

DO WE NEED NATIONAL GUIDELINES FOR SMOKING CESSATION?

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Each year on May 31st, the *World No Tobacco Day* reminds us of the hazards of tobacco smoking and the importance of smoking cessation. In Saudi Arabia, many anti-smoking clinics are initiated. Although recent research has proven that there is a positive attitude towards the use of guidelines in general practice,¹ no national guidelines for smoking cessation have been developed in Saudi Arabia to date. So, the question that arises is whether we need such guidelines.

The need for guidelines is determined for a given condition based on several factors, including prevalence, related morbidity and mortality, economic burden imposed by the condition, variation in clinical practice related to the condition, availability of methods for improvement of care, and availability of data on which to base recommendations for care.²⁻⁴

Tobacco use has been cited as one of the major avoidable causes of illness and death in the society. Smoking is a known cause of cancer, heart disease, stroke, and chronic obstructive pulmonary disease.⁵ Tobacco use is surprisingly prevalent, given the health dangers it presents and the public's awareness of those dangers. A national cross-sectional survey on smoking was carried out recently by Jarallah et al., which showed that the overall prevalence of smoking in Saudi Arabia was 21.1% for adult males and 0.9% for females. Tobacco use is an important public health issue in Saudi Arabia not only for adults but also for adolescents, as it has been estimated that 15%-30% of Saudi adolescents smoke.⁷⁻⁹ Moreover, the prevalence of smoking among adolescents appears to be rising, with more children and adolescents becoming regular users of tobacco each day. This implies that a new generation will be addicted to nicotine and at risk for the host of harmful consequences of tobacco use. Tobacco use is not only dangerous to individuals, but yields staggering societal costs as well.¹⁰ The annual medical cost of smoking in the US is approximately 6%-8% of American personal health expenditures, which is estimated at more than \$90 billion per year.^{11,12}

Annual adult per capita cigarette consumption appears to have risen significantly in Saudi Arabia since the early 1970s (when it was ranked 52nd in the world), rising to an average of over 2100 in early 1990s (when it was ranked 23rd in the world). Saudi Arabia (now ranked 8th in the world in terms of consumption) currently imports 20,000 million cigarettes per year, which costs \$351.8 million (ranked 10th in the world in terms of expenditure on cigarettes).¹³ This indicates that expenditures on tobacco

imports are a significant burden on economic development. Although the prevalence of smoking has been known for many years,¹⁴ the human cost to Saudi Arabia of its high rate of tobacco consumption has not been calculated, but is bound to be high.¹⁵

Smoking cessation practices in the PHC centers have been inconsistent in providing advice and counseling against smoking,¹⁶ and are characterized by the use of different and sometimes ineffective methods for smoking cessation, such as the use of acupuncture.¹⁷ Despite the availability of effective methods that help smokers to quit the habit, such as nicotine replacement therapy (nicotine patch, gum, nasal spray, and inhaler), with an efficacy of more than 20% at 6 months, or non-nicotine drugs such as Bupropion-SR, with an efficacy of 27% at 6 months,¹⁸⁻²⁰ physicians and other health care personnel often fail to assess and treat tobacco use consistently and effectively.^{16,21} To the best of the author's knowledge, there have not been any previous studies in Saudi Arabia which address the level of awareness and practices of physicians regarding tobacco use.

Some physicians question the effectiveness of their role in smoking cessation clinics, although they know that tobacco use is a serious health problem. Significant barriers exist that interfere with clinicians' assessment and treatment of smokers. Many clinicians lack basic knowledge on how to identify smokers quickly and easily, which treatments are efficacious, how such treatments can be delivered, and the relative efficacy of different treatment modalities.²² Clinicians may fail to intervene because they are unaware of the availability of effective treatment methods that are ideal for the clinical settings, or because of inadequate clinic or institutional support for routine assessment and treatment of tobacco use.^{2,23}

The limited evidence that exists on the delivery of cessation help throughout the primary health care system suggests that smoking cessation has not yet been integrated into routine primary health care in Saudi Arabia, and that there is no national strategy or consensus on what should be done and how it is to be done. This would suggest the need for national guidelines for smoking cessation. Such guidelines could be developed and adopted by a national scientific committee from different sectors of the Ministry of Health. These guidelines should be based on available evidence from scientific research and experiences, and should take into consideration local circumstances and cultural issues.

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