

Spotlight on tobacco smoking as the main cause of heart disease and stroke

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THE Heart and Stroke Foundation South Africa (HSFSA) highlights Heart Awareness Month annually in September as a build-up to World Heart Day on September 29.

This is followed by Stroke Week between October 28 and November 3 as a build-up to World Stroke Day on October 29. As part of our awareness initiatives, this article aims to place, front and centre, tobacco smoking as a key risk factor for cardiovascular disease (CVD) onset. CVD includes heart disease, stroke and other circulatory diseases.

In South Africa, the prevalence of smoking is close to 16.5%, although in certain provinces such as the Western and Eastern Cape, the prevalence is nearly twice that of the national average. The additional concern in South Africa is the relatively high prevalence of smoking among females, and tobacco exposure directed at children and young adults.

The World Health Organisation (WHO) reports that one in 10 deaths around the world is caused

by tobacco smoking. Tobacco use kills more than seven million people each year.

Recognising the devastating effects of tobacco consumption and exposure to tobacco smoke in 2003, the WHO formulated the WHO Framework Convention for Tobacco Control (FCTC).

This framework emphasises many facts about tobacco and tobacco-related products, which include the fact that tobacco use and exposure to tobacco smoke is strongly negatively associated with health, economic, social and environmental consequences, disproportionately affecting developing countries.

Tobacco, like any other habit-forming substance, leads to physiological dependency over time. Most concerning is the fact that the age of first-time smokers is getting younger and there is an increasing number of young girls and women smoking both globally and in South Africa, indicating a change in the pattern of tobacco use that needs to be monitored. While the WHO FCTC has been effective in protecting more than 3.5 billion people from harm



LIT UP: Cape Town's Table Mountain bathed in red lights for last year's World Heart Day. This year's focus is on smoke-free air.

Picture: Armand Hough/ANA

and the global sales of cigarettes and other tobacco-related products have declined, tobacco smoking remains one of the significant risk factors for the onset of heart disease, strokes, lung cancer and respiratory failure.

Another alarming fact is that the WHO estimates one tenth of the annual seven million deaths

caused by tobacco use worldwide occur among non-smokers who inhaled other people's cigarette smoke. Such exposure is also known to cause lung cancer, heart attacks and lung disease. The South African National Health and Nutrition Examination Survey-1 showed that 29.9% of adults revealed exposure

to environmental tobacco smoke by having blood cotinine levels greater than 10ng/mL. These concentrations can be measured in the blood and even small amounts of exposure to tobacco smoke in the environment can be detected.

Smoking triples the risk of having a heart attack and doubles the risk of having a stroke. Despite the decline in smoking rates since the introduction of anti-smoking legislation and taxation in South Africa, CVD remains the second-biggest cause of death in the country after HIV and Aids.

While there are many modifiable factors – such as unhealthy eating, obesity, hypertension, excessive alcohol consumption, stress and depression, environmental pollution and lack of physical activity – that are strongly associated with CVD onset and poor health-related quality of life, tobacco smoking remains the strongest risk factor.

Salim Yusuf, a professor at McMaster University in Canada and past president of the World Heart Federation, articulates this fact exceptionally well.

He states that a reduction in sodium (salt) in the diet, for example, may help to mitigate high blood pressure but "salt is not tobacco, where the optimal number is zero". This means that the optimal target for harm reduction through tobacco smoking should be a no-smoking policy at both an individual and population level.

If we are to achieve the global target set by the World Heart Federation of a 25% reduction in premature deaths from CVD and a 25% reduction in the under-25s affected by rheumatic heart disease by the year 2025 (known as the 25X25-25 target), we need to ensure that the anti-smoking legislation in South Africa is implemented in the most effective way with ongoing monitoring of and adherence to the existing policies.

South Africa has made great strides in tobacco control by aligning the country's policies and strategies with the WHO's recommendations.

We have learnt that tobacco control interventions are "best buys", and implementing tobacco demand reduction measures is possible

within a short timeframe.

We were fortunate to have good national leadership for tobacco control and we saw increases in tobacco taxes and prices, the creation of smoke-free work and public spaces, public education about the dangers of tobacco, and the protection of public health policies from vested interests in the tobacco industry.

I urge South Africans to help facilitate the government's commitment to harm reduction through tobacco control policies, and to make an effort to keep themselves and their environment smoke-free. We should mobilise to ban smoking outdoors, as this contributes to environmental pollution.

By striving to achieve the 25X25-25 target for CVD, we too are aligning ourselves with Goal 3 of the UN Sustainable Development Goals, which states that countries should ensure healthy lives and promote well-being for all.

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