



Smoking, heart disease and death

Up to the 1950's the smoking of cigarettes was accepted as a normal behaviour amongst males: between 70% to 80% of men smoked. Smoking amongst women was much less popular, with only about 20% of adult females smoking.

The streets were marked with the yellowish coughed-up spittle of middle aged and older men who had developed chronic bronchitis, who were also commonly short of breath and wheezing from emphysema. Some may recall the signs at Flinders Street railway station in Melbourne: "Do not spit on floors, walls or stairs".

It was then recognised in the 1950's that those who were regular smokers were much more likely (about 10 times more likely) than non-smokers to die of lung cancer. Little was done with this knowledge, although most doctors stopped smoking.

When advised to stop smoking, it was common to hear people say "well, you have to die of something. Anyhow, most people die of heart disease." Both statements were true of course, but merely a trick to save facing up to facts.

In the 1960's it was established that those who were smokers were much more likely (about 3 times more likely than non smokers) to die of heart attacks. Later, it was also found that smokers were twice as likely as non smokers to have strokes. It became undeniable that cigarette smoking was the most dangerous, disabling and fatal human behaviour short of trench warfare or genocide.

Anti-smoking health campaigns were adopted by governments (state and federal) and non government health organisations (e.g. Cancer Councils, Heart Foundations, and many others). These campaigns, together with almost universal medical advice outlining the disadvantages of smoking, have successfully reduced smoking to about 20% amongst both males and females. Unfortunately, while quit rates have improved, many Australians still take up smoking.

Deaths from lung disease and lung cancer are falling amongst men, but the incidence of lung cancer is rising in women. The occurrence of cardiac deaths under 65 years is falling in both men and women.

Reduction in smoking is a major reason for our population living longer and having a comparatively active and disease-free old age.

There are still some who ignore or reject the facts: this makes it possible for them to continue smoking. The problem is that nicotine from tobacco smoke is highly addictive. It is the tar in the smoke that causes cancers. It is something else that causes coronary heart disease and leads to heart attacks, strokes and blockages in the leg arteries leading to gangrene of the toes or feet and the need for amputations. It was once thought to be the carbon monoxide in the smoke, but there are myriad other damaging chemicals in the inhaled smoke. It is now apparent that marijuana smoking has similar adverse effects to tobacco smoking. Similar problems are related to smoking pipes or cigars.

One still hears "oh, one won't hurt me: I only have an occasional cigarette". Sadly the first statement is false. The most recent cigarette being smoked could be the final, fatal cigarette. The second statement is also often false. The 'occasional cigarette' may be one after each meal, a few in the evening or several in the hotel.

To stop smoking is difficult. Many people manage to stop for a time but relapse after days or weeks, even months. Friends who smoke can be highly dangerous. They would like you to smoke. It would make them feel less inadequate if you were also to smoke. Have you heard "Oh, come on, one won't hurt you"? It might just kill you: if not today, maybe later – if you resume smoking.

Dr Alan Goble
Cardiology Consultant
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