.2	-	42.0	-
Tunisia	47.4	1.0	51.0	1.7
United Arab Emirates	26.8	1.7	27.2	2.4

For more tobacco use prevalence related information,
please visit: www.emro.who.int/tfi/tfi.htm; and www.cdc.gov.

Country	Percentage (%)			Max %	Adult %
	Current cigarette smokers	Other tobacco product users	Never smokers with initiation potential		
Afghanistan	4.8	5.9	8.8	19.5	
Bahrain	10.6	15.3	-	25.9	15.0
Djibouti	6.1	11.1	19.7	36.9	
Egypt	4.0	10.1	18.3	32.4	15.0
Gaza Strip	6.6	6.6	15.5	28.7	
Iraq	11.9	11.4	14.2	37.5	13.8
Islamic Republic of Iran	3.0	26.1	8.7	37.8	15.3
Jordan	10.3	26.4	20.7	57.4	34.8
Kuwait	10.8	14.5	17.3	42.6	
Lebanon	8.6	40.0	20.6	69.2	18.0
Libyan Arab Jamahiriya	4.6	7.2	18.5	30.3	
Morocco	3.5	9.0	11.3	23.8	15.0
Oman	2.3	14.4	12.5	29.2	12.8
Pakistan	1.4	9.5	9.2	20.1	18.3
Qatar	6.5	15.6	20.3	42.6	
Saudi Arabia	6.7	11.9	19.2	36.8	24.4
Somalia	5.8	12.5	24.1	42.4	
Sudan	6.0	10.2	13.9	30.1	
Syrian Arab Republic	12.3	34.7	14.7	61.7	42.0
Tunisia	8.3	13.9	19.9	42.1	26.3
United Arab Emirates	8.0	28.8	12.5	49.3	14.8
West Bank	18.0	16.7	20.2	54.9	
Yemen	5.3	14.6	33.7	53.6	

For more tobacco use prevalence related information, please visit: www.emro.who.int/tfi/tfi.htm; and www.cdc.gov.





- **Emerging tobacco hazards in
China: Early mortality**

- **results from a prospective study
covering more than 200,000**

- Shi-Ru Niu, Gong-Huang Yang, Zheng-Ming Chen, Jun-Ling Wang,
Gong-Hao Wang,
- Xing-Zhou He, Helen Schoepff, Jillian Boreham, Hong-Chao Pan,
Richard Peto

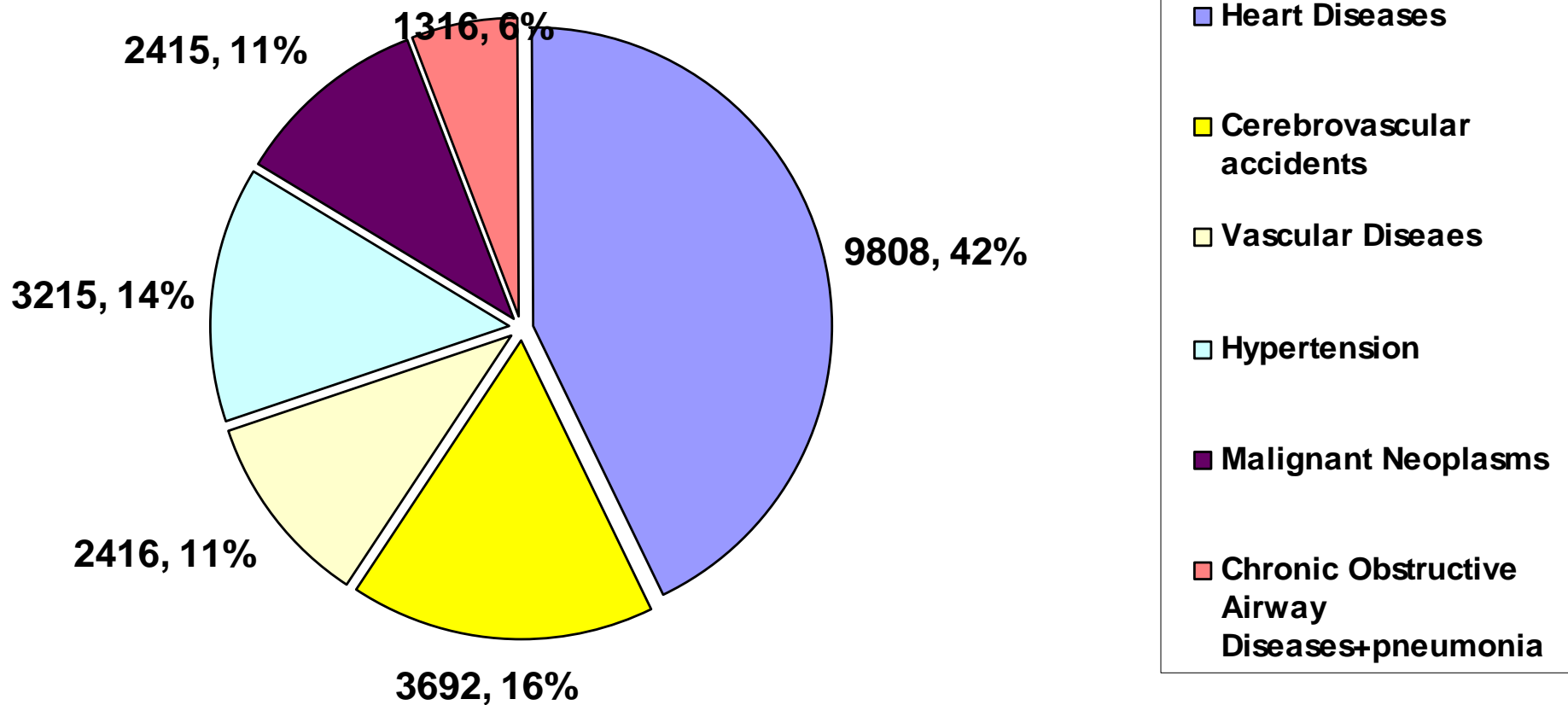
- **Results** 74% were smokers (73% current, only 1% former),
- **Overall mortality** is increased among smokers (risk ratio **1.2**; 95% confidence interval 1.1 to 1.3, $P < 0.001$).
- Almost all the **increased mortality involved neoplastic, respiratory, or vascular disease.**
- **The overall risk ratios** currently associated with smoking
 - in rural areas (**1.26** or, 1.12
 - in urban areas (**1.73**, 1.40, or **1.16** respectively for smokers who started before age 20 or at 20-24 respectively).

- **Conclusion** This prospective study and the accompanying retrospective study show that **by 1990 smoking was already causing about 12% of Chinese male mortality in middle age. This proportion is predicted to rise to about 33% by 2030.**

Smoking Disease Burden in Egypt 1999

Overall Mortality 400,000 Total deaths ≥ 35 Years = 302885

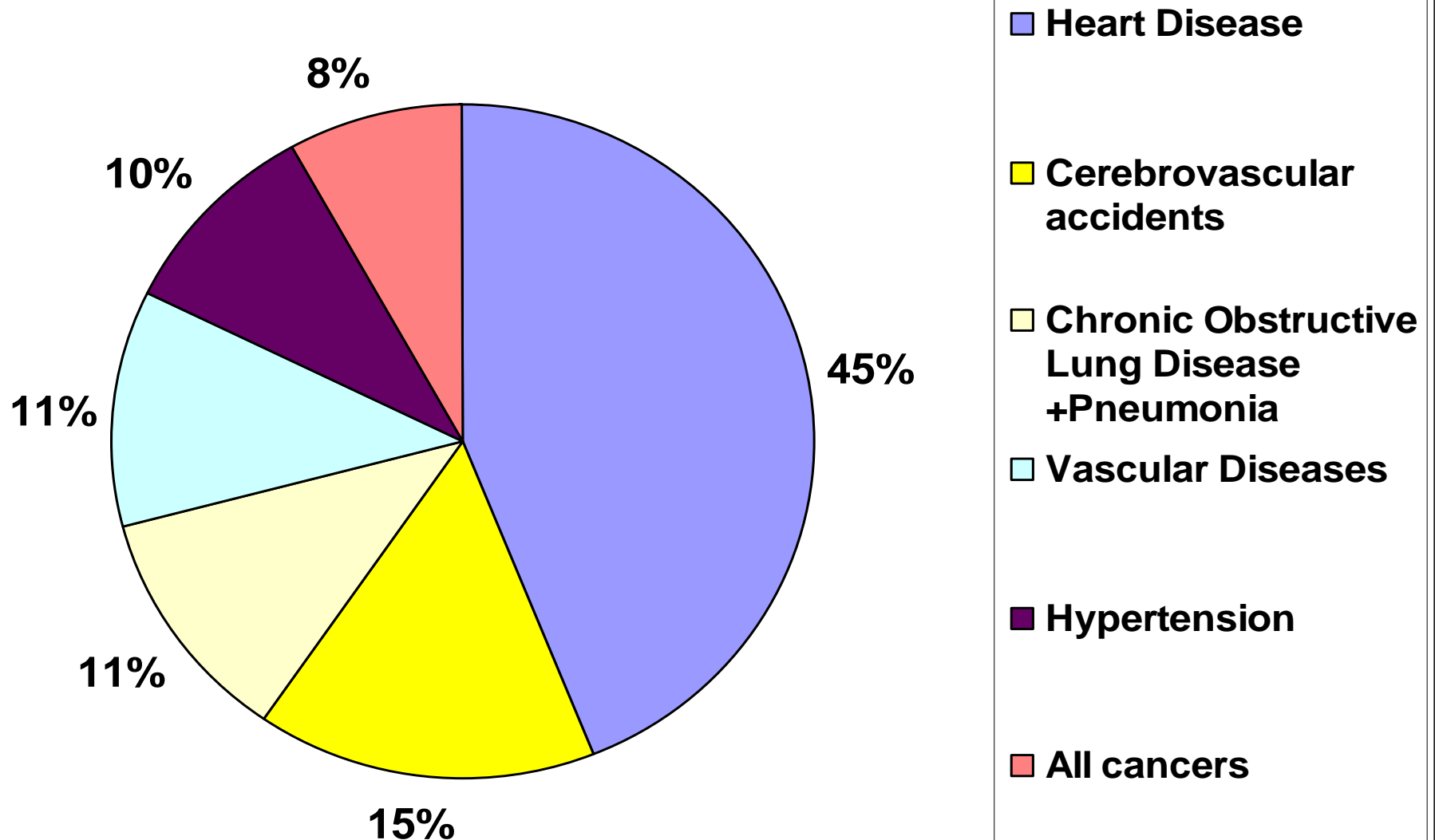
Smoking Deaths = 22862 or 8% (13% in Males, 1% in females)



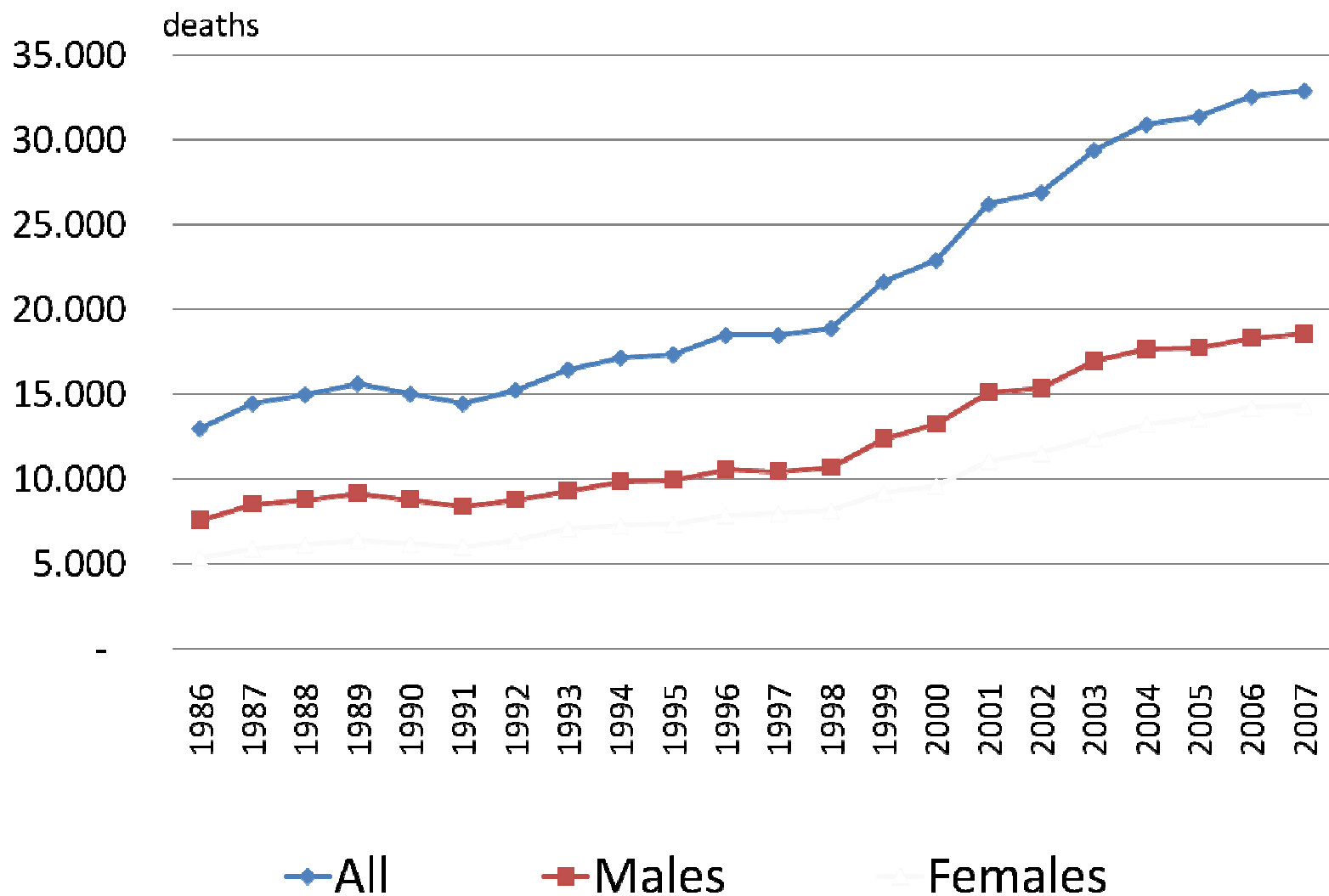
Smoking Disease Burden in Egypt 2004

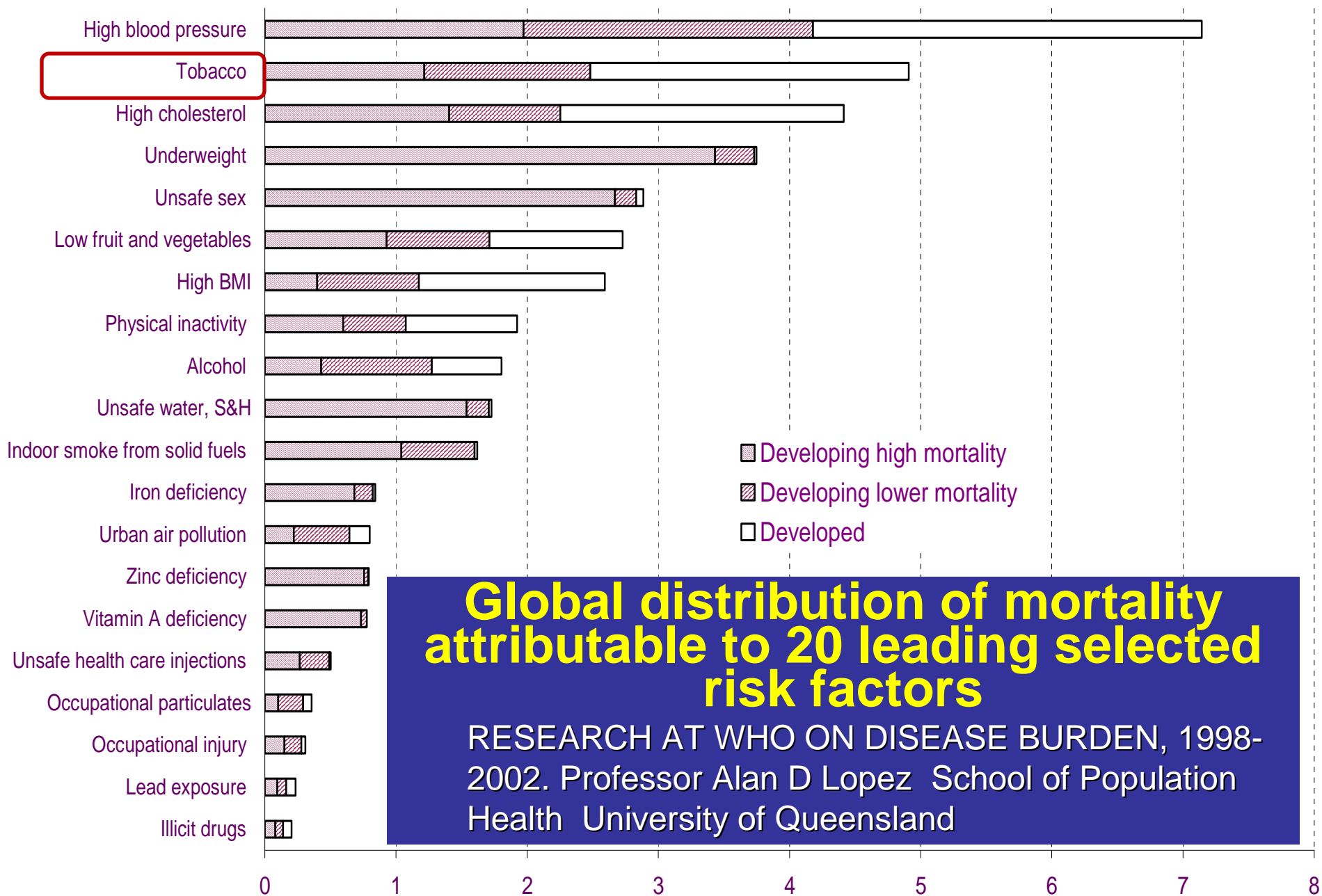
Overall Mortality 430,000 Total deaths ≥ 35 Years = **348501**

Smoking Deaths = **37533** or 11 % (19% Males, 1.2 % Females)



All Cancer Mortality in Egypt 1986-2007





Global distribution of mortality attributable to 20 leading selected risk factors

RESEARCH AT WHO ON DISEASE BURDEN, 1998-2002. Professor Alan D Lopez School of Population Health University of Queensland

Attributable mortality in millions (Total 55.9 million)

Smoking accounts for much of the mortality gap between rich and poor

Why should governments intervene?

- Smokers do not know their risks
- Addiction and youth onset of smoking
- Lack of information and unwillingness to act on information “Risk Perception”
- Costs imposed on others
- Costs of environmental tobacco smoke and health

Major Challenges to FCTC Implementation

- Smoking is perceived as not a Priority Risk to Health
- Acceptance by Health Officials of Smoking Behavior
- Lack of Funding to initiate Continuous Actions and Media Campaigns
- Data on Burden is not Available thus not appreciated
- Perceptions of harm to public is there but weak and not at sufficient level
- Officials Lack of believe of possibility of change
- Tobacco Companies indirect Ads Through Satellite Movies

Suggested Place for the
**4th International Cancer Control Congress in
El Arish, North Sinai Egypt**

