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**Tobacco Isolated as a Cause of Skin Aging**  
**Still Another Reason to Quit Smoking!**

Thirty years ago, while attending a Board meeting of the American Cancer Society with a dozen or so attendees, there were three ashtrays at the conference table, almost filled to capacity with cigarette butts before the meeting was over.

Today, thanks to the efforts of the American Cancer Society, the American Heart Association, the National Cancer Institutes and the US Public Health Service, smoking has been drastically reduced. Because of heavy taxes on cigarettes, the high cost of smoking has also reduced usage, but this is still not enough. Forty-eight million Americans, 24% of the adult US population continue to smoke.<sup>1</sup>

The October 3<sup>rd</sup> issue of the New England Journal of Medicine had two special articles and an editorial on smoking. In the editorial, "Conflicting Dispatches from the Tobacco Wars," Steven A. Schroeder noted prevention and cessation as the principal strategies in the battle against tobacco use. Prevention is aimed primarily at children and youth. These strategies include anti-tobacco education, counter-marketing, guidance on ways to resist pressures to experiment with tobacco, increased taxes on tobacco products, advertising, and marketing restrictions, placement of warning labels on products and advertisements, enforcement of laws governing the minimal age to purchase, and efforts to influence social norms. Equally important are efforts to help existing smokers quit. When they stop smoking, benefits are achieved immediately: by the well-known lowered risk of heart disease, alleviation of chronic bronchitis, reduction in the threat of fire injury, and over time, diminished risk of cancer, chronic pulmonary disease and other diseases.<sup>2</sup>

In the Schroeder editorial, and the article by Gross et al, the authors explain that total spending on tobacco control accounts for only 12% of the tobacco settlement dollars hard won in all 50 states.

"It has been four years since the tobacco industry reached settlement agreements with all 50 states, and it has been suggested that the settlement is not living up to its promise. Despite the newly imposed marketing restrictions, the 24% increase in expenditures by the tobacco industry in the year after the settlement (for a total of \$8.42 billion) was the highest ever. There has been no significant decrease in youth-directed magazine advertisements. Paradoxically, the tobacco industry continues to enjoy increasing revenues: although the price of cigarettes has increased by up to 50% in the two years after the settlement, cigarette sales decreased only by about 10% in the same period."<sup>3</sup>

States spending ranged from a low of 10 cents per capita in Pennsylvania to \$15.47 in Maine. Hawaii's expenditure per capita was \$10.82 in 2001. This was above the actual amount recommended by the CDC of \$9.08. Hawaii received \$35,800,000 in the 2001 settlement.<sup>4</sup>

Hawaii's Department of Health Tobacco Prevention and Education Program should be congratulated for its efforts. Julian Lipshe, MPH, CHES, a public health educator, and his associates have material available to help our patients. He may be contacted at 808-586-4662 or via e-mail to [jdlipshe@mail.health.state.hi.us](mailto:jdlipshe@mail.health.state.hi.us).

The American College of Obstetrics and Gynecology produced an excellent educational brochure dealing with smoking and women's health.<sup>5</sup> In addition to cancer, coronary artery disease and pulmonary disease are the less known but equally important effects on menopause, reproduction, ovulatory dysfunction, tubal dysfunction, spontaneous abortion, and pregnancy.

So how do dermatologists<sup>6</sup> get involved in the campaign to stop smoking? Research has shown that smoking increases the risk of squamous cell carcinoma of the lips and oral cavity. Cigarettes also have been implicated in the development of melanoma. Nicotine diminishes blood flow and reduces oxygen supply to the skin. The well-known "smoker's face," with deep wrinkles and discoloration, and the "crow's feet" wrinkles at the lateral edges of the eye, the sallow pale skin around the eyelids are also associated with smoking. Now, we have demonstrated proof that smoking causes wrinkles and accelerates aging of the skin of both sexes. Cornelis Kennedy, M.D., MPH, in the Department of Leiden University Medical Center, the Netherlands, studied almost 1,000 smokers. As expected, increasing age and sun exposure were significant factors in skin aging. Both men and women smokers had more elastosis and telangiectasis than non-smokers. Telangiectasis, however, was higher in men than women. The authors of the study could not explain this, but as Kennedy said at the recent Society of Investigational Dermatology meeting, "in Western society, looks are very important and millions (perhaps billions, Ed.) of dollars are spent on looking good. Quitting smoking may help you look better; plus it's cheaper."<sup>7</sup>

**References:**

1. Karneth B. Smoking cessation, a review. *AM J Med* 112 (5): 399-405, 2002 Apr 1
2. Schroeder SA. Conflicting dispatches from the tobacco wars. *N Eng J Med* 347 106-108, 2002 Oct 3
3. Gross CP et al. State expenditures for tobacco control programs and the tobacco settlement. Special Article. *N Eng J Med* 347 (14) 1080 2002 Oct 3
4. Star-Bulletin staff. Hawaii near top of states using tobacco money to stop smoking. Honolulu Star-Bulletin 2002 November 11
5. Smoking and women's health. *Am Col Ob Gyn Educational Bulletin* 240 1997 September
6. Xhang X, et al. Frequent use of tobacco and alcohol in Chinese psoriasis patients. *Int'l Jour Derm* 41:659-662, 2002
7. Kennedy C. Tobacco isolated as cause of skin aging. Society of Investigational Dermatology Annual Meeting, Los Angeles reported in *Dermatology Times Clinical Briefs* pg 2002 September

