

# EFFECTS AND CONSEQUENCES OF TOBACCO USE



Second campaign



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## WHAT DO WE KNOW ABOUT TOBACCO?

Tobacco is a plant of the nicotiana genus, native to South America, of which there are more than fifty different species. Among these, *Nicotina Tabacum* is the one that arouses the most interest.

It is made from the dry leaves of this plant and contains several substances, notably nicotine, which is responsible for generating dependence. Nicotine is one of the most addictive substances, similar to heroin or cocaine, which is why few people can control their consumption by smocking just from time to time.

## WHY DO SO MANY PEOPLE USE TOBACCO?

- Socially accepted substance.
- Associated with celebrations and parties.
- Cheap and accessible.
- Lack of awareness of the negative consequences.
- Group pressure, many people do it.
- A social image associated with adulthood is sought.
- Confers personal attractiveness.



## IS TOBACCO A DRUG?

According to the WHO, a drug is any substance that when introduced into the body produces an alteration in the functioning of the person's central nervous system and can create a physical and/or psychological dependence.

Therefore, tobacco is a drug. Its use is very normalised and cultural. However, it is one of the drugs with the most harmful effects on our physical and mental health. For some years now, Spanish teenagers have been dangerously flirting with electronic cigarettes. It is the latest trend among young people, who feel attracted by flavours such as chocolate, vanilla or mint and do not perceive this consumption as harmful, despite the fact that most electronic cigarettes contain nicotine. According to the 2018 survey on drug use in Secondary Education in Spain (ESTUDES), 48.4% of teenagers (aged 14-18) have tried electronic cigarettes (57% male, 47.7% female). Prevalence ranges from 41.4% at age 14 to 52.4% at age 18. 37.8% have smoked electronic cigarettes in the last year, and 14.9% in the last month.

For Dr Esteve Fernández, this trend is particularly serious because of what it means: "a clear gateway to smoking and a compromise for the "denormalisation" of tobacco achieved after many years of work". This alarms us since it may indicate that it is a gateway to smoking. We have young people who know that tobacco is bad, but not so bad. They get hooked on nicotine and then move on to smoking regular cigarettes.

## AT WHAT AGE DO YOUNG PEOPLE START USING TOBACCO?

Tobacco is the substance that students have their first contact with, with the average age at which they start using tobacco being 14.1 years old. Tobacco is very present in young people's free time and social relationships. 44.4% of girls and 38.2% of boys aged 14-18 have tried tobacco at some point in life. 9.8% of teenagers in this age group smoke daily (9.4% of boys and 10.3% of girls), according to data from the National Plan on Drugs and the Ministry of Health. This figure ranks the country at the top of the EU as the nation where young people start smoking the earliest.



## WHEN AND WHERE DO YOUNG PEOPLE AND TEENAGERS SMOKE?

The use of tobacco takes place mainly during the weekends and in the leisure time of young people, when they also drink alcohol. It is usually after school, in parks. Almost 41% of minors get tobacco by themselves despite the fact that it is illegal, in bars, shops...

## WHAT ARE THE SYMPTOMS OF SMOKING?

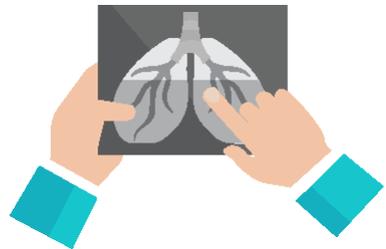
The most significant short-term effects of nicotine are: increased respiratory rate, tachycardia, increased systolic and diastolic blood pressure, peripheral vasoconstriction (which results in coldness and pallor of the skin), and hand tremors. Besides, nicotine facilitates memory and decreases irritability, as well as depressive symptoms.

As for the long-term effects, in addition to being a consistent risk factor for the development of several types of cancer, as well as pulmonary and cardiac diseases, nicotine is associated with an alternation in the sleep and wakefulness rhythms and impaired memory and learning ability. On a psychological level, chronic nicotine use is associated with higher levels of anxiety, stress and depression.

## WHAT HAPPENS TO TEENAGERS WHEN THEY SMOKE REGULARLY?

### Social and psychological consequences

- Decreased appetite: reduced appetite causes many people to start smoking, as well as the fear of gaining weight makes many people reluctant to quit.
- In the short term, smoking has an anti-depressant effect, but in the medium to long term, smokers have higher levels of depressive symptoms in comparison to non-smokers.
- A burning desire for nicotine.



- Anxiety.
- Depression.
- Somnolence o trouble sleeping.
- Bad dreams and nightmares.
- Feelings of tension, restlessness or frustration.
- Difficulty focusing.

### Physical consequences

- Increased bowel activity.
- Increased production of saliva and phlegm.
- Increased heart rate about 10-20 beats per minute.
- Increase blood pressure to 5-10 mm Hg.
- Sweating, nausea and diarrhoea.
- Headache.
- Yellowing of fingers and teeth.
- Bad breath.

### DOES TOBACCO AFFECTS US ALL IN THE SAME WAY?

Tobacco does NOT affect everyone in the same way, but rather depends on personal characteristics such as age, quantity or previous health condition.

### WHAT IS AN ADDICTION? WHEN IS SOMEONE ADDICTED TO TOBACCO?

- **Use:** There are no immediate negative consequences.
- **Abuse:** Regular use with some consequences of moderate severity.
- **Dependence:** Tobacco use is prioritised over all other aspects of the person's life. It affects both at a physical and psychological level.
- **Addiction:** Repetitive habit pattern which increases the risk of disease and/or associated social and personal problems. It is characterised by a loss of control, short-term reinforcement, and long-term negative effects.



Any person who starts using tobacco can become addicted to nicotine. Studies have shown that people who start smoking in their teenage years are more likely to form a habit. The younger the person starts smoking, the more likely they are to become a nicotine-dependent smoker.

The Fagerström test\* helps determine whether or not a person is nicotine-dependent through six questions with a series of answers associated with a numerical rating. Some of the questions of this test are:

- How soon after you wake up do you smoke your first cigarette?
- Do you find it difficult to refrain from smoking in places where it is forbidden (cinema...)?
- Which cigarette do you hate most giving up? (the first one, others...)
- How many cigarettes per day do you smoke?
- Do you smoke more during the first hours after waking than during the rest of the day?
- Do you smoke when you are so ill that you are in bed most of the day?

## WHAT ARE PEOPLE'S REASONS TO START SMOKING?

- For fun and pleasure.
- To feel new emotions.
- To overcome shyness and socialise.
- Low self-esteem.
- Curiosity.
- Family influence.
- Group pressure from friends.
- Personal problems and aches.
- Rebelliousness.
- Boredom.
- Lack of confidence and security.

\*If you are interested in taking the test, you can find it in the educational resources dossier.

## MYTHS ABOUT TOBACCO USE

Nowadays, we know much more about the effects of tobacco than we did before. However, tobacco use is linked to our culture but it is also associated with many myths and false beliefs about the possible benefits of its use. These myths need to be clarified so that we can make decisions that positively affect our health.

Some of the most widespread myths about tobacco in our society are cleared up below:

### **MYTH: Smoking a cigarette is relaxing and relieves stress.**

**FACT:** Tobacco has no relaxing properties since it is a stimulant. The apparent feeling of "relief" we feel when smoking a cigarette is due to the suppression of the withdrawal symptoms produced by the lack of nicotine in the brain.

### **MYTH: Low-nicotine cigarettes are not harmful; they are not carcinogenic.**

**FACT:** Even if cigarettes are low in nicotine and bitumen, they are often smoked in larger quantities or taking deeper puffs, etc. to achieve the same nicotine concentration in the blood, which negates their benefits and makes the risks similar to those of regular cigarettes.

### **MYTH: Tobacco pollutes, but more so cars and factories, so if we can still be victims of environmental pollution, why worry?**

**FACT:** We can't forget that tobacco is present in a third of all diagnosed cancers, a high enough percentage to take its risks into account.

### **MYTH: I do not depend on tobacco, I can quit smoking whenever I want.**

**FACT:** Tobacco dependence is difficult to break, and quitting smoking requires taking it very seriously.

### **MYTH: When you quit smoking, it's very bad, the cure is worse than the disease.**

**FACT:** It is true that at the beginning, when you quit smoking, the nicotine dependence causes discomfort, but it is a temporary feeling. In contrast, the benefits are very obvious and important and appear within few days of quitting.



**MYTH: If you quit smoking, you will always gain weight.**

**FACT:** This belief is a barrier when trying to quit smoking, especially among women. The explanatory mechanism for this weight gain is unknown, although studies suggest these explanations: 1) Smokers weight, on average, 4 kg more than non-smokers, so this weight gain is explained by regaining this extra weight. 2) Nicotine is a stimulating substance, so its elimination would reduce the person's basal metabolism. 3) The withdrawal syndrome after nicotine withdrawal is characterised, among other symptoms, by an increased appetite. However, it should be noted that, on average, smokers gain 3-5 kg after one year of quitting, and that the benefits of giving up smoking are considerably greater than the harms of gaining 3-5 kg.

**MYTH: It is almost impossible to quit smoking.**

**FACT:** Quitting smoking has its difficulties, as with any other addiction, but it is possible. Currently, there is a wide range of pharmacological and psychological treatments that help quit smoking.

**MYTH: Rolling tobacco is more natural, less harmful; you smoke less and it is easier to quit.**

**FACT:** All of this is false. Even if you roll your own, it contains the same or more toxic substances than traditional cigarettes. Some studies have found higher levels of exhaled carbon monoxide in smokers of rolling tobacco, possibly related to the frequency and intensity of puffing.

**MYTH: I know very old people who smoke a lot and they are doing really well.**

**FACT:** Smoking is a risk factor, that is, it increases the probability of suffering health problems, including a reduction in the life expectancy by about 20 years. Moreover, not only do smokers live less compared to non-smokers, but they also have a poorer quality of life.

**MYTH: There are many things worse than tobacco.**

**FACT:** Tobacco is the first cause of preventable death in industrialised countries (approximately one in two smokers die from tobacco-related diseases. In the world, according to the latest information from the WHO, 8 million people die annually from tobacco (both directly and indirectly). In Spain, nearly 70.000 smokers die annually.

**MYTH: Light smoking in a pregnant woman does not harm the foetus. That is better than having anxiety.**

**FACT:** All research indicates that smoking has harmful effects, not only on the mother, but also on the foetus. Smoking has been linked to an increased likelihood of ectopic pregnancy, miscarriage, placental abruption, premature birth, perinatal death, low birth weight (200-300 grams), and sudden infant death syndrome, among others. There are no published studies indicating that the anxiety associated with the withdrawal syndrome of quitting smoking is harmful to the foetus.

**MYTH: Blond tobacco is not as bad as dark tobacco.**

**FACT:** The difference between blond and dark tobacco lies both in their origin and the treatment of the plant (blond tobacco is dried, and dark is dried and fermented). This results in different acidity levels; blond tobacco is more acidic (pH <6) and dark tobacco is more alkaline (pH >7). But there is no difference in toxicity between them.

**MYTH: I smoke because I like it.**

**FACT:** In most cases, the person who smokes has a nicotine dependence, either physical (a need to maintain nicotine levels in the blood) or psychological (association of smoking with conditioned stimuli). About 70-80% of smokers say they want to quit, but only a small percentage succeed. This indicates that people do not smoke because they like it, but because they have a nicotine dependence.





This material has been produced by the Don Bosco Confederation, as part of the 0,0 Passport program within the framework of Health Education, in collaboration with Gema Aonso Diego, graduated in Psychology and master's degree in General Health Psychology from the University of Oviedo, a master's degree in smoking from the University of Cantabria, and currently a doctoral student in the treatment of smoking in people undergoing treatment for other substances.

It has been created as a guiding resource and is therefore open to the contributions and experience of the social agents who are going to use it. We hope the information and dynamics offered are useful to you in your preventive work. We would also like to thank and praise the work and dedication of the young volunteers as promoters of healthy lifestyles.



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