The impact of smoking on chronic disease | UPDATE Online

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The recent passage of the Dr. Ron Davis Smoke-Free Air Law is a great victory for public health in Michigan and may serve to lessen the impact of tobacco use on chronic disease. As of May 1, 2010, the law bans smoking in all public and private workplaces, including bars and restaurants (with the exception of non-Indian owned casinos in Detroit and specifically exempted cigar bars and tobacco specialty shops.) All employees and patrons of bars and restaurants will be protected against the dangers of secondhand smoke, and statistics show that when such laws are passed, smokers see it as an opportunity to quit with the result that there is an associated increase in requests for help in doing so.

Researchers at Henry Ford Hospital looked at the average number of hospital admissions from 1999-2006 in Michigan for acute myocardial infarction (heart attack), and concluded that a smoking ban could lead to 3,340 fewer admissions annually. "[When] Michigan implements a comprehensive smoking ban, we would see a 12 percent drop in heart attack admissions after the first year," says Mouaz Al-Mallah, M.D., Henry Ford's director of Cardiac Imaging Research and lead author of the study. ("Smoking Prevention News," Volume 2, Issue 1, February 2010)

People who suffer from chronic disease are especially vulnerable to the ill health effects of tobacco use. For example, smokers with a chronic disease may experience longer hospitalization times, complications from surgery, interactions of patient medication with the nicotine in tobacco, and increased risk of death. Knowledge of how tobacco use impacts other chronic disease is just as important as the necessity for ongoing support and treatment for quitting. Take a look at the connection between smoking and chronic disease:

Diabetes Smokers with diabetes are 11 times more likely to have a heart attack or stroke than people who don't have diabetes and don't smoke. Tobacco use inhibits the body's ability to use insulin, making it more difficult to regulate diabetes; it reduces circulation, causing more amputations of feet and legs; and it weakens the heart and eyes.

Cancer Smoking damages nearly every organ in the human body, is linked to at least 15 different cancers, particularly lung cancer and cancers of the larynx and mouth and pancreatic cancer, and accounts for some 30 percent of all cancer deaths. (American Cancer Society)

People with Disabilities Smoking rates are disproportionately higher in persons with any disability (29.9 percent in persons with any disability vs. 19.8 percent in the general population) and they are more likely to be heavy smokers (32.6 percent smoke more than a pack/day.) Preventing Chronic Disease – Study, www.cdc.gov/pcd/issues/2007/oct/06_0179.ht

People with mental health disabilities die an average of 25 years younger (California Department of Public Health (CDPH) Office on Disability and Health (ODH), the California Tobacco Control Program) than the general population largely due to conditions caused or worsened by smoking. Additionally, smoking may adversely affect the clinical response to the treatment of a wide variety of conditions.

To receive a supply of brochures, "Information for People with Disabilities and Their Caregivers on How to Quit Tobacco," e-mail Candice Lee at: LeeC@michigan.gov

Asthma Smoke from cigars, cigarettes and pipes harms the body in many ways, but it is especially harmful to a person with asthma. Tobacco smoke is a powerful trigger of asthma symptoms, and can actually initiate asthma. When a person inhales tobacco smoke, irritating substances settle in the moist lining of the airways causing the attack. Additionally, cilia in the airways are damaged making them unable to get rid of dust and mucus that enters. Smoke also causes the lungs to make more mucus, allowing it to build up in the airways and triggering an attack.

Chronic Obstructive Pulmonary Disease (COPD) Approximately 10 million people in the United States have been diagnosed with Chronic Obstructive Pulmonary Disease, which includes chronic bronchitis and emphysema. Smoking causes 80 to 90 percent of COPD cases, and smokers are 10 times more likely than nonsmokers to die of the disease. (Partnership for a Tobacco Free Maine)

Cardiovascular disease Cigarette smoking alone increases the risk of coronary heart disease. When it acts with other factors, it greatly increases risk, causing such things as increased blood pressure, the tendency for blood to clot and decreased good cholesterol.

Oral Health Smoking is a major cause of tooth loss and periodontal disease. All forms of tobacco increase the risk of oral cancer. Smokers are six times more likely than non-smokers to get an oral cancer. According to the American Cancer Society, upwards of 31,000 people in the United States alone face an oral cancer diagnosis each year. Approximately 90 percent of those diagnosed with oral cancer, including cancer of the mouth, tongue, lips, and throat, are tobacco users. ("The Effects of Smoking on Oral Health" by Madeline Ellis. Jan. 22, 2008, http://www.healthnews.com/the-effects-of-smoking-on-oral-health)

Arthritis Smoking increases the risk for arthritis, specifically rheumatoid arthritis – a very disabling condition. The association between smoking and rheumatoid arthritis is especially strong in men and heavy smokers. Men who test positive for rheumatoid factor (RF), a self-attacking antibody found in about 80 percent of rheumatoid arthritis sufferers, are at even higher risk if they smoke. (Annals of Rheumatic Diseases, Jan. 2010)

For a brochure on Rheumatoid Arthritis, e-mail Steve Springer at: springers@michigan.gov

For more information on the Dr. Ron Davis Smoke-Free Air law visit www.michigan.gov/smokefreelaw/ or call 1-866-59 SMOKE.

For information on tobacco use and treatment as well as patient resources for quitting, visit www.michigan.gov/tobacco.

http://update.mi-osteopathic.org/2010/05/the-impact-of-smoking-on-chronic-disease/