# Tobacco use

Tobacco use may be defined as any habitual use of the tobacco plant leaf and its products. The predominant use of tobacco is by smoke inhalation of cigarettes, pipes, and cigars. Smokeless tobacco refers to a variety of tobacco products that are sniffed, sucked, or chewed.

# Types of Tobacco Use

* Active: cigarette, water-pipe (shisha), pipe, cigars, e-cigarettes, e-water-pipe, chewing (smokeless tobacco use), etc
* Passive (synonyms: second-hand smoke, environmental tobacco smoke)
* Passive is as dangerous as active tobacco use. Passive smokers could develop same health outcomes as active smokers

**Tobacco is used by one or more of the following methods:**

* Cigarettes
* Water pipes
* Cigars
* Kreteks
* Roll-your-own cigarettes
* Bidis
* Pipes
* Sticks
* Dry snuff
* Chewing tobacco
* Electronic cigarettes
* Passive smoking

# Magnitude of the Problem

* **Globally**
* Each year, tobacco causes some five million premature deaths, with one million of these occurring in countries that can least afford the health-care burden. This epidemic was predicted to kill 250 million children and adolescents who are alive today, a third of whom live in developing countries.
* Current trends show that by the year 2020/2030, tobacco is likely to be the world’s leading cause of death and disability, killing more than 10 million people annually (70% of these deaths occurring in developing countries) and claiming more lives than HIV, tuberculosis, maternal mortality, motor vehicle accidents, suicide, and homicide combined. According to WHO estimates, there are approximately 1.1 billion smokers in the- world - about one-third of the global population aged I5 years and over.
* **Regionally**

This epidemic is equally alarming in neighboring countries. Although the prevalence of female smokers has traditionally been low due to the Eastern Mediterranean region's cultural and social values, this difference is slowly disappearing as women's use of tobacco continues to increase.

* **Nationally (in KSA)**
* **Global Youth Tobacco Survey (GYTS)**
* The KSA school-based WHO-GYTS was conducted in 2010. (n = 1,797 school children aged 13-15), 14.9 % currently use any tobacco product (boys = 21.2 %, girls = 9.1%) ; 8.9 % currently smoke cigarettes (boys = 13.0 %, girls = 5.0%); 9.5 % currently smoke shisha (boys = 13.3 %, girls = 6.1%)

# Components of tobacco?

More than 4,000 substances, including:

* **Tar**: black sticky substance used to pave roads
* **Nicotine**: Insecticide
* **Carbon Monoxide**: 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

# Consequences

* **Health**
* Causes more than 25 different diseases
* Affects different body-systems, especially:
	+ Gastro-intestinal system
	+ Respiratory tract
	+ Cardio-vascular system
	+ Urinary system
	+ Others
* Oro-dental problems: staining, tooth decay, tooth loss, oral cancer, etc
* Respiratory problems: shortness of breath / lower exercise tolerance, bronchial asthma, emphysema, cancer (e.g. laryngeal, lung, etc)
* Cardio-vascular problems: atherosclerosis, peripheral vascular disease, heart attacks, stroke
* Materno-fetal: low birth weight, IUFD, SIDS
* Genito-urinary: cancer-bladder, others

**The effect of second hand smoke:**

Both smokers and non-smokers experience eye irritation, sore throats, headaches, nausea, and dizziness when exposed to cigarette smoke. Exposure to secondhand smoke can also cause nonsmokers to experience the same devastating health effects as smokers- including cardiovascular disease, lung cancer, and COPD. Secondhand smoke contains twice as much tar and nicotine as that which is inhaled by the smoker and is responsible for over 63,000 deaths among nonsmokers every year in the United States. One of the most significant actions we can take to reduce the consequences from second hand smoke exposure is to set up rules to not allow smoking in our homes or in our cars.

* **Social**

Tobacco use, for a long time, was more than welcomed, was attractive to others, and was a symbol of manhood and power in the western countries. This was due to the large marketing campaigns of tobacco industry companies, which was also marketed by movie stars and other celebrities. However, nowadays it is more of rejected by the societies, after knowing its hazards and its health consequences.

Tobacco users, who develop illnesses or die prematurely, will deprive their families of income, increase the cost of healthcare and delay financial development.

* **Economic**

Tobacco industry companies spend billions of dollars for marketing their products, and earn much more than they spend. On the other hand, the government spend more billions for the smokers. A recent study showed that the United States government had cost them per year: more than $133 billion from direct medical care for tobacco smokers, more than $156 billion in lost productivity and around $6 billion from second-hand smokers.

* **Community Development**

Tobacco use strongly affects community development, in fact, the higher number of tobacco users, the slower the community development. Tobacco use increases morbidity and mortality of the community members, which in turn, slows down the community development.

* **Religious**

Tobacco smoking was invented after Islam came, so there is no verse in Qur'an or words of Prophet Mohammed (peace be upon him) state that tobacco use is forbidden. However, in many instances in Qur'an and words of Prophet Mohammed gave guidelines and calls for what is right and what is bad. So, Islamic scholars agreed that tobacco use is forbidden.

# 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)

**MPOWER**: Six WHO policies to reverse the tobacco epidemic:

1. **M**onitor tobacco use and prevention policies
2. **P**rotect people from tobacco use
3. **O**ffer help to quit tobacco use
4. **W**arn about the dangers of tobacco
5. **E**nforce bans on tobacco advertising, promotion and sponsorship
6. **R**aise taxes on tobacco.
* **Nationally:** coordinated by Ministry of Health - Tobacco Control Program in KSA (TCP); other agencies’ efforts
* **Conceptually:**
* **Primary: Tobacco 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

**Impact of banning smoking in public places**

Since as early as the 1980s the tobacco industry recognized that smoke-free places not only effect cigarette consumption, but would also increase the number of quitters

In 1992, a famous tobacco company privately estimated that if all workplaces were smoke-free, total consumption would drop about 10%, through a combination of quitting and cutting down

* **Secondary: Tobacco Cessation**

**I: 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’ (Charitable Society for Tobacco Control), others

**II: The Quitting Plan**

* Treating oneself well
* Drinking lots of water
* Changing routines
* Reducing stress
* Deep breathing
* Regular exercise
* Doing something enjoyable every day
* Increasing non-smoking social support
* **Tertiary: Complications & Health Consequences**
* Treating the smoking-related health consequences.
* Improving the quality of life of the smokers.

# Tobacco Control Programs in KSA

* **KSA**

Tobacco Control Program in Saudi Arabia: it belongs to Ministry of Health, established in 2002. It is directed toward all types of tobacco in Saudi Arabia. It has launched several Tobacco Control clinics all over the country.

The program aids in stopping the spread of smoking and tobacco use among population of Saudi Arabia, to reduce their effects on the non-smokers, and to protect the future generations of their harms.

* **KSU**

Anti-Smoking Clinic is one of the community services provided by Deanship of Student Affairs in KSU, it was established in 2005. It aids in helping smokers of students and faculty staff of KSU to quit smoking. The clinic is located in Deanship of Student Affairs building (Building 17) in the fifth floor.

The smoker passes through six steps in the clinic:

1. Explanations to the smoker of Islamic views on smoking and health and psychological harms.
2. Getting the smoker information, such as: the duration of smoking, type of tobacco smoked, age, etc…
3. Taking measurements: weight and height, carbon monoxide in the lungs and the efficiency of the lungs.
4. Doctor explains how many sessions needed for the smoker according the measurements taken.
5. Silver Spike Point Therapy is used 25 minutes a day, which stimulate endorphin secretion, which in turn helps in reducing the nicotine withdrawal effects.
6. Giving gifts for those who had quit smoking after the therapy.