

# John Ambrose: Raise cigarette taxes and end the tobacco menace

By John Ambrose

There is absolutely nothing cool about cigarettes. They are deadly.

It is estimated that over 400,000 deaths yearly in the United States are smoking-related. At least one-fourth of all cardiovascular deaths are related to cigarettes. In the 50 years since the Surgeon General's report in 1964 about the dangers of cigarettes, approximately 11 million American lives have been saved by discontinuing or never starting cigarette use.

Unfortunately, the negative effects are even more outrageous. About 100 million lives were lost in the 20th century from tobacco-related illnesses. Not only are these deaths related to heart disease, but most cancers and chronic lung disease are increased by smoking as well.

As a cardiologist, I see the effects of chronic smoking on a regular basis. Patients come to me with chronic shortness of breath related to cigarettes. In the emergency room, I see patients with an acute heart attack and either their only risk or a significant contributing risk factor is that they are long-term cigarette smokers. This is truly an epidemic and there is no end to it. Furthermore, once you are hooked on cigarettes, quitting long term is extremely difficult.

I have published extensively in peer-reviewed journals on the cause of heart attacks as well as on the relationship between cigarettes and heart disease. Thus, I consider myself qualified to discuss this subject.

What can be done?

While cigarette companies no longer advertise on TV or in print, and a tobacco settlement in 1998 compensated states for some of the medical costs related to smoking-related illnesses and funded anti-smoking advocacy, these efforts fall short.

About 18% of American adults are active smokers, and smoking is increasing in teens and young adults. In California, the prevalence has been lower than the national average; in the Valley, though, rates are higher than in the rest of California.

The tobacco companies continue to be very resourceful and one of their new targets has been to promote e-cigarette use, which delivers high doses of nicotine and other potentially toxic chemicals in the guise of aromatically flavored vapors. E-cigarettes are not regulated by the FDA and their use is increasing.

Why has society become so complacent about smoking and its detrimental effects? Perhaps, even more disturbing to me is why has the medical community allowed this to continue and not made abolition of cigarettes a prime focus?

We spend billions of dollars yearly on the prevention and treatment of heart disease and other tobacco-related diseases. In cardiology, tomes are written about how to identify those at risk for heart attack and sudden cardiac death — particularly in individuals without a prior history of heart disease.

There are multiple potential solutions suggested. Among them: The earlier use of various medications, including cholesterol lowering drugs in those potentially susceptible, or utilizing various non-invasive methods for identifying the presence of early atherosclerosis which is the precursor of the process that ultimately causes heart attacks and strokes. Those identified can then be treated appropriately.

But how can we effect real change that is long lasting?

The easiest method for significantly reducing these serious diseases that are tobacco-related would be to make cigarettes, over time, economically unaffordable with tax increases on tobacco.

While the logistics of such a strategy are beyond the scope of this opinion, federal legislation along with appropriate compensation of tobacco farmers should be enacted by Congress and signed into law.

This strategy of gradually increasing cigarette prices has worked in the past in reducing consumption but has never been taken to the extreme. According to the American Heart Association, between the early 1980s and 2011, cigarette prices increased over 250%, reducing sales by over 50% in 2011.

This strategy would also decrease cancer and chronic lung disease and would reduce the enormous economic burden related to the direct medical costs and lost productivity from smoking.

I realize that this strategy might not apply to all current smokers addicted to nicotine although it should be a powerful incentive to quit. However, it should dissuade young people contemplating or beginning to smoke and those adult smokers not yet addicted.

We require drastic measures to end this epidemic. I would hope that this effort would be embraced by the entire medical community and that our representatives in Congress be inundated with requests to support such a proposal.

Enough is enough! Tobacco must be stopped.

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