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SPEECH BY MR WAN HUSSIN ZOOHRI, PARLIAMENTARY SECRETARY (HEALTH AND CULTURE) AT THE REGIONAL WORKSHOP ON SMOKING AND HEALTH ORGANISED BY THE SINGAPORE CANCER SOCIETY AT THE REGIONAL LANGUAGE CENTRE (RELC) ON FRIDAY, 20 NOVEMBER '81 AT 9.15 AM

I am extremely happy to be here this morning for one simple reason. As a non-smoker, I have a personal interest in this workshop. I therefore, join the organisers of this workshop and all non-smokers in this campaign against smoking.

Why does one smoke? There could be many factors. It could be any one or a combination of these factors: it is a habit that one picks at an early age; the thrill and the "wonderful feeling" that one gets in smoking; it is associated with some social status or it is fashionable to smoke. It seems that these are the factors which, more often than not, convert people into smokers than the medical factors on the hazards of smoking that deter them from smoking.

Although there is now sound proof that smoking is one of the greatest health hazards of modern times, many countries, including Singapore are still facing the problem of increasing smokers. There are no exact figures to show the number of cigarettes sold for local consumption. But the amount of tobacco for which duty was paid in Singapore showed a marked increase during the period 1973-1980. This increase was noted hand in hand with the increase in the number of deaths resulting from lung cancer during the same period, from 352 in 1973 to 594 in 1980. In USA, recent estimates suggest that 30 per cent of cancers were caused by smoking. According to the World Health Organisation, 90 per cent of deaths from lung cancer, 25 per cent of deaths from heart diseases and 75 per cent of deaths from chronic lung diseases are directly associated with smoking. This means that one million men and women die each year as a result of this habit. Apart from death, considerable amount of ill-health is also caused by smoking.

A smoker does not only harm his own health. He pollutes the environment and forces non-smokers to breathe tobacco smoke at their place of work or in the home and exposes them to some dangers. It is known that children of parents who smoke are more likely to get chest problems during their first year of life.

While we have the problem of increasing smokers, it is encouraging to note that the majority of our adult population (approximately 75 per cent), as observed in a recent survey, do not smoke. Of the 25 per cent of the adult population who are current and regular smokers, the majority started smoking in their teens and twenties. Therefore, if we can persuade young people not to experiment with cigarettes in their teens and twenties, it is likely that they will not take up the smoking habit or become addicted to cigarettes in their adult life. One possible target group which the Singapore Cancer Society could look into is the group of our youths enlisted annually for national service. I am told that a number of them, hopefully very small, started smoking during this period of national service. It is therefore, unlikely that those who began smoking during this period would automatically revert to be non-smokers after being released. Perhaps a study on this target group could be undertaken by the Society itself. Thus the best strategy to adopt towards different target groups is through education and porsuasion as people who have been smoking heavily and for long periods will find it difficult and may not have the discipline to quit smoking altogether.

As a digression, in the recent issue of the WHO magazine, "World Health", there is a cartoon with a caption which reads, "Kiss a non-smoker enjoy the difference!" I have my doubts if such a cartoon with this caption will work. If there is any difference, I am afraid it is the kissing that will increase and not necessarily that smoking will decrease. But with reference to the teenagers and those intending to get married, it is better to inform them that in a 14 year-long study from Japan (T Hirayamo) it was shown that the non-smoking wives of smokers had a 100 percent higher risk of developing lung cancer and a 50 per cent higher risk of developing emphysema than the non-smoking wives of non-smokers. Here, perhaps, another cartoon with this caption could be publicised: "Teenagers, marry non-smokers, you live longer!".

Erforts to promote non-smoking and thereby reducing smoking related diseases could come from at least four sources: The Health Ministry and the medical profession through health education programmes would continue to ensure that people are fully informed of the health consequences of smoking. The Educational authority could play an important part. Teachers should educate school children on the harmful effects of smoking and be non-smoking models for children to emulate. Legal measures could also be used. We in Singapore have legal control over the promotion and advertisement of cigarettes and the restriction of smoking in cinemas, public transport and lifts. The fourth and probably most powerful force that can help to promote non-smoking is none other than the non-smokers themselves. The majority of non-smokers, I notice, suffer in silence in the presence of smokers. At the most, they show displeasure by fanning away the smoke or keeping their distance from smokers. However, not all smokers are sensitive enough to stop smoking when they notice such non-verbal cues of reprimand. Perhaps, it is time that non-smokers should firmly but politely speak up for their rights to breathe air unpolluted by cigarette smoke.

It is my sincere hope that the Singapore Cancer Society and the International Union Against Cancer who are organising this regional workshop on Smoking and Health, through highlighting the nazards of smoking and also through implementing anti-smoking programmes, would reinforce the efforts already put in by the Health Ministry's anti-smoking campaigns.

In conclusion, I congratulate the Singapore Cancer Society and the International Union Against Cancer for organising this Regional Workshop on Smoking and Health. You have a good mix of health administrators, doctors, teachers, health educationists, and others from this region, and I hope you will be able to learn from one another the various strategies for controlling this very tenacious problem. Let us hope that just as the Campaign against spitting in public was successful in the effort to combat tuberculosis, this drive against smoking, first in public and later in private, will also be successful in this battle against Cancer.

I now have great pleasure in declaring this Workshop open.