

## Evaluation of attitudes with regard to smoking

dr. Emilia Muntianu<sup>1</sup>, Ec.Ioan Bârliba<sup>2</sup>, Dr. Elena Lungu<sup>1</sup>, Dr Daniel Mardare<sup>3</sup>

1. CRSP Jassy

2. County Hospital Emergency Saint Spiridon Jassy, 3. Direcția de Sănătate Publică Iași, Comp. Promovarea Sănătății

Dr. Emilia Munteanu, public health and management specialist doctor, CRSP Jassy, Evaluation and Health Promotion, Str Victor Babeș No. 14, cod 700465, JASSY; email:emiliamun@yahoo.com; mobile 0749028736.

Ec. Ioan Bârliba, Manager County Hospital Emergency Saint Spiridon Jassy. Bd Independenței No.1, cod 700111, IASI. **Telephone:** 0232-240822

Dr. Elena Lungu, public health and management specialist doctor MD, CRSP Jassy, Evaluation and Health Promotion; email: [elenavracu@yahoo.com](mailto:elenavracu@yahoo.com); mobile 0743 139 534

Dr. Daniel Mardare, email daniel\_mardare2000@yahoo.com; tel 0232 224889

**Abstract:** The aim of this study was to assess tobacco and its health implications. **Method:** A questionnaire was used and applied to health professionals in the Emergency County Hospital St. Spiridon Jassy, between January to December 2009. **Results:** There were investigated 345 medical personnel and auxiliaries in 11 clinics of St. Spiridon Hospital, Jassy, most women (81.2%), with predominance of age groups 35-39 years (21.7%) and 25-29 years (20.6%) . Onset of tobacco consumption was around the age of 20 years (ranging from 17.6 years in clinics and 24.7 years). Of staff who attended the trial, 64.6% were medium shots, 23.2% and 12.2% senior media professionals with incomplete. In an attempt to abandon the consumption of tobacco, "no will" was invoked in 37% of cases. Anxiety, constipation and hunger were the most frequent side effects giving up smoking (14.2%), followed by sweating and tremor (7.8%). Restarting tobacco's stress was due to 6.4% of staff and entourage and cigarette Yearning to 4.3% of frames. The main diseases that are grounds for anxiety, fear the consequences or the risks of smoking were: lung cancer (34.8%), heart disease (34.5%) and circulatory problems (32.5%).

**Key words: smoking, medical and health personnel**

### Introduction

#### HISTORY

Tobacco occurred about 5000 years ago (1), the Peruvian and Ecuadorian Andes area. It was originally used in religious rituals. It was introduced in Europe by the Spaniards, appeared in France (1560) and then in other countries. In 1735, Swedish botanist Linne tobacco called *Nicotiana tabacum*, where the name of the spread in Europe, Jean Nicot, its use is spreading very rapidly, so today has become an almost universal custom. In developed countries consume 80% of total tobacco consumption.

GENERAL INFORMATION Cigarette consumption per capita grew explosively between 1970 - 1972, following stagnation between 1990 - 1992, now reaching the third of world population to smoke. While developed countries saw a decrease in consumption in the developing countries, although extended later recorded explosive growth (70% of the estimated 1.2 billion smokers).

It spread to both men and women, the proportion of the latter becoming increasingly higher and the age of increasingly smaller (in Denmark, Norway, Japan, Israel and Russia 30% of women smoking is greater even than that of men smokers).

According to European Research Program on Alcohol and Drugs (ESPAD) established in 2004 (2), 64% of students under 16 years of smoke, with 11% more than in 1999. About half the world's children are exposed to cigarette smoke.

Worldwide (3), smoking shall be responsible for about 3.5 million cases of illness each year (of which 80% are men), mortality caused by tobacco consumption is growing, in both sexes. In the presence of disease, smoking increases the mortality rate it: thus, smoking causes more than 26-30% of deaths from cardiovascular disease, heart risk increased by 200-400%, etc.. Increased illness caused by smoking increases the number of sick leave, absenteeism and injuries.

In Europe, about 1.2 million people die annually from diseases caused by tobacco consumption.

In Romania, 36% of the population smokes (48% men and 25% women) from 47.5% of smokers between 15-19 years and 33.8% between 20-24 years, being among the top 10 European countries in

number smokers (4, 5). The annual number of deaths from cancer due to smoking is about 40 000 people, of whom 70% are included in the age group 35-69 years, most by cardiovascular disease (50%), cancer (40%) and respiratory diseases. In a survey among doctors in 1999, it was observed that 43.2% of smoking physicians and 16.6% had stopped smoking and 8.9% were smokers pasivi. Uneori, tobacco consumption is associated with other nesanogene habits - alcohol and drugs.

#### Nicotine COMPOUNDS

Consumption using species *Nicotiana tabacum* leaves and *Nicotiniana rustic* Solanacea family, with over 100 species and subspecies. They contain nicotine alkaloid substance that causes addiction. Once inhaled, nicotine reaches through the bloodstream to the brain, which activates the neuro-humoral pathways, resulting in increased force of contraction and heart rate, blocking transmission of pain, increasing alertness and relaxation.

During smoking, it releases over 4000 chemicals, most natural constituieți leaves, of which 200 are poisonous and carcinogenic 50.

In Europe and America, the tobacco industry, using food additives that improve both variations Tobacco flavor and taste of smoke product (glycerol, propylene glycol, menthol, cocoa, chocolate, cinnamon, cloves, vanilla, honey, aromatic oils, extracts organic plant), but generates highly toxic compounds by burning.

#### Effect on the body

Tobacco, through its compounds, adversely affect health (7), causing a variety of diseases: cardiovascular (hypertension, atherosclerosis, arterial occlusive diseases, cerebral aneurysms, myocardial infarction, stroke, sudden death), respiratory (upper respiratory tract inflammation edema, bronchitis, acute bronchitis, asthma, chronic obstructive bronchitis, pulmonary edema, pulmonary emphysema, pulmonary fibrosis, lung cancer, especially in smokers over 20 cigarettes per day, with over 50 years), but other types of cancer ( larynx, colon, pancreas, esophagus, stomach, kidney, oral, genital). It also promotes memory loss, reduced thinking capacity of middle-aged people with mental illness risk. Facilitates the production of cataracts, leukemia, decreased libido and potency, both male and female infertility, early menopause, diseases of the oral cavity and muscle activity slows reflexes. It can also cause premature births, miscarriages, infant sudden death syndrome.

#### Passive smoking

It was found that only 15% of cigarette smoke is inhaled by the smoker, the remaining 85% pollute the environment. Passive smoking is the main reason that seriously harms avoidable. In adults causes lung cancer, cardiovascular disease, aggravation of existing asthma, chronic cough, chronic bronchitis, and in children, causing asthma, respiratory infections, cough, otitis media, tonsillitis, SIDS infants. Also, passive smoking increases the risk of dying from heart disease by 30% increased risk of lung cancer causes worsening of allergic asthma and respiratory allergies. During 1999 - 2005, a WHO study in children 13 to 15 years in 132 countries revealed that 43.9% of them are exposed to passive smoking at home, 55.8% in public places and 76.1% of subjects agree with banning smoking in public places. Therefore, in 1999, developed the Government Ordinance no. 55 which prohibits advertising of tobacco products in entertainment rooms, supplemented by Order no. 853/2000 on inscriptions - warning, Advertising Law 148/2000 and Law 125/2001 on the prohibition of sale of tobacco products to minors. Although smoking has been banned in public places since 2002, Law 349, there were no restrictions in enclosed spaces (jobs, offices, restaurants, bars).

#### LEGISLATION

Regarding tobacco consumption, were developed following acts:

an order no. 29/04/1999 55 on banning tobacco advertising in halls spectacvol and sale of tobacco products juveniles (8)

an order no. 853/2000 on inscriptions Warning (9)

a Law 148/2000 on advertising (10)

a Law 125/2001 prohibiting the sale of tobacco products juveniles (11)

a Law 349/2002 on preventing and combating the effects of tobacco products, restricting smoking in enclosed public places, writes the packages of tobacco products, support information campaigns and education of the population (12).

### Materials and methods

It seeks to assess tobacco use and behavior related to it through an interview conducted with a questionnaire consisting of 25 questions and applied to the healthcare staff at County Hospital Emergency Saint Spiridon Jassy, between January-December 2009. 345 were investigated and ancillary medical clinics at 11 St. Spiridon Hospital of Jassy.

### Results

This study was conducted on a sample of 345 medical and ancillary County Emergency Clinical Hospital "St. Spiridon" Iasi, representing 68.25% of clinicians surveyed (the rest being available), distributed as follows (Fig. 1).

- Medical Clinic I - 35 (10.1%)
- Medical Clinic II - 36 (10.4%)
- Medical Clinic III - 39 (11.3%)
- Ophthalmology - 26 (7.5%)
- Surgical Oncology - 24 (6.7%)
- Clinical Diabetes and Nutrition and Metabolic Diseases - 23 (6.7%)
- Endocrinology - 20 (5.8%)
- Biochemistry - 26 (7.5%)
- Surgical Clinic III - 36 (10.4%)
- Department of Surgery - 61 (17.7%)
- an ENT - 19 (5.5%).

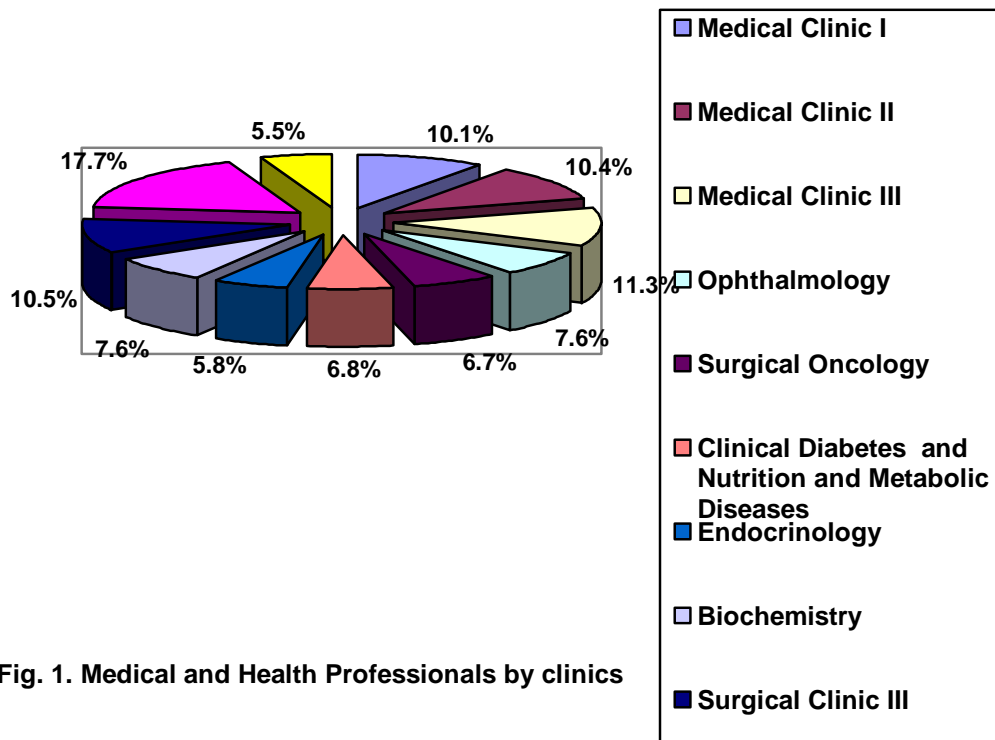
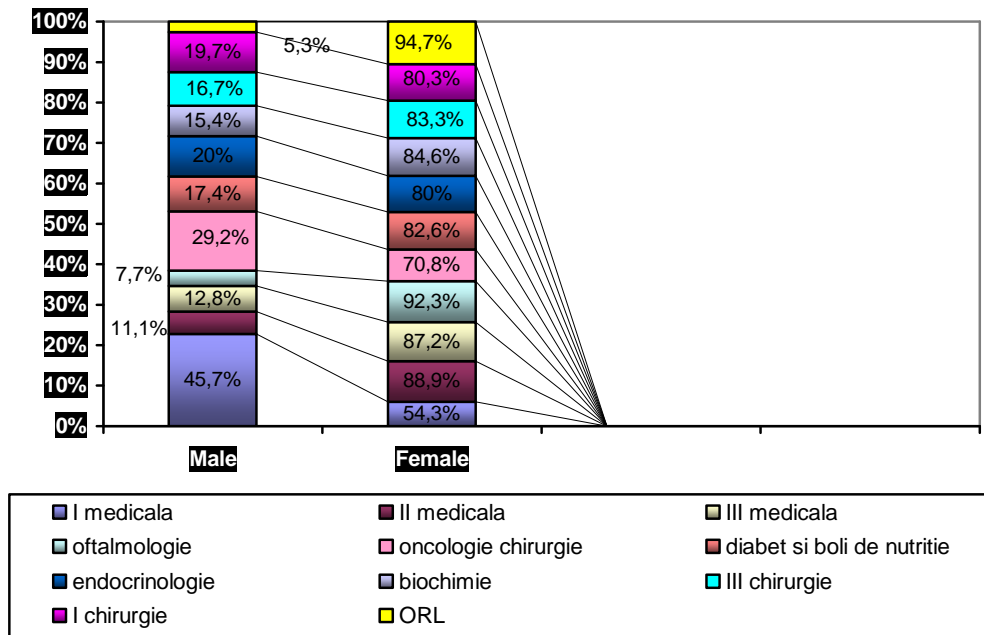


Fig. 1. Medical and Health Professionals by clinics

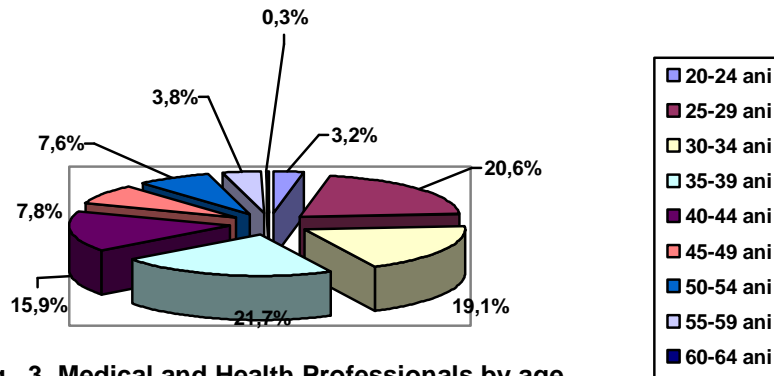
The sample was found gender predominance (81.2%), the proportion ranging from 54.3% clinics (Medical Clinic) and 94.7% (ENT) (Fig. 2).



**Fig. 2. Medical and Health Professionals by sex and clinics**

The average age of staff was 36.6 years and the median of 35 years, ranging from the clinics first 32 years (ophthalmology) and 42 years (biochemistry), and the second between 32.5 years (ophthalmology) and 41 years (biochemistry).

Regarding age groups, age groups prevailed 35-39 years (21.7%), followed by 25-29 years (20.6%) and 30-34 years (19.1%) (Fig. 3).



**Fig. 3. Medical and Health Professionals by age**

The clinic, age group 35-39 years I and II prevailed in medical clinics, ophthalmology, and ENT Surgery, 25-29 years and medical, surgical oncology and ophthalmology and 30-34 years III medical, surgical oncology, diabetes, endocrinology, biochemistry and ENT.

Age at which started tobacco consumption averaged 20.03 years (ranging from 17.6 years - I care, endocrinology and 24.71 years - ENT), the median of 19.5 years (range 18 years - I care, ENT, biochemistry and 20 years - II care, ophthalmology, diabetes, and three surgery, ENT).

Married personnel represented a proportion of 72.2%, ranging from 4.4% in clinics (endocrinology, ENT) and 12.8% (Surgery).

High school staff as a whole were 64.6% (of which 55.9% were nurses), and the clinics ranging from 3.5% - 13.0% and ENT - Surgery. Those with higher education were approximately 23.2% on the total sample (18.3% physicians and staff 4.9%) (Fig. 4).

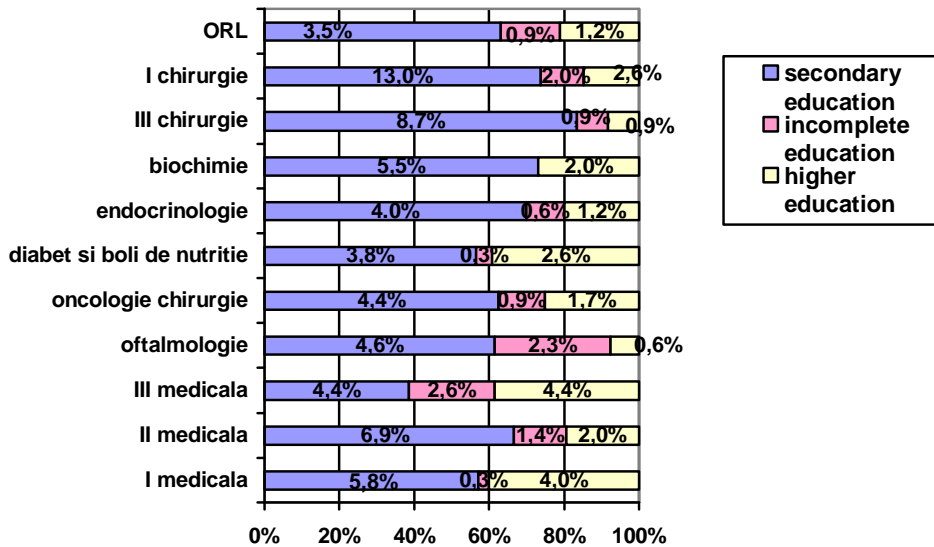


Fig. 4. Medical and Health Professionals by education and clinics

Regarding tobacco, non-smokers were 65.2% (range 0.9% to 3.8% in III, biochemistry and surgery). Proportion of smokers were 22.0% (from 3.5% of Endocrinology and ENT surgery and 13.6% in I) and former smokers were registered at a rate of 12.8% (from 0.3% to 2.9% in III, ophthalmology and surgery) ( Fig. 5).

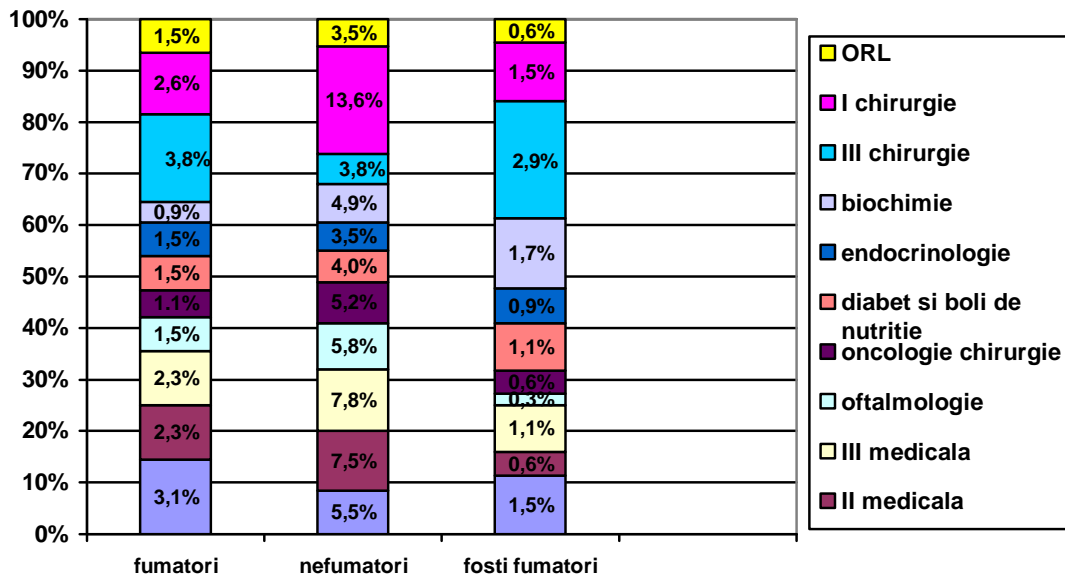


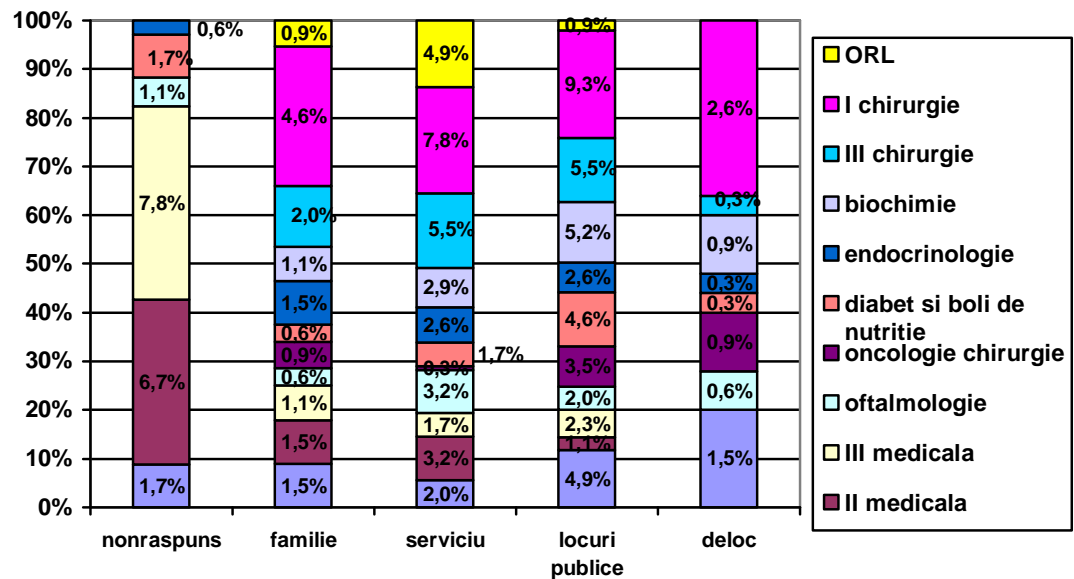
Fig. 5. Medical and Health Professionals by smoking status and clinics

Among non-smokers arguments, maintain health was the primary motivation among the 27.3% recorded in frames (range 0.9% to 5.8% at I diabetes and surgery) and unpleasant effects of 2.6% of participants (between 0.3% and 4.6% in endocrinology in Surgery).

Prevailed subjects who started with a number of 1-4 cigarettes per day (24.9%), with the highest frequency to III surgery (5.2%).

Approximately 73.3% of staff surveyed said that currently smoke (from surgery I was growing proportion, of 15.1%). 20.6% said they were former smokers (especially III surgery - 3.8%) and 6.19% said they were occasional smokers (1.74% at I surgery).

As number of cigarettes smoked per day, prevailed between 1-10 (18.26%), followed by 11-20 (13.04%) (III surgery more often - 3.19% and 2.61%). 73.33% of staff have passively inhaled tobacco smoke in public places and 35.94% at work. In clinics, most were inhaled from passive ones I surgery (9.28% and 7.83% in public places) (Fig. 6).



**Fig. 6. Medical and Health Professionals by smoking exposure by clinics**

A percentage of 6.7% of respondents tried to quit tobacco use less than a month, between one and six months - 6.1% and between 6 months and 1 year - 4.1%.

Wishing smoking cessation, 17.39% received support from spouse / partner (the largest values occurring in I and III medical surgery - 3.2%) and 10.1% from other family members (predominantly to III surgery - 2.9%).

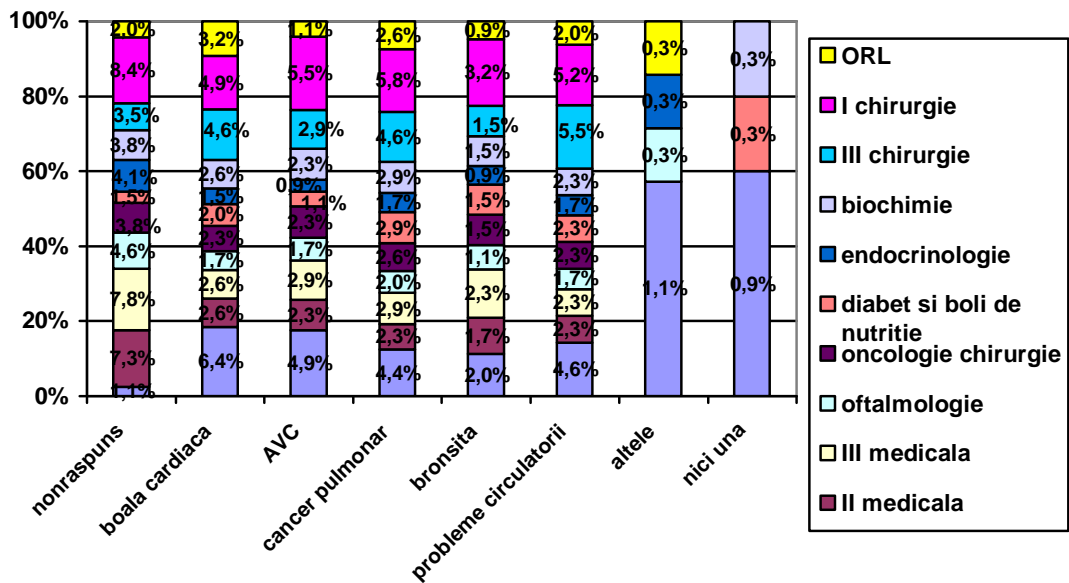
The most commonly cited reason for difficulty in quitting smoking was "lack of will" - the proportion of 37.1%.

Between smoking cessation methods, will most often been told (10.1%).

Side effects of giving up smoking, the most frequently reported were: anxiety, constipation, hunger "- 14.2%," sweating and trembling "- 7.8% and" none "- 6.1%.

For those who resumed smoking, stress was the motivation to 6.4% of staff, followed by his entourage and the desire for cigarette smoking by 4.3%.

The main health problems who fear the future due to tobacco consumption are: lung cancer (34.8%), followed by heart disease (34.5%) and circulatory problems (32.6%), the highest percentages recorded in medical Clinic (6.4% fear of heart disease), Surgery (5.8% of personal lung cancer) and III surgery (5.5% of circulatory problems) (Fig. 7).



**Fig. 7. Medical and Health Professionals According to Health Risks by Clinics**

#### CONCLUSIONS

- Regarding age groups, age groups prevailed 35-39 years, followed by 25-29 years and 30-34 years.
- Age at which tobacco was started on average 20 years.
- Secondary education prevailed both overall and in clinics.
- Regarding tobacco use, 65.2% were non-smokers, smokers and former smokers 12.8 22.0%.
- The arguments of non-smokers, health maintenance and effects prevailed.
- 73.3% of staff surveyed said that do not smoke, 20.6% were smokers and 6.1% occasional smokers.
- 73.3% of staff have passively inhaled tobacco smoke in public places and 35.9% in service.
- Wishing smoking cessation, primary support was from spouse / partner, followed by other family members. Most frequently cited reason for difficulty in quitting smoking was "lack of will" - the proportion of 37.1%.
- Between smoking cessation methods, will most often been told (10.1%), and "none" - 5.5%.
- The main reasons for the renewal of smoking were stress, followed by his entourage and the desire for cigarette smoking.
- The most common health problems that constitute grounds for anxiety, fear the consequences or the risks of smoking were: lung cancer and cardiovascular diseases.

#### REFERENCES

- [ro.wikipedia.org/wiki/Smoking](http://ro.wikipedia.org/wiki/Smoking)
- European Study Program for Alcohol and Drugs (ESPAD), 2004
- WHO Report on the Global Tobacco Epidemic, 2009: Implementing smoke-free environments
- Report of Population Health Status in Romania's National Statistics Institute, 2000
- Press Release Ministry of Health and Family: General statistical data on youth smoking.
- [www.sanatate.org/smoking-ucide.php](http://www.sanatate.org/smoking-ucide.php)
- [www.topsanatate.ro/style-of-life/system-immune/tobacco](http://www.topsanatate.ro/style-of-life/system-immune/tobacco)

8. Ordinance no. 55 of 29/04/1999 to ban advertising of tobacco products in the halls of the show and ban the sale of tobacco products to minors, Published in Official Gazette no. 461 of September 21, 2000

9. Order no. 853 of October 17, 2000: setting text-warning inscriptions and dimensions of the forms of advertising for tobacco products, Published in Official Gazette no. 602 dated: November 24, 2000

10. Law nr.148 of 26 July 2000 on advertising. Published in Official Gazette no. 359 / 2 August 2000

11. Law no. 125 of 2001 published in Official Gazette no. 170 4/4/2001

12. Law no. 349/2002 on preventing and combating the effects of tobacco products (published in Official Gazette no. 435 of June 21, 2002)