



(\*) حطينا ملاحظات الدكاترة و الاشياء اللي ركزوا عليها بالاخضر او جمبها نجمة خضراء

*Family Medicine*

*Tobacco consumption*

*Respiratory Block 436*

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# Magnitude of the problem

## Tobacco’s deadly toll:

* 5 million deaths world wide each year
* 10 million deaths estimated by year 2030
* WHO estimates, there are approximately 1.1 billion smokers in the world
* Tobacco is a preventable cause of death .

## Global prevalence: (\*)

* In 2012, 21% of the global population aged 15 and above smoked tobacco.
* Men smoked at five times the rate of women. the average rates were 36% and 7% respectively.

## Saudi Arabia:

* In 2010, WHO estimates that about 16% of Saudi Arabia's population smoked (3,092,300 persons).
* If tobacco control efforts continue at the same intensity, WHO projects that in 2025 around 24% of the population (approximately 6,268,400 persons) will be smokers.
* 26% of men and about 3% of women smoked in Saudi Arabia.
* The highest rate of smoking among men was seen in the age-group 25 – 39 and among women in the age-group 70+.

## Prevalence of smoking among secondary school students in national guard area of Riyadh:

* smokers represented 28.6% of the students. (\*)
* The most common reasons for smoking were: (\*)
	+ having free time (81.6%)
	+ relief of stress (63.2%)
	+ seeing some of their teachers smoking (61.8%)
* Most of the smokers started the habit before the age of 15 years old (89%). (\*)
* 42.2% of students were planning to start smoking in future.

# What is tobacco?

more than 4,000 substances (\*), including:

* Tar: black sticky substance used to pave roads
* Nicotine: Insecticide
* Carbon ftonoxide: Car exhaust
* 210 Polonium: radio-active substance
* Acetone: Finger nail polish remover
* Ammonia: Toilet Cleaner
* Cadmium: used batteries
* Ethanol: Alcohol
* Arsenic: Rat poison
* Butane: Lighter Fluid

## Is tobacco addictive ?

* All tobacco products contain nicotine
* Nicotine has been clearly recognized as a drug of addiction
* tobacco dependence has been classified as a mental and behavioral disorder according to the WHO International Classification of Diseases, lCD-l0 (Classification F17.2).

Smoking typically begins in adolescence.

* if a person remains smoke-free throughout adolescence, it is highly unlikely that he or she will ever begin smoking
* intensive efforts be made to help young people stay
* smoke-free.

# Definition :

* Smoking refers to the inhalation and exhalation of fumes from burning tobacco in cigars, cigarettes and pipes

# Types of smoking : (\*)

* Cigarettes:
	+ Cigarettes are uniform in size and contain less than 1g of tobacco each. They are made from different blends of tobaccos, and wrapped with paper.

## Cigars

* + Most cigars are composed primarily of a single type of tobacco (air-cured and fermented), and they have a tobacco wrapper.
	+ They can vary in size and shape and contain between 1 gram and 20 grams of tobacco. (more dangerous than cigarettes)

## E- cigarette :

## electronic nicotine delivery systems (ENDS). According to the FDA, e-cigarettes are devices that allow users to inhale an aerosol (vapor) containing nicotine or other substances.

## Hookah (Shisha) :

## A water pipe with a smoke chamber, a bowl, a pipe and a hose. Specially made tobacco is heated, and the smoke passes through water and is then drawn through a rubber hose to a mouthpiece.

## The average shisha-smoking session lasts an hour and research has shown that in this time you can inhale the same amount of smoke as from more than 100 cigarettes. (\*)

## Water-pipe (shisha) : (\*)

* Not safer than regular tobacco smoke.
* Causes the same diseases
* Raises the risk of lip cancer, spreading infections like tuberculosis.
* Users ingest about 100 times more lead from hookah smoke than from a cigarette.

# Types of smoking : (\*\*)

## Active smoking

## Mainstream smoke:

The smoke exhaled by a smoker

### Sidestream smoke:

* Smoke from the lighted end of a cigarette, pipe, or cigar.
* Sidestream smoke has higher concentrations of cancer-causing agents (carcinogens) and is more toxic than mainstream smoke.
* it has smaller particles than mainstream smoke. These smaller particles make their way into the lungs and the body’s cells more easily.

## Second hand smoking (passive smoking):

* Second hand smoking is dangerous .
* Secondhand smoke is a mixture of gases and fine particles that includes:
* Smoke from a burning cigarette, cigar, or pipe tip
* Smoke that has been exhaled or breathed out by the person or people smoking.

## Third hand smoking :

* smoke exposure refers to exposure to smoke components and their metabolic by-products from contact with surfaces that have adsorbed smoke. The smoke leaves a residue of nicotine and other toxic substances in household dust and on surfaces. Although not yet well studied, there is concern that contact with third hand smoke will result in absorption of toxins through the skin or ingestion from contamination of the hands.

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# Consequences of tobacco use :

* Health (short term, long term)
* Economic (individual, family, community)
* Social (family, community)
* Development (community)
* Religious (individual, community)
* Premature death

## Effect on health :

* Causes more than 25 different diseases
* Affects different body-systems, especially:
	+ Gastro-intestinal system
	+ Respiratory tract
	+ Cardio-vascular system
	+ Urinary system
	+ Others

Skin (\*)

* wrinkles.
* premature scaring and aging.

Oro-dental problems

* stained teeth.
* gum inflammation.
* black hairy tounge.
* oral cancer.
* Leukoplakia.

## Laryngeal cancer

### Symptoms:

* Persistent hoarseness
* Chronic sore throat
* Painful swallowing
* Pain in the ear
* Lump in the neck
* Over 80% of deaths from laryngeal cancer are linked to smoking

## Emphysema: (\*)

Symptoms Include:

* Shortness of breath. (\*)
* chronic cough.
* Wheezing.
* Anxiety.
* weight loss.
* ankle, feet and leg swelling.
* fatigue, etc.

## Lung cancer:

* Kills more people than any other type of cancer

## Arteriosclerosis & atherosclerosis.

## Peripheral vascular disease.

## Heart attack: (\*)

* Smokers are twice as likely as Nonsmokers to have a heart attack.
* Quitting smoking rapidly reduces the risk of coronary heart disease.

## Stroke:

* Which can cause death or severe mental or physical disability.

## Fetal smoking syndrome:

* Birth defect
* Premature stillbirth
* Low birth weight
* Lowered immune capacity
* Proneness to Sudden Infant Death Syndrome (SIDS).

# Why do we start smoking if it’s so bad for us? (\*)

* There’s no single reason why people begin to smoke.
* It Has been estimated that 80% of Adult smokers start smoking as children, and 30% of children have tried smoking by the age of 11.

Individual Factors:

* Wrong personal beliefs and values about smoking
* Self esteem
* Curiosity

Social factors: (\*)

* Parental influences
* Friendship groups
* Influence of peer
* Low socioeconomic status
* The need to fit In.
* It looks cool.
* peer pressure (to not be the black sheep)
* social networks

Other reasons:

* stress relief and self medication
* parents as a role model
* experiment and adventure
* weight control

# Enviromental Factors:

* Availability
* Accessibility
* Price
* Media (like television)
* Tobacco industry intensive advertising

# Why target youth?

* Philip Morris executive: "hitting the youth can be more efficient even though the cost to reach them is higher, because they are willing to experiment.
* They have more influence over others in their age group than they will later in life, and they are far more loyal to their starting brand."
* The younger the age when smoking begins, the longer the smoking cycle.
* Young persons are also more vulnerable because they are likely to be less aware of the addictive nature of nicotine and the harmful effects of tobacco consumption.

# Targeting youth through activities and media:

These principles also work for:

* Sports
* Concerts
* Parties
* Movies
* Other media

# Prevention and control:

* **Globally:**

governed / advised by the Framework Convention on Tobacco Control FCTC (ratified by KSA in 2005); WHO-MPOWER (first launched in 2008)

* **Nationally:**

coordinated by Ministry of Health - Tobacco Control Program in KSA (TCP); other agencies’ efforts

* **Conceptually:**

􏰀 Primary prevention = tobacco use [smoking] prevention

􏰀 Secondary prevention = tobacco use [smoking] cessation (quitting smoking)

􏰀 Tertiary prevention = dealing with its consequences

# WHO-MPOWER:

* Monitoring tobacco use and prevention policies
* Protecting people from tobacco smoke
* Offering help to quit
* Warning of dangers of tobacco
* Banning tobacco advertising, promotion and sponsorship
* Increasing taxing on tobacco

# Primary prevention:

* Strengthening religious beliefs / “fatwas”
* Legislations for banning smoking in public places
* Banning advertising, especially to youngsters
* Increasing taxation on tobacco products
* Public health education through:
* Health warning labeling on tobacco products
* Using mini and mass media
* Banning smoking in drama

# Smoking cessation:

* Dramatically reduces the risk of most smoking- related diseases.
* One year after quitting, the risk of coronary heart disease decreases (CHD) by 50%.
* Within 15 years, the relative risk of dying from CHD for an ex-smoker approaches that of a lifetime non- smoker.

# Smoking cessation: thinking about quitting

* Picking a quit date
* Keeping a record of why, when, where and with whom you smoke
* Getting support and encouragement from your family, friends, and health providers.
* Joining a quit group
* Getting individual counseling
* Quitting Clinics available at: KSU; MoH-TCP; Naqa’  ,جمعية نقاء Charitable Society for Tobacco control( others

# Five A’s Counseling strategy: (\*)

* Physicians should address smoking cessation with all patients who use tobacco.
* The five A's framework (ask, advise, assess, assist, arrange) has been developed to allow physicians to incorporate smoking cessation counseling into busy clinical practices.

# 1-Ask:

* All patients should be asked about tobacco use and assessed for motivation to quit at every clinical encounter.
* Have you ever been a smoker or used other tobacco products? Do you use tobacco now? How much?”

# 2-Advise:

* Advice to patients should be clear (direct expression of the need for smoking cessation), strong (highlighting the importance of cessation), and personalized (linking the patient's health goals to cessation)
* Setting a follow-up appointment specifically to discuss this advice further.

# 3- Assess:

* Smoking history and current level of nicotine dependence.
* Willingness to quit and barriers to quitting should be assessed.
* Patients should be asked about their timeline for quitting and about previous attempts.

4- Assist (or refer):

* Offer support and help patients to anticipate difficulties and encourage them to prepare their social support systems and their environment for the impending change.

# These difficulties include:

* 1) Nicotine withdrawal symptoms:

- e.g., irritability, anxiety, restlessness.

- Peak within the first week and last for 2 – 4 weeks. - NRTs can be helpful.

* 2) Depression:

Smokers are more likely than nonsmokers to have a depressive episode.

# 5- Arrange:

* Follow-up plans should be set.
* It is important to elicit the benefits of quitting and ask patients to anticipate situations that might lead to relapse.

Thank you and good luck!