Smoking has long been known to be the cause of many illnesses. In fact “tobacco smoking is the single largest cause of preventable death in Australia” (Better Health Channel, 2012, p.1). The most common illnesses caused by smoking include lung cancer, cardiovascular disease and emphysema. Smoking can also have a detrimental effect on blood pressure, fertility, cataracts, teeth and gums (NetDoctor, 2011), and along with the sun, “smoking can speed up aging” (Flahive, 2010, p.316).

According to the Better Health Channel (2010, in Healey, 2011) there are over four thousand chemicals in tobacco with nicotine being the main substance causing addiction. “Profound and damaging changes” (p.7) can occur in the body as many of the chemicals are carcinogenic. In light of the impact that smoking has on the body it therefore surprising that those who work in the health field have a high incidence of smoking. In a study carried out at Thomas Jefferson University it was found that “four times as many nursing students smoke as medical students” (“Tobacco use”, 2003, p.105).

There are a number of ways for individuals to cease smoking. Jankovic explains that the most “common way smokers choose to quit is “cold turkey”, but this is also the least successful” (2007, p.26). There is a variety of material available that suggests that the most successful way to quit smoking is to use a combination of methods. These will include setting a quit date, using substitute nicotine, such as Nicabate patches or Nicorette gum, or some of the prescribed medications that are available, changing habits and routines, and gaining support from family and friends.

Along the path to quitting smoking there may be mis-starts and falters but as is cleverly pointed out by Rigotti “smoking cessation is a marathon, not a 50-yard dash, and winning takes practice” (2005, p.66). Alongside smoking cessation there will need to be a combined approach of tobacco control including “advertising bans, taxes and regulations” (Goldberg, 2002, p. 148).

References


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