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ADDRESS BY MR LIM CHEE ONN, MINISTER WITHOUT PORTFOLIO AND
SECRETARY-GENERAL NTUC AT THE OPENING OF THE NATIONAL HEART
AND ANTI-CANCER WEEK - 1980 AT PUB AUDITORIUM
ON SUNDAY, 30 NOVEMBER 1980 AT 2.30 PM

"The Choice is Yours - Smoking or Health"

Not so long ago, the mass media glamourised smoking. Cigarettes, which played an integral part in the action of earlier films, were used by film studios everywhere to convey the macho image of their lead actors. Their efforts were supplemented by those of the press which, at every opportunity, reflected the smoking society of the cocktail age and, through advertising, made the cigarette attractive. As a result, tens of thousands acquired this lighting-and-puffing habit and have subsequently paid the price for doing so in a variety of ways not least of which is the wastage of hard-earned wages. Many have even paid with their lives.

Today, the media is used to educate and enlighten the public on the dangers cigarette smoking holds. This is a gratifying change but will we succeed in undoing the damage that has been done? Will we be able to satisfy the many smokers who have asked why we should try to deprive so many people of this apparently harmless and pleasurable past time which these people find comfort in? These are questions to which your current campaign will have to address itself. You have started on the right tack by posing the challenge: "The choice is yours - smoking or health".

Evidence for the relationship between smoking and diseases has come from innumerable retrospective and many prospective studies. The findings are remarkably consistent considering that the studies were conducted by various methods on selected segments of the population of many different countries.

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Generally, the findings indicated that non-smokers, that is men who never smoked regularly, and men who smoked only pipes had the lowest death rates; while men who smoked only cigarettes had by far the highest death rates. Death rates were a trifle higher for men who smoked only cigars than for non-smokers. Without parading all the statistical supporting evidence one can say that a smoker has twice the chance of dying before the age of 70, than a non-smoker. The heaviest smoker may reduce his life expectancy by as much as six years the age of 35 years.

More specifically, epidemiological studies over the last 25 years have demonstrated connections between cigarette smoking and lung and some other cancers, coronary heart disease, bronchitis and emphysema, and low birth weights.

It is true that there are other factors which determine the frequency and occurrence of these killer diseases. For example, some heart diseases are caused by genetic susceptibility. In fact it was once said that atherosclerosis in the lining of the coronary arteries is more common in men than in women, not because more men are smokers but because, women deposit their fat under the skin much to their dismay, while men deposit it in the walls of their coronary arteries.

However this fact should not detract us from the seriousness and reality of the problems of cigarette smoking. The causal relationship between these killer diseases and cigarette smoking is much more than conjecture. We cannot afford to risk to believe that this relationship is merely an enlightened guess. In fact I believe we have statistics to show that there is a correlation between smoking and chronic bronchitis, other lung illnesses and heart disorders. This being so, we ought to respond in an enlightened manner.

It would be tragic if despite the knowledge we have our people unwittingly exposed themselves to the health hazards of smoking. Moreover, by smoking, a person not only will run a greater risk of suffering death from heart diseases and cancer, but will also reduce his own work performance and that of others with whom he works. More importantly, the debilitating effects of heart diseases and cancer will reduce substantially a

person's ability /3.

person's ability to lead a normal and happy life with his family for a period of time before his demise if he is suffering from these illnesses. And when death does come finally, the repercussions are much wider than what he could have anticipated. There was a case of a 34 year old lorry driver in England who smoked 40 cigarettes a day for many years. When he coughed up some blood he was found to have lung cancer which was too advanced for operation and he died three months later. His widow became severely depressed and had to go into a mental hospital. Her children aged between five and twelve years had to be separated and sent to different foster parents. The tragedy affected not only the smoker but every close member of his family. (Case given by Dr Keith Ball in an article "A plague from the West" in Medical Digest, May 1980).

It therefore behoves smokers to remind themselves of the responsibilities they have not only to themselves but also to their loved ones and to seriously consider the effects of their smoking habit. They owe it to their spouses, children and colleagues, and even to the community as a whole to recognise the hazards of smoking.

There is another aspect of cigarette smoking which is seldom raised and that is smoking at the workplace. Since most adults spend a great deal of their time at places of work, this matter deserves our close examination.

Studies have shown that non-smokers cannot avoid inhaling smoke when breathing smoky air, the so called "passive smoking". There are findings that suggest that when there are high concentrations of smoke in the air, passive smoking may produce chronic effects of the same type as active smoking.

Moreover cigarette smoke affects the environment of workplaces and this in turn influences the working efficiency and the feeling of comfort of employees present there. Studies have shown that smoky air is not just an annoyance to a peevish non-smoker. Smoky air gives rise to very real, acute irritational effects on the mucous membrane of the nose and eyes. Therefore apart from being courteous by not smoking,

workers could expect in the long run to enjoy an improvement in physical fitness and a reduced rate of illness. This would probably mean improved working capacity, a reduced rate of absence from work, and a reduced number of days with restricted activity. So let the cigar-puffing managers or the heavy smoking executives lead the way in cleaning up the haze in workplaces.

There are two other facets of adverse effects of smoking on the occupational environment. The more obvious one is the fact that the smoking worker may start fires through his carelessness. This is particularly serious in areas where inflammable and explosive chemical substances are present, such as in the store-room, paint shop or workplaces where timber or textile materials are used extensively. While smoking will be usually prohibited in these areas, there is no telling when an irresponsible act through oversight would occur causing the loss of lives and livelihood.

The other effect of smoking on occupational health is more subtle. Lately there has been increasing evidence that the combined effects of tobacco use and exposure of chemical and physical agents in the workplace cause adverse health effects. Tobacco products contain certain harmful chemicals such as carbon monoxide, acetone, hydrogen cyanide, phenol, arsenic, cadmium, lead and nicotine. When these chemicals are also found in the work environment then the worker who smokes will receive additional exposure. The heat generated by burning tobacco (875°F) can transform chemicals present in the workplace into more harmful substances. For example, Polymer Fume Fever is a disease caused by the inhalation of the breakdown products of Teflon which has been heated by burning tobacco. This heat can also convert chlorinated hydrocarbons into a very toxic chemical phosgene.

Asbestos causes lung cancer - bronchogenic cancer and a very rare cancer of the lung linings, mesothelioma. It has been shown that workers exposed to asbestos who smoke have eight times greater risk than smokers who are not exposed to asbestos and 92 times the risk of a non-smoker who does not work in this environment. A study of 370 asbestos insulation

workers showed that 41 of 283 smokers died of lung cancer while the only non-cigarette smoker who died of lung cancer smoked cigars.

In other words, cigarette smoke or the heat generated by burning tobacco may act synergistically with toxic agents found in the workplace to cause a much more profound effect than that anticipated simply from the separate influence of the occupational exposure and smoking.

Most of the present restrictions on smoking in workplaces appear to be aimed at safeguarding the premises against fire and explosion. This is important but not adequate. We should also emphasise the adverse effects which smoking has on the health of workers; and get the message home to workers that their smoking habit can inconvenience others, endanger their colleagues' lives, and accelerate their own demise.

Education of workers on the dangers of smoking in general, and in the workplace in particular, will go a long way in improving the occupational environment. It should be brought home to workers at all levels that smoking poses both a health hazard in itself as well as a safety problem in the workplace.

In this respect, perhaps the point could be made clearer if a study on the impact of smoking on workplace accidents is carried out. The Singapore National Heart Association and the Singapore Cancer Society may want to consider undertaking such a study jointly with the NTUC by providing the professional back-up.

In many countries, particularly in Third World countries, people are encouraged by the media and purveyors of tobacco to view that cigarette smoking is a mark of the sophisticated and affluent way of living. Smoking is held to be the hallmark of progress. This cannot be further from the truth. The first cigarette is, in truth, the start of a painful and expensive journey to self-destruction. For those who have come to associate smoking with glamour and success, let him be reminded by an observation made by an English monarch as long

ago as 1604 who stated that "Tobacco was not only a great vanity, but also a great contempt of God's good gifts, that the sweetness of man's breath should be wilfully corrupted by this stinking smoke". That should put paid to the myth of the glamorous smoker.

In conclusion, I would like to congratulate The Singapore National Heart Association and the Singapore Cancer Society for organising The National Heart and Anti-Cancer Week, 1980, with the theme - "The Choice is Yours - Smoking or Health". Your campaign will enable the message of smoking is a health hazard to reach more people thereby helping to check the unnecessary human and economic waste brought about by cigarette smoking.

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