

SMOKING IN YOUTH

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In the past years, youth has been exposed to a very broader range of tobacco products including smokeless tobacco, hookah (water pipe) and e-cigarettes^{1,2}. The only difference between smoking and vaping is that smoking delivers burning tobacco which causes smoke related illness, whereas vaping can deliver nicotine by heating a liquid in a much less harmful way. A survey done in 2018 shows that vaping is growing in teenagers. Some studies also indicate that it is believed by people that vaping is a good way to quit smoking, however this is not the case because vaping and smoking share similar negative effects on the body (Fletcher 2020)³. Irrespective of various prevention strategies and legislated controls, millions of teenagers develop an addiction to tobacco products each year. There are a lot of factors which contribute to smoking initiation in teenagers but the main leading factors are access to tobacco and different beliefs about smoking which arise from the environment which the youth are prone to⁴⁻⁵. Advertising and marketing efforts of the tobacco industry influence adolescent smoking behaviour, often to a greater extent than it influences the behaviour of adults. Youth smoking, depression, anxiety and stress are interrelated (WHO). Apart from these the two strongest factors which provoke smoking in children are parental smoking and parental nicotine dependence^{6,7}. Studies have shown that every year almost 2,500 children reportedly under 18 years of age try their first cigarette and among them more than 500 would most likely become regular daily smokers and eventually half

of them would most likely die from this habit. If current tobacco pattern continues it is estimated that around 5.6 million of today's youth under age 18 eventually would die prematurely from a smoking related disease. The truth is, whether it's smoked, dipped, or rolled, any form of tobacco is harmful. Short term health risks of smoking include stained teeth, periodontal diseases including tooth loss along with reduced lung functions⁸. However, long term risks include increased risks for lung cancers or other heart diseases. Respiratory disorders such as asthma and cystic fibrosis are also common among young people. Different preventive measures should be taken in order to prevent smoking addiction in our young generation. Different counselling interventions should take measures right from the start which should include giving education and brief counselling face to face to our youth. Providing printed materials in person and giving guidance by computer can also be useful^{9,10}. Counselling would be of great help to the youth as it would help to learn about their behavior, attitudes, beliefs and would also help to address them with the consequences of smoking, especially when they are under the wrong influence of social and environmental factors. It can also help the youth to be mentally strong so that they can learn to decline cigarettes⁸⁻¹⁰. Furthermore, parents and families should be provided full guidance about the health risks involved, this is the only way how prevention can be successful.

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