The Cancer Association of South Africa (CANSA)

Position Statement of the Cancer Association of South Africa on Tobacco Products

Preamble
A notable victory has been scored in the battle against tobacco in South Africa where smoking has been rated the second highest health concern, after HIV/AIDS. Thanks to some of the strictest tobacco control measures ever adopted by the government of a developing country, cigarette consumption in South Africa has fallen for eight consecutive years while the percentage of adult smokers in the country has dropped from 32 to 28 percent. The main weapon in the government’s arsenal was a steep rise in tobacco taxes, says Corné Van Walbeek, a senior researcher for the University of Cape Town’s Economics of Tobacco Control Project. All this, however, would not have been possible without the continued advocacy of the Cancer Association of South Africa over many years.

Even when taking the drop in the percentage of adult smokers in South Africa into consideration, the Cancer Association of South Africa (CANSA) is aware of the major targeting of adolescents and women that is taking place at present – the main idea behind this is to get more young smokers to start smoking. In its effort to contribute to the eradication of smoking amongst South Africans, CANSA has commenced with an online programme called e-KickButt.

By 2010 tobacco is projected to kill 6 million people worldwide annually and drain US$500 billion from the global economy each year with more than 72% of deaths occurring in low and middle-resource countries (Eriksen, et al., 2009).

Lung cancer, which is mostly caused by smoking, is the third most common cancer in South African men with one in 73 men diagnosed with lung cancer in his lifetime (South African Cancer Registry, 2004).

According to the International Agency for Research on Cancer (IARC), eight-one (81) cancer causing chemicals have so far been identified in cigarettes.

CANCA’s purpose is to provide South Africans with smart choices as far as various aspects of their health is concerned and to lead the fight against cancer by offering a unique and integrated service to the public and all people affected by cancer. As a leading role-player in cancer research [R8 million spent annually], the scientific findings and knowledge gained from CANSA’s research are used to realign South Africa’s health programmes as well as strengthening the watchdog role of CANSA to the greater benefit of the public.
Smoking Tobacco
Exposure to environmental tobacco smoke poses major health risks for both children and adults. However, unlike adults, children often do not have the understanding, ability, or power to avoid exposure to other people’s smoke.

There are three (3) forms of smoke that is of importance. They are: passive smoking (inhaling smoke where someone else is smoking), exhaled mainstream smoke, and side-stream smoke. Passive smoking is the inhalation of environmental tobacco smoke, which is made up of exhaled mainstream smoke and side-stream smoke created by individuals who smoke. Exhaled mainstream smoke is the smoke breathed out by a person smoking a burning cigarette, cigar or pipe and side-stream smoke is the smoke that is released from a burning cigarette, cigar or pipe (National Childcare Accreditation Council Inc.).

Passive smoking affects both smokers and non-smokers. Both exhaled mainstream smoke and side-stream smoke contain many carcinogens (cancer causing chemicals) and other toxic substances. Passive or involuntary smoking causes a number of diseases and conditions in children and adults, including several cancers, and is also linked to other adverse health issues.

In children passive smoking causes the following:
- Sudden Infant Death Syndrome (SIDS or cot death)
- Lower birth weight
- Bronchitis, pneumonia and other airway infections
- Asthma
- Middle ear disease
- Respiratory symptoms (coughing and wheezing)
- Adverse effects on cognition and behaviour
- Decreased lung function.

In adults passive smoking causes the following disease and conditions:
- Heart disease
- Lung cancer
- Nasal sinus cancer
- Irritation of the eyes and nose
- Miscarriages
- Cervical cancer
- Breast cancer
- Stroke
- Asthma (Cancer Council, Australia).

The smoking of tobacco is a health hazard and is the single most preventable cause of many health problems which include:
- Many cancers: lung, throat, mouth, tongue, bladder, cervix, pancreas, kidney and stomach
- Cardiovascular diseases, heart attacks and strokes
- Respiratory diseases such as chronic bronchitis, emphysema and chronic obstructive airways disease
- Peptic ulcers
- Impotence
As soon as a person becomes smoke-free, his/her risk of heart disease and stroke begins to decrease. Within one year, one’s chance of dying from smoking-related heart disease is cut in half. Within 10 years, one’s risk of dying from lung cancer is also cut in half and after 15 years one’s risk will be nearly that of a non-smoker (Health Canada).

**CANSA’s Position:**
- CANSA believes that smoking of tobacco is a health hazard and is the single most preventable cause of many deaths and diseases including cancer of the lung, throat, mouth, tongue, bladder, cervix, pancreas, kidney and stomach.
- CANSA acknowledges nicotine to be the primary reinforcer of smoking, and exposure to the various harmful contaminants of cigarette smoke to be the cause of the majority of smoking related diseases and, therefore, calls on smokers to obtain help to stop smoking.

**Smokeless Tobacco**
Smokeless tobacco products have been in existence for thousands of years among populations in South America and Southeast Asia. Over time, these products have gained popularity throughout the world. Smokeless tobacco is consumed without burning the product, and can be used orally or nasally. Oral smokeless tobacco products are placed in the mouth, cheek or lip and sucked (dipped) or chewed. Tobacco pastes or powders are used in a similar manner and placed on the gums or teeth. Fine tobacco powder mixtures are usually inhaled through the nose and is absorbed in the nasal passages.

There is sufficient evidence that the use of smokeless tobacco causes cancer in humans. Smokeless tobacco contains carcinogens (cancer causing substances), which contribute to cancers of the oral cavity and the risk of other head and neck cancers. Smokeless tobacco use also causes a number of non-cancerous oral conditions and can lead to nicotine addiction similar to that produced by smoking of tobacco (Smokeless Tobacco Fact Sheets, 2002).

Smokeless tobacco products include snuff, snus, and chewing tobacco.

**Snuff**
Snuff is ground or pulverised tobacco, which is generally insufflated or "snuffed" through the nose. It is a type of smokeless tobacco.

Snuff taking produces a white to yellowish, wrinkled lesion of the oral mucosa at the site where the snuff is placed. The lesion is reversible, and only rarely exhibits dysplasia (development of abnormal tissue). Gingival recession (shrinking of the gums) and loss of attachment may occur in conjunction with the mucosal lesion. The risk of oral cancer varies greatly among the different published studies, from a relative risk of 48 to no increase in risk at all. Case control studies have found no association between oral tobacco and bladder cancer, whereas cigarette smoking carries a relative risk of about 2. There appears to be no evidence for an association between oral snuff and cancer in general when the analysis takes into account confounders such as occupation, smoking and alcohol. The epidemiological evidence for an association with cardiovascular disease is contradictory. Snuff may probably cause hypertension, and one large
study has reported a relative risk of 2 for dying of ischaemic heart disease. Biochemical evidence disfavours the hypothesis that snuff is atherogenic (capable of forming deposits in arteries) (Steen, 1996).

**CANSA’s Position:**
- CANSA believes that there is sufficient evidence of the harmful effects of snuff to call on users to stop using this harmful substance in the interest of their own health.

**Snus**
Snus (rhymes with loose) is a moist ground tobacco that a user tucks between the cheek and the gum. Unlike chewing tobacco and moist smokeless tobacco — commonly known as dip — snus requires no spitting. It has been manufactured in Scandinavia for over 200 years and about 25% of the grown male population of Sweden use snus on a daily basis as an alternative to smoking cigarettes. It consists of moist, ground tobacco which you either form yourself using your finger tips (also called loose snus or long/fine cut) or it comes in small pouches made of thin fabric (this is called portion snus which in turn comes in the shapes of white portion maxi portions, mini portions and strong portions). You then place it under your upper lip and keep it there for the duration of the snus, which is anywhere from 15 minutes to up to one hour. There are a number of brands and various degrees of nicotine strength.

Snus is not without its dangers. It contains nicotine, which speeds the metabolism, and is as addictive as cigarettes. It has also been linked in a recent clinical trial to pancreatic cancer, though, unlike cigarettes, not to lung or mouth cancers.

“There is no scientific evidence whatsoever that smokers are able to switch to smokeless tobacco and remain switched,” said Thomas Glynn, the director of Cancer Science and Trends at the American Cancer Society.

**CANSA’s Position:**
- CANSA believes that snus is not without danger as it contains addictive nicotine and many other harmful substances and that its use should be discontinued and not encouraged.

**Chewing tobacco**
Chewing tobacco (also known as chew, dip, chaw, chewpoos, chits, or chowers) refers to a form of smokeless tobacco furnished as long strands of whole leaves and consumed by placing a portion of the tobacco between the cheek and gum or teeth and chewing. Unlike dipping tobacco, it is not ground and must be mechanically crushed with the teeth to release its flavour and nicotine. Unwanted juices are then expectorated in the form of spitting. Historically, chewing tobacco was a prevalent form of tobacco use in South Africa.

Tobacco is bad for one’s health. No matter in what form you take it, the ill effects are always there. Tobacco are leaves of the plant that are used in dried form - they are high in nicotine and consequently addictive in nature.
The high content of nicotine makes it very addictive, once a person gets addicted to smoking, chewing or sniffing it becomes difficult to leave it. At times efforts fail and the person goes back to taking tobacco.

Chewing tobacco is also known as smokeless tobacco. It is equally as bad as smoking. It is a myth that chewing tobacco is not as harmful as smoking it. Chewing tobacco is made of tobacco, nicotine, sweeteners and chemicals. The continuous chewing process gives a constant “high” to the person. This “high” gives temporary relief from stress and anxiety. The temporary relief leads the person to use it more frequently and before the person realises it, he/she is addicted.

Effects of chewing tobacco leads to numerous side effects, which can be internal or external. The main harmful effects of chewing tobacco include:

Erodes teeth: The ingredients of tobacco consist of gravel, sand, and harmful chemicals that erode the enamel of the teeth. Continuous chewing of tobacco can lead to early loss of teeth.

Early decay of teeth: Chewing leaves small particles between teeth that forms plaque. It harms enamel and gums, which leads to tooth decay.

Gingivitis: Chewing tobacco leads to infections of the gums - the gums get infected and the grip on teeth loosens which exposes the sensitive areas of teeth.

Bad breath: There is nothing as bad as bad breath of a person, It is a major turn off for people around them. The long-term habit of chewing and spitting is also unacceptable and is unbecoming.

Affects eating habit: The eating habits of people who chew tobacco tends to be unhealthy. Continuous chewing of tobacco affects the taste buds and their sensitivity decreases. This leads to an increase in intake of salt, sugar and spices in food as the person has a bland taste in his/her mouth.

The above effects of tobacco is just the beginning of the troubles for people who chew tobacco. Chewing of tobacco may have major or near fatal effects on addicted people. The major areas where they prove to be fatal are:

- Damage to tongue, jaw and lips
- Lung cancer
- Oral cancer.

Damage to the tongue, jaw and lips: As mentioned above chewing leads to the early decay of teeth, bad breath, damaged gums and falling out of teeth. The area around the mouth is affected. The tongue and jaws is exposed to the following problems:

- Discolouring of lips and lip cancer
- Sore throat
- Difficulty in movement of the jaw and tongue
- Rashes or irritation on tongue
- Burning sensation on lips and tongue.
Oral cancer: Continuous chewing of tobacco leaves infectious juices on the teeth and lips. These develop into white patches that can be considered as an early sign of oral cancer.

People who indulge in tobacco chewing have a higher risk of oral cancer than people who take alcohol. The most affected area in oral cancer is the tongue and the area below the tongue. The cancer slowly spreads to the cheeks and throat. It can attack any part of the lips, tongue, upper and lower mouth, the cheeks, or gums and oesophagus.

Lung cancer: Chewing tobacco leads to oral cancer but it is not the end of it – it can spread the disease to the lungs and linings of the stomach.

Reports show that 90% of lung cancers occur in people who either smoke or chew tobacco. Destructive agents termed as carcinogens in the tobacco injure the cells in the lungs. Over a period of time, these damaged cells may develop into lung cancer (Notosmoke.com)

**CANSA’s Position:**
- The use of chewing tobacco is fraught with danger and is harmful to health. It should be avoided.

**Other Forms of Smoking**
Apart from cigarette, cigar and pipe smoking, there are also other forms of smoking. They include:

*Hookah (water pipes)*
A question that is frequently asked by many is the following: Is hookah smoking safe?

No! Hookah smoking is not safer than cigarette smoking. Also known as narghile, shisha, goza and hubbly bubbly, a hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose. Specially made tobacco is heated, and the smoke passes through water and is then drawn through a rubber hose to a mouthpiece. The tobacco is no less toxic in a hookah pipe, and the water in the hookah does not filter out the toxic ingredients in the tobacco smoke. Hookah smokers may actually inhale more tobacco smoke than cigarette smokers do because of the large volume of smoke they inhale in one smoking session. A smoking session often lasts as long as 60 minutes.

While research about hookah smoking is still emerging, evidence shows that it poses many dangers:
- Hookah smoke contains high levels of toxic compounds, including tar, carbon monoxide, heavy metals and cancer-causing chemicals (carcinogens). In fact, hookah smokers are exposed to more carbon monoxide and smoke than are cigarette smokers
- As with cigarette smoking, hookah smoking is linked to lung and oral cancers, heart disease and other serious illnesses
Hookah smoking delivers about the same amount of nicotine as cigarette smoking does, possibly leading to tobacco dependence.

- Hookah smoke poses dangers associated with second-hand smoke
- Hookah smoking by pregnant women can result in low birth weight babies
- Hookah pipes used in hookah bars and cafes may not be cleaned properly, risking the spread of infectious diseases (Hurt, 2012).

While many hookah smokers may consider this practice less harmful than smoking cigarettes, hookah smoking carries many of the same health risks as cigarettes.

- Water pipe smoking delivers the addictive drug nicotine and is at least as toxic as cigarette smoke.
- Due to the mode of smoking—including frequency of puffing, depth of inhalation, and length of the smoking session—hookah smokers may absorb higher concentrations of the toxins found in cigarette smoke.
- A typical 1-hour-long hookah smoking session involves inhaling 100–200 times the volume of smoke inhaled from a single cigarette.
- Hookah smokers are at risk for the same kinds of diseases as are caused by cigarette smoking, including oral cancer, lung cancer, stomach cancer, cancer of the esophagus, reduced lung function, and decreased fertility.

Hookah Smoke and Cancer
- The charcoal used to heat tobacco in the hookah increases the health risks by producing high levels of carbon monoxide, metals, and cancer-causing chemicals.
- Even after it has passed through water, the smoke produced by a hookah contains high levels of toxic compounds, including carbon monoxide, heavy metals, and cancer-causing chemicals.
- Hookah tobacco and smoke contain numerous toxic substances known to cause lung, bladder, and oral cancers.
- Irritation from exposure to tobacco juices increases the risk of developing oral cancers.
  The irritation by tobacco juice products is likely to be greater among hookah smokers than among pipe or cigar smokers because hookah smoking is typically practiced (with or without inhalation) more often and for longer periods of time. (Centers for Disease Control and Prevention).

Other Health Effects of Hookah Smoke
- Hookah tobacco and smoke contain numerous toxic substances known to cause clogged arteries and heart disease.
- Infectious diseases may be transmitted by sharing a hookah.
- Babies born to women who smoked one or more water pipes a day during pregnancy have lower birth weights (were at least 100 grams less) than babies born to nonsmokers and are at an increased risk for respiratory diseases. (Centers for Disease Control and Prevention).

Hookahs and Secondhand Smoke
- Secondhand smoke from hookahs poses a serious risk for nonsmokers, particularly because it contains smoke not only from the tobacco but also from the heat source (e.g., charcoal) used in the hookah. (Centers for Disease Control and Prevention).
CANSAs Position:
- There is sufficient evidence of the dangers and harm to human health of hookah smoke to advise individuals to avoid it and to never even experiment with this form of smoking.

E-cigarettes
Electronic cigarettes, often called e-cigarettes, are battery-operated devices designed to look like regular tobacco cigarettes. Like their conventional counterparts, electronic cigarettes may contain nicotine. Here’s how they work: when you inhale, an atomizer turns liquid nicotine into a vapour that can be puffed, creating a cloud that resembles cigarette smoke.

Manufacturers claim that electronic cigarettes are a safe alternative to conventional cigarettes. However, these products have not been submitted to the Food and Drug Administration (FDA) or any other similar scientific body for evaluation or approval, so the public don’t know the levels of nicotine or the amounts or types of chemicals they contain. Furthermore, when the FDA analysed samples of two popular brands of electronic cigarettes, they found traces of toxic chemicals, including known carcinogens (cancer causing chemicals). This prompted the FDA to issue a warning about the potential health risks associated with electronic cigarettes.

Until more is known about the potential risks, the safe way is to say no to electronic cigarettes. If you’re looking for help to stop smoking, there are many approved medications and programmes, including CANSAs Kick Butt Programme, that have been shown to be safe and effective for this purpose.

CANSAs Position:
- E-cigarettes are not safe. They contain harmful substances and may contain nicotine and should, therefore, be avoided.

Every individual has the right to be smoke-free
Every individual has the right to a smoke-free environment. South African legislation is very clear about where smoking is prohibited. It is your right to complain when someone smokes in your presence and to take remedial steps if someone smokes in any area where smoking is prohibited.

The following applies:

- Adults may not smoke in a motor vehicle when children under the age of 12 are in the vehicle
- No person under the age of 18 may smoke in a designated smoking area
- No person under the age of 18 may enter a designated smoking area
- No person may smoke in any partially enclosed public place such as a balcony, patio, stoop, passageway, parking area, etcetera.
The owner/manager of a restaurant, pub or workplace that transgresses these regulations, may be fined up to R50 000, while individuals who smoke in the mentioned places may be fined with R500

The following are guidelines in the event of any individual deciding to lodge a complaint against someone smoking in a prohibited area:

- Request the owner or manager/supervisor of the specific area to deal with the individual(s) who transgress current legislation. Smoking is NOT permitted on premises such as schools, crèches or private dwellings that are used for child care or schooling.
- If the owner/manager/supervisor refuses to assist you or allows the illegal smoking to continue, you are entitled to take the matter further.
- Take a photograph (your cell phone will do) of the smoking that is taking place – try to take the photograph to include in the photograph one or other feature that will assist in identifying the venue.
- Report the incident to the Environmental Health Officer of the particular Local Authority where the incident occurred – he/she has the authority to act under the Criminal Offences Act. There are various prescribed penalties as mentioned above.
- The transgression can also be reported to the National Council Against Smoking.

**CANSA’s Position on the use of Tobacco Products:**

- In terms of CANSA’s anti-smoking policy, no CANSA employee shall use any tobacco product
- CANSA employees who wish to quit the use of any tobacco product are invited to join CANSA’s e-KickButt programme to assist them to quit

**CANSA:**

- *is the voice of the voiceless and the conscience of the nation*
- *believes that the use of tobacco products, in any form, is harmful to health*
- *encourages all smokers to seek help to quit the harmful habit of smoking or tobacco product use*
- *also believes that there is no safe level of exposure to environmental tobacco smoke*
- *urges all South Africans to support anti-tobacco legislation and to report those who transgress*
- *urges everyone to strive to make homes, schools, workplaces and communities smoke free*
- *calls for a concerted effort by all to inform children and young people about the dangers of the use of tobacco products in an attempt to persuade them never to start using any tobacco products*
- *calls on parents to only send their children to smoke-free daycare centres*
- *supports that children should be kept away from restaurants and indoor public places that allow smoking*
- *invites all adults to become role models for children and young people by not smoking*
- *implores every citizen to assist health professionals, educators and health caregivers to advocate for youth to avoid tobacco product use*
- *invites all smokers to visit the CANSA website ([www.cansa.org.za](http://www.cansa.org.za)) for information on how to stop the use of tobacco products by joining CANSA’s e-Kick Butt Programme*
Sources and References


van Walbeek, C. 2010. Economics of Tobacco Control Project, Applied Fiscal Research Centre, School of Economics, University of Cape Town, South Africa.