

Underwriting

TOBACCO SMOKING



by Donald Victorson, CLU

UNDERWRITER:

Defined as someone sitting
in an ivory tower 900 miles
from here, trained to say,
"NO."

YOUR JOB:

To convince that
underwriter, with truthful
information, presented in
as favorable a light as
possible that it is desirable,
even possible to say "YES."

The impact of tobacco smoking on lung cancer has been well documented for many years, but it is only fairly recently that other types of cancer have been conclusively linked to smoking.

A 1997 study of smoking and pancreatic cancer, done by the Division of Epidemiology, American Health Foundation, indicates that the odds ratio for current male cigarette smokers was 1.6 times that for never smokers. For females it was 2.3 and for male tobacco chewers it was 3.6 times that for never smokers. Filter cigarettes offered no protective advantage compared to non-filter cigarettes.

Tobacco smoke causes pancreatic cancer when inhaled into the lungs. Tobacco juice may also cause pancreatic cancer when ingested or absorbed through the oral cavity.

This data suggests that smoking is a cause for pancreatic cancer in both men and women and that the risks for female smokers are comparable to male smokers. Nevertheless, the causes of most pancreatic cancers remain unknown.

Smoking is also associated with an increased risk of tooth loss. At Boston University a recent study concludes that current cigarette smokers of either sex had significantly more missing teeth than never smokers or former smokers. Former smokers and pipe or cigar smokers tended to have an intermediate number of missing teeth.

Current male smokers had more teeth with calculus. Individuals who continued to smoke cigarettes had 2.4 fold (men) to 3.5 fold (women) risk of tooth loss compared with non-smokers. The rate of tooth loss was significantly reduced after quitting smoking cigarettes but remained higher than those in non-smokers. Smoking cessation significantly benefits an individual's likelihood of tooth retention, but it may take decades for the individual to return to the rate of tooth loss observed in non-smokers.

A study of over 26,000 men and women from 1965 to 1993, in Norway, explored the variation in risk connected with cigarette, cigar and pipe smoking of suspected smoking-associated cancers other than lung cancer.

A relationship of cigarette smoking to the risk of urinary bladder cancer and cancers of the upper digestive and respiratory tract was observed. For the latter forms of cancer a relationship of pipe smoking was also observed. Current cigarette smokers had a significantly higher risk of cervical cancer than those who never smoked cigarettes.

In cancers of the stomach, colon, rectum, breast, corpus uteri, ovary and prostate, and in leukemia, no association between smoking and cancer risk was observed.

Conclusion: Smoking is not good for you. Therefore, insurance companies charge smokers significantly higher rates than they do those who have quit smoking or who have never smoked.

An interesting, very new study by the

US National Institutes of Health points out the following with respect to cigar smoking: 5,000,000,000 cigars are smoked annually in the USA. At least in California, the likelihood of cigar use rises with education and income. This is just the opposite of what we know to be true about the demographics of cigarette use. Three out of four cigar smokers smoke occasionally, not daily. Regular cigar consumption is convincingly linked to oral, esophageal, laryngeal and lung cancer. Risks increase with the number of cigars smoked and the degree of inhalation. Seventy-five percent of cigar smokers do not inhale. Why? Because cigar smoke contains nicotine in a form readily absorbable in the mouth. Cigarette smokers, on the other hand, must inhale to get at the nicotine.

All cause mortality in primary cigar smokers (primary = never smoked cigarettes) who are non-inhalers is basically the same as in non-smokers. Moderate to deep cigar inhalers have mortality equivalent to moderate inhalers of cigarettes.

Underwriting Conclusion

It is sound underwriting practice to allow carefully defined cigar smokers to qualify as non-smokers, and more and more underwriters are willing to consider doing so.

A limit of one or two cigars smoked per week or month may be acceptable. Daily cigar use is clearly incompatible with non-smoker status.

In the event of conflicting information on cigar usage from the non-medical or medical, personal history interview, or APSA the underwriter has no choice but to deny non-smoker status.

A cotinine test for nicotine must be negative to qualify for non-smoker status.

Former cigarette smokers who switch to cigars are referred to as secondary cigar smokers. They are likely to go right on inhaling. Few underwriters are likely to grant them non-smoker status until cigarette free for 36 to 60 months.

A positive cotinine will be considered evidence of inhaling (and/or) heavier than acceptable cigar usage.