

# *Health Problems Related to Tobacco in The Population of Pristina*

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**Abstract – Purpose:** This study aims to investigate the health problems associated with tobacco consumption among the population of Prishtina, focusing on understanding the prevalence of tobacco addiction among its residents.

**Methodology:** The research was conducted using an online questionnaire, which provided various results. A total of 80 participants completed the survey. The questionnaire included demographic questions (gender and age) and explored several key areas: whether participants are tobacco users, the age at which they started smoking, their reasons for smoking, the tobacco use of family members, their perception of tobacco's harmful effects on health, awareness of the negative effects of tobacco, history as a former smoker, and intentions to quit smoking.

**Results:** The findings revealed that 61% of respondents were female, while 39% were male. In terms of age distribution, 71% of participants were aged 15-25 years, 19% were 26-35 years, 1% were 36-45 years, 5% were 46-55 years, 3% were 56-65 years, and 1% were over 65 years. Fortunately, 63% of respondents were non-smokers, 20% were current smokers, and 17% reported occasional use.

**Conclusions:** The results indicate that a significant majority of individuals have awareness of tobacco-related health issues, and it is encouraging to note that a substantial percentage of the population does not engage in tobacco consumption.

**Recommendations:** To further reduce tobacco use, it is recommended to implement educational programs aimed at raising awareness about the health risks of smoking, promote smoking cessation initiatives, and encourage open discussions about tobacco use within families and communities.

**Keywords – Tobacco, Health, Age, Economy, Family, Consequences.**

## I. INTRODUCTION

Tobacco use is the leading cause of premature death. In most cases, tobacco consumption begins as a result of depression, anxiety, and various other life issues, with many individuals believing that they can find relief from these problems through tobacco. According to studies, the majority of people start smoking before the age of 18, with approximately one-quarter beginning before the age of 10. The younger individuals are when they first try cigarettes, the higher the likelihood that they will become regular smokers in the future.

It is a well-known fact that the life expectancy of smokers is ten years shorter than that of non-smokers, and half of tobacco users will lose 20 years of healthy life before dying from a tobacco-related disease. Medically, tobacco consumption is defined as tobacco addiction or nicotine dependence. By smoking, individuals not only introduce nicotine into their bodies but also expose themselves to a large number of serious diseases, many of which are fatal, caused by the toxins found in tobacco.

People who smoke can quickly become addicted to nicotine and experience physical and emotional withdrawal symptoms when they stop smoking. These symptoms include nervousness, headaches, and sleep disturbances. However, the true sign of addiction

is that people continue to smoke despite knowing that smoking is harmful to them, negatively impacting their lives, health, and families in unhealthy ways.

WHO data indicate an increase in tobacco consumption in Kosovo. Considering the average age in Kosovo, this rise in the prevalence of psychoactive substance use is alarming and poses long-term consequences for the physical and health well-being of the population.

Numerous studies have shown that one of the influential factors in smoking is family. Despite the advice they offer against the use of psychoactive substances, especially tobacco, the tradition of smoking is passed down. The tendency to smoke is greater among individuals whose family members smoke regularly.

## II. LITERATURE REVIEW

The main countries that cultivate and consume tobacco are China, the USA, India, and Brazil. Women who smoke in Bangladesh believe that tobacco consumption helps them concentrate more on their work. Although laws have changed to prohibit the use of tobacco in dental care products, some companies still use tobacco as an ingredient in toothpaste or powder without listing it on the packaging. Tobacco was initially used by Americans for medicinal purposes, serving as a remedy for pain relief, toothaches, and wound healing.

Smoking quickly became common among European soldiers and sailors, but this does not mean that cigarettes were not smoked in Europe or Asia before the discovery of tobacco in America. Tobacco was also used for its healing properties, mixed with ash, or used as chewing gum. Many people live with poor health due to tobacco consumption. The Centers for Disease Control and Prevention (CDC) lead efforts in the country to reduce deaths and prevent chronic diseases resulting from tobacco use.

Even today, despite all the progress made in recent decades, tobacco consumption remains the single largest cause of preventable diseases and deaths. Doctors should follow a diagnosis for individuals exposed to cigarette smoke and who have a family history of antitrypsin deficiency. In the 1950s and 60s, singers, actors, and writers were seen with cigarettes everywhere, in cinemas, theaters, and even on television. Cigarettes transformed sacred usage into a daily routine and are now considered a drug.

Psychologists like Hans Eysenck in the mid-20th century developed a personality profile for typical smokers of the time. In the early stages, tobacco provides pleasure in the dopamine system, but over time, this positive sensation turns into negative energy. In the 1930s, the number of female smokers in the USA tripled. The tobacco industry saw a significant increase in companies, with P. Lorillard being the oldest tobacco company in the history of the USA. Recently, cigarettes and their composition have changed, now containing more harmful substances, and the market has drastically increased its advertising strategies, including targeting children (Mishra, 2013).

### Nicotine Dependence

Cigarette smoking remains the leading cause of preventable diseases such as cancer, pulmonary diseases, and cardiovascular conditions, and it is also a major contributor to premature deaths. Today, the health risks associated with smoking are well known, and most individuals who attempt to quit smoking return to it within a month. However, only a small percentage of smokers successfully quit. Nicotine dependence is a chronic addiction that typically develops during adolescence. The more cigarettes one smokes, the more nicotine they require to feel good. When attempting to quit, individuals experience uncomfortable physical and mental changes. Many smokers who suffer from nicotine addiction, despite knowing the harm it causes, find it difficult to stop using the substance. Typically, those who begin smoking in adolescence are more dependent than those who start in adulthood.

The primary factor in nicotine addiction is nicotine itself. Nicotine is a substance that stimulates the desire for cigarettes, making it challenging for smokers to quit, and it causes physical and psychological symptoms when they try to do so. The World Health Organization (WHO) defines addiction as "a pattern of behavior in which the use of a particular psychoactive drug is given much higher priority than other behaviors that previously had much higher levels of importance." By smoking, individuals not only introduce nicotine into their bodies, thereby increasing their dependence, but they also expose themselves to a wide range of diseases, many of which are fatal.

Considering that nicotine dependence is a disease, it should be diagnosed and treated in the same way as other chronic conditions. The earlier the treatment for nicotine dependence begins, the sooner the patient can quit smoking, and the greater the health benefits they will experience (Benowitz, 2010).

### **Harmful Effects of Nicotine**

In addition to being highly addictive, nicotine is known to have serious systemic side effects. It negatively impacts various organs, including the heart, reproductive system, lungs, and kidneys. Numerous studies have consistently demonstrated its carcinogenic potential.

Nicotine acts through three main mechanisms, producing physiological and pathological effects across various organ systems:

**Ganglionic Transmission:** Nicotine influences the transmission of signals in the autonomic nervous system.

**Nicotinic Acetylcholine Receptors (nAChRs):** It affects chromaffin cells through catecholamines, impacting the body's stress response and various physiological functions.

**Central Nervous System Stimulation:** Nicotine stimulates nAChRs in the central nervous system, leading to changes in mood and behavior.

Common withdrawal symptoms include anxiety, irritability, difficulty concentrating, and strong cravings for tobacco. The onset of these withdrawal symptoms can occur within 24 hours and may last for days, weeks, or even longer.

Health effects are observed not only in smokers but also in individuals exposed to secondhand smoke. When nicotine is directly applied to individuals, it can cause irritation and a burning sensation in the throat and mouth, as well as nausea, vomiting, diarrhea, increased salivation, and abdominal pain. Nicotine also leads to an increase in free fatty acids in the plasma and raises blood catecholamine levels. Additionally, it causes lipolysis, which can lead to weight loss, predisposes individuals to metabolic syndrome, and impacts insulin resistance (Sinukumar, 2015).

### **Preventive Measures by WHO**

The Conference of the Parties to the WHO Framework Convention on Tobacco Control (FCTC) has concluded that 100% smoke-free environments are the only adequate way to protect public health from the harmful effects of secondhand tobacco smoke. One of the greatest threats to public health is the tobacco epidemic, which claims more than 8 million lives annually, including 1.2 million deaths from secondhand smoke exposure (WHO, 2019).

In 2003, WHO Member States adopted the FCTC to combat tobacco use (WHO, FCTC). To facilitate the implementation of key provisions, WHO introduced a practical and cost-effective approach to reducing tobacco demand in 2007: MPOWER (WHO, 2019).

The six MPOWER measures are:

**Monitor Tobacco Use and Policies:** Systematically collect and analyze data on tobacco use and implement evidence-based policies.

**Protect People from Tobacco Smoke:** Establish and enforce comprehensive smoke-free laws in all public places and workplaces.

**Offer Help to Quit Tobacco Use:** Provide accessible and effective cessation services and support.

**Warn About the Dangers of Tobacco:** Use strong health warnings and effective public education campaigns to raise awareness of the health risks of tobacco.

**Enforce Bans on Tobacco Advertising, Promotion, and Sponsorship:** Prohibit all forms of advertising, promotion, and sponsorship of tobacco products.

**Raise Taxes on Tobacco:** Increase tobacco taxes to reduce consumption, particularly among price-sensitive groups like youth.

Since 2007, WHO has been monitoring the implementation of MPOWER policies (WHO, 2019).

### III. PROBLEM STATEMENT

Tobacco consumption poses one of the greatest threats to public health, causing a multitude of preventable diseases, including cancer, pulmonary diseases, and cardiovascular conditions. Despite the well-known health risks associated with tobacco use, many individuals continue to fall prey to nicotine addiction, which often begins during adolescence. This addiction has severe consequences for both smokers and those exposed to secondhand smoke. The demand for information regarding knowledge and attitudes toward tobacco consumption is essential for better understanding this phenomenon. Given these challenges, our research aims to assess the level of knowledge and attitudes of individuals in the Municipality of Prishtina regarding the harmful effects of tobacco. The findings of this study will provide a foundation for assisting in the development of more effective preventive policies and programs.

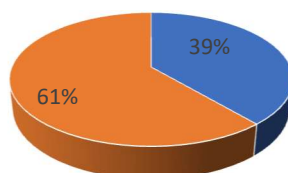
### IV. METHODOLOGY

The purpose of this study is to highlight the actions and harmful role of tobacco, as well as to present the results regarding tobacco use among a small group of the population in Prishtina. For this research, online questionnaires were used, targeting individuals of various ages in the Municipality of Prishtina. The questionnaires consisted of closed-ended questions that measured knowledge and attitudes toward tobacco consumption. Participants were encouraged to be as honest as possible while completing the questionnaire.

A total of 80 participants took part in this study, comprising 49 females and 31 males. The sample was collected online from individuals residing in the Municipality of Prishtina. Initially, consent and feedback were obtained from the mentor for the development of the questionnaire, which was then designed with a total of 11 questions. Participants were informed that their responses would be used solely for research purposes and that their data would be kept confidential.

Considering the objectives of this research, the questionnaire was deemed the most suitable instrument. It included a total of 11 closed-ended questions. All data were calculated as percentages (%) and presented in graphical format. The study included participants of various ages, with an emphasis on measuring their knowledge regarding the effects of tobacco.

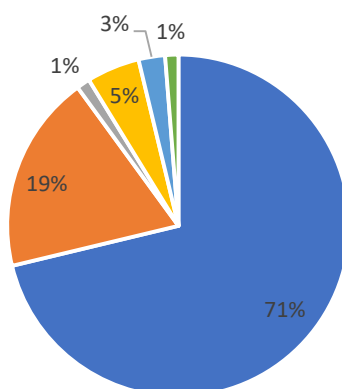
### V. ANALYSIS OF RESULTS



#### Participant Distribution by Gender

In this study, a total of 80 respondents participated, of which 49 were female, and 31 were male, resulting in a gender distribution of 61% female and 39% male. This distribution allows for an understanding of gender-related perspectives on tobacco consumption and its effects, highlighting the need for targeted interventions that consider the different experiences and attitudes of each gender.

The graphical representation of this data illustrates the balance between male and female participants, providing a foundation for analyzing their responses regarding knowledge and attitudes towards tobacco use. This gender diversity is crucial for ensuring that the findings are representative and can inform public health strategies effectively.



### Participant Distribution by Age

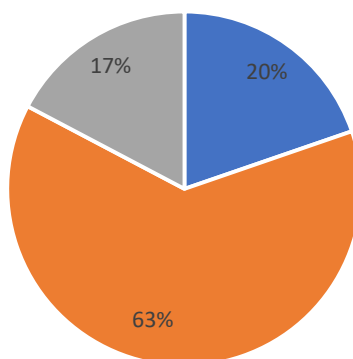
In this study, a total of 80 respondents were surveyed, with the following age distribution:

- **15-25 years:** 57 participants (71%)
- **26-35 years:** 15 participants (19%)
- **36-45 years:** 1 participant (1%)
- **46-55 years:** 4 participants (5%)
- **56-65 years:** 2 participants (3%)
- **Over 65 years:** 1 participant (1%)

This distribution indicates a significant concentration of participants within the younger demographic (ages 15-25), which is critical for understanding the prevalence and attitudes towards tobacco use among adolescents and young adults.

### Implications

The findings suggest that interventions targeting tobacco use should focus on this younger age group, as they represent the majority of the respondents. Additionally, the lower representation of older age groups highlights the necessity of further research to explore tobacco consumption trends across different life stages.



### Participant Distribution by Tobacco Consumption

In this study, the distribution of participants based on their tobacco consumption is as follows:

- **Regular Smokers:** 16 participants (20%)
- **Non-Smokers:** 50 participants (63%)
- **Occasional Smokers:** 14 participants (17%)

### Implications

The data indicates that a significant majority (63%) of respondents do not consume tobacco, which is a positive sign for public health. However, the presence of regular (20%) and occasional smokers (17%) highlights the ongoing challenge of tobacco use in the population. Understanding these patterns is crucial for developing targeted interventions and educational programs aimed at reducing tobacco consumption and mitigating its associated health risks.

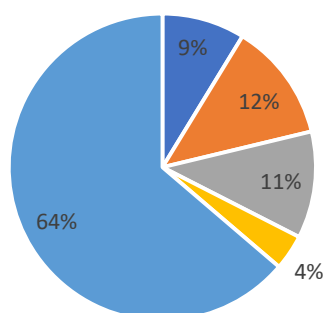


Figure 4: Age of Participants When They Started Tobacco Use

The distribution of participants who consume tobacco based on the age they started smoking is as follows:

- **Started at Age 15:** 7 participants (9%)
- **Started at Age 18:** 10 participants (12%)
- **Started at Age 20:** 9 participants (11%)

- **Started Later (after 20):** 3 participants (4%)
- **Non-Smokers:** 51 participants (64%)

### Analysis

The data shows that a significant proportion of the respondents (64%) do not consume tobacco at all, which is encouraging. However, among those who do smoke, the majority began smoking at a young age, with 21% starting by the age of 18. This early initiation is concerning, as starting to smoke at a young age is associated with a higher risk of developing nicotine dependence and long-term health problems.

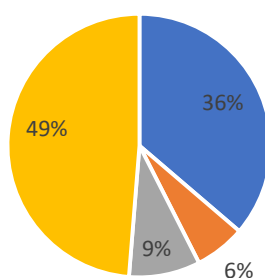


Figure 5: Reasons Participants Were Driven to Tobacco Use

Numerous studies have reported that many individuals consume tobacco to self-medicate depressive symptoms, cope with family issues, satisfy curiosity, or improve their mood. Among the 80 respondents surveyed:

- **Socializing with Friends:** 29 participants (36%) indicated that the reason for their tobacco use was socializing with friends.
- **Family Problems:** 5 participants (6%) cited family problems as the motivation for their tobacco use.
- **Other Reasons:** 7 participants (9%) identified other reasons that led them to use tobacco.
- **Never Tried Tobacco:** 39 participants (49%) reported that they have never tried tobacco.

### Analysis

The data reveals that social interactions play a significant role in tobacco consumption, with 36% of participants indicating that they smoke primarily for entertainment with friends. Conversely, a notable 49% of respondents have never used tobacco, highlighting the potential effectiveness of preventive strategies aimed at youth. Understanding the motivations behind tobacco use is crucial for developing targeted interventions to address these specific factors, particularly the influence of social circles.

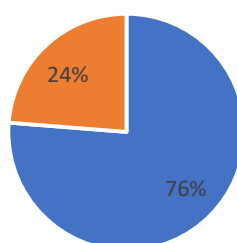


Figure 6: Family Members Who Smoke Tobacco



Individuals who do not consume tobacco but frequently spend time in environments where it is used and are exposed to secondhand smoke are at an increased risk of developing similar health issues as regular smokers. Among the 80 respondents surveyed:

- **Family Members Who Smoke:** 61 participants (76%) reported having at least one family member who smokes tobacco.
- **No Family Members Who Smoke:** 19 participants (24%) indicated that they do not have any family members who consume tobacco.

### Analysis

The data highlights a significant prevalence of tobacco use within families, with 76% of respondents having family members who smoke. This close association suggests that social and familial environments play a critical role in influencing smoking behaviors, particularly among younger individuals who may be more susceptible to adopting similar habits. The presence of smokers in the household can increase the likelihood of tobacco use among non-smoking family members, particularly due to secondhand smoke exposure.

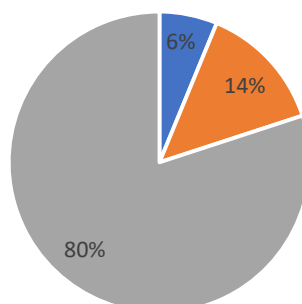


Figure 7: Number of Cigarettes Consumed Per Day

The data regarding the number of cigarettes consumed per day among the respondents reveals the following:

- **Approximately 5 Cigarettes Per Day:** 5 participants (6%) reported consuming around 5 cigarettes daily.
- **5 or More Cigarettes Per Day:** 11 participants (14%) indicated that they smoke approximately 5 or more cigarettes each day.
- **No Consumption:** A significant majority, 64 participants (80%), stated that they do not smoke at all.

### Analysis

The findings illustrate that a large portion of the surveyed population (80%) does not engage in smoking, suggesting a potentially low prevalence of daily tobacco use within this group. Among those who do smoke, a small number report consuming a limited amount of cigarettes daily, which may reflect a lower level of dependency or occasional use.

## VI. CONCLUSION

In this study, the conclusions drawn from the research conducted in Pristina, through the implementation of a questionnaire and a review of the literature, are as follows:

**Risk from Tobacco:** Tobacco consumption increases the risk of a variety of diseases, including cardiovascular, pulmonary, and cancer-related illnesses, often resulting in preventable deaths. The majority of individuals who smoke begin this habit during adolescence, making early education and awareness essential in the fight against this phenomenon.



**Systemic Damage:** The most significant damage from tobacco occurs in the cardiovascular system, contributing to the development of diseases such as hypertension, heart attacks, and strokes. This underscores the need for preventive measures and the treatment of smokers.

**Family Impact:** Tobacco negatively affects not only smokers but also those exposed to secondhand smoke, including their children. This creates a harmful cycle that impacts the health of future generations.

**Consumption Statistics:** According to the results of the questionnaire, 63% of the population in Pristina reported not being tobacco users. This is a positive indicator that highlights the potential for advancing public health policies and campaigns promoting a smoke-free lifestyle.

**Initiation of Consumption:** New tobacco users are primarily in the adolescent age group, suggesting that education and awareness among this demographic are crucial in preventing the initiation of smoking.

**Reasons for Consumption:** The primary reasons driving individuals to start smoking include curiosity, social pressure, family problems, and using it for self-medication against stress and depression.

**Awareness of Effects:** A significant percentage of participants reported being informed about the harmful effects of tobacco consumption. This information is important for strengthening awareness and education strategies at the societal level.

**Nicotine Addiction:** Nicotine addiction is one of the main causes of the most lethal poisoning from tobacco, making cessation difficult for many individuals. This highlights the need for ongoing support and effective methods to help individuals quit smoking.

**Importance of Quitting Smoking:** Quitting smoking is a significant challenge, but considering the positive effects on the health of individuals and their loved ones, it is essential to encourage individuals to take this step. A happy and long life is a strong motivation to overcome tobacco dependence.

## VII. RECOMMENDATIONS

**Implement Comprehensive Tobacco Control Policies:** Governments should enact and enforce strict tobacco control laws, including higher taxes on tobacco products, advertising restrictions, and graphic health warnings on packaging.

**Enhance Public Awareness Campaigns:** Launch national and local campaigns to raise awareness about the dangers of smoking and secondhand smoke, particularly targeting young people and vulnerable populations.

**Provide Smoking Cessation Programs:** Establish and promote accessible smoking cessation programs that offer counseling, support groups, and pharmacological aids to assist individuals in quitting smoking.

**Increase Educational Initiatives in Schools:** Introduce educational programs in schools to teach students about the health risks of smoking and the importance of making healthy lifestyle choices.

**Encourage Community Engagement:** Foster community-based initiatives that engage local organizations, healthcare providers, and community leaders to collaborate on reducing tobacco use and promoting a smoke-free environment.

**Train Healthcare Professionals:** Provide training for healthcare professionals to effectively counsel patients about the risks of smoking, the benefits of quitting, and the resources available to help them stop.

**Support Research on Tobacco Use:** Invest in research to understand the patterns and impacts of tobacco use in different populations, which can inform targeted interventions and policies.

**Create Smoke-Free Zones:** Establish smoke-free zones in public places, including parks, schools, and restaurants, to reduce exposure to secondhand smoke and create a healthier environment.

**Utilize Technology for Smoking Cessation:** Leverage technology, such as mobile applications and online support groups, to provide resources and assistance for individuals trying to quit smoking.

Promote Mental Health Support: Recognize the link between smoking and mental health issues, and provide mental health support services to address underlying stress, anxiety, and depression that may contribute to tobacco use.

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