

Acceptance Speech of
PROFESSOR SIR RICHARD PETO
Co- Winner of the 2005
King Faisal International Prize for Medicine

Sunday 10 April 2005 (1.3.1426H.)

Your Royal Highness, Prince Sultan Ibn Abd Al Aziz
Your Royal Highnesses
Your Excellencies
Distinguished Guests

I echo the thanks of Professor Doll, with whom I have now worked for more than 30 years on the hazards of tobacco. Richard Doll has described to you how surprisingly weak the initial public reaction was in the 1950s to the discovery that cigarette smoking was a major cause of premature death in countries such as the UK or US, and it was still surprisingly weak 20 years later.

Back in the 1970s, when we were first working together in Oxford, Britain had the worst death rates in the world from smoking: half of all male cancer deaths in Britain, and an increasing proportion of the female cancer deaths, were caused by tobacco. Since then, however, in Britain most of those who were smoking have stopped, most of those who still smoke say they wish they had never started and want to stop, and Britain now has the best decrease in tobacco deaths in the world. Of course, if you start with the worst tobacco death rates in the world then it may seem easy to have the best decrease in tobacco deaths in the world, but in fact it took a lot of work by medical research workers in previous decades not only to show that smoking was dangerous, but, even more

importantly, to show how big those dangers were, and how greatly they exceeded any other causes of premature death in Britain. The fact is that about half of all persistent cigarette smokers eventually get killed by tobacco, and that stopping smoking really works — even in middle age, those who stop avoid most of this risk. Of course, everybody is going to die eventually, but on average smokers die 10 years earlier than non-smokers do.

Strangely, however, back in the 1970s, although most smokers did know in a vague, general sort of way that smoking wasn't very good for them, they didn't realise how bad it was, and so they seemed oddly unconcerned about the real dangers they faced. What's really strange, however, is that back in the 1970s most cancer researchers also seemed oddly unconcerned about smoking. Most cancer research, then as now, was concerned with treatment rather than prevention, and most laboratory scientists who were concerned in the 1970s with cancer prevention seemed to think they could get rid of the disease just by discovering which chemicals can cause cancer when fed to laboratory animals and then banning the industrial use of those chemicals. Finally, even among the epidemiologists who were studying the avoidable causes of human cancer in the 1970s, most were chiefly interested in occupational hazards or environmental pollutants that, even in aggregate, cause far fewer deaths than tobacco. The situation was ripe for change, and we were fortunate to be able to help it change. Over the past few decades our studies of the effects of smoking and our quantitative comparisons between these and the other avoidable causes of human cancer have encouraged a more realistic perspective, first in Western countries and now, increasingly, throughout the world. Twenty years ago, those concerned with global health had little real interest in tobacco; this year, in contrast, ratification of the World Health Organisation's Framework Convention on Tobacco Control at last provides a basis in international law for worldwide efforts to limit the damage that continues to be done. In the 20th century about 100 million people were killed by tobacco, mostly in developed countries, but if current smoking patterns persist, then in the present century about 1000 million people will be killed by tobacco, mostly in developing countries. These numbers are quite reliably known, taking the world as a whole.

There is still, however, a need for studies in many particular countries of the extent to which tobacco is causing death and disease, and whether those hazards are being reduced or, as may well be the case in many populations, still growing larger, and I plan to devote my part of this prize to long-term collaborative studies with Arab epidemiologists of the hazards of obesity, of hypertension and of tobacco in Arab populations. Thank you for giving me the opportunity to do this.