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Knowledge, attitude and practice of tobacco smoking among institute s' students at Kirkuk Technical Institute

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Abstract

Smoking is one of the most common forms of recreational drug use. Tobacco smoking is the most popular form, being practiced by over one billion people globally, of whom the majority are in the developing countries. Tobacco use is one of the most critical public health concerns in the world. Globally, tobacco use accounts for more than 7 million deaths each year. tobacco was the second leading risk factor of all causes mortality for both sexes combined and the most harmful risk factor for men. To assess progress toward this objective, analyzed self-reported data from questionnaire. The main aim of this study is to evaluate the Knowledge, attitude and practice of tobacco smoking among college s' students at Kirkuk Technical. This report describes the results of that analysis, which indicated that, out of 160 persons, which 61% of the participants were female, 31% graduated, 52% single, 53% jobless. Most of the participants were not believe in that cigarette smoking is a major factor for dangerous diseases while thought humans can be addicted to it. However, to decrease smoking prevalence among adults and to meet the national health objective, effective comprehensive tobacco-control programs that address both initiation and cessation of smoking should be fully implemented in every state and territory. Findings suggest that school/university environments are important contexts for understanding peer group influences on adult's cigarette smoking.

Chapter One

Introduction

1. Introduction

Smoking is a practice in which a substance is burned, and the resulting smoke is breathed in to be tasted and absorbed into the bloodstream. Most commonly, the substance used is the dried leaves of the tobacco plant, which have been rolled into a small rectangle of rolling paper to create a small, round cylinder called a "cigarette". Smoking is primarily practiced as a route of administration for recreational drug use because the combustion of the dried plant leaves vaporizes and delivers active substances into the lungs where they are rapidly absorbed into the bloodstream and reach bodily tissue. In the case of cigarette smoking these substances are contained in a mixture of aerosol particles and gases and include the pharmacologically active alkaloid nicotine; the vaporization creates heated aerosol and gas into a form that allows inhalation and deep penetration into the lungs where absorption into the bloodstream of the active substances occurs. In some cultures, smoking is also carried out as a part of various rituals, where participants use it to help induce trance like states that, they believe, can lead them to spiritual enlightenment. ⁽¹⁾

Smoking is one of the most common forms of recreational drug use. Tobacco smoking is the most popular form, being practised by over one billion people globally, of whom the majority are in the developing countries. Tobacco use is one of the most critical public health concerns in the world. Globally, tobacco use accounts for more than 7 million deaths each year. tobacco was the second leading risk factor of all causes mortality for both sexes combined and the most harmful risk factor for men Smoking is known to be related to a broad array of diseases, including cancer, heart disease, and respiratory diseases. ⁽²⁾

When heavy smokers try to stop smoking, they experience withdrawal symptoms (both physical and psychological), as well as interference with social interactions with their peer group.

Tobacco smoke has more than 7,000 harmful chemical compounds that enter a human body either directly through smoking, indirectly through secondhand exposure to smoke exhaled by a smoker, or through downstream smoke released from a cigarette or pipe. Both smokers and nonsmokers are at risk of exposure to the compounds of smoked tobacco that accumulate on the surfaces in a poorly ventilated environment; this method of exposure is known as third hand

smoke exposure. In the United States, there are approximately 500,000 annual deaths causally related to smoking and secondhand exposure to smoke. ⁽³⁾

Tobacco smoke contains more than 60 known cancer-causing chemicals and thousands of other harmful substances. Even "all natural" or herbal cigarettes have harmful chemicals.

Lung cancer and lung disease. Other cancers. Smoking increases the risk of many types of cancer, including cancer of the mouth, throat (pharynx), esophagus, larynx, bladder, pancreas, kidney, cervix and some types of leukemia. Overall, smoking causes 30% of all cancer deaths.

Heart and circulatory system problems. Smoking increases your risk of dying of heart and blood vessel (cardiovascular) disease, including heart attacks and strokes. If you have heart or blood vessel disease, such as heart failure, smoking worsens your condition. ⁽⁸⁾

Diabetes. Smoking increases insulin resistance, which can set the stage for type 2 diabetes. If you have diabetes, smoking can speed the progress of complications, such as kidney disease and eye problems. ⁽⁹⁾

Eye problems. Smoking can increase your risk of serious eye problems such as cataracts and loss of eyesight from macular degeneration.

Infertility and impotence. Smoking increases the risk of reduced fertility in women and the risk of impotence in men. Complications during pregnancy. Cold, flu and other illnesses. Tooth and gum disease. ⁽⁴⁾

1.1 Smoking

Cigarette smoking has been recognized as one of the bad but avoidable behaviors and is also regarded as a slow killer in humans. There are nearly 1.3 billion active smokers in the world. Among them, about 5-6 million people die from smoking related diseases, such as cancer, heart diseases, stroke, lung ailment in each year. Smokers are also thought to threaten the health of nonsmokers by releasing secondhand smoke to the environment. Over 93% of the world's population is living in countries that are not covered by smoke free public health regulations. Hence in the world there is a big burden of diseases caused by passive smoking. Although the World Health Organization's tobacco control treaty has shown its beneficial effect in reducing the number of smoking population and the incidence of some dominant tobacco related diseases in the United Kingdom and the United States, the world is still in the midst of an epidemic of tobacco related illness, especially in developing countries like Albania, Algeria and Armenia. ⁽⁸⁾

Smoking may still be the major factor causing serious problems in various organs in our body and it is a big concern in public health. Thus, it is envisaged that there is a need for intense investigations in order to unveil the molecular mechanism by which cigarette smoke and its chemical components adversely affect different biological systems in the body. ⁽⁹⁾

Gastrointestinal (GI) mucosal injury is a common disorder among different diseases in humans. The risk factors that may cause mucosal damage, include mild physical trauma during ingestion, alcohol drinking, cigarette smoking, non-steroidal anti-inflammatory compounds taking as well as *Helicobacter pylori* infection. ⁽¹⁰⁾ In most of the cases ulcer would start to heal through active and complicated processes characterized by inflammation, tissue formation and remodeling stages. Over the last decade, intense research has been performed in the effort to understand the cellular and molecular mechanisms involved in mucosal injury and repair in the GI tract. Studies have shown a close relationship between cigarette smoking and peptic ulceration. It was reported that the incidence of GI ulcer in male smokers is 2.1 fold greater than that of the non-smoking counterparts, and the risk of increase in female smokers is about 1.6 folds. In deed numerous studies have shown that cigarette smoke and its chemical components could aggravate ulcer formation and also delay ulcer healing in the GI mucosa. ⁽¹¹⁾

The basic components of most cigarettes are tobacco, chemical additives, a filter, and paper wrapping. Cigarettes are responsible for the vast majority of all tobacco-related disease and death in the United States. Smokers are exposed to a toxic mix of over 7,000 chemicals when they inhale cigarette smoke. The harmful chemicals in cigarette smoke can damage nearly every organ in the body. Nonsmokers are exposed to many of these same chemicals through secondhand smoke. ⁽⁶⁾

Here are some of the 93 known harmful and potentially harmful chemicals in cigarettes like: -

- NICOTINE(C₁₀H₁₄N₂)
- CADMIUM(Cd)
- LEAD(Pb)
- ACROLEIN(C₃H₄O)
- AMMONIA(NH₃) ⁽⁷⁾

There are more than 5000 components in cigarette smoke. They belong to various chemical classes that are known to be toxic. These components have different properties and probably also different targets in the GI tract. ⁽⁷⁾

Every day, on average, about 2,000 youth under age 18 smoke their first cigarette and more than 300 youth under age 18 become daily smokers. Nationwide, 7.6 percent of high school students (1.2 million) and 2.1 percent of middle school students (250,000) currently smoke cigarettes.

For daily smokers (> 20 cig/day), the risk of dying from lung cancer is more than 23 times higher in men and about 13 times higher in women than nonsmokers. The risks for light smokers, while lower, are still substantial. ⁽¹⁵⁾

One of the ingredients in tobacco is a mood altering drug called nicotine. Nicotine reaches your brain in mere seconds and makes you feel more energized for a while. But as that effect wears off, you feel tired and crave more. Nicotine is extremely habit forming, which is why people find smoking so difficult to quit. ⁽⁷⁾

Some people feel that smoking helps them to be alert and to concentrate, and also that it helps them to feel relaxed. Research has shown that smoking raises levels of dopamine, a chemical in the brain, increasing feelings of pleasure and reinforcing the desire to continue to smoke. Over time, your body and brain get used to having nicotine in them. About 80–90% of people who smoke regularly are addicted to nicotine. Nicotine reaches your brain within 10 seconds of when it enters your body. It causes the brain to release adrenaline, and that creates a buzz of pleasure and energy. ⁽⁵⁾

For some people, using any amount of tobacco can quickly lead to nicotine dependence. Signs that may be addicted include: Can't stop smoking. You've made one or more serious, but unsuccessful, attempts to stop. have withdrawal symptoms when try to stop. attempts at stopping have caused physical and mood related symptoms, such as strong cravings, anxiety, irritability, restlessness, difficulty concentrating, depressed mood, frustration, anger, increased hunger, insomnia, constipation or diarrhea. keep smoking despite health problems. Even though you've developed health problems with lungs or heart, haven't been able to stop. give up social activities. may stop going to smoke free restaurants or stop socializing with family or friends because can't smoke in these situations. ⁽⁹⁾

Nicotine dependence Nicotine dependence occurs when you need nicotine and can't stop using it. Nicotine is the chemical in tobacco that makes it hard to quit. Nicotine produces pleasing effects in brain, but these effects are temporary. So, need reach for another cigarette. The more smoke, the more nicotine needs to feel good. When try to stop, experience unpleasant mental and physical changes. These are symptoms of nicotine withdrawal.

In the short term, nicotine increases Smoking and anxiety Research into smoking and stress has shown that instead of helping people to relax, smoking actually increases anxiety and tension. Nicotine creates an immediate sense of relaxation so people smoke in the belief that it reduces stress and anxiety. Energy expenditure and could reduce appetite, which may explain why

smokers tend to have lower body weight than do nonsmokers and why smoking cessation is frequently followed by weight gain. ⁽⁵⁾

When it comes to cancer prevention, the damaging effects of smoking can't be reversed by exercise or a healthy diet. There's no such thing as a healthy smoker especially when it comes to cancer prevention. ⁽⁶⁾

So, for example, an individual who may have avoided Parkinson's disease due to his or her smoking still runs a significant risk of dying from heart disease, lung cancer, or any of the multiplicity of other tobacco-caused diseases. Equally, smoking does not prevent Parkinson's disease in all smokers. ⁽⁸⁾

1.2. Factors that cause to smoke

- Age. Most people begin smoking during childhood or the teen years. The younger you are when you begin smoking, the greater the chance that you'll become addicted.
- Parents and peers. Children who grow up with parents who smoke are more likely to become smokers. Children with friends who smoke are also more likely to try it.
- Depression or other mental illness. Many studies show an association between depression and smoking. People who have depression, schizophrenia, post-traumatic stress disorder or other forms of mental illness are more likely to be smokers. ⁽¹⁶⁾

Cigarette smoke is harmful to everyone who breathes it in, from your friends and family to children and pets. Over time, secondhand smoke has been associated with serious health problems in non-smokers: Lung cancer in people who have never smoked. More likely that someone will get heart disease, have a heart attack, and die early. Breathing problems like coughing, extra phlegm, wheezing, and shortness of breath Lung problems like chronic obstructive pulmonary disorder (COPD) and asthma. Increased risks of lung cancer and cancers in the brain, bladder, stomach, breast and more. Children exposed to secondhand smoke are more likely to experience: Frequent coughing, sneezing, shortness of breath or other breathing problems. ⁽³⁾

Secondhand smoke causes more than 7,300 lung cancer deaths among U.S. nonsmokers each year. Nonsmokers who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers. Even brief secondhand smoke exposure can

damage cells in ways that set the cancer process in motion. If you are pregnant, Secondhand smoking can increase the risk of harm to you and your baby. It is also important that your loved ones do not smoke around you as this may affect the baby's growth and reduce the baby's birth weight. ⁽²⁾

Because of secondhand smoke, spouses and children of people who smoke have an increased risk of cancer and heart disease. Babies whose parents smoke: Are more likely to have ear infections, pneumonia, and bronchitis in the first few years of their lives. Have a higher risk of sudden infant death syndrome (SIDS). ⁽⁴⁾

1.3. The dangers of smoking on the children

- Sudden infant death syndrome (SIDS)
- lower respiratory illnesses
- middle ear disease
- cough, phlegm, wheeze, and breathlessness
- more severe asthma
- slow lung growth
- poor lung function
- disruptive behavioral disorders including ADHD. ⁽⁶⁾

1.4. Health dangers caused by smoking

Direct Risks to Human Health Surveys and clinical studies prove that smoking cigarettes cause several health risks for humans. The following are the health risks associated with regular smoking.

- Cancer Smoking is one of the leading causes of lung cancer deaths in the world. The smoke contains carcinogenic particles that increase smokers' risk of developing cancers of the lungs, esophagus, throat and larynx. Smoking is also associated with cancers of the bladder, pancreas, lips, kidney, uterus and cervix.
- Autoimmune Disorder Smoking suppresses the body's immune system, thus increasing vulnerability to infections and diseases. For this reason, smokers are vulnerable to respiratory infections. Further, it causes numerous autoimmune

diseases, including rheumatoid arthritis and Crohn's disease. It equally plays a role in the periodic flare-ups of autoimmune diseases.

- **Type 2 Diabetes** The most recent clinical research reveals the existence of a link between type 2 diabetes and smoking. The study indicates that smokers are 30% to 40% more likely to suffer from type 2 diabetes compared to nonsmokers. Smoking can increase your risk of serious eye problems such as cataracts and loss of eyesight from macular degeneration.
- Smoking increases the risk of reduced fertility in women and the risk of impotence in men. Mothers who smoke while pregnant face a higher risk of preterm delivery and giving birth to lower birth weight babies. ⁽¹⁵⁾
- Smokers are more prone to respiratory infections, such as colds, the flu and bronchitis.
- Smoking is associated with an increased risk of developing inflammation of the gum and a serious gum infection that can destroy the support system for teeth (periodontitis). **Prevention** The best way to prevent nicotine dependence is to not use tobacco in the first place. The best way to keep children from smoking is to not smoke yourself. Research has shown that children whose parents do not smoke or who successfully quit smoking are much less likely to take up smoking. ⁽¹⁷⁾
- **Smokers Have:** Limited sense of smell, greater risk of chest infections, greater risk of developing cancer, greater risk of blindness, greater risk of periodontal or gum disease, more wrinkles, and pale gray skin.

1.5. Effects of smoking on environment and human health

Smoking causes environmental pollution by releasing toxic air pollutants into the atmosphere. The cigarette butts also litter the environment, and the toxic chemicals in the residues seep into soils and waterways, thereby causing soil and water pollution, respectively. Animals and plants that come into contact or absorb the toxic substances from the cigarette residues are affected as well. As such, it's not only the cigarette smoke that causes manifold impacts on people and the environment but also the cigarette butt and other wastes released during the entire production process of cigarettes. ⁽⁹⁾

Interestingly, when people hear about cigarette smoking, they often think of the health risks it has on the human body. Many fail to look at the critical side topic, which pertains to how it harms the environment. Herein are the discussions about the serious impact of cigarette smoking on human health and the environment. **Devastating Effects of Cigarette Smoking on Environment and Human Health**

- **Deforestation** The key ingredient in the manufacture of cigarettes is tobacco, and the reality is that most of it is planted in rainforests areas. Accordingly, it has contributed to major deforestation in the areas where it is planted. Areas, where tobacco planting began on small lands, are now extensively covering large fields, and some of such places were covered by very dense forest. A prime example is Tabora village in Usenge, Tanzania where local tobacco farmers attest to this phenomenon.

Deforestation also has its additional ripple effects on the environment, such as reducing the availability of plants for foraging, loss of biodiversity, soil erosion, and increasing global temperatures. A publication even indicated that in an hour, a cigarette-manufacturing unit needs about 4 miles of paper for rolling and packing, which translates to the destruction of one tree for every 300 cigarettes made. Additionally, many of the producing countries have to burn lots of wood used to create fire for drying the tobacco leaves. ⁽¹¹⁾

- **Generation of Huge Amounts of Toxic Waste** The entire process of cultivating, curing, and transporting tobacco needs the use of a large

amount of chemical and other toxic materials. At the same time, the production process generates huge amounts of wastes, such as harmful chemical pesticides and fertilizers. One of the habitually used substances in the production process is known as Aldicarb. It's highly toxic to humans, plants and animals and can seep into waterways and intoxicate the soil for several years. Other toxic wastes generated from cigarette production include dithiane DF, imidacloprid, 1, 3 — chloropropene, chlorpyrifos and methyl bromide, which can harm plants, humans and animals. In as early as 1995, it was reported that nearly 2300 million kilograms of manufacturing waste are generated from the cigarette manufacturing process annually, including an additional 209 kilograms of chemical waste.

- **Air Pollution Through Industrial Production Process and Farming** The industrial processing and smoking of cigarettes add huge volumes of air pollutants into the atmosphere. Second-hand smoke pollutes the air directly, and the manufacturing process releases air pollutants in many ways. It starts right in the tobacco farms where the machines used emit greenhouse gases from the fossil fuel combusted to produce energy. Wood-burning fires or special furnaces are also required in the curing process, releasing noxious chemicals into the atmosphere. Transportation and shipping for industrial processing and to consumer markets across the world further increases the environmental footprint from greenhouse gas emissions.
- **Soil and Land Pollution Through Farming and From Cigarette Butts** The high scores of pesticides, fertilizers and other chemicals used in the cultivation of tobacco introduce volumes of hazardous pollutants to the land and soils. These chemicals accumulate and eventually hamper the fertility of the soils and make the lands unsuitable for supporting any other crop. Most of the ingredients present in cigarette butts, on the other hand, are non-biodegradable and take years to break down. The filters are made of cellulose acetate, sourced from plastic, are photodegradable – can be

broken down by UV light, but still, take an extended period to break down. The ingredients in the filter, therefore, remain in the soil for a long period of time, up to 10 years, as estimated by researchers. As long as they are present in the soil, the soil remains polluted. ⁽¹³⁾

- **Air Pollution Through Smoking** Carbon dioxide, methane and other noxious chemicals are present in second-hand smoke, which causes air pollution through smoking. Although methane and carbon dioxide are not deadly to smokers, the gases do add to the general atmospheric pollution. Smoking globally emits nearly 2.6 billion kilograms of carbon dioxide and 5.2 billion kilograms of methane into the atmosphere each year. This provides a clear picture of how smoking alone contributes to climate change. Second-hand smoke, as discussed earlier, also poses indirect health risks such as cancer to other people and animals. ⁽¹⁰⁾
- **Cigarette Butts and the Contamination of Waterways** Cigarette butts are increasingly becoming one of the biggest concerns with regards to littering. It is common to find cigarette butts scattered all over on the ground, and they often find a way into waterways when washed by stormwater or when they end up along shorelines or on wetlands. Ocean Conservancy points out that cigarette butts are the most common waste matter, and a huge number ends up in international water systems, namely oceans. In 2008, for example, the International Coastal Cleanup program managed to clear about 3.2 million cigarette butts from waterways and beaches. This was almost twice the amount of all other trash. Upon contaminating the waterways, they seriously harm aquatic animals, plants, and even pollute groundwater. Another laboratory study found that cigarette butts can be a point source for heavy metal contamination in water, which may harm local organisms.
- **Impact on Aquatic Fish**, fish have particularly been impacted by cigarettes in countless ways. Whenever cigarette filters find a way into water systems, they can be ingested by fish because they resemble fish food like insects. The filters remain within the fish, reducing their stomach capacity,

thus affecting their eating habits. Research in the US also found that the runoff from just a single cigarette butt can kill a fish in a 1 Liter jar of water. If this is translated into the amounts of the cigarette butts that find their way into water systems, it's more than clear the degree at which fish are impacted every year. Humans are likewise not spared if, by any chance, they ingest the chemicals by consuming affected fish.

- **Health Impacts on Pets** When pets are outdoors, they do so many things like sniffing through garbage and the streets. This puts the pets, dogs and cats, at a high risk of ingesting cigarette butts lying on the ground as litter. The consequence can be damaging and may even kill the pet. Second-hand smoke may also make pets susceptible to asthma or other lung complications. They are equally not spared of developing cancer just like their human counterparts. ⁽¹¹⁾
- **Effects on Livestock** Cigarette litter has a large effect on livestock and farms all over the world. Cigarette butts and packaging contain chemicals and toxins that can be extremely dangerous to any living organism that consumes it. When livestock eats this litter, they are exposed to these chemicals, which can cause sickness or death. Livestock is also affected by cigarette litter on the soil. It works like a domino effect. The litter seeps chemicals into the soil, which poisons grass and other vegetation growing in that area. Animals then eat the chemical-filled plants and can fall ill. It is particularly dangerous for grazing animals, which feed on a large amount of vegetation from many different areas.
- **Littering Environment** Since the 1980s, cigarette butts have consistently comprised 30 to 40 percent of all items collected in annual international coastal and urban cleanups. Cigarettes and cigarette butts comprise nearly 38 percent of all collected litter other than cigarette filters, cigarette lighters, cigar tips and tobacco packages or wrappers, making them the most prominently littered item on U.S. roadways, beaches, retail areas, storm drains, loading docks, construction sites and recreational areas. Studies estimate that smoker's litter as many as 65 percent of their

cigarette butts. Cigarette filters are made from cellulose acetate, a plastic which, though technically biodegradable, only degrades under severe biological circumstances, such as when filters collect in sewage. In practice, cigarette butts tossed on streets and beaches do not biodegrade. The sun may break cigarette butts down, but only into smaller pieces of waste that dilute into water and/or soil. Even under optimal conditions, it can take at least nine months for a cigarette butt to degrade. ⁽¹²⁾

- **Cleanup Costs** Growing concerns over the impact of tobacco waste on the environment, as well as the substantial costs of cleanup, have prompted states, municipalities and institutions to enact a variety of policy actions, and they have prohibited smoking on their beaches, in parks and many other places.
- **Forest Fires (Wildfires)** The forest fires started by burning cigarette butts worldwide are countless. About 17,000 people worldwide die each year because of fires started by cigarette lighters or discarded burning cigarettes. In terms of property damage, the losses are more than 27 billion US dollars every year. Further, such forest fires are damaging to the environment, causing biodiversity loss, habitat loss, air pollution, deforestation and the death of humans and wild animals. A forest fire started by a cigarette butt in the year 1987 in China killed 300 people, left 5,000 other homeless and destroyed approximately 1.3 million hectares of land. ⁽¹⁰⁾

1.6. Cause of young people smoking.

1.6.1. Think it looks cool.

Most of the teens also believe that smoking is a trendy thing. When they see others smoking, especially their parents or peers, they also want to try it. Teens believe everyone around them smokes and take it as a normal thing. They do not find anything weird about it. They often believe what their friends tell them about smoking. Usually, teens overestimate the number of students in their class who smoke and use tobacco. Relying on false evaluations, they also follow the trend and start smoking.

1.6.2. Their parents are smokers.

Teens take up the habit of smoking from their adults. If one of their parents, guardians, or relatives are smoking, they will most likely follow their footsteps and also start smoking. Parents, who smoke at home, can become a bigger influence on their teens and may become the source of triggering the smoking habit in them. When teens learn that smoking helps their parents or adults in reducing stress, relaxing or staying awake, they would also be tempted to try the same thing.

1.6.3. Peer pressure—their friends encourage them to try cigarettes and to keep smoking.

When kids enter middle or high school, they experience a strong peer pressure from their school mates or group mates. They tend to follow what others are doing. In order to be well-liked, they try their best to fit in the groups of friends and act cool by imitating them. They also want to feel the air of independence and want to do something on their own. The use of tobacco is usually common among teenagers. When teens watch others using tobacco or smoking, they also tend to do the same. They get highly influenced by their peers' smoking habits and then start smoking.

1.6.4. They see smoking as a way of rebelling and showing independence.

Teenagers prefer having complete independence on their lives as they start growing up. They want to take decisions on their own and be responsible for their own choices. This may be regarded as a healthy and normal process for all teenagers; however, excessive independence can lead them to defiance. Defiance is one of the motivating factors for teens to start smoking. Often it is noted that when teens become defiant, they start smoking, especially when they believe their parents will be angry with them.

1.6.5. They think that everyone else is smoking and that they should, too.

Teens take up the habit of smoking from their adults. If one of their parents, guardians, or relatives are smoking, they will most likely follow their footsteps and also start smoking. Parents, who smoke at home, can become a bigger influence on their teens and may become the source of triggering the smoking habit in them. When teens learn that smoking helps their parents or adults in reducing stress, relaxing or staying awake, they would also be tempted to try the same thing.

1.6.6. The tobacco industry has used clever marketing tactics to specifically target teenagers.

It goes without saying how smoking advertisements affects teens, making them believe ‘smoking is cool.’ Teens follow what media is showing them and then adopt the habits accordingly.

1.6.7. The price is right—in places where low tobacco taxes have kept the price down, it is easier for kids to afford cigarettes.

Increasing the retail price of tobacco products through higher taxes is the single most effective way to decrease consumption and encourage tobacco users to quit. In high-income countries, a 10% increase in tobacco prices will reduce consumption by about 4%.

1.6.8. Most teenagers simply like to try new things, but they aren’t mature enough to think of the long-term consequences.

When they watch their favorite celebrities blowing out smoke rings in the movies and TV shows, they want to try the same thing. Even though popular media keeps telling everyone the dangers of smoking after the end of every advertisement, still the targeting effect is the same. Teens do not pay much attention to the serious message they’re displaying but rather focus on how they’d appear in front of their group of friends when they have a cigarette in their mouth. They believe smoking will make them appear fashionable and trendy.

1.6.9. Nicotine is a “feel-good” drug without intoxication. ⁽¹⁵⁾

At first, nicotine improves mood and concentration, decreases anger and stress, relaxes muscles and reduces appetite. Regular doses of nicotine lead Smoking temporarily reduce these withdrawal symptoms and can therefore reinforce the habit. This cycle is how most smokers become nicotine dependent. to changes in the brain, which then lead to nicotine withdrawal symptoms when the supply of nicotine decreases.

1.7. How preventing young people to smoking

1.7.1 Set a good example.

Teen smoking is more common among teens whose parents' smoke. If you smoke, quit. Ask your doctor about ways to stop smoking. In the meantime, do not smoke in front of your teen and don't leave smoking materials around your home. Explain to your teen how unhappy you are with your smoking; how difficult it is to quit and that you will keep trying until you stop smoking for good. ⁽²⁰⁾

1.7.2 Understand the attraction.

Teen smoking can be a form of rebellion or a way to fit in with a particular group of friends. Teens may smoke to feel cool or independent. Ask your teen what he or she knows about smoking and using electronic cigarettes (vaping), and if any of your teen's friends smoke or vape.

Talk with your teen about how tobacco companies try to influence ideas about smoking — such as through advertisements or product placement in movies that create the perception that smoking is glamorous, sexy and mature. ⁽²¹⁾

1.7.3 Say no.

You might feel as if your teen doesn't hear a word, you say but say it anyway. Tell your teen that smoking, and vaping are not allowed. Your disapproval will have more impact than you think. ⁽²³⁾

1.7.4 Think beyond cigarettes

Teens often think that electronic cigarettes (e-cigarettes), as well as smokeless tobacco, clove cigarettes (kreteks), candy-flavored cigarettes (bidis) and water pipes (hookahs), are less harmful or addictive than are traditional cigarettes. But they all carry health risks. E-cigarettes are battery-operated devices that heat a liquid (usually but not always containing nicotine), turning it into a vapor that can be inhaled. Research suggests that E-cigarettes cause users to inhale potentially harmful chemicals. E-cigarettes can also get teens hooked on nicotine and make the use of tobacco products seem normal, which could lead to the use of cigarettes. In addition, the Food and Drug Administration recommends that youths should not use any e-cigarette products. ⁽²²⁾

1.7.5 Appeal to your teen's vanity

Remind your teen that smoking gives you bad breath. It makes your clothes and hair smell, and it turns your fingers and teeth yellow. Smoking can also leave you with a chronic cough. ⁽²⁴⁾

1.7.6 Do the math.

Smoking is expensive. Help your teen calculate the weekly, monthly or yearly cost of smoking or vaping every day. You might compare the cost of smoking with that of smart phones, clothes or another teen essential. ⁽²⁵⁾

1.7.7 Expect peer pressure Give your teen the tools he or she needs to refuse cigarettes.

Rehearse how to handle tough social situations. It might be as simple as saying, "No thanks. I don't smoke." ⁽²⁷⁾

1.7.8 Take addiction Seriously.

Most teens believe that occasional smoking won't cause them to become addicted and that, if they become regular smokers, they can stop smoking anytime they want. Teens, however, can become addicted after smoking as few as five packs of cigarettes. Remind your teen that most adult smokers start as teens. Once you're hooked, it's tough to quit. ⁽²⁶⁾

1.7.9 Consider the Future.

Teens tend to assume that bad things happen only to other people. Use loved ones, friends, neighbors or celebrities who've had tobacco-related illnesses as real-life examples of the harm tobacco use can cause. ⁽²⁸⁾

1.7.10 Get Involved.

Take an active stance against teen smoking. Participate in local and school-sponsored smoking prevention campaigns. Support efforts to make public places smoke-free and increase taxes on tobacco products. Talk to your teen early and often about the dangers of smoking and vaping. Avoiding smoking is one of the best things your teen can do for a lifetime of good health. ⁽²⁹⁾

How a Cigarette Is Engineered?

Filter

Typically made from bundles of thin, hair-like fibers. Designed to trap smoke, but only stops a small portion of the smoke from being inhaled. The filter (and ventilation holes) in most cigarettes may lead smokers to inhale more deeply, pulling dangerous chemicals farther into their lungs. ⁽³¹⁾

Cigarette paper

Holds the tobacco filler. Manufacturers add chemicals to the paper to control how fast the cigarette burns. Smoker's inhale everything that is burned the tobacco filler, the paper ... everything.

1. Tobacco filler

- Made up of chopped tobacco leaves, stems, reprocessed pieces, and scraps.
- Dangerous chemicals can form in and be deposited on tobacco during the processing of the tobacco leaves.
- Other dangerous chemicals are created when the tobacco filler is burned. ⁽³³⁾

2. Tipping paper

- Wraps around the filter, connecting it to the rest of the cigarette. Ventilation holes, if unblocked, dilute inhaled smoke with air.
- Manufacturers have chosen to place the ventilation holes where they are. The holes are largely ineffective. Because of their location, most smokers unknowingly block them with their fingers or lips. ⁽³²⁾

3. Additives Manufacturers

Additives Manufacturers can add hundreds of ingredients to a cigarette to make smoking more appealing and to mask the harshness of smoke. Certain additives, like sugars, can form cancer - causing chemicals when they are burned. Sugar and flavor additives can change the taste of smoke and make it easier to inhale, but no less harmful. Ammonia and other chemicals added

to tobacco may increase the absorption of nicotine, which is addictive. Some additives are bronchodilators that could increase the amount of dangerous chemicals absorbed by the lungs. ⁽³⁰⁾

Chapter Two

Results & Discussion

2. Results and Discussion

2.1. Socio-demographic details of participants:

A total of 165 persons of different levels were asked to participate in this study, 65 (39%) of the participants were males and 100 (61%) were females, most of them 32% were graduated from college. Regarding their marital status, 68.8% were singles and 29.7% were married. Among those who were married 48% of them. 94 (57%) of participants were lived in the dormitory, and 87 (53%) of participants were jobless/unemployed, for more details see Table 1.

Table 1: Socio-demographic characteristics of the studied sample

| Variable | Answers | No. | % |
|-----------------------|---------------|-----|-----|
| Gender | Male | 65 | 39% |
| | Female | 100 | 61% |
| Level of study | Not student | 5 | 3% |
| | High school | 26 | 16% |
| | College-2 yrs | 45 | 27% |
| | College-4 yrs | 37 | 22% |
| | Graduated | 52 | 32% |
| Marital Status | Single | 86 | 52% |
| | Married | 79 | 48% |
| Whom do you live with | With Family | 71 | 43% |
| | Dormitory | 94 | 57% |
| Do you work? | Yes | 78 | 47% |
| | No | 87 | 53% |

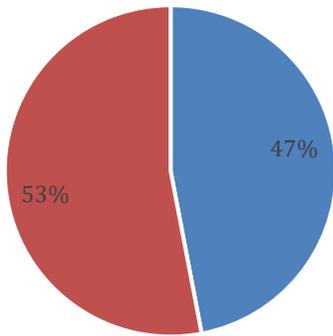
2.2. Knowledge of participants about smoking

The participants were asked about reasons that make them to smoke and not make to smoke, dangerous diseases that smoking can be the cause, their opinions about that smoking can cause brain stroke, heart diseases, and lung cancer. As shown in Table 2.

Table 2: Knowledge of participants about smoking

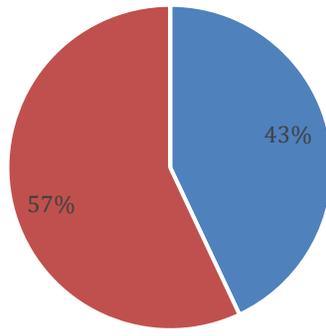
| Variable | Answers | No. | % |
|--|---------------------------|-----|-----|
| Why do you smoke? | Relieve my anxiety | 17 | 10% |
| | to make friends | 25 | 15% |
| | Relieve my headache | 24 | 15% |
| | Makes me feel good/happy | 23 | 14% |
| | Due to family issues | 41 | 25% |
| | Family members's smoke | 35 | 21% |
| Why you do not smoke? | Disturb my health | 23 | 14% |
| | Nicotin Dependence | 35 | 21% |
| | Isolated from friends | 15 | 9% |
| | Low-Economic status | 42 | 25% |
| | Being bad role model | 15 | 9% |
| | my society does not allow | 19 | 12% |
| | I hate it and its odor | 16 | 10% |
| Do you think smoking can cause dangerous diseases? | Yes | 73 | 44% |
| | No | 92 | 56% |
| Does smoking cause brain stroke? | Yes | 64 | 39% |
| | No | 101 | 61% |
| Is smoking a factor of heart diseases? | Yes | 105 | 64% |
| | No | 60 | 36% |
| Does smoking cause lung cancer? | Yes | 120 | 73% |
| | No | 45 | 27% |
| Is smoking a type of addiction? | Yes | 109 | 66% |
| | No | 56 | 34% |

Do you work?



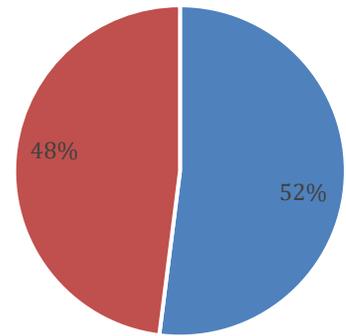
■ Yes ■ No

Whom do you live with



■ With Family ■ Dormitory

Marital Status



■ Single ■ Married

Figure 1: Demographic details about participants

Why you do not smoke?

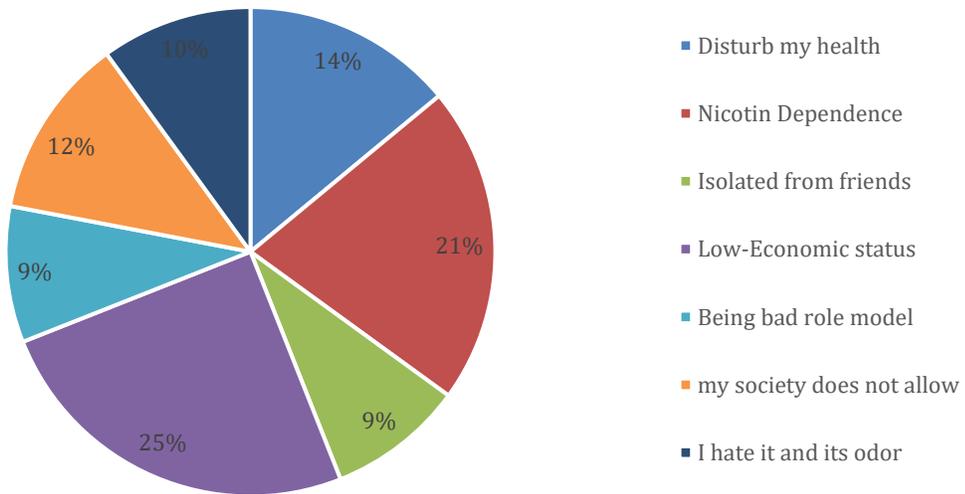


Figure 3: Factors for not smoking.

Why do you smoke?

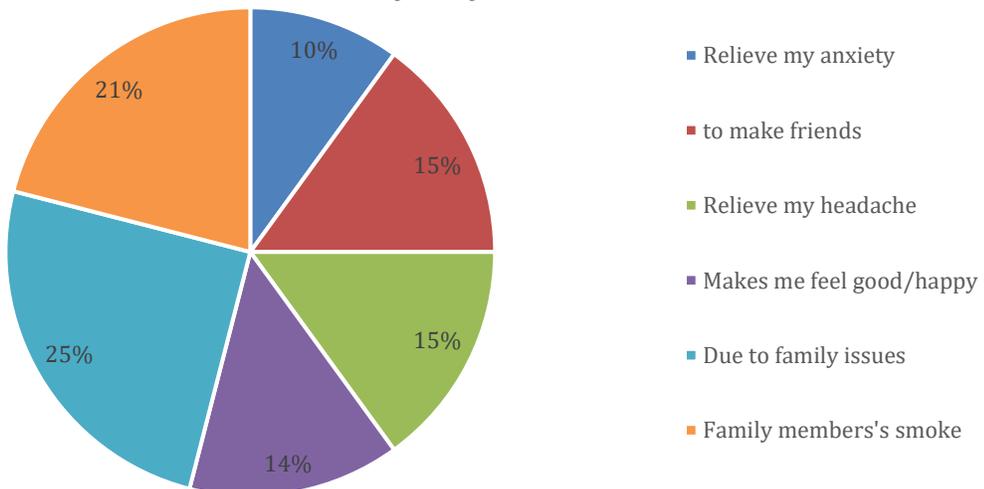


Figure 2: Factors for smoking

The data of tobacco use prevalence among the youth are important to assess tobacco as a risk factor for serious health problems, and to establish control measures for prevention of tobacco-related diseases. The prevalence of current cigarettes smokers among male and female students in this study (31.6%). However, in a recent study, the prevalence of current smokers was 40.4% among (160) male and female students at two Iraq universities.[21] Data from Middle Eastern countries revealed prevalence rates of 31.5% in Morocco,[39] 26.3% in 26.1% in Syrian Arab Republic [27] and 22.1% in Turkey.[28]

Results showed that the prevalence of smoking varied among students at different colleges, which is consistent with previous studies other countries.[40],[42],[44],[29] Not surprisingly, we found higher rates of smoking by students. This means more attention needs to be given to them in programmes of prevention and controlling tobacco smoking, this finding should be interpreted with caution, due to the influence that future progeny will have on the community. The WHO is encouraging HCPs to provide patients with information about the health consequences of smoking, to help patients to quit smoking and to act as role models who promote tobacco-free lifestyles.[12],[13] It was found that non-smoking physicians are more likely to provide a systematic counselling to patients about smoking cessation, and generally hold strong beliefs about the adverse effects of tobacco use. .[11],[16]

The prevalence of female smokers in this study (61%) was the largest, which found values ranging from 0.5% to 16% with a median of 9%.[50],[20] This finding may be related to culture and social issues in Iraq, where there is a strict observation conducted over females, and most of Iraq consider female smoking as social stigma. Our result is congruent with many previous reports from Arab and some Mediterranean countries, in which smoking behaviors are more prevalent among males than females, where female smoking is an unacceptable social behavior.[42],[21],[26]

Previous reports showed that the proportion of smoking increases with age, and adolescents who start to smoke early are more likely to continue smoking as adults. The prevalence of smokers found in our study population in the ages up to 25 years, whereas at the ages of 16 - 20 years, the corresponding prevalence was higher in our study (47.1% vs. 33.5 - 41%),[9],[21],[28] thus possibly indicating a selective subpopulation among all participants. In our study, the crucial time for initiation of smoking among students seems to be the 1st year of

university education. One would expect that with each year of health sciences education, more students would realize the adverse effects of smoking not only on their own health but also on the health of people they have to care for. It was found that medical education does not have preventative effects or rather does not influence the antismoking attitudes and behaviors of the students. A complex set of reasons is implicated in this paradox, which requires further exploration.[17],[18]

The HCPs can play an important role in reducing tobacco use among the general population if they are knowledgeable about the hazards of tobacco use and are well trained in delivering effective tobacco intervention strategies.[13] In this study, all students had good knowledge that cigarette smoking is associated with health problems, but female students were significantly superior to male students, regarding the hazards of smoking, and its association with comorbidities as well as danger of other tobacco forms. Many previous studies showed that cigarette smoking was prevalent among health-related college students despite their knowledge and realization of its dangerous effects on the human bodies.[40],[41],[42],[44],[18],[26] Kawakami reported that the knowledge of the harmful effects of smoking and intention to perform smoking intervention in the college seemed unsatisfactory among college students.[31] In fact, the undergraduate years provide a perfect opportunity for making college students fully aware of the harmful effects of smoking. Therefore, it is of paramount importance to design a more comprehensive approach for tobacco dependence education in the curricula of all health colleges including clinical training and experience for the students in helping their patients to quit tobacco.[17],[18] It is noteworthy that the policymakers should support the development of prevention and treatment programs for tobacco-using students, and to encourage undergraduate students to actively participate in these programs.

This study had some limitations. First, the data are based on self-reporting by the students. Although anonymity was guaranteed for data collection, smoking is socially unacceptable in the Kirkuk community. Therefore, under-reporting and may be over-reporting, could not be ruled out. Second, smoking habits and related risk factors among the students were determined using self-administrated questionnaire without physiological or biochemical measurements of nicotine levels or expired carbon monoxide to confirm tobacco use.

Finally, the study was conducted in one institution in the (Northern Technical University- Technical Institute of Kirkuk), and although the results were compared with the results from institutions in other world, a national multicenter study would be more representative and valuable.

Chapter Three

Conclusion

3. Conclusion and Recommendations

Cigarette smoking remains an enormous health problem and is the principal cause of several preventable diseases and much premature death. Generally, physicians think of cancer, atherosclerotic cardiovascular disease, and chronic obstructive pulmonary disease as the major health problems caused by smoking.

Findings from the questionnaire provide further evidence that cigarette smoking is prevalent among adults specially among guys and that cigarette smoking patterns differ across ages and genders. These findings underscore the need for fuller implementation of proven strategies to reduce cigarette smoking in the Iraq, particularly among adults with the greatest prevalence. Evidence-based prevention strategies, such as cigarette price increases, media campaigns, and smoke-free policies, in concert with full access to clinical cessation interventions, have been shown to decrease smoking and reduce the health burden and economic impact of tobacco-related diseases.

The health risks of cigarette smoking are well established. As a result, reducing cigarette smoking is a key concern for public health agencies.

To provide further information and improve the understanding of the cigarette smoking a deep study of using tobacco and cigarette smoking evolution should be addressed. These studies may include long term effects of using tobacco and cigarette smoking and diseases that smoking can be major factor of them.

Chapter Four

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