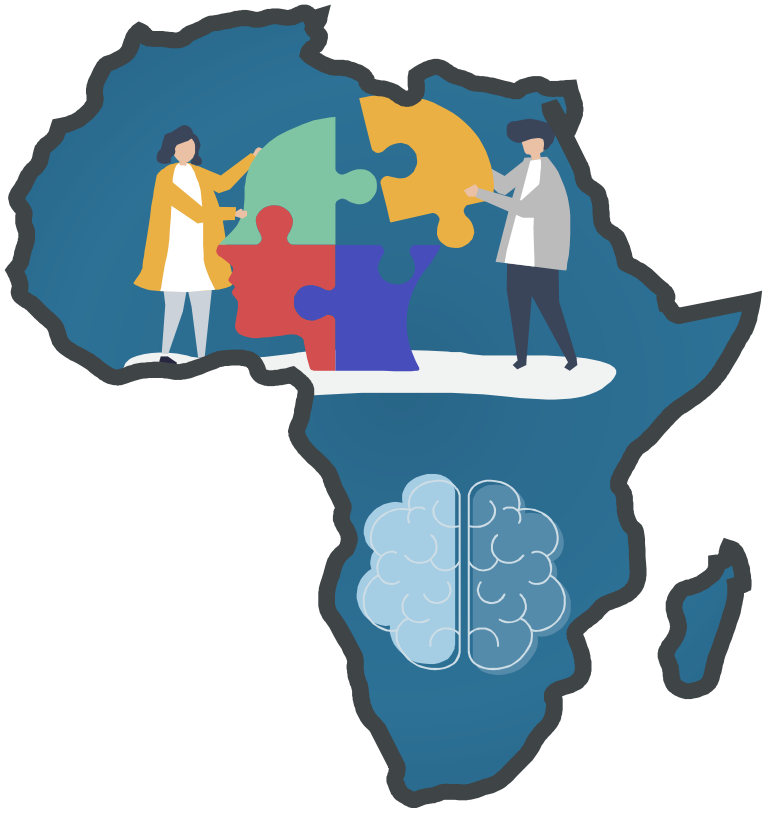
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Cigarette Smoking Disorders among Adolescent Students in Nigeria Tertiary Institution: Implications for Social Work Practice

Atiku Abdullateef Abiodun
Abdulhameed Abdussalam
Sunday Evaristus Abonyi
Titi Olamide Arinde-Simeon
Department of Social Work, Faculty of Social Sciences,
University of Ilorin, Nigeria.

Abstract
Tobacco intake in form of cigarette smoking is detrimental to human health. It has been estimated that about a third of the world's population, aged 15 years and above, are smokers. Tobacco is made of nicotine substance which is harmful to smokers who indulge in cigarette smoking. Evidence suggests that psychosocial, biological and genetic factors all play a role in nicotine addiction. And it is strongly related to many chronic diseases which includes coronary heart disease, stroke, chronic obstructive pulmonary disease (COPD), asthma, rheumatoid arthritis and osteoporosis. In spite of these health risk challenges, adolescents still derive pleasure in smoking tobacco with little or no idea on the consequences of cigarette smoking due to certain factors that militates their interest into cigarette smoking and this includes peer pressure, family background and environmental consequences. This article therefore examined the problems associated with cigarette smoking among students of tertiary institutions in Nigeria; it highlights the health risk of tobacco products and explains the nicotine intake disorders among adolescents. In a bid to foster understanding to this dreadful act, it recommended that, Nigeria government, the civil society organizations, every health professionals and social workers alike should be involved in the struggle to reduce increasing level of tobacco intake through consented effort and control measures.

***Key words*:** Cigarette smoking; Disorders; Adolescent students; Tertiary institutions; Social work.

Introduction

Tobacco intake, mainly in the shape of cigarette is one of the major public health calamities in recent time. To a large extent, it is a major cause of avoidable death globally and a foremost source of untimely death in developed countries. It was reported that about 1/3 of the world's population between the ages of 15 and above indulge in cigarette smoking (Corrao, Guindon, Cokkinides & Sharma 2000). Tobacco smoking is a global threat to human existence. The World Health Organization (2008) reported that about 5.4 million people with tobacco related diseases across the world died prematurely and with an estimated increase on yearly basis to 8 million deaths before 2030, while 80% of these deaths are projected to occur among people in the developing countries. Cigarette smoking is a very wide spread activity and its consumption has today reached the level of a global epidemic (Gowing, Ali, Allsop, Marsden, Turf, West, & Witton, 2015). Out of the 5,500 billion cigarettes produced yearly, 1.1 billion were consumed by smokers worldwide (WHO, 2008).

According to Raji, Muhammad, Usman, Muwafaq, Umar, Oladigbolu & Kaoje (2017) about 93 million sticks of cigarette are manufactured yearly in Nigeria and each of these sticks of

cigarette are actively consumed. Cigarette smoking among youths and adults in Nigeria is perceived as fun and it is gradually becoming a lifestyle due to certain understandable factors. Factors responsible for mostly adolescents' involvement in cigarette smoking are indeed not limited to psychological factors, normal developmental changes and social environment. However, these three factors goes beyond a mere emphasis, the psychological factor entail emotional problems such as, low self-esteem, dissatisfaction with life, less social confidence, need for approval, anxiety, restlessness and antisocial factors. On normal development changes, influence of peers, the need to conform and direct craving for cigarettes use have been identify while under the social environment, family influence (perhaps broken home or having parents who smokes) media role is another sub-factor (for instance advertisement for cigarettes, portraying people who smoke cigarettes as sophisticated and sexy, mainly in movies and music fames etc), (Raji, et al. 2017)

The United States Department of Health and Human Services (2014) asserts that, adolescent is the age grouped between 10-19 years whom fundamental interest is keen to tobacco smoking due to the aforementioned factors and with little or no knowledge on the health related risk of cigarette smoking and in spite of being an undergraduate who are willing to exploit their teens. Knowledge of health problems associated with smoking is a major reason for not smoking by never smoked adolescents, meaning that awareness on health problems associated with cigarette smoking through health education and antismoking campaigns in schools may have contributed to some reasonable adolescents, not wanting to smoke (Adebiyi, Faseru, Sangowawa, & Owoaje, 2010).

Many adolescents in Nigeria tertiary institutions start tobacco smoking at a tender age below 18 years and the fact that they smoke cigarette as their first drug of choice enhances their capacities to further sequel that may include marijuana, alcohol, hard drugs, substance uses etc. It is of serious concern, the alarming trend to which tobacco intake amongst adolescents in Nigeria tertiary institution is waxing stronger and the likelihood that many of these adolescents who begin to smoke at an early age, will continue to do so throughout adulthood, (Gowing et al 2015).

In spite of this, the fact still remains that cigarette smoking is associated with heart and chronic obstructive lung diseases yet, millions of people suffer illness and disability due to cigarette smoking and they tend not to stop. Cigarette smoking is associated with reduced life expectancy not only for active smokers but for passive smokers as well, (WHO, 2008).

Health Risk of Tobacco Products

The second major cause of adult death and diseases globally is the intake of tobacco as cigarette smoking, and its consumption has claimed about 5 million peoples live yearly. The World Health Organisation (2002) posited that in no distance time, this figure will continue to increase to 10 million tobacco smokers leading death victims. On each stick of cigarette smoked, an average of 5.5 min of life is lost. (Guidon & Boisclair, 2003). The world health organization (WHO, 2008) confirmed that over 50 diseases are caused and increased by tobacco intake and across the globe, 1.1 billion smokers emerges, while 70% of this figure are in low-income countries where there seems not to be a control measures. It was projected in the past that between 1950 and 2000, 70 million people would die of tobacco-related crisis while, about 450 million may die from similar tobacco related health issues in the next 50 years if concise measures and interventions are not implemented to address this evil menace (WHO, 2008).

Furthermore, since tobacco consumption emerges to be the spreading cause of death in the world, research findings had also shown the negative effects of tobacco intake on health, and

the increasing number of those affected thus, the effects of tobacco related diseases seems to be growing from cataracts to pneumonia, acute myeloid leukaemia, abdominal aortic aneurysm, stomach cancer, pancreatic cancer, cervical cancer, kidney cancer, periodontitis, and just to mention a few (WHO, 2008). According to United States Department of Health and Human Services, (2004) it stated other familiar tobacco related diseases that does harm to human consumption which includes, vesicle, lung, oesophagus, larynx, mouth and throat cancer; chronic pulmonary and cardiovascular diseases, and damage to the reproductive system. However, the negative effects of tobacco related diseases are not peculiar to tobacco smokers alone, outrageous numbers of people, including one half of the world's children, are exposed to second hand tobacco smoke, and termed "passive smokers". It is also agreed upon that passive smokers to a large extent have an increased risk of cardiovascular diseases, lung cancer and other respiratory diseases in adults and respiratory diseases, ear infection and sudden infant death syndrome in children, and just to name a few of passive smoking's harmful effects (WHO, 2003). It is therefore clarified that passive smoking is a society health problem that needs urgent concerns. Diseases caused by cigarette smoking and those caused by exposure to second hand tobacco smoke are all tobacco related diseases as described in the International Classification Disease (ICD-10) (WHO, 2003).

However, adolescents who indulge in tobacco intake at early age are likely associated with high risk incidence of health issues at later age. Health problems such as cancer, lung diseases, heart diseases, high responsiveness to various infections, and lack of insulin susceptibility along with early protract of diabetes, (Benowitz, 2009) Consequently, nicotine intake by adolescents over a period of time can also lead to negative health risk disadvantages such as induce critical changes in brain circuitry related to learning, memory, and mood (Slotkin 2002). Effect of tobacco product has been conceived as a predisposing factor for the development of depressive symptoms (Goodman & Capitman, 2000; Boden, Fergusson & Horwood, 2010).

Cigarette smoking Disorders among Adolescents in Nigeria Tertiary Institution

From the foregoing, adolescents in recent times take cigarette smoking as one of the most common forms of recreational drug use. Consumption of nicotine from tobacco leaf either as pipe, cigar or chewing seems to be surprised by its intake through smoking and in recent times it has become the most popular practiced by over one billion people worldwide (Akinpelu, 2015). The spread of lung cancer epidemic that cut across the globe in the 20th century was as a result of tobacco consumption intake via cigarette smoking (Doll, 2010; Pierce, White &, Emery, 2012). The paste at which cigarette smoking gets acculturated from one society to another differs a lot, it was earlier adopted by the western high income countries and it gradually get diffused into adoption in many lower-income and middle-income nations too (Pierce et al, 2012).

Owonaro & Eniojukan (2015) posited that according to the "Global youth tobacco survey" about 15% of adolescents indulge in tobacco smoking in 15 of 29 sites in European region, 13 of 22 sites in West Pacific region, 13 of 38 sites in American region, one of 23 sites in Eastern Mediterranean region, one of 10 sites in South East Asian region, and 4 of 29 sites in African region while a margin of 3% tobacco intake increase prevalence in developing countries was reported on a yearly basis. the prevalence of tobacco smoking in Nigeria has been reported to be between 3.4% and 17.1% (Salaudeen, Musa, Akande & Bolarinwa 2013) and it is put at 9% among adolescent youths that are still in colleges (Salaudeen, Akande & Musa 2009) with a mean lifetime smoking prevalence of 7.2% to 42.9% (Odukoya, Odeyemi, & Oyeyemi 2013).

Tobacco intake is waxing stronger in an increasing rate due to reasons associated with marketing strategies of tobacco industries and little awareness on the hazards related with

smoking (Desalu, Olokoba, Danburam, Salawu & Issa 2008). Tobacco smoking is connected with series of health disorders and short term life expectancy rate, with an average tobacco user losing approximately 15 years of their life (Raji, Abubakar, Oche & Kaoje 2013) it was also reported that, an annual estimated 4 million tobacco smokers die globally (global youth tobacco survey collaborative group, 2002). Going by this trend, adolescents who smoke and as well influences their non-smoker friends to adopt the practice worsen the situation.

Persistent cigarette smoking if addictive can lead to several health disorders such as heart disease, respiratory disease and perhaps cancer. The intake of substances without measures can cause morbidity, health and social problems. The use of tobacco by adolescent students with its adverse effects such as social, psychological and medical implications can be the beginning of a lifestyle full of substance dependence (Morello, Duggan, Adger, Anthony & Joffe (2001). The reasons for tobacco intake at their tender age are different from one another but the relative excuses given are to relieve them of stress and to as well, high their morale. Tobacco use most often times begins during adolescence and majority of this act starts as an undergraduate in the tertiary institutions, coupled with tobacco induced related challenges (Morello et al, 2001).

Substance use among adolescents in tertiary institution is unacceptably increasing, most of these students derive pleasure from this indecent act and most often than not, they violate the institutions rules and regulation by snubbing normal moral values set by the family and society, but are happy to obey and conform strictly to the values of their peer group when into tobacco intake. Both boys and girls seldom indulge in hazardous behaviours they won't ordinarily had taken if not for peer pressure but, hiding in such hazardous behaviour signifies their acceptance into such odd social lifestyle. As they gradually become addictive to such lifestyle with inherent consequences on their personal well being and health.

Adolescents who learn how to smoke either by peer pressure, family background or environmental consequences while still in school are prone to short and long-term problematic effects such as unhealthy behaviour on the student's cognitive development and personal life style during his/her academic pursuits and after graduation (Morello et al, 2001).

A great percentage of national budgetary health allocation is utilized for treatment and rehabilitation of people with substance and tobacco use disorders which is attributed to globalization, urbanization and high level exposure to Western lifestyle consequential to peer-group influence, unhealthy family background, high social class, and desire to remain awake at night, pressure to succeed in academic work, self-reported poor mental health and easy accessibility of drugs and cigarettes (Makanjuola, Daramola and Obembe, 2007)

Conclusion

Cigarette smoking among undergraduate adolescent students in Nigeria tertiary institutions is steadily increasing and there is dire need to tackle this epidemic that cut across the nation and which is eating deep into the Nigeria society. Globally, tobacco smoking is one of the leading causes of deaths annually. Although there are many obstacles and constraints to smoking control in developing countries, appropriate control measures are urgently needed to prevent smoking-related diseases. Smoking control policies and programs require data on smoking, especially among vulnerable groups such as (adolescent) students.

Implications for Social Work Practices

Smoking is a habit that gradually grows and consumes whoever indulges in it. There is broad consensus that there is only one way to combat this epidemic, and that is by implementing a

comprehensive, continuous, sustainable and adequately funded tobacco control strategy. And the involvement of social workers in most of the schools and institutions across board has become a necessity.

A stitch in time safes nine, the role and relevance of social work practices with other health professionals are germane in promoting tobacco free lifestyle and cultures in the Nigeria tertiary institutions. Social work practice support people by giving advice, guidance and answers to questions related to tobacco intake and its health consequence. Social work practices entail serving as a reference for the media, educating the public and policy makers too. It is a practice that can influence policy change for a perfect tobacco control system at both the national and international levels within the globe. Cessation advices and empathic support by social workers and other related health professionals are major nominal roles of a comprehensive approach to tobacco control and quitting the intake of tobacco smoking in the society.

Social work practice should play an important role in educating and motivating smokers as well as assessing their dependence on nicotine intake and providing assistance to quit cigarette smoking by adolescents in tertiary institutions. Aside these, social work practice should methodically engage in identifying tobacco users, assess their smoking status and offer them advice and cessation treatment at every opportunity.

Social workers should implement smoking cessation in tackling adolescents' intake of tobacco smokes. This involves social work interventions such as motivational interviewing therapy, cognitive-behavioral therapy and combination of peer support, behavioral health services and medication etc.

Most health care professionals and providers' uses model of the 5A(s) approach in tackling cessation smoking habit and these are:

- Ask: Identify and document tobacco use status for every client at every visit.
- Advice: In a clear, strong, and personalized manner, urge every tobacco user to quit.
- Assess: Is the tobacco user willing to make a quit attempt at this time? Determine readiness to change and explore costs and benefits.
- Assist: Help the client willing to make a quit attempt within the next 30 days.
- Arrange: Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date.

Recommendations

Tackling the high rate of tobacco consumption (cigarette smoking) in Nigeria and mostly among the adolescent youths in the Nigeria tertiary institutions and in bid to foster healthy living, long life and prosperity of all, Nigeria government (the executives, the legislators, and the judiciaries) have a critical role to play. Thus, the society at large, including the civil society organizations and every health professionals (social workers inclusive) should be involved in the struggle to reduce increasing level of tobacco intake.

With a consented effort, the only method to combat this epidemic is by implementing a comprehensive, continuous, sustainable and adequately funded tobacco control strategy. This will focus on several fronts such as:

- Preventing people from taking up tobacco consumption.
- Promoting cessation.
- Protecting non-smokers from the exposure to tobacco smoke.
- Regulating tobacco products.

- Partnering with all institutions with the support of social workers and other health professionals alike in the fight against adolescents tobacco users.
- price and tax measures
- education, communication, training and public awareness-raising
- comprehensive bans and restriction on tobacco advertising, promotion and sponsorship
- Tobacco dependence cessation measures; and those aimed at reducing the supply of tobacco.
- Incorporating control measures into existing national, state and local health structures and linking up with existing positions and accountability processes.

However, Nigeria government should develop policies that will ban tobacco promotion and advertisement, ban smoking in public places and commercial terminus points, provide public education campaigns against tobacco use, and encourage tobacco farmers to shift to crop substitution. Finally, social workers should be employed to every schools and institutions of learning for adequate counseling, sensitizations, education awareness programes, and a practiced based therapy room be created for interventions needed within the armpit of social work ethical practices.

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