

## Counselling Nigerian Youths against Cigarette Smoking

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### **Abstract**

*While cigarette smoking is declining considerably in developed societies, as a result of campaigns and legislation, it is alarmingly increasing in underdeveloped societies. Cigarette smoking in Africa was at one time a habit practised by adult men, but now, women, adolescent boys and girls are involved in smoking. The Nigerian youths are facing enormous risks derivable from cigarette smoking. This paper therefore attempts to look at the nature, prevalence, causes and effects of cigarette smoking among Nigerian youths. The major thrust of the paper is the various strategies that counsellors can adopt to prevent and treat youths involved in the habit of cigarette smoking. Such strategies include school campaigns, youth to youth programme, teaching methods, withdrawal methods such as emotional role playing, aversive conditioning, covert sensitization, desensitization technique, nicotine patch replacement therapy and multimodal technique. The paper finally recommends among others that the Nigerian Counsellors, teachers and parents have enormous responsibilities on their shoulders of ensuring that our youths are completely discouraged from cigarette smoking. There must be legislation against tobacco smoking and advertisement. The mass media must continue to play its role of enlightening youths on the effects of cigarette smoking.*

**Keywords:** *Cigarette Smoking, Counselling Strategies, Aversive Conditioning, Covert Sensitization,*

### **Background of the Study**

Cigarette Smoking, according to Encarta (2005) involves inhalation and exhalation of the fumes of burning tobacco. Leaves of the tobacco plant are smoked in various ways. After a drying and curing process, they may be rolled into cigars or shredded for insertion into smoking pipes. The most popular method of smoking consists of finely shredded tobacco rolled in lightweight paper.



## **The prevalence of Cigarette Smoking**

Cigarette smoking has become very prevalent in our society today. According to World Health Organization (1995) there around 1.1 thousand million smokers in the world, about one-third of the global population are aged between fifteen 15years and above.

David and Brainand (2001) reported that smoking often becomes a strong addiction that begins early in life and is considered a gateway drug that precedes and may increase risk for other drug use. They also found out in a survey that about 60% of female were more likely to smoke than male's 54%.

The International Council on Alcohol and Addiction (1988) reported that slightly over 43% of all senior secondary school students in Nigeria smoked in the past year, compared to 34% of junior secondary school students. The average age that students start smoking is 13 years and therefore is no difference between male and female in terms of when they start smoking. It further added that 50% smoke less than 20 cigarettes in a week, while 18% smoke more than 60 cigarettes in a week. The report concluded that heavy smoking is more among male than female with 22.8% of males smoking more than 60 cigarettes per week, whereas 12.3% of the females smoke the same amount. Cigarette smoking in Nigeria is legal and socially acceptable and therefore readily available for youths to commonly indulge in it. This may probably be the reason why it appears to be apparent increase of youth smokers.

## **Brief History of Cigarette Smoking**

European explorers who arrived in the Western Hemisphere in the 1500s observed Native Americans smoking tobacco plant leaves in pipes. The colonists who followed them grew tobacco plants as a cash crop for export, and smoking became part of European culture by the 1600s. Most tobacco was consumed in pipes and cigars or as *snuff* (finely pulverized tobacco inhaled into the nostrils). This pattern changed by the early 20th century, by which time smokers

consumed more than 1,000 cigarettes per capita each year in the United States and some European countries. The general attitude of society was that smoking relieved tension and produced no ill effects. During World War II (1939-1945) American physicians endorsed sending soldier's tobacco, and cigarettes were included in the field ration kits of U.S. armed forces personnel until 1975.

Some scientists noticed, however, that lung cancer, which was rare before the 20th century, had increased dramatically since about 1930. The American Cancer Society and other

organizations initiated studies comparing deaths among smokers and non-smokers over a period of several years. All such studies found increased mortality among smokers, both from cancer and other causes. In addition, experimental studies in animals showed that many of the chemicals contained in cigarette smoke are carcinogenic.

In 1962, the U.S. government appointed a panel of ten scientists to study the available evidence concerning the health effects of smoking. Their conclusions were included in the 1964 surgeon general's report, which stated that "cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action." Smoking in adults, measured as an average number of cigarettes smoked per year, began to decline steadily after the 1964 report and has fallen more than 40 percent since

## **Youths Cigarette Smoking**

This is more than just an academic exercise. Perhaps not in the entire history of mankind has a personal habit so rapidly engulfed a people like smoking in the past 40 to 50 years. The following are some of the motives of cigarette smoking among youths as collaborated by Akinpelu (2015);

1. Cigarette Advertising. This is usually aggressive, sophisticated and extremely effective in conveying a message of glamour, youthfulness and success. So many youths are attracted to smoking through advertisement on the media.

2. Tobacco is taken by people for socialization, relaxation, fun, experiment, sleep-inducing, medical alertness and pain relieving.
3. Young people may take to cigarette smoking to express independence from parents. Similarly, more children smoke in families where both parents smoke than in families where neither parents smoke.
4. Peer influence is considered an important reason why youths smoke cigarette. Youths smoke because their friends do so and as a source of social facilitation.
5. Some females smoke in order to show that they are equal with men. Or that they are sexually available to men.
6. Youths smoke cigarette to gain relief from psychological, social or even physical constraints.
7. Family disintegration, failure in schools, conflicts with parents and authorities and other influences may exert greater influence on youths to engage in smoking.

## **Health Effects of Cigarette Smoking**

Cigarette smoking according to the United State department of Health and Human Services (2006) harms nearly every organ of the body; causing many diseases and reducing the health of smokers in general. The adverse health effects from cigarette smoking account for an estimated 438,000 deaths, or nearly 1 of every 5 deaths, each year in the United States. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined (Centre for Disease Control 2006). The Centre specifically identified the following effects;

### **Cancer**

- Cancer is the second leading cause of death and was among the first diseases causally linked to smoking.
- Smoking causes about 90% of lung cancer deaths in men and almost 80% of lung cancer deaths in women. The risk of dying from lung cancer is more than 23 times higher among men who smoke cigarettes, and about 13 times higher among women who smoke cigarettes compared with never smokers.
- Smoking causes cancers of the bladder, oral cavity, pharynx, larynx (voice box), esophagus, cervix, kidney, lung, pancreas, and stomach, and causes acute myeloid leukemia.
- Rates of cancers related to cigarette smoking vary widely among members of racial/ethnic groups, but are generally highest in African-American men.

## **Cardiovascular Disease (Heart and Circulatory System)**

- Smoking causes coronary heart disease, the leading cause of death in the United States.<sup>1</sup> Cigarette smokers are 2–4 times more likely to develop coronary heart disease than nonsmokers.
- Cigarette smoking approximately doubles a person's risk for stroke.
- Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries). Smokers are more than 10 times as likely as nonsmokers to develop peripheral vascular disease.
- Smoking causes abdominal aortic aneurysm.

## **Respiratory Disease and other Effects**

- Cigarette smoking is associated with a tenfold increase in the risk of dying from chronic obstructive lung disease. About 90% of all deaths from chronic obstructive lung diseases are attributable to cigarette smoking.
- Cigarette smoking has many adverse reproductive and early childhood effects, including an increased risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS).

- Postmenopausal women who smoke have lower bone density than women who never smoked. Women who smoke have an increased risk for hip fracture than never smokers.

Even non smokers are at risk from smoking. Recent studies have focused on the effects of Environmental Tobacco Smoke (ETS) of non-smokers who must share the same environment with smokers. The United States Environmental Protection Agency (2008) estimates that exposure to environmental tobacco smoke causes 3,000 lung cancer deaths and an estimated 35,000 deaths from heart disease per year. Second hand smoke can aggravate asthma, pneumonia and bronchitis and impair blood circulation.

## **Digestive System**

- Smoking decrease appetite and leads to improper eating habit which results into deficiencies and malnutrition. Other effects include the risk of discoloration of teeth, gum, gum ulcer etc.

## **Counselling Nigerian Youths against Cigarette Smoking**

An attempt to change the smoking behaviour of young people have included anti-smoking campaigns, youth to youth programmes and a variety of themes and teaching methods. Didactic teaching, group discussion, individual study, peer instruction and mass media have been employed .The following strategies may be suggested to change the smoking behaviour of youths.

1. **School Campaign:** These school campaigns inform of a combination of discussions, lectures, demonstration, assemblies, posters, pamphlets, films, articles in the school paper and the use of resource persons. These campaigns if properly organized and evaluated may lead to desirable changes in smoking behaviour of youths. Counsellors can also help establish in school Non Smokers Clubs that can organize anti-smoking activities.

2. **Youth-To-Youth Programme:** Probably the most commonly reported type of youth programme was that in which youths plan and carry out educational activities for their peers or for students in the lower grades. School leaders can be organized to attend a regional seminar on smoking and health. When they returned to their respective schools, they can plan and execute smoking programmes of their own. Counsellors can assist by arranging such smoking and health seminars for youth leaders and encouraging these leaders to arrange same in their various schools. Ekanem, (2008) reported that youth anti-tobacco awareness on the dangers of smoking can effectively discourage youths from smoking.

3. **Teaching method:** Various teaching methods were discovered to correlate with behaviour change. This approach involved the teacher letting the students know that he or she felt smoking cigarette was undesirable.

The four methods were didactic approach, group discussion, psychological persuasion and a combination of all the three. The didactic approach was not successful in changing behaviour. This approach has to do with giving instruction or advice to youths on the evils of smoking. The combination approach was best in improving knowledge.

4. **Counselling and Behavioural Therapies:** The three components of effective counselling and behavioural therapies according to Gonmei, Shhanbhag & Puranik (2015) are:

i. Practical counselling includes identification of events, internal states, or activities that increase the risk of smoking or relapse, and practice coping of problem solving skills. Providing basic information about smoking and successful quitting can also help.

ii. Intra-treatment social support by encouraging the patient in the quit attempt, communicating the patient with care and concern, and encourage the patient to talk about quitting process.

iii. Extra-treatment social support by training patient in support solicitation from family, friends, and co-workers; prompting support seeking and clinician arrangement for outside support.

1. **Withdrawal Methods:** The unpleasant symptoms that occur when a person suddenly stops use of any psychoactive drug are known as withdrawal symptoms. The common symptoms of withdrawal are: Depressed mood, craving, insomnia, irritation, poor concentration, restlessness, and increased appetite. Withdrawal symptoms are most severe during the 1st week and last 2-4 weeks after stopping tobacco.

However, the urge to use or “craving,” an important symptom of withdrawal, may last a few months and is an important cause for restarting tobacco use. Individual counselling usually by trained counsellors as a means of getting youths to quit smoking had reasonable degree of success. The following according to Gonmei, Shanbhag and Puranik (2015) can help:

**(a) Emotional Role playing**

It was discovered that subjects who role-play a smoker with lung cancer had reduced their cigarette consumption significantly more than control subjects two weeks, eight weeks and 18 months after role playing.

**(b) Aversive Conditioning**

This has received much attention in literature as a method of breaking smoking. Perhaps the most popular type of aversive conditioning is satiation. Smokers are told to smoke rapidly and or in excessive amounts which makes the smoker feel sick and nauseous. Thus smoking comes to be associated with discomfort rather than pleasure. However, it's recommended that there should be medical screening of smokers prior to the use of this method since excessive smoking could be dangerous to those with advanced heart disease. This method was used by one of our friends on her child and it worked.

**(c) Covert Sensitization**

Just like satiation, the smoker learns to associate something unpleasant with smoking but since the behaviour is covert, the ‘something unpleasant’ must be imagined. Typically the smoker is told to imagine feeling nauseous whenever he or she feels the urge to smoke. Such scenes are imagined regularly in order to build up the desired association.

**(d) Desensitization Technique**

This technique involves the smoker learning to imagine feeling good when resisting the temptation to smoke. Systematically, he or she is taught to imagine not smoking in a variety of situations without feeling anxiety or discomfort. A related technique is to learn to relax when feeling the urge to smoke.

**(e) Nicotine Patch Replacement Therapy**

According to Gonmei, Shanbhag & Puranik (2015) various pharmacological agents have been used in the past to aid smokers. Nicotine replacement therapy has been shown to be effective and available smoking cessation programme. They include;

- (i) Bupropion      (ii) Nicotine Gum      (iii) Hydrochloride
- (iv) Nicotine Inhaler (v) Nicotine Lozenge (vi) Nicotine Patch
- (vii) Nicotine Nasal Spray (viii) Varenicline      (ix) Nortriptyline

Both Nicotine Gum and Nicotine Patch are effective and preferable in certain clinical situations. These replacements help clients until the symptoms decrease to a tolerable level.

**(f) Multimodal Technique**

Odoemelam (2004) cited Thorpe and Olson (1990) that multi-component treatment packages are most effective in eliminating smoking behaviour. The techniques suggested include nicotine fading, controlled smoking and long term maintenance

## Conclusion

It has been observed that most deaths are caused each year by tobacco use than by all deaths from Human Immune Deficiency Virus (HIV), illegal drug use, alcohol use, motor vehicle

injuries and so on. Therefore, counsellors and teachers have very important roles to play in discouraging our youths from engaging in bad habit of cigarette smoking.

## Recommendations

From the foregoing discussions, the following recommendations are made:

1. Nigerian Counsellors have enormous responsibilities on their shoulders of ensuring that our youths are discouraged from cigarette smoking.
2. Teachers and parents must also ensure that they play their roles effective in ensuring the success of cigarette cessation programme among youths.
3. Nigerian Government must ban the production and importation of cigarette in Nigeria.
4. Government must legislate against tobacco smoking and advertisement in Nigeria.
5. The mass media must continue to play its role of enlightening the youths on the effects of cigarette smoking.
6. Youths should be taught useful and productive strategies for socialization, relaxation and having fun.

7. Parents must be good models for the youths.

## References

- Akinpelu, A.O. (2015). The menace of tobacco smoking among Nigerian Adolescents. *Journal of Development Studies Vol 5:15*
- Arrigoni, E. A. (1972). *Teenage anti-smoking campaign in elementary schools*. School Health Review.
- Centre for Disease Control and Prevention (2006). Health effects of cigarette smoking. Retrieved on [tobaccoinfor@gov.on](mailto:tobaccoinfor@gov.on) on 01/03/2006
- David, B., Brainand Jastej, D. (2001). Addictions foundation of Manitoala survey on substance use among Manitoala high students.
- Ekanem, I. A. (2008). Global youth tobacco survey for Nigeria. Calabar: University of Calabar
- Encarta, (2005). Cigarette smoking. Microsoft ® Encarta ® Reference Library©Microsoft Corporation.
- Gonmei, D., Shanbhag, N. & Puranik, M. P. (2015). Strategies for tobacco cessation counselling. *International Journal of Advanced Health Sciences Vol 2:1*
- International Council on Alcohol and Addictions (1988). A clinical practice guideline for treating tobacco use and dependence. US Public Health Service Report.
- Odoemelam, A. M (2004). *Contemporary issues in the 21<sup>st</sup> century Guidance and Counselling. The Perspective*. Nigeria: Kelavi-Nedu Concepts.
- United States Department of Health and Human Services (2006). The Health Consequences of Smoking. A report of the Surgeon General.
- United States Environmental Protection Agency (2008). Respiratory health effects of passive smoking: Lung Cancer and other Disorders. Washington DC: Environmental Protection Agency.
- World Health Organization (1995). Guidelines for counselling and monitoring tobacco epidemic in Geneva. Geneva