Seven steps of gradual cessation of smoking – An example from India

Sedm koraka postepenog prestanka pušenja – primer iz Indije

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Abstract

Background/Aim. One sixth of smokers in the world live in India. The National Family Health Survey showed that individuals with no education were 2.69 times more likely to smoke and chew tobacco than those with postgraduate education. Whether the physicians' interaction with public can cause the smoking cessation or habit by detailing the harmful effects as well as benefits of cessation without any withdrawal effects? Our aim was, therefore, to help people to stop smoking step by step. Methods. The study was conducted at the University Student Health Care Centre, Banaras Hindu University, Varanasi, India, from June 2004 to February 2005. A total of 1 200 students smokers (graduate, post graduate or research scholars) participated. They were from 17 to 32 years old (mean age, 26 years). All were male sex. Each and every student was explained in details risks and hazards, and benefits of cessation, focusing this latter on immediate and substantial benefits at any sex and age, their every question and quarries were explained. All were told that either they should stop smoking immediately or minimized step by step. The seven steps were explained to them.

Results. The smoking duration was one year and more in all the participants ranging from one to 15 years; the average number of smoked cigarettes per day was 12 on average (5 – 20). In 450/1200 (37.50%) students, either of any family members were smoking while 200 (16.66%) students have been inspired from their friends. The majority of 780/1200 (65%) gave-up smoking at any step as advised. The follow-up could not be done in 80/1200 (6.6%) students who did not report at any of the stages. Finally, 340/1200 (28.0%) students either reduced the number or failed to give-up smoking. Conclusion. The results of the study are very encouraging. Such interaction type of doctors with smokers will not only help to the concerned person but also to the society.

Key words: smoking; smoking cessation; students; epidemiologic methods; india.

Abstract


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Introduction

Tobacco was introduced to India by Portugese 400 years ago. Smoking habit is increasing in India. Out of 1.1 billion smokers worldwide, one sixth lives in India. Tobacco is used for smoking as well as in smokeless forms. Forty percent of the smokers are bidi smokers, while 20% are cigarette smokers, and the rest of them use smokeless devices. The prevalence of tobacco use is higher in the males than in the females. In the rural area, it is more frequent than in the urban area. The National Family Health Survey (India) has revealed that individuals with no education were 2.69 times more likely to smoke and chew tobacco than those with postgraduate education. Illiteracy, poverty and ignorance were associated with tobacco consumption. Despite increasing awareness of the harmful effects of tobacco, smoking continues to be a significant health risk factor. Considering the social and economic impact of tobacco consumption, smoking cessation interventions are among the most cost effective of all medical interventions. However, it is an irony that tobacco use is the major preventable cause of death worldwide. It is estimated that more than 500 million people alive today will be killed due to tobacco by 2030 and tobacco related causes. Therefore, now the time has come that in addition of paying attention to curative treatment, doctors should focus on spreading awareness of the harmful effects of smoking as well as benefits of cessation. Board "NO SMOKING" should be put all over the campus as well as public places. Many legal/social barriers may come in the way. The government says the smoking ban is a public health issue; but the public says it's all about civil rights. Though smoking in public places is banned in Delhi and a lot of other parts of India but it hasn't made any difference. Without mass desire to change things, legal imposition can prove useless. It has been observed that 70% of smokers indicate that they want to quit. Studies have demonstrated that a brief physician-delivered intervention (as brief as three minutes) for smoking cessation or habit by detailing the harmful effects as well as benefits of cessation without any withdrawal effects? Our aim was, therefore, to help people stop smoking step by step and evaluate the results.

Methods

The study was conducted at University Student Health Care Centre, Banaras Hindu University, Varanasi (India) in the period from June 2004 to February 2005. A total of 1 200 young, educated students (graduate, post graduate or research scholars), who were smokers, were included in the study. They were from 17 to 32 years old (mean age, 26 years). All were male sex, since smoking among the females is not in practice in this part of the university set up; so, if some female students smoke at all, they did not report that. Smoking duration and the number of smoked cigarettes per day were analyzed, too. A detail family/friends smoking status were also taken. The risk/hazards of smoking as well as benefits of cessation of it were explained to them individually and through a poster display. The details were explained as follows risk and hazards of smoking: chances of death are two times higher from coronary heart diseases (CHD) and stroke compared to non-smokers; tobacco smoking increases the blood pressure; chances to develop lung cancer or acquire the second primary cancer three times higher; smokers develop bronchitis changes (coughing an expectorant most of the time, also as a social problem); smoking increases the risks of influenza and pneumonia; in passive smokers, it induces diseases especially in children - pneumonia, middle ear infection, bronchitis and exacerbations of bronchial asthma; more burdens on pocket, bad health, dental staining and peridental diseases, etc.

Immediate and substantial benefits of cessation of smoking to men and women at any age as follows: blood pressure and the pulse rate come to the normal levels; improved sense of smell and taste; death of cancer rates decrease at any point of cessation even at the age of 60 or above; the risk of CHD and strokes death is reduced by half after one year of cessation; personal benefits include improved health, lower level of perceived stress, good example for their spouses, money savings and freedom from addiction; lung function returns to that before starting smoking gradually, in chronic obstructive pulmonary diseases (COPD) cases.

Each and every student was explained in details and their every question and queries were explained. All were told that they should either stop smoking immediately or minimize it step by step. The following seven steps were explained to cut down the number to reach up cessation.

Step 1 – Do not purchase a package, but one or two boxes. This will break the chain smoking.

Step 2 – Do not keep a box in the pocket (so that it will not be available on demand).

Step 3 – Do not smoke at home/hostel or in public. Keep it out of drawing room (to avoid passive smoking).

Step 4 – Do not smoke non-filter cigarette, you smoke it should be a filter type cigarette (less noxious matter will go to lung).

Step 5 – Do not keep a cigarette in between the lips, but between the fingers. It will burn the cigarette and not the lungs.

Step 6 – Do not take deep inhalation, inhale up to mouth (not reaching the lungs).

Step 7 – Do not smoke a cigarette up to the tip, throw it when half burnt (loss of money and not your health).
At every step students were asked to stop smoking by detailing the benefit of each step.

Results

The study group comprised of 1,200 students, who were cigarette smokers. All were male since the female smoking habit in this zone among university students was practically does not exist or has not been reported due to social bindings. The mean age was 26 years. The smoking duration was more than one year in all the participants ranging from one to 15 years. The average period of smoking was five years and six months.

The number of smoked cigarettes per day was 12 on average (5 to 20).

Out of 1,200 students smokers, in 450 (37.50%) students either of any family members were smoking while 200 (16.66%) students had been inspired this habit from their friends.

The majority of the students, 780/1,200 (65%), gave up smoking at any stage as advised. The follow-up could not be done in 80/1,200 (6.6%) students because they did not report at any of the stages. Finally, 340/1,200 (28.0%) students either reduced the number of cigarettes per day or failed to give up smoking.

Discussion

Despite increasing awareness of harmful effects of tobacco, smoking continues to be a significant health factor. It is a single, the most preventable risk factor of morbidity and mortality in the world. Smoking in public places is banned in Delhi and a lot of other parts of India but it has not yet made any difference. Smoking in public place is made punishable in India with a fine up to rs 200, while advertisement up to two years or a fine of rs 1,000 or both in case of the first conviction. In case of the second or subsequent convictions, the imprisonment would be up to five years and a fine of rs 1,000 or both in case of the first conviction. The number of smokers had family and friends smoking back-end. None/minimum withdrawal effect.

In this zone alternative device is not in practice, stepwise minimizing the bad effects was easy and acceptable with no/minimum withdrawal effect.

In this study it was also very obvious that important number of smokers had family and friends smoking background.

Students entering a college are considered a high vulnerability age group for smoking initiation, thus this is the right time and dais to educate them. This has more meaning because the evidence suggests that the risks involved by smoking are underestimated by both the adults as well as the adolescents.

Conclusion

The result of the study is very encouraging with the total of 65% of students that gave up cigarette smoking at the different stages. Such interaction type of the doctors with smokers will not only help to a concerned person but also to the society, as well as to their spouses and other close persons. They also may be the role model for them because of their education.

Notice – The author presented results of the study at the 15th Annual Congress of the European Respiratory Society, 2006, Munich, Germany.

References


The paper was received on April 11, 2007.