

*Age-Adjusted Morbidity Ratios for Heart
Attack Among Smokers and Non-Smokers
According to Physical Activity Level⁸⁸*

Physical Activity	Non-Smokers of Cigarettes	Cigarette Smokers
Most Active	1.0	2.6
Least Active	2.4	3.4

Again, as with chronic respiratory disease and lung cancer, one cannot predict those who will not have a heart attack if they smoke. On the other hand, one can predict those who have combinations of other risk factors along with cigarette smoking and are therefore most likely to have a heart attack if they smoke.

It is not necessary for everyone who has elevated blood cholesterol, high blood pressure, or is obese or physically inactive to have a heart attack in order to consider these conditions as risk factors in coronary heart disease. In the same fashion, it is not necessary for every person who smokes cigarettes to have a heart attack in order to consider smoking as a risk factor in this disease.

It has been pointed out that, although not all smokers develop one of the major diseases associated with the habit, smoking affects most smokers in one way or another. For example, cough and phlegm production, shortness of breath, cellular changes in the bronchial tubes and effects on the heart and circulation. The more serious manifestations can be considered, in a sense, as the tip of an iceberg.

(d) Weighing the Evidence

One of the most common comments, especially, perhaps, by witnesses who appeared at the request of the Canadian tobacco industry was that one could not say how lung cancer, chronic bronchitis, emphysema and coronary heart disease were produced and that one could not explain the epidemiological associations between cigarette smoking and various diseases until further research uncovered mechanisms of disease production.

While such scientific integrity is to be commended, the Committee is of the opinion that one cannot postpone action for decades or even centuries while every last detail of every condition linked to smoking is fully explained! Further, in the Committee's view, Parliament need not be concerned with the clinical details of the various diseases associated with smoking. The Committee has satisfied itself that cigarette smokers have a higher incidence of disease, disability and death because they smoke. Despite rationalizations and speculation as to possible explanations no evidence has been brought to the Committee to make it doubt the significance of the overwhelming and converging evidence from the many

⁸⁸ From Study of Health Insurance Plan of New York as reported in *The Health Consequences of Smoking*, A United States Public Health Service Review, 1967.