

THE METHODS and SIGNIFICANCE OF QUITTING SMOKING and THE CASE IN TURKEY

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BASIC STRATEGIES FOR TOBACCO CONTROL

The efforts on tobacco control can be discussed in three aspects complementing each other. The first of these is to ensure that individuals never gain the habit of smoking. Since, nowadays, the smoking habit is gained during the childhood, in order to prevent children from smoking practices such as making educative programs to prevent children start smoking, prohibiting the sale of cigarettes to children, abandoning the advertising and publicity of cigarettes, ensuring the role models of children such as parents, teachers, artists and athletes to take care not to smoke in the environments, where children can see them, and increasing the cigarette prices are resorted to. A significant group in view of the adverse effects of tobacco use is the persons being passively affected from the smoke of the cigarette. Those people who are affected from smoking passively although they do not smoke themselves, should also be protected. The steps taken to this end constitute the second part of the efforts on tobacco control. For this purpose the restriction of smoking in public places (such as schools and workplaces, means of public transport, places for entertainment such as cinemas, theatres, so on, and places such as restaurants, cafés, etc.) is a basic practice. It is possible to prevent a great many health problems due to smoking as a result of such practices. However there are many persons smoking in every society. In order to prevent these individuals causing harm to others, the above mentioned practices are useful. Nevertheless efforts should also be taken to ensure the smokers to quit smoking in order to protect the health of those individuals. These constitute the third aspect of the efforts on tobacco control.

APPROACHES TO QUITTING SMOKING

Human beings do not smoke when they were born; smoking is a habit gained later on. One can dispense with this habit. Indeed, millions of individuals in the world succeeded in quitting smoking. Therefore quitting smoking is possible. The point is to decide on quitting and take the necessary steps to this end. But sometimes it could be more difficult to dispense with it.

There are too many substances within the smoke of the burned tobacco. Among these, nicotine is the substance responsible for tobacco addiction. When the smoke of the cigarette is inhaled, nicotine reaches to the brain in 8-10 seconds and leads to dopamine discharge by stimulating the nicotine receptors at the ventral tegmental region of the hypothalamus. Dopamine is a substance, which evokes feelings of happiness and pleasure in human beings. Eventually smokers start to seek for this pleasure. This pursuit leads them to smoke, thereby causing an addiction in which smoking and emotion of happiness follow each other.

Nicotine addiction does not take the same form and is not at the same level for each smoker. The addiction of some smokers is stronger. Hence, those persons have more desire for cigarettes and they smoke higher numbers of cigarettes. Various methods have been developed to evaluate the level of addictedness of smokers to nicotine. The most common of these methods is the scale developed by Swedish physician Dr. Karl Fagerström (FTND: Fagerström Test for Nicotine Dependence). 6 questions are asked to smokers in this test and, in turn, the level of nicotine dependence is assessed according to the answers to these questions. The questions asked in the Fagerström test and the evaluation method is presented in Figure 1.

Chart 1. Fagerström Test for Nicotine Dependence

1. After you wake up in the morning, how long does it take you to smoke the first cigarette of the day?
 - a. In the first 5 minutes (3 points)
 - b. In 6-30 minutes (2 points)
 - c. In 31-60 minutes (1 point)
 - d. After 1 hour (0 point)
2. Is it difficult for you not to smoke at places where smoking is prohibited?
 - a. Yes (1 point)
 - b. No (0 point)
3. Which cigarette of the day is more difficult for you to dispense with?
 - a. The first cigarette in the morning (1 point)

- b. Cigarettes smoked at other times of the day (0 point)
- 4. How many cigarettes do you smoke a day?
 - a. 31 or more (3 points)
 - b. 21-30 (2 points)
 - c. 11-20 (1 point)
 - d. 10 and less (0 point)
- 5. Do you smoke more in the morning than at other times of the day?
 - a. Yes (1 point)
 - b. No (0 point)
- 6. Do you smoke when you are so sick that you need to stay in bed?
 - a. Yes (1 point)
 - b. No (0 point)

Based on the answers given to the questions, scores greater than or equal to 7 are considered as an indicator of strong addiction. It can be difficult for smokers with strong addiction to quit smoking. Thus these individuals should endeavor more to quit smoking.

Apart from the addiction due to nicotine, a behavioral habit also plays a psychological role in smoking. Smoking habit usually takes place in certain special environments and conditions. Most of the smokers smoke after meals, in meetings with friends, together with beverages like tea or coffee, and especially in gatherings with smoking friends. Knowing these characteristics are important for efforts of quitting smoking. Persons who quit smoking should keep away from such environments and relationships, which evoke smoking.

There are various approaches and methods for quitting smoking. Some individuals can succeed to quit smoking by their own will. Although the decision of the individual to quit smoking is very important, there are not many persons who could succeed in quitting smoking by their own efforts, without getting any professional support. Most of those who quit smoking by themselves start smoking again some time later. Therefore, it is suggested to get professional support in quitting smoking. The professional support relies on psychological assistance and some medications. A crucial point in relation to quitting smoking is the perception of nicotine addiction as an illness, and applying treatment with this perception. World Health Organization identified nicotine addiction as an illness and specified this with a separate code in the disease classification lists. Since nicotine addiction is an illness, its treatment

should be done by a physician and a scientific, evidence-based method should be utilized as the treatment approach.

Smokers are separated into 5 groups according to their attitude towards whether or not to quit smoking. These groups and their properties are as follows:

(a) Pre-contemplation phase: These are usually young persons, who enjoy and do not have any complaint about smoking, and do not worry about their health and future. These persons should be educated and told that smoking eventually will yield in negative outcomes on their health. They should be convinced to stop smoking in the near future, especially, if there is any such case, by emphasizing the health problems of the persons among their close relations or relatives caused by smoking. They should be informed on the “harms” of smoking by stressing that smoking is not only undesirable for their health, but also for the health of others around them, as well as on the economic cost and the adverse effects of smoking on the environment in general.

(b) Contemplation phase: The persons in this group are usually those who have been smoking for a long time, some of which had experienced certain health problems due to smoking, or care about the economic costs of smoking on their budget and want to avoid this cost; consequently, these are individuals who would like to stop smoking for any of these reasons. However, they do not have any plan on quitting smoking and they express that they will quit smoking “at an indefinite date”. These individuals should be supported to make a plan about quitting smoking. It would be convenient to ensure them to make a plan for quitting smoking on their own, and determine the date they will stop smoking. In determining the time of quitting smoking, they might be assisted by reminding them certain dates such as Christmas, feasts, birthday or the world non-smoking day, etc. By using medications that increase the desire to stop smoking, pharmacological support may also be provided at this stage

(c) Decision phase: These are persons, who have made a plan and reached a decision on quitting smoking. These persons should be supported in implementing the plan they made. As the date of quitting smoking approaches, these persons might fall into the dilemma of whether or not to apply the plan. Therefore, it should be ensured that the planned date is not very distant and close contact should be maintained until this date. Informing the people around these individuals about the plan and telling them the date of quitting would be helpful, since it will render backing off from the plan more difficult; but this decision should also be taken by the person herself. The person should be informed about

the symptoms of abstinence after quitting smoking, and the actions to be taken in this case should also be included in the plan.

(d) Action phase: This is the phase when the person quits smoking at the specified date. On this date, cigarette packs and all other articles, which may remind smoking, should be removed from the environment. The first hours and days after quitting smoking are utterly important. If symptoms of nicotine abstinence emerge in this period, the individuals should be supported in coping with these symptoms and, if necessary, nicotine replacement treatment should be given. There are various preparations developed for nicotine replacement. Nicotine bands, which are available in Turkey, or preparations that can be obtained from abroad such as nicotine gum or spray can be used for this purpose. In the initial days after quitting smoking the individual should drink plenty of water, avoid from behaviors and keep away from environments, which might remind smoking. A place other than the permanent residence of the person can be chosen for the quitting day; for instance, a day during a vacation can be chosen as the quitting day.

(e) Follow-up phase: The measures to be taken are not completed just by ensuring the smoker to stop smoking. The person, who quit smoking can start smoking again eventually. Hence, it is very important to follow-up the persons, who quit smoking. If possible, the physician should see or call the person everyday. After they quit smoking, individuals may complain about certain symptoms due to nicotine abstinence. These complaints should be listened carefully and appropriate assistance should be provided. Also during this phase, the person should avoid behaviors, which might evoke smoking desire and keep away from such environments. After a few days passed from quitting smoking, the person might have smoked one or a few cigarettes. Such behavior should be met calmly, and non-smoking behavior should be supported without making any accusation against the person.

It is useful to keep in mind that the efforts to quit smoking do not always yield in successful results. It is known that, even for the most successful practices, about half of the persons start smoking again within a year. In such case, the person should be supported to try to quit smoking once again.

THE BENEFITS OF QUITTING SMOKING

There are several benefits of quitting smoking. Among these, of course, the reduction in the disease risk due to smoking is the leading benefit. After quitting smoking, in the first half hour the pulse and blood pressure return to normal level, the blood carbon monoxide level decreases in 6-8 hours and the risk of acute myocardial infarction falls to

half in 24 hours. In the following days and years, severe reductions in certain disease risks occur. The reduction in disease risks is more evident in the initial years, but the reduction continues also in later years. 10-15 years after quitting smoking, the lung cancer and cardiological disease risks fall to the level close to those of an individual who never smoked (Table 1).

The positive impacts observed in a person who quit smoking appear in persons of all ages. Thus it is never late to stop smoking; one should quit smoking at any age. In an analysis of mortality due to lung cancer in England between 1950 and 2000, it was identified that even the probability of deaths in later years because of lung cancer of persons, who quit smoking at 60 years of age declined. Certainly, the reduction in risk is greater for those who quit smoking in younger ages. According to the results of the research, 16 out of 100 smokers die because of lung cancer until the age of 75. This ratio fall to 10 persons for those who quit smoking at the age of 60, 6 persons for those who quit at the age of 50 and 1.7 persons for those who quit at the age of 30 (Table 2).

Table 1. The observed positive developments after quitting smoking

Duration passed	Health effect
20 min	Pulse and Blood Pressure return to normal
8 hours	CO declines, oxygen increases
24 hours	The probability of heart attack falls
48 hours	The senses of smell and taste return to normal
1 month	The blood circulation returns to normal
3-9 months	Decline in coughing and shortness of breath
1 year	Heart attack risk declines 50%
5 years	Lung cancer risk declines 50%
10-15 years	The risk falls to the level of non-smokers

Table 2. The Cumulative Mortality Rate of Smokers and Persons, who Quit Smoking due to Lung Cancer. England, 1950-2000.

The age of quitting smoking	75 years old male, cumulative risk (%)
Smoker	16
Quitted at 60 years of age	10
Quitted at 50 years of age	6
Quitted at 40 years of age	3
Quitted at 30 years of age	1.7
Never smoked	0.4

THE ROLE OF THE PHYSICIAN IN QUITTING SMOKING

Despite the harms of smoking on health is known by everybody, some smokers are not eager to quit smoking. Many others may warn the smoker to stop smoking, but these warnings seldom are useful. However when such a warning is made by a physician, the person is more likely to consider it as important. Therefore, physicians play a significant role in abandoning the habit and successfully quitting smoking. Regarding quitting smoking, physicians can be effective in various aspects. The role of physicians on the issue can be expressed in terms of the “5 A Principle”, which stand for some of the activities that can be carried out by the physician.

ASK: According to this principle, the physician should ask the patient whether or not he/she smokes. The questioning of smoking habit by a physician can be cautionary for the patient.

ASSESS: Having learnt that the patient is smoking, the smoking behavior should be assessed in terms of duration and amount. The physician should ask and record for how long the person has been smoking and how many he/she smokes per day.

ADVISE: Having learnt the amount of cigarettes smoked, by explaining the adverse effects of smoking on health and other harms of smoking, the person should be advised to stop smoking and it should be mentioned that assistance in this respect can be provided.

ASSIST: In case the person decides to quit smoking as a result of these efforts, then he/she should be provided assistance. Both psychological assistance and pharmacological support can be provided to this end. Today, there are medications, which increase the desire to quit smoking. On the other hand, if symptoms of nicotine abstinence arise after the person quits smoking, preparations for nicotine replacement are also available.

ARRANGE follow up: During the phase after the person quits smoking, an appropriate follow-up program should be prepared for him/her. In this way, it is aimed at preventing the person to start smoking again.

Another aspect of the physicians' role in quitting smoking is the quitting smoking clinics. Persons can either present to these clinics on their own or some smokers can be urged to these by other health institutions or physicians. Along with the physician, other specialists such as nurses, psychologists and social workers also work in these clinics. Firstly, the smoking behavior and the level of nicotine dependency of the

smokers, who present to the clinic is evaluated, then by means of a quitting program appropriate to the person, it is attempted to make the person stop smoking.

THE SITUATION IN TURKEY

Modern methods regarding the methods of quitting smoking are in use in Turkey. But the use of these methods is restricted to the activities of physicians who have an interest in the subject. It is not possible to say that quitting smoking clinics are common all over the country so as to enable the access of everyone to such clinics. Yet, the number of quitting smoking clinics has increased in course of time. Nevertheless, it is again not possible to say that the practices of physicians to support their patients in terms of the 5 A Principle to quit smoking is very common. In a research conducted in a university hospital, it was revealed that the physicians of pulmonary diseases and the cardiology clinics attach greater importance to this issue and provide greater assistance to their patients to this end. However, when all physicians are taken into consideration it was detected that only 1 out of 4 physicians inquire about each of his/her patients smoking habit and only 1 out of 5 physicians give counseling to all of his/her patients on quitting smoking. Furthermore, some private institutions, which use unscientific methods to convince smokers to stop smoking, also are active in this field.

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