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Survey on smoking and it's related information

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Abstract

Tobacco smoking is a practice of burning tobacco with the smoke inhaled to be tasted and absorbed into the bloodstream. Tobacco use is well established as a major cause of death worldwide, accounting for about five to six million deaths per year worldwide. On current smoking patterns, about one billion deaths may occur from smoking during the 21st century, in contrast to 'only' 100 million deaths in the 20^{th} . Hence, the major public health priority is to increase the proportions of adults who quit smoking as well as to reduce the uptake of smoking by young adults and children. Describe the effects of smoking on public health in the United States. Review the risks to the fetus in a pregnant patient that smokes tobacco. Summarize the options available for helping patients discontinue tobacco abuse. Outline the options available to assist patients in smoking cessation and address the role of the interprofessional team in assisting patients quit smoking. Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general. Quitting smoking has immediate as well as long-term benefits, reducing risks for diseases caused by smoking and improving health in general.

Keywords: Tobacco, smoking, risks, health, quitting

Introduction

Smoking

Tobacco smoking is a practice of burning tobacco with the smoke inhaled to be tasted and absorbed into the bloodstream.

History

The leaves of the tobacco plant were originally harvested and smoked by Native Americans and were introduced to Europe by Christopher Columbus in the 15th century. The botanical name for tobacco, Nicotiana tabacum, is derived from the Jean Nicot, who sent the tobacco leaf to the Queen of France in the 16th century.

Epidemiology

Tobacco use is well established as a major cause of death worldwide, accounting for about five to six million deaths per year worldwide. On current smoking patterns, about one billion deaths may occur from smoking during the 21st century, in contrast to 'only' 100 million deaths in the 20th (3) Hence, the major public health priority is to increase the proportions of adults who quit smoking as well as to reduce the uptake of smoking by young adults and children. (3) In 2017, the CDC estimates that 19.3% of the United States population over 18 years old uses some kind of tobacco product. About 14% of the total population use cigarettes while the remaining 5% use cigars, electronic cigarettes, smokeless tobacco, or pipes. (4) About 23% of the worldwide population smokes cigarettes. This includes 32% of all males and 7% of all women. Eastern and Southeast Asia have the highest prevalence of smokers in the world with about 45%, while the Caribbean and North America have the lowest prevalence at 20%. (4) Furthermore, 24.8% of men smoke cigarettes, while 14.2% of

Corresponding Author: Dr. Shravan Kumar Dholi Associate Professor, Department of Pharmacy Practice, Vaageswari College of Pharmacy, Karimnagar, Telangana, India women smoke cigarettes. By age group, smokers represent 18.3% of adults aged 18 to 24 years old, 22.5% of adults aged 25 to 44 years old, 21.3% of adults aged 45 to 64 years old and 11% of adults 65% and older [1-4].

Diseases - smoking

Cigarette smoking harms almost every organ of the body resulting in premature death in half of all smokers. Several studies have linked tobacco smoking to a range of devastating illnesses including coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), cancers in every human organ system, and decreased reproductive health [5].

Stopping smoking usually involves an intention not to smoke any more cigarettes from a given point in time (a 'quit attempt'), followed by self-conscious resistance of urges to smoke resulting in a period of abstinence. If someone making a quit attempt smokes one or more cigarettes on an occasion but then resumes abstinence, this is usually termed a 'lapse'. If this person resumes smoking on a regular basis s/he is said to have 'relapsed'. 'Short-term abstinence' is commonly defined in terms of achieving up to 4 weeks of abstinence. 'Long-term abstinence' often refers to abstinence for at least 6 months but more typically involves abstinence for at least 12 months. There is no agreed criterion for deciding when someone has 'stopped smoking' so it is essential when using the term to be clear about how long the abstinence period has been.

Mechanism

Several potential mechanisms have been described linking tobacco smoking with CAD. Inhaled tobacco smoke increases the amount of exogenous and endogenous free radicals in the body, leading to an increased amount of oxidative stress. This increased oxidative stress leads to vasomotor dysfunction, increased pro-thrombotic and decreased fibrinolytic factors, leukocyte, and platelet activation, increased lipid peroxidation, increased adhesion inflammatory molecules, and smooth muscle proliferation. Researchers postulate that a combination of these factors leads to the development of CAD in tobacco smokers. (4) Tobacco smoking has several deleterious effects on human reproductive health. In men, smoking has been linked to decreased semen volume, decreased sperm density, and decreased total sperm count. In women, tobacco smoking has been shown to disrupt the normal menstruation cycle and decrease ovarian reserve. Smoking tobacco while pregnant is also associated with low birth weight and cryptorchidism.

Avoid: This activity reviews the options available to assist patients in smoking cessation and addresses the role of the interprofessional team in assisting patients in discontinuing the use of tobacco

Objective: Describe the effects of smoking on public health in the United States. Review the risks to the fetus in a pregnant patient that smokes tobacco. Summarize the options available for helping patients discontinue tobacco abuse. Outline the options available to assist patients in smoking cessation and address the role of the interprofessional team in assisting patients quit smoking. Here are 10 ways to help you resist the urge to smoke or use tobacco when a tobacco craving strikes.

- Try nicotine replacement therapy. The options include:
 Prescription nicotine in a nasal spray or inhaler Overthe-counter nicotine patches, gum and lozenges.
 Prescribing non-nicotine stop-smoking medications such as bupropion (Zyban) and varenicline (Chantix), Short-acting nicotine replacement therapies such as nicotine gum, lozenges, nasal sprays or inhalers can help you overcome intense cravings. These short-acting therapies are generally safe to use in combination with long-acting nicotine patches or one of the non-nicotine medications. Electronic cigarettes have had a lot of attention recently as an alternative to smoking traditional cigarettes.
- 2. Avoid triggers. Urges for tobacco are likely to be strongest in the situations where you smoked or chewed tobacco most often, such as at parties or bars, or while feeling stressed or sipping coffee. Identify your trigger situations and have a plan in place to avoid them entirely or get through them without using tobacco. Don't set yourself up for a smoking relapse. If you usually smoked while you talked on the phone, for instance, keep a pen and paper nearby to occupy yourself with doodling rather than smoking.
- 3. Delay If you feel like you're going to give in to your tobacco craving, tell yourself that you must first wait 10 more minutes and then do something to distract yourself for that period of time. Try going to a public, smoke-free zone.
- 4. Chew on it. Give your mouth something to do to fight a tobacco craving. Chew on sugarless gum or hard candy, or munch on raw carrots, celery, nuts or sunflower seeds — something crunchy and satisfying.
- 5. Don't have 'just one'. You might be tempted to have just one cigarette to satisfy a tobacco craving. But don't fool yourself into believing that you can stop there. More often than not, having just one leads to another—and you may end up using tobacco again.
- 6. Get physical activity. It can help distract you from tobacco cravings and reduce their intensity. Even short burst of physical activity such as running up and down the stairs a few times can make a tobacco craving go away. Get out for a walk or jog. If you're stuck at home or the office, try squats, deep knee bends, pushups, running in place, or walking up and down a set of stairs. If physical activity doesn't interest you, try prayer, needlework, woodwork or journaling
- 7. Practice relaxation techniques Smoking may have been your way to deal with stress. Resisting a tobacco craving can itself be stressful. Take the edge off stress by practicing relaxation techniques, such as deepbreathing exercises, muscle relaxation, yoga, visualization, massage or listening to calming music.
- 8. Call for reinforcements. Touch base with a family member, friend or support group member for help in your effort to resist a tobacco craving. Chat on the phone, go for a walk together, share a few laughs, or get together to commiserate about your cravings.
- Go online for support Join an online stop-smoking program. Or read a quitter's blog and post encouraging thoughts for someone else who might be struggling with tobacco cravings. Learn from how others have handled their tobacco cravings.
- 10. Remind yourself of the benefits. Write down or say out loud the reasons you want to stop smoking and resist tobacco cravings.

These might include: Feeling better Getting healthier Sparing your loved ones from secondhand smoke Saving money [6].

Toxicokinetic

Mainstream smoke is the most type dangerous type of cigarette smoke although sidestream smoke has also been linked to significant illnesses. Tobacco smoke is comprised of a mixture of more than 4000 different compounds. Mainstream smoke, which is the smoke directly inhaled from the end of the cigarette into the smoker's lungs, is hotter, denser, and contains more compounds than the sidestream smoke that emanates from the lit end of the cigarette. Many of the molecular compounds found in tobacco smoke form via the process of combustion as the cigarette burns between 600 F and 900 F. After the smoke is drawn from the cigarette, the particles rapidly increase in size due to humidification from the moist air in the upper respiratory tract. The mainstream smoke subsequently condenses as it heads into the lungs, leaving an estimated 50% to 95% of these molecules deposited into the bronchi, bronchioles, and alveoli.

Materials and Methods

Survey

Inclusion criteria

- All individuals having the habit of smoking presently and those who are having smoking habits and stopped smoking.
- 2. All age group people
- 3. Both gender

Exclusion criteria

1. Non smokers

Methodology

Google forms

Survey questions

- 1. About how many cigarettes have you smoked in your entire life? \ast
- a. 10 cigarettes or less
- b. 11 100 cigarettes (up to 5 packs)
- c. More than 100 cigarettes (more than 5 packs)
- 2. During the past 30 days (1 month) on how many days did you smoke cigarettes? *
- a. Every day or almost every day
- b. Some days
- c. No days
- 3. How soon after you wake up do you smoke your first cigarette? *
- a. After 60 minutes
- b. 31-60 minutes
- c. 6-30 minutes
- d. Within 5 minutes
- 4. How many cigarettes a day do you smoke? *
- a. 10 cigarettes or less
- b. 11-20
- c. 21-30
- d. 31 or more

5. How old were you when you tried a cigarette, even a single puff? *

- a. I have never smoked cigarettes
- b. 7 years old or younger
- c. 8 or 9 years old
- d. 10 or 11 years old
- e. 12 or 13 years old
- f. 14 or 15 years old
- g. 16 or 17 years old
- h. 18 21 years old
- i. 22 years old or older

6. How old were you when you first smoked an entire cigarette? *

- a. I have never smoked cigarettes
- b. 7 years old or younger
- c. 8 or 9 years old
- d. 10 or 11 years old
- e. 12 or 13 years old
- f. 14 or 15 years old
- g. 16 or 17 years oldh. 18 21 years old
- i. 22 years old or older

7. When did you become a regular smoker? *

- a. I have never been a regular smoker
- b. Before age 10
- c. 10-13 years old
- d. 14-17 years old
- e. 18 21 years old
- f. 22 years old or older

8. While you were growing up, how many of your parents/guardians smoked are the habit of smoking? *

- a. None
- b. One
- c. More than one
- d. Don't know/not sure
- 9. While you were growing up, did any of your parents/guardians smoke inside your home? *
- a. Yes
- b. No
- c. Don't know/not sure
- 10. While you were growing up, did your parents/guardians allow visitors and guests to smoke inside your home? *
- a. Yes
- b. No
- c. Don't know/not sure
- 11. While you were growing up, did your parents/guardians ever talk to you about the dangers of smoking? *
- a. Yes
- b. No
- c. c.Don't know/not sure
- 12. Are you having any health problems like cough, shortness of breathing and any other respiratory problems? *
- a. Yes
- b. No

13. Are you having any other health problems like hypertension, Diabetes? *

- a. Yes
- b. No

14. Are you aware that passive smokers / non-smokers are affected by smoking? *

- a. Yes
- b. No



Fig 1: Awareness Program on Smoking National no smoking day- 09-03-2022



Fig 2: Survey on smoking and it's related information- Karimnagar Dist

Results

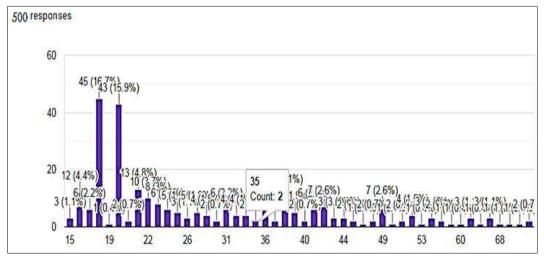


Fig 3: Age

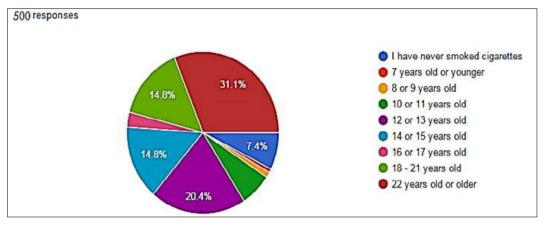


Fig 4: How old were you when you tried a cigarette, even a single puff?

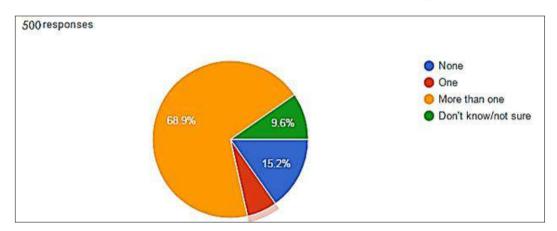


Fig 5: While you were growing up, how many of your parents/guardians smoked are the habit of smoking?

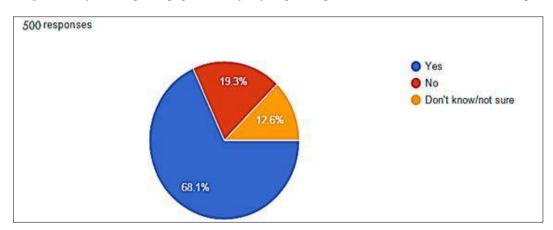


Fig 6: While you were growing up, did any of your parents/guardians smoke inside your home?

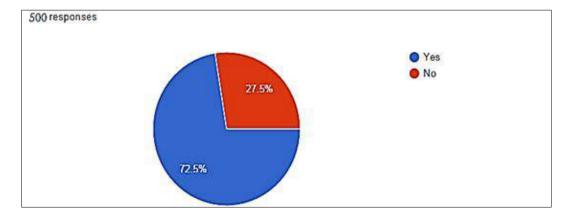


Fig 7: Are you having any health problems like cough, shortness of breathing and any other respiratory problems?

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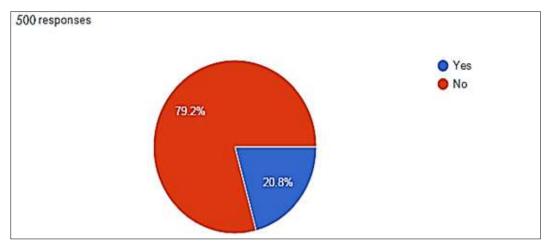


Fig 8: Are you aware that passive smokers/non-smokers are affected by smoking?

Discussion

In our survey, majority of participants are between the age group of 18-20. In our survey, 31.1% participants has smoked their first cigarette at the age of 22 and above and 20.4% participants atarted smoking at 12-13 years and 14.8% people started smoking at 14-15 &10-11 years old. In our study, we have found out 68.9% people have more than one parent/guardian had smoking habits. 15.2% participants confirmed that none of the parent and guardian has the smoking habits. 68.1% of participants conveyed that while they are growing up, their parents and guardians had smoked in their home. 19.3% conveyed that none of the parents and guardians have the habit of smoking at home. In our survey, 72.5% people are aware that smoking causes problems like cough, SOB and other respiratory problems and 27.5% people does not know the harmful effects of smoking. In our survey, it was identified that 79.2% smokers does not know that passive smokers are affected by smoking and only 20.8% participants are aware of harmful effects of smoking on passive smokers.

Conclusion

Smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general. Quitting smoking has immediate as well as longterm benefits, reducing risks for diseases caused by smoking and improving health in general. The list of diseases caused by smoking has been expanded to include abdominal aortic aneurysm, acute myeloid leukemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis, and stomach cancer. These are in addition to diseases previously known to be caused by smoking, including bladder, esophageal, laryngeal, lung, oral, and throat cancers, chronic lung diseases, coronary heart and cardiovascular diseases, as well as reproductive effects and sudden infant death syndrome. By the above information, he/she should strongly decide, prepare and make an attitude to quit smoking. To avoid triggers, one should do relaxation techniques and distract themselves to other works and can use nicotine gums, sugarless or hard candies to suppress the cravings to smoke.

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