Identifying the magnitude of the problem is the first step

There is an aphorism in clinical trials: 'if it is not documented it did not happen'. In clinical practice this translates into 'if you don't know about a problem there is nothing you can do about it'. In this edition of the *SARJ*, Adeniyi *et al.*[1] report on a secondary analysis of the Global Adult Tobacco Survey data regarding smoking in Nigeria. In this small sample of adult smokers, some important issues were identified. Smoking, as expected in a developing country, showed a male predominance and, given the high rural sample smoking rates, were low (<5%). What came out clearly in this analysis, was the low awareness of the harms of smoking; for example, only one-third of participants knew that smoking could cause mouth, bladder or stomach cancer. Another striking finding was that only 48% of rural dwellers knew that smoking caused lung cancer compared with 71.6% of urban dwellers.

In a country like South Africa (SA), we would assume that all smokers would know about the harms of smoking, given the extensive anti-smoking campaigns and basic health education provided at schools. The challenge is thus not one of educating about the risks, but of emphasising the benefits of quitting using the standard 5A's approach as outlined in the SA Thoracic Society's smoking cessation guidelines.[2] The other key consideration in SA is the wide variance in smoking rates across the country. The recent SA Demographic and Health Survey 2016[3] reported overall smoking prevalence rates of 6% and 37% for women and men, respectively. In the Western Cape, however, 25% of women and 43% of men smoke compared with Limpopo Province, where only 1.3% of women and 26% of men smoke. Thus, if a targeted smoking cessation intervention were to be planned, the highest potential returns would be in the Western Cape rather than Limpopo.

In Nigeria, it would appear that a large amount of basic tobacco education is required to first inform smokers of the health risks of tobacco smoking before any attempts at a smoking cessation intervention should be undertaken. Remarkably, this is not unique to Nigeria, as in a country such as China, although 73% knew smoking caused lung cancer, only 20% knew smoking could cause stroke.[4] The path to successfully giving up smoking always starts with the knowledge that it is bad for you. The chemical 'grip' of the nicotine addiction, which is accompanied by withdrawal symptoms on smoking cessation, frequently requires a mental fight and a firm resolution to put the benefits of quitting ahead of the relief a 'quick puff' would bring.

The first step towards tackling a major modifiable risk factor like smoking is to quantify the prevalence of and contributing factors to ongoing smoking. Subsequently, a targeted, locally appropriate approach to cessation is required. A tailored strategy that is cognisant of the socioeconomic demographics, level of education and basic awareness/acceptance of the harms of smoking is essential if we wish to have the greatest impact in any given community. Understanding the scale of smoking habits and attitudes of smokers is not a guarantee for success, but not knowing is highly likely to result in failed or misguided interventions, however well-meaning they may be.

Richard van Zyl-Smit

Head: Lung Clinical Research Unit, University of Cape Town Lung Institute, Division of Pulmonology and Department of Medicine, University of Cape Town and Groote Schuur Hospital, Cape Town, South Africa

richard.vanzyl-smit@uct.ac.za

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