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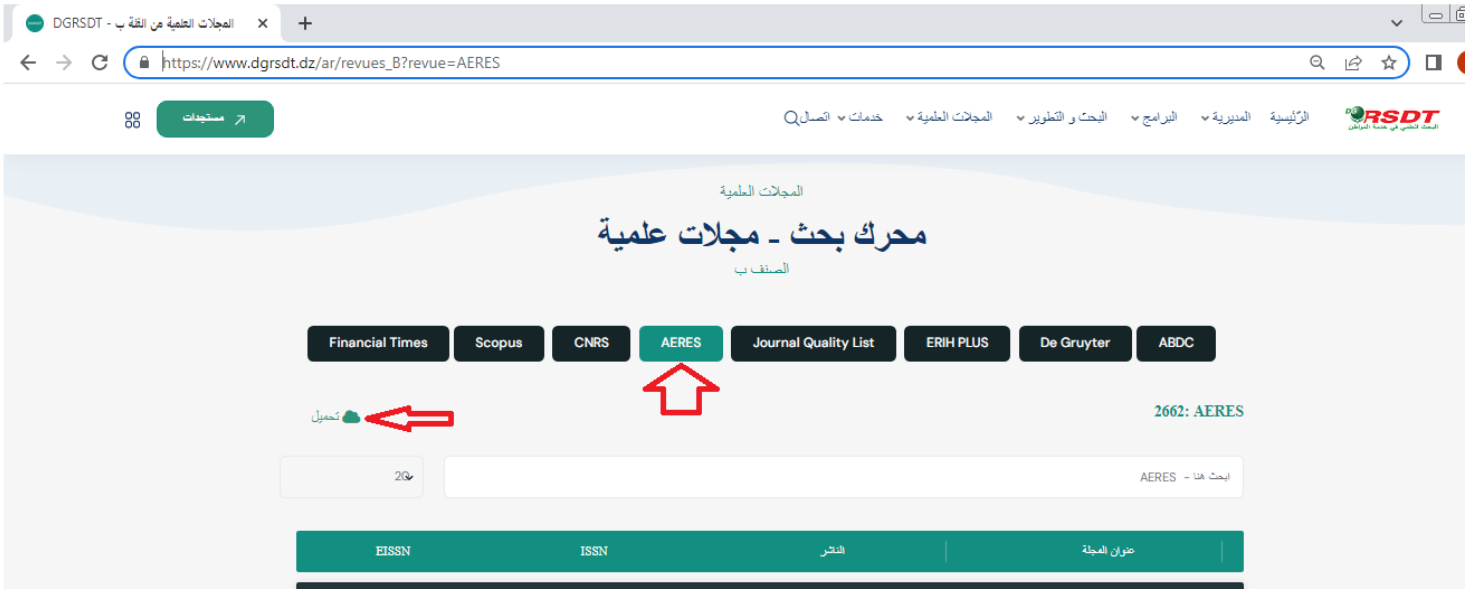

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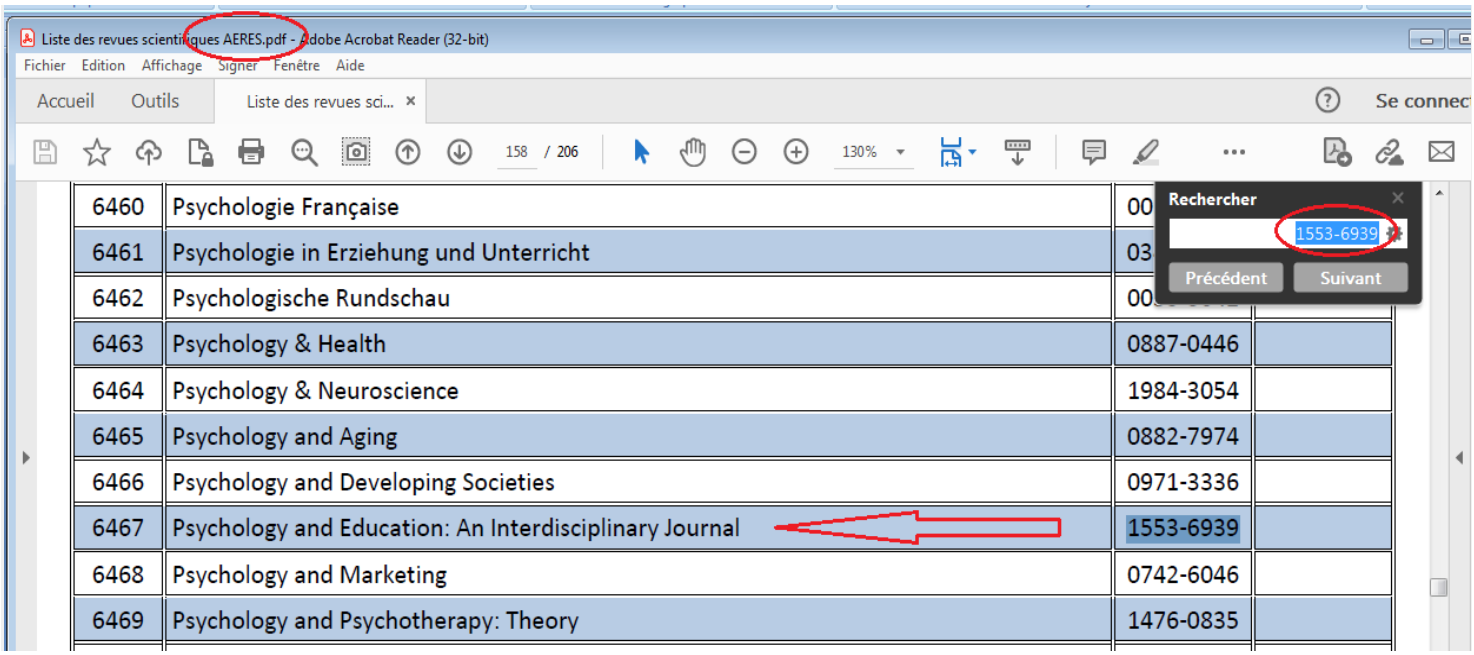

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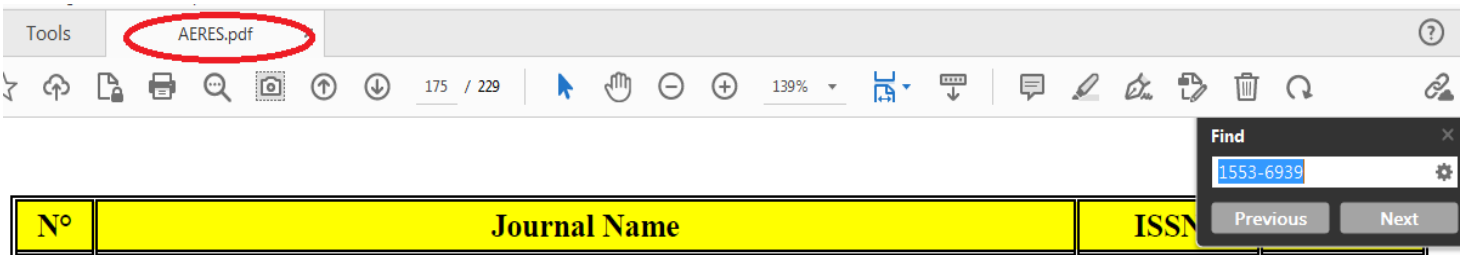

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Authored by:

PHD. Salima Acherouf Kebir

University of Bouira (Algeria), E-mail: s.achroufkebir@univ-bouira.dz

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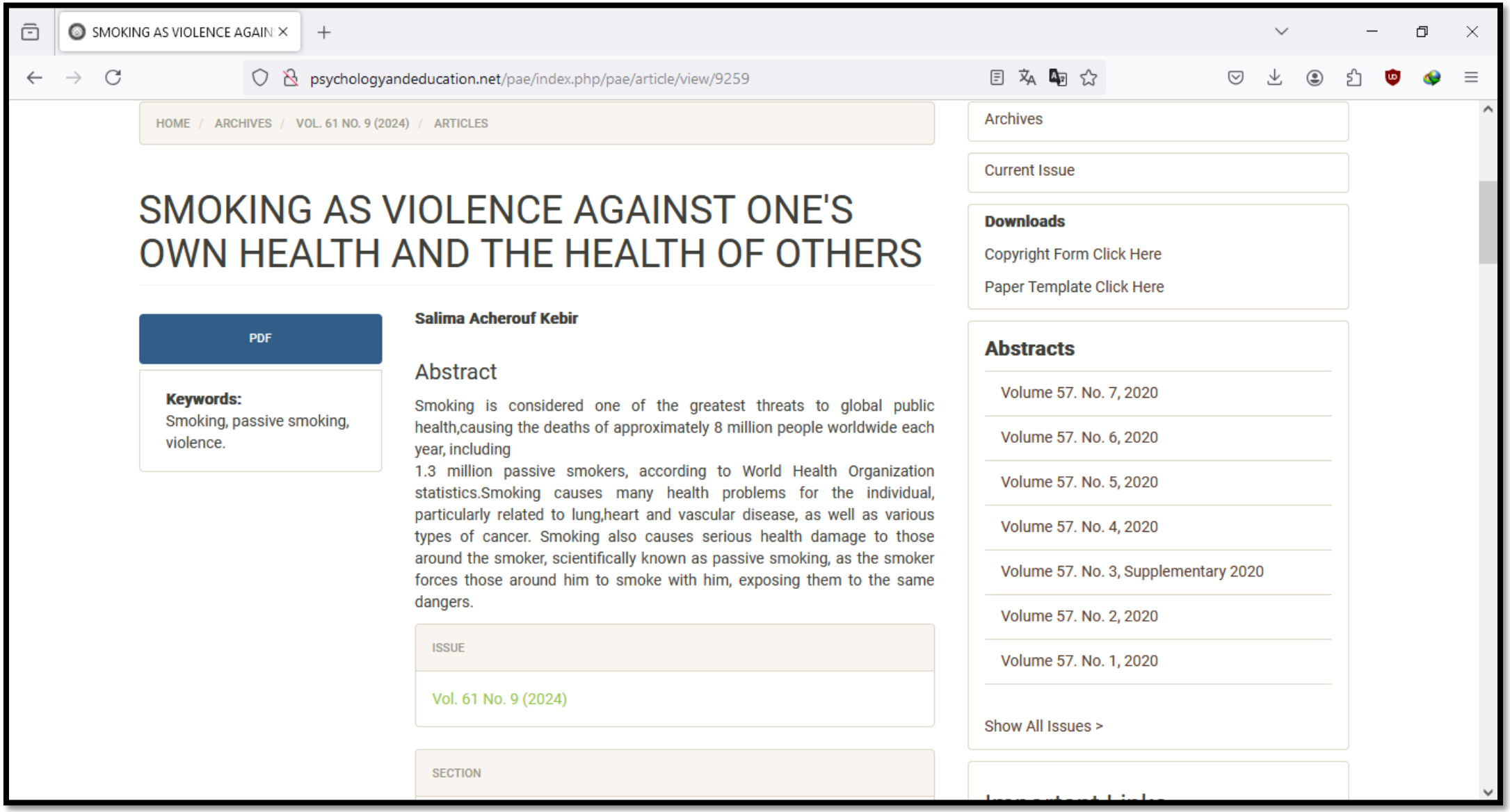

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SMOKING AS VIOLENCE AGAINST ONE'S OWN HEALTH AND THE HEALTH OF OTHERS

PHD. Salima Acherouf Kebir

University of Bouira (Algeria), E-mail: s.achroufkebir@univ-bouira.dz

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Abstract:

Smoking is considered one of the greatest threats to global public health, causing the deaths of approximately 8 million people worldwide each year, including 1.3 million passive smokers, according to World Health Organization statistics. Smoking causes many health problems for the individual, particularly related to lung, heart and vascular disease, as well as various types of cancer. Smoking also causes serious health damage to those around the smoker, scientifically known as passive smoking, as the smoker forces those around him to smoke with him, exposing them to the same dangers.

The great dangers that smoking poses to the health of the individual and those around them have led us to consider smoking as a form of violence against one's own health and the health of others. This is because the concept of smoking is very similar to the concept of violence in terms of the existence of two types of victims (the self and others) in both concepts, as well as the physical and psychological damage that can lead to death. Through this article, we will try to prove that smoking is a hidden violence that the smoker perpetrates on himself and on others.

Keywords: Smoking, passive smoking, violence.

Introduction:

Smoking, in its broadest sense, is defined as the use of tobacco. Tobacco is a plant that contains the substance nicotine, and the latter is the essential substance in tobacco, representing 90 to 95% of its composition. Nicotine reaches the brain within 9 to 19 seconds and is distributed throughout the body at a very high rate. (Abrons et al, 2004)

According to the Regional Office for the Eastern Mediterranean (2005), nicotine is a chemically addictive substance.

Nicotine is rapidly absorbed into the blood and stimulates the production of dopamine. As the level of nicotine in the blood decreases, a feeling of deprivation develops, creating a pressure that can only be relieved by satisfying this need. When this deprivation is satisfied, it produces a feeling of relaxation. (Wainer, 2001)

According to the World Health Organization (2023), tobacco products include shisha tobacco, cigars, heated tobacco products, special tobacco rolls, pipes, bidis and kreteks, and smokeless tobacco. Cigarette smoking is the most common form of tobacco use worldwide.

Tobacco addiction is extremely dangerous and has a devastating impact on personal health and the health of others. According to the World Health Organization (WHO), it is one of the greatest threats to public health, killing 8 million people worldwide each year, including 1.3 million passive smokers. The number of smokers worldwide is 1.3 billion. Smoking harms not only the smoker, but also those around him or her who become passive smokers.

Passive smoking refers to exposure to the smoke produced by the burning of tobacco, which is the smoke exhaled by a smoker (smoker's exhalation) and comes directly from the cigarette. This smoke contains carbon monoxide and tar, as well as many other carcinogenic substances, which can reach similar or higher concentrations in enclosed spaces than the smoke inhaled by the smoker (known as primary smoke). (Thomas, 2016)

Smoking is considered a major cause of disability due to the effects it causes, including chronic respiratory failure and heart failure. (Grall, 2012)

The World Health Organization's (2006) guide to tobacco control states that smoking is the leading cause of death, with smoking-related heart disease, lung disease and cancer accounting for the majority of deaths and chronic disability. Many studies have conclusively shown that smokers are more susceptible to various diseases. The World Health Organization (2024) also states that secondhand smoke causes 600,000 premature deaths each year, the majority of which are women (64%).

The serious damage that smoking causes to one's own health and the health of others has led us to characterise smoking as a form of unintentional violence against oneself and others. To demonstrate the validity of this characterisation, this article will attempt to present some arguments and evidence to support it, based on the World Health Organization's definition of violence.

The World Health Organization (WHO) (2024) defines violence as a health problem that occurs as a result of the intentional use of physical force or power, whether threatened or actual, against oneself, another person, or a group or community, that results in, or has a high likelihood of resulting in, injury, death, psychological harm, developmental delay, or deprivation.

Looking closely at this definition, it becomes clear that violence has effects on the self and on others, i.e. it has the same characteristic as smoking in the sense that it harms both the self and others. In other words, there are two victims: the self and the other. Violence has serious consequences that can even lead to death. Psychological damage, deprivation and developmental problems. The same is true of smoking, which causes numerous psychological and physical damages.

We will attempt to demonstrate the validity of our hypothesis that smoking is a form of violence against one's own health and the health of others.

1- Smoking as violence against oneself:

Accurate medical research has shown that the effects of nicotine reach the brain within 7 to 10 seconds of lighting a cigarette, an extremely high speed, twice the speed at which drugs reach the brain and three times the speed at which the effects of alcohol reach the brain. (Majid Mahmoud, 2009)

The World Health Organization's (2006) anti-smoking guide also points out that smoking causes many diseases, the most important of which are

- Lung-related: such as lung cancer, bronchitis, asthma, respiratory infections.

- Heart-related: such as coronary heart disease, angina, heart attacks.

- Various types of cancer: such as cancer of the larynx, oesophagus, mouth, bladder, stomach, pancreas and brain.

A study published in The Lancet (2003) showed that in India, smoking causes half of all tuberculosis deaths in men, and that smoking increases the risk of developing tuberculosis, which can lead to infection of others.

The harms of smoking are more severe in women than in men, including osteoporosis, reduced fertility, recurrent miscarriages and exposure of pregnant women to the risk of haemorrhage.

Smoking reduces natural fertility, which disrupts pregnancy, and this disruption is related to the number of cigarettes smoked. Smoking also contributes to an earlier onset of menopause in smokers by about two years compared with non-smokers. Smoking also affects ovarian reserve through its toxic effects.

(Wainer 2001)

As many researchers point out, for every two smokers who continue to use tobacco throughout their lives, one will die of a disease related to that use. Smoking is a major risk factor for developing chronic bronchitis and pulmonary arterial hypertension. Smoking also interferes with many medications, affecting their efficacy, such as beta-blockers (B. Blockers), antipsychotics (neuroleptics), benzodiazepines and theophylline (Perriot; Kuchcik; Merson, 2015).

In the same context, many researchers have tried to establish a link between the psychological aspect and smoking. Ketter, Roelandt and Chevreul (2022) indicate that the smoking rate among people with mental disorders is 3 to 5 times higher than in the general population. Bouvet (2007) also suggests that people with mental disorders smoke more than the general population and that 22% of smokers have a mental disorder compared to 12% of non-smokers.

In a guide to smoking and mental health by Bonnet et al (2020), it was noted that smoking rates are high in some mental disorders and are associated with the severity of the disorder. People with anxiety disorders have more severe withdrawal

symptoms, as smoking gives them a temporary sense of relief, but in the long run it increases their anxiety levels. There is also a strong link between smoking and depression, especially in women, and smoking contributes to the severity of bipolar disorder. Smoking is common among people with social phobia, agoraphobia, panic disorder and post-traumatic stress disorder, but less so among people with obsessive-compulsive disorder.

Smoking rates are also greatly increased in people with psychotic disorders, with smoking prevalence ranging from 64-93% in people with schizophrenia. This population also has higher rates of smoking-related mortality. They also have higher levels of nicotine than other smokers, so their success in quitting is about half that of the general population.

Khazaal, Cornuz and Zullino (2004) have suggested that mental illness may lead to smoking, as longitudinal studies have attempted to explain this relationship by finding that adolescents and young adults suffering from social anxiety are more prone to nicotine dependence. Conversely, smoking can also lead to mental health disorders, as several studies have shown that smoking during adolescence is a risk factor for later development of panic attacks. Smokers with panic disorder have more severe symptoms of anxiety and social impairment than non-smokers with panic disorder. This is because nicotine releases large amounts of adrenaline and noradrenaline and increases heart rate and blood pressure, which can trigger panic attacks. Some data have also suggested that Manhattan residents who increased their smoking rates after the events of 11 September 2001 were at greater risk of developing post-traumatic stress disorder.

2- Second hand smoke as violence against others:

The World Cancer Research Fund (2002) classified passive smoking as a carcinogenic agent. In addition, numerous studies have shown that the risk ratio for coronary heart disease is the same for active and passive smokers.

(Dubois; Cornuz, 2006).

When discussing the harm caused by smoking to others, it is important to note that the victims come from different age groups, both young and old, and even the foetus, in all settings: home, school and workplace.

Many studies have shown that the child can be exposed to ETS in two stages: the foetal stage and the postnatal stage. In the fetal stage, smoking can cause intrauterine growth retardation, fetal malformations and even fetal death.

Several studies, including a study by Wesselink et al (2018), have demonstrated the effects of smoking on female fertility. This study found that a woman who smokes or is exposed to her mother's secondhand smoke at a rate of 10 cigarettes per day experiences a significant decrease in her fertility level. (Joussearn, 2019)

Regarding the postnatal period, the World Health Organization (2006) indicates that children are particularly at risk from adult smoking, with childhood exposure to ETS being associated with cardiovascular disease and behavioural and neurological problems in later life.

In this context, and regarding the serious effects of passive smoking, a study conducted by Takeshi Hirayama and published in 1981 on lung cancer in non-smoking Japanese women married to smokers showed that they had an increased risk of dying from lung cancer. Since then, 40 studies have confirmed the link. Research has also shown that passive smoking leads to many deadly diseases, such as heart disease and stroke. (WHO, 2006)

For all of these risks, whether for children or spouses, we see that the primary source is the home. In other words, the family. This is completely at odds with the important and fundamental role that the family plays in the psychological and physical care of its members. Parents who smoke are unwittingly transformed from people who care for the health of their children into people who threaten the health of their children and spouses.

In addition to the dangers posed by passive smoking in the home, these dangers can extend outside the home, including into the workplace, where the International

Labour Organisation has identified smoking as one of the main risks to workers' health and safety. ETS is also a risk that threatens people in all public places and communal areas.

From the above, it can be seen that the smoker poses a significant risk to himself/herself due to the serious and dangerous physical and mental health consequences, up to and including death, as well as the risk of developing serious diseases, mainly related to cardiovascular diseases and certain types of cancer, especially lung cancer. The smoker is also a mobile risk at home, at work and in public places, affecting all groups - children and adults - and exposing them to the same risks of death and serious illness. Smokers force those around them to smoke with them, exposing them involuntarily to the risk.

We can therefore say that smoking has all the characteristics of violence, since it is directed against two victims - the self and the other - and against all groups: children, adults, and in all places: the home and public spaces.

3- Preventing the harms of smoking:

In the face of the many dangers and devastating effects of smoking, some public authorities, including those in North America, have attempted to curb this dangerous scourge by adopting the concept of "denormalisation". This refers to making something abnormal, and refers to a preventive approach that can make smoking an abnormal behaviour, since smoking is a habit. Some norms, such as "everyone smokes", encourage smoking behaviour. Denormalisation takes place through the media, regulation and the attribution of responsibility. This policy, pursued in the 1990s, achieved a reduction in smoking rates by encouraging smokers who wished to maintain or strengthen their social integration to quit smoking in order to rid themselves of their "polluted identity". However, this policy has lost control over marginalised groups, especially in underprivileged environments, because social integration in these circles does not depend on respecting prevailing norms, but rather on distancing oneself from them. For them, smoking is a means of rejoining a society

that marginalises them, so their addiction to smoking is not only physical or psychological, but also social.

In the same context, Peretti-Watel and Constance (2009) point out that in Australia, anti-smoking prevention campaigns have succeeded in demonising smokers by describing them as addicts who lack willpower, polluters of the air and selfish individuals who poison those around them through secondhand smoke.

It is noteworthy, according to these two researchers, that these campaigns were more successful among the affluent classes and those with academic degrees, while they did not succeed among the deprived and marginalised classes.

In the same context, many countries have adopted some laws restricting smoking in public places, but these are limited to a specific type of these places and are not strictly applied. However, few countries have completely banned smoking in public and private places where the general public or workers are present. In Europe, Ireland was the first country to ban smoking in public places and Norway is known for its strict anti-smoking policy. Italy has had a law banning smoking in schools, hospitals and cinemas since 1975. In 2005, it passed another law extending the ban to all public places and all workplaces. Several other countries followed suit in 2007, including Belgium, Denmark, Finland, Iceland, the United Kingdom, the United States and New Zealand (Mandin; Dautzenberg, 2007). In Tunisia, Decree No. 98-2248 bans smoking in many public places, such as schools, health facilities, religious institutions and government buildings (Ministry of Health of Tunisia, 2021).

In 2007, the World Health Organization launched a programme to combat the scourge of smoking, called the MPOWER programme, which consists of the following elements:

M: Monitor tobacco use and tobacco control policies.

P: Protect people from tobacco smoke.

O: Offer help to people who want to stop using tobacco.

W: Warn about the dangers of smoking.

E: Enforce bans on tobacco advertising, promotion and sponsorship.

R: Increase taxes on tobacco.

Conclusion:

Smoking is a form of violence perpetrated by the smoker against himself and others, in the sense of harming himself and forcing others, even involuntarily, to take great and deadly risks from passive smoking. Smoking is a serious scourge that threatens all countries, rich and poor, and according to the World Health Organisation, smoking constitutes a global pandemic because of the serious damage it causes to the health of the smoker and those around him or her.

When we speak of a pandemic, it is necessary to declare a state of emergency, which imposes a state of maximum preparedness and requires the coordination of all efforts, whether through laws and policies adopted by countries in consultation with the World Health Organization, or through social institutions, including the family, schools, the media and religious institutions. The most important thing is to consider the smoker as a person in need of care and assistance to free him or her from this dangerous scourge that threatens his or her life and the lives of others.

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