

Nicotine Addiction – Key Notes

Type of users	25% of the population use cigarettes, a figure that has remained roughly stable since 1992, with a slight increase of men over women (26% vs 23%)
Forms of the drug	Cigarettes Cigars Snuff Snus
Street Names	Fags, baccy
Purity	100%
Cutting agents	Nil
Legal status	Legal
Modes of taking	Smoke, inhale (snuff)
Patterns of use	Daily frequent use is the norm, often in a routine fashion Occasionally, a cigarette now and then.

Effects of the drug

Acute – wanted

Pleasure
Relief of “nerves”, anxiety
(though this may be misinterpreted, as really being relief of withdrawal symptoms)
'Cool' image
Appetite reduction

Acute – unwanted

Coughing, phlegm
Social pariah status (among some)

Chronic – wanted

Weight loss
Reduced risk of Parkinson's disease
Reduced risk of ulcerative colitis
Reduced risk of Alzheimer's disease (evidence equivocal, as other evidence suggests that the risk may be increased)
Reduced risk for melanoma in situ and intraocular malignant melanoma

Chronic – unwanted

Many illnesses are attributed to smoking – see Table below
High premature death rate in smokers

Clinical presentations	Occasional use Intoxication (F17.0) Harmful use (F17.1) Dependent use (F17.2)
Natural history	Typically start of smoking between ages of 13 and 18-9. Starting smoking younger than this is (clinically) a malignant sign People occasionally start smoking after age 20, though this is rare. Most users (80%) are physically dependent on nicotine within 2 years of starting If can give up by age of 35, then risk of early death goes close to normal Otherwise, chronic use, leading to premature death is common. Deaths occur in significant numbers around mid-50s. Smoking causes 100,000 deaths a year and causes around 1 in 6 deaths in the UK
Modes of presentation	Routine inquiry by a health professional <ul style="list-style-type: none">• Ask• Advise• Assess• Assist• Arrange Presentation to family doctor or health professional <ul style="list-style-type: none">• Consultation about tobacco use• Diagnosis of another medical condition associated with smoking• Concern expressed by another family member or friend Presentation at A&E department / general hospital Referral by employer or from occupational health service

Assessment

Clinical diagnosis

- History
longitudinal history of use and cross-sectional history (typical smoking day, history of use over last week),
time to first cigarette
withdrawal phenomena
- Examination
Nicotine stained fingers, rough skin, eye difficulties, smoker's cough, sniffles
All physical systems for evidence of smoking-related disease
- Rating scales
Fagerstrom
- Investigations
Carbon monoxide levels, cotinine levels (breath, blood, saliva, urine)

Complications from drug use

- Physical
All bodily systems
- Psychological
Anxiety, depression, low self-esteem, suicidal ideation, sense of social exclusion
- Social
debt, finances, benefits, housing, occupation

Motivational state

- motivated to continue using, ambivalent, motivated to cease use

Treatment options

Self-help

- Nicotine Anonymous (starting up in the UK)

Those continuing to use

Detection wherever possible

Education

Motivational interviewing

Nicotine replacement therapy

Those wishing to stop

Detoxification group therapy

Hypnosis

Acupuncture

Those wishing to remain abstinent

Post-detoxification pharmacotherapy

- Bupropion
- Varenicline

Relapse prevention therapy

Public Health aspects of treatment

Anti-smoking advertising campaign

Encouragement of all healthcare and other care professionals to enquire of smoking status at all contacts and advise cessation

Widespread availability of primary care smoking cessation services and free antismoking medications

Smoking is one of the major causes of dying early		
<p><i>Heart disease</i> High blood pressure Stroke Angina Heart attack Cor pulmonale Aortic aneurysm Arteriosclerosis Peripheral vascular disease</p>	<p><i>Urinary tract</i> Kidney cancer Bladder cancer Prostate cancer</p>	<p><i>Skin</i> Skin aging Hair aging Pressure ulcers Impaired wound healing Palmar erythema Psoriasis Lupus flares Acne inverse Tobacco urticaria</p>
<p><i>Chest</i> Aggravation of asthma Acute bronchitis Emphysema / COAD Chronic Bronchitis Lung cancer Tobacco specific IgE ?varicella pneumonia ?risk of TB transmission intrafamiliarly</p>	<p><i>Genital tract</i> Impersonal sexual activity Erectile impotence</p> <p>Dysmenorrhoea Infertility Decline in post-menopausal sex life Cervical cancer</p>	<p><i>Musculoskeletal</i> Lumbar disc herniation</p>
<p><i>Mouth</i> Teeth staining Gum disease Bad breath Leukoplakia Mouth cancer, pharynx, larynx, oesophagus</p>	<p><i>Obstetric</i> Miscarriage Foetal malformation, esp cleft lip and palate Intrauterine growth retardation (small for dates babies) Stillbirth Death of newborn Reduced quality of breast milk</p>	<p><i>Miscellaneous</i> Tobacco amblyopia</p> <p>Sinusitis</p> <p>Polycythaemia Carboxyhaemoglobin</p> <p>Low prolactin</p>
<p><i>Gut</i> Stomach ulcer Stomach cancer Pancreatic cancer</p>	<p><i>Paediatrics (parental smoking)</i> SIDS Excessive crying Infantile colic Acute bronchiolitis and respiratory infections Childhood asthma</p>	<p><i>Social</i> Risk of setting fire to clothing, bed linen</p> <p>Work</p> <ul style="list-style-type: none"> • Increased days lost from work • Increased 'bed' days • Increased days of restricted activity

Table: Some Disorders associated with Smoking