SMOKING

Tobacco consumption is a very old habit of humans. Archaeologists have speculated that primitive people were chewing tobacco approximately 50,000 years BC, although organized tobacco cultivation began in 6,000 BC in America. The first written documentation on tobacco use (1st century BC), states that Native Americans used tobacco in their various rituals. With the discovery of the Americas by Europeans, cultivation and use of tobacco spread throughout Europe and the rest of the world.

In 1535, the use of tobacco was condemned, for the first time, as harmful to the individual. Complications and problems that tobacco is causing to the eyes, nose, and mouth, as well as, to the brain and lungs were reported, also. At that time, a series of domestic fires were attributed to smoking. It should be mentioned that houses were mainly wooden and flammable. That is why tobacco use restrictions were implemented. On the other hand, many medical professionals recommended smoking as a way of managing headache, toothache or cancer, and as a way to enhance thinking and mental capacity.

The commercial exploitation of tobacco began around 1800, with the establishment, some years later, of tobacconist's shops. In the 20th century, a lot of the well-known tobacco companies were founded, and cigarette and tobacco use was advertised as something modern and pioneering. The great wars of the previous century have boosted tobacco usage, as its soothing nature helped soldiers to face the hardships of war. In Greece, especially northern Greece, jobs around tobacco production (farmers, warehouse workers and traders) were the only area of

employment for the thousands of Greek refugees who arrived from Asia Minor after 1922 evacuation.

In the 1960s, scientists are starting to establish the relationship between smoking and larynx and lung cancer, as well as with chronic bronchitis. As a result, legislation was put into effect requiring cigarette packs to have printed on one side that "smoking seriously harms you and others around".

What does smoking cause to the human body and is seriously damaging health?

The addictive effect of tobacco and nicotine, as well as the difficulties in cessation were already known since 1924. Nicotine is a substance that affects mood, as within seconds of inhalation it reaches the brain and causes, for a short period of time, a sense of extra energy similar to that of drugs. But once the action has passed, it leaves a sense of fatigue. This is why smokers are constantly looking for nicotine and face difficulties in smoking cessation.

Smoking affects every organ of the human body and diminishes both the quality of life and life expectancy. Smoke is inhaled and reaches the lung through the respiratory tract (nose, throat, larynx, trachea and bronchi). Around 600 particles have been found to be included in smoke and when burned, they release more than 7000 chemicals that are absorbed by the lung mucosa.

This process causes aggravation of chronic respiratory conditions (asthma, respiratory infections, bronchitis), as well as diseases (obstructive pulmonary disease) and malignancies (mouth, esophagus, lung and bladder cancer). Lung cancer has been proven to be a result of smoking, and is considered the leading cause of death by cancer in the Western societies. In the last few years, an increased risk of lung cancer in female smokers has been reported.

Smoking is considered as a risk factor for cardiovascular diseases. Nicotine, contained in smoke, has been implicated for blood vessels sclerosis and hypertension, making blood circulation more difficult and increasing the likelihood of clot formation. As a result, coronary artery disease and strokes could be caused. It is more than obvious, that people who have undergone heart surgery or have already suffered myocardial infarction, and, despite medical advice, continue to smoke have a much higher risk of complications or a recurrence of the heart condition.

In addition, Diabetes Mellitus management is much more difficult in smokers and kidney or eye complications are more likely to appear. Smoking has also been found to affect insulin, making insulin resistance more likely to occur. A smoker with

insulin-resistance is in greater risk to develop type 2 Diabetes Mellitus than a non-smoker.

Finally, tobacco consumption has been associated with age-related macular degeneration. A smoker can be easily spotted, as fingernails and fingertips are yellow (due to nicotine) or have signs of fungal infections. Research has shown that smoking also affects the quality of hair, increasing the likelihood of baldness and early graying, mainly due to the effect on hair microcirculation.

Is there a way for someone to stop smoking?

You have yourself to take the decision to stop smoking, in order to be able to follow a smoking cessation strategy. As nicotine is addictive, the way to a smoke-free life is usually hard. Smoking cessation interventions can be implemented in special clinics in several public hospitals. Nicotine substitution with stickers, chewing gums, chewable pills or inhalations is used in order to sooth withdrawal symptoms. Another method, or in combination with the above, involves the administration of Bupropion, an antidepressant that should have positive results within 7-9 weeks. Varenicline administration for 12 weeks has, also, very good results in smoke cessation. These medication-induced smoking cessation methods are likely to cause some side effects, such as headache and nausea, or more severe like irritability and depression. Nortriptyline and Clonidine, are also used as second-line treatments for smoke cessation, but have not been approved by the Greek Food and Drugs Association (2014). Furthertmore, acupuncture is considered to be a complementary/alternative method of smoking cessation with not so strong evidence. For smokers, users of new technologies there are web-sites (eHeath or mHealth), mobile apps, or on-line computer games (Nicot or Lit 2 Quit) that support anyone in his/her smoking cessation process.

In conclusion, it should be stressed that despite the fact that smoking has been banned in public places since the beginning of the 2000s in Europe, and since 2010 (N 3868/2010) in Greece, in many public services and areas (restaurants, cafes) the law is, still, not fully implemented. At the same time, it is worth mentioning that while the economic cost of smoking is particularly high (around 3500 euros/year), and despite the decline in the purchasing power of Greeks in recent years, the corresponding decrease in tobacco consumption is about 5%.

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