

Smoking rates and cessation strategies in hong kong



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The investigation about the knowledge on the risk & treatment of smoking among IVE student

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This literature can help us to clarify our project for investigate about knowledge of smoking among teenagers in IVE.

Nowadays, smoking is common. Although the prevalence of smoking is decreased in recent years in HK, there is still lot of people especially teenagers smoking around us. Therefore, face this problem to reduce the rate of smoke.

Prevalence of smoking in HK among teenager

There were 707, 900 current smokers at the time of enumeration, accounting for 11. 8% of all persons aged 15 and over in Hong Kong. Of those 707 900 current smokers, 648 800 were daily smokers and 59 100 were non-daily smokers. In addition, there were 347 800ex-daily smokers who previously had a daily smoking habit, representing 5. 8% of all persons aged 15 and over. Of the 645 000 daily cigarette smoker, analyzed by age

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group, 65.7% were aged 40 and over; 22.2% were aged 30 – 39; 10.7% were aged 20 – 29 and 1.3% were aged 15 – 19 ((see Census and Statistics Department Hong Kong Special Administrative Region)

Moreover, the daily cigarette smokers by age and daily consumption of cigarettes which is the 84.9% of the daily cigarette smokers consumed 1 – 10 cigarettes in a day in 15-19 of age group. Meanwhile, over 15% of the daily cigarette smokers consumed more than 10 cigarettes in a day of it group. So that, we know that the prevalence and the times of smoking per day (see ASH)

On the other hand, our one of objectives is to know the reason why of smoking among teens. We searched some literatures which show the most of reason is peer influence. The other one is out of curiosity because teenagers want to try something. Other commonly cited reasons included “ influence of family members, necessity in social functions and refreshing one’s mind etc (see Why you smoke by Gloria Meyer). Therefore, this literature can help us to do some project for investigate about knowledge of smoking among teenagers in IVE.

Risk factor

1. Passive smoking

Nowadays, a lot of people have smoking habit in Hong Kong. Therefore, it will make people always exposure passive smoking via their parent, friends or outdoor environment.

A recent study stated that there are about 600, 000 people death of second-hand smoking and 21, 400 people was got lung cancer in 2004. [seeMattias O., 2011.] It can see that passive smoking is affected our health or even will die. Compare with other study, it stated that people exposed passive smoking before age 25 that will have higher lung cancer risk than after age 25 years. [seeKofi A., 2008] It can see that people who younger than age 25 will be higher risk to get lung cancer when exposing passive smoking. On the other hand, ischemic heart disease also is a higher risk in passive smoking, there are about 379, 000 people death of this disease. [seeMattias O., 2011.] In addition, one of study stated that passive smoking is associated with a small increase in the risk of coronary heart disease. [seeJIANG HE., 1999] However, this study was done a new investigation in 2005, it stated that passive smoking is rapidly affect cardiovascular system and the effect is nearly as large as smoking.[see Joaquin B., 2005.] It can see that heart disease will become a serious problem about the risk of passive smoking.

2. Cardiovascular disease

Some people may think tobacco is a great invention and there are nearly one billion people smoking in the earth. However, Tobacco contains more than 7000 chemicals and many of them are toxic.(See Benjamin, R. B., 2010) World Health Organization asserted that “ Tobacco kills nearly 6 million people each year”. (seeTobacco, n. d.)

According to the article, the main disease caused by tobacco is cancer. In America, there are near 6. 5 million of people deaths caused by Smoking-related cancers since 1965 to 2014.(see Koh, H. K., 2014) Tobacco smoking

can cause cancer everywhere in the body and both men and women, such as kidney, liver, bladder, trachea cancer. Lung cancer is easy to find in the smokers and nearly 9 of 10 lung cancer cause by smoking. (seeLushniak, B. L. 2014).

A study has found that smoking can increase the risk factors of myocardial infarction, stroke, sudden cardiac death, peripheral vascular disease and aortic aneurysm. (seeBullen, C. B. 2008). Although the tobacco can change the blood chemical and damage the cardio system, most of the patient can repaired the damage of cardio system after they have smoking cessation.

3. Respiratory diseases

Respiratory diseases of smoking can be divided into Asthma and Allergic Rhinitis. Smoking during pregnancy is strongly related to fetal growth impairment, reduced lung function at birth and subsequent development of asthma. In conclusion, both ETS and personal smoking were significantly related to asthma and wheeze in teenagers. (seeHedman al, 2011) The development of asthma-like symptoms during a 6-year period was associated with three independent risk factors: hyperresponsiveness to methacholine, atopy, and smoking. Smoking behavior was related to airway lability, but not to atopy. (seeRasmussenet al, 2000) Cigarette smoke in there more than 4000 kinds of chemical ingredients, including: nicotine, tar, a large number of toxic substances. Female smokers suffering from asthma was significantly greater than men. (Rasmussenet al, 2000) Smoking can irritate the trachea, narrowing the airway, making asthma symptoms worse. Cigarette smoke inhalation after airway, not only produces airway

permanent contraction, so that they are narrow and can affect expectoration function. (see Gallagher et al, 2014)

Prieto et al findings are in line with previous studies that demonstrated an increased responsiveness to methacholine and adenosine 5-monophosphate (AMP) in a proportion of nonsmokers with allergic rhinitis. Furthermore, smokers with allergic rhinitis have a higher prevalence of airway hyperresponsiveness to methacholine, confirms the observations of the study of Buczko and Zamel. (see Prieto et al, 2003) Among children and adolescents, significant associations between both active and passive smoking and allergic rhinitis and allergic dermatitis, and passive smoking was associated with an increased risk for food allergy. (see Saulyte et al, 2014)

Treatment

1. Medication

Medication therapy is an effective smoking cessation method. There are several ways to help smokers quit smoking.

Nicotine Replacement Therapy (NRT) is the most widely used. These medications that contain nicotine are called Nicotine Replacement Therapy (NRT). NRT delivers nicotine to the body without the dangerous chemicals found in cigarettes.

NRT is available at the pharmacy without a prescription as a nicotine inhaler (Nicorette® Inhaler), nicotine lozenge (Nicorette®, Thrive®), nicotine patch (Nicoderm®) and nicotine gum (Nicorette®).

Nicotine lozenges

Nicotine lozenges are absorbed through the cheeks. When the smoker has a cigarette craving, they can use the lozenges which come in different strengths and flavours. The smoker and the health care provider can decide what strength to start with based on the smoker withdrawal symptoms.

Nicotine inhaler

Nicotine inhaler replaces the nicotine the smoker will get in cigarettes and other tobacco products. This inhaler is a plastic mouthpiece that the smoker puffs on. Then, put a cartridge that contains nicotine into the mouthpiece and puff. In this treatment, the nicotine is absorbed through the cheeks and the back of the throat. It does not go into the lungs. When the smoker has a cigarette craving, it can use the inhaler.

Nicotine gum

Nicotine gum is using for quitting smoke. Nicotine gum needs for use more than 30 minutes. When you have a craving for tobacco dependency, you can use nicotine gum for replace cigarette. Using nicotine products can prevent unpleasant craving and withdrawal symptoms. So you can quit smoke step by step. Also there have some disadvantage of nicotine gum. Nicotine gum is not suitable for wear dentures and someone doesnot like the taste of the gum.

2. Non-medication

This part is considered with the aspect of behavior.

According to the research article about Natural history of attempts to stop smoking that shown Cessation is a more chronic, complex, and dynamic process.(see Hughes., 2014) Base on this, we are consider with what type of self-behavior should be efficacy with smoke cessation. Then, the exercise plus contingency management had been decreased craving but it did not affect smoking behavior.(see Kurti., 2014) and self-efficacy has been representing an importance source of therapeutic change in smoking cessation counseling.(see Schuck., 2014) The above treatment are not the popular treatment of the smoke cessation.

An intensive training program for behavioral health professionals increased tobacco treatment and patient quit attempts.(See Williams., 2014) Through combine with self-behavior and prescribing can increase the effect. The special point of this research is needed to hire a professional to provide training to smoker. But the medications are not use. In addition, the research present that the workplace are the related issue for the smoke cessation. The workplace has potential as a setting through which large groups of people can be reached to encourage smoking cessation.(see Cahil. 2013) there is the area to encourage the smoker cessation. It is likely to smoking free area that can control the smoker no smoke in this area.

Conclusion

Smoking is common social issue in Hong Kong and there is lots of knowledge about smoking. For the risk of smoking and passive smoking both would affect respiratory and cardiovascular system in the body. Also, it is necessary that to encourage people to quit smoking. And there are lots of cessation

ways to help people quit smoking. It includes medication and non-medication aspects. The important thing is the smoker should discuss the plans to quit smoking with the health care provider and pharmacist to assess the smoker health suitable use the treatment.

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