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List of Abbreviations

AA........................Articular Acupressure

BMI......................Body Mass Index

CDC.....................Center of Disease Control

CO.......................carbon Monoxide

DT.......................Drive for Thinness

EC........................Electronic Cigarette

FF........................Fear of Fatness

GYTS....................Global Youth Tobacco Survey

ICD......................International Classification of Diseases

NCD.....................non Communicable Disease

SA........................Saudi Arabia

SMS.....................Short Messages Service

US........................United States

USA.....................United States of America

WHO....................World Health Organization

WP.......................Water Pipe

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Introduction

Tobacco is the only legal drug that kills many of its users when used exactly as intended by manufacturers. World health organization had estimated that tobacco use (smoking and smokeless) is currently responsible for the death of about six million people across the world each year with many of these deaths occurring prematurely This total includes about 600,000 people are also estimated to die from the effects of second-hand smoke. Although often associated with ill-health, disability and death from non-communicable chronic diseases, tobacco smoking is also associated with an increased risk of death from communicable diseases *(WHO, 2015).*

Cigarette smoking cause serious health problems among youth. Compared with adults, adolescents appeared to display evidence of nicotine addiction at much lower levels of consumption, making quit attempts potentially more difficult for them. Nicotine, is a highly addictive drug, causes many to continue smoking well into adulthood, often with deadly consequences. Many young smokers had strong expectations of discontinuing use in the near future, but relatively few are able to do so. Most of these young people never considered the long-term health consequences associated with tobacco use when they started smoking *(Centers for Disease Control and Prevention, 2012).*

In addition to immediate effects of cigarette smoking, early age at initiation of smoking increases the risk of lung cancer and cardiovascular disease during their life time. Of the organ sites at which smoking is known to cause cancer, smoking-associated genotoxic effects had been found for oral nasal, esophagus, pharynx, lung, pancreas, myeloid organs, bladder/ureter, and uterine cervix. In addition to permanent changes in DNA, the reversibility of cancer risk after smoking cessation implies a role for epigenetic factors in carcinogenesis (***Hymowitz et al., 2012***).

There are numerous studies concerning cigarette smoking among adolescences, high school students and college students, many of these recent studies concentrated on the tobacco use of college students through similar or distinctive aspects, such as characteristics, patterns, contexts and consequences of smoking (***Berg et al., 2011; Cronk et al., 2011***).

Studies characterized college as a time of smoking transitions, including smoking initiation. Although nearly all students reported that their smoking is temporary and most do not smoke every day. Longitudinal studies had shown that 50% who smoke occasionally and 87% who smoke daily continue smoking throughout college and many continue after college (***Wetter et al., 2004***).

Existing smoking cessation programs did not reach sufficient proportions of young smokers *(Stanton and Grimshaw, 2013)*. Thus, there is both a lack of knowledge on how best to reach young people and on how to effectively intervene with them, in order to reduce the number of young people still smoking *(Gilliam, 2012).*

Aim of the Study

This study aims to spot some light on the differences in smoking habits between medical and non-medical students in Ain Shams University and their trends to quit smoking.

EPIDEMIOLOGY

The ability to monitor change in any indicator rests on the availability of data to measure the indicator adequately over time. The NCD (Non Communicable Diseases) tobacco target referred to tobacco use which includes both tobacco smoking and smokeless tobacco. The quality and quantity of data on tobacco smoking was enough to allow for an attempt to draw trends in tobacco smoking by country. Smokeless tobacco data, although improving rapidly, are still too scant to allow for derivation of meaningful underlying trends for many countries *(WHO, 2015).*

The tens of billions of dollars that the smoking industry spends each year to market its products would thus appear to be a worthwhile investment in creating and sustaining high levels of youth smoking *(WHO, 2014).*

Worldwide, Smoking epidemic is a major public health problem, more than half of those who addicted to it losses their life, it resulting in high rates of morbidity and mortality. Smoking prevalence is a public health problem in Egypt. Egypt's ranking as one of the countries that bear the highest burden of tobacco use worldwide combined with lack of data on many tobacco-related elements, as well as emergence of new groups of tobacco users and new forms of tobacco use *(WHO, 2013).*

Tobacco use had been identified as one of the four behavioral risk factors that feature as pervasive aspects of economic transition, rapid urbanization, and twenty-first century lifestyles, and the greatest effects of these risk factors fall incrementally on underdeveloped and emerging countries *(WHO, 2011).*

According to the World Health Organization (WHO) European Region report, smoking levels among women of different countries vary significantly, but countries tend to fall into 3 distinct groups. In the Nordic and some Western European countries, smoking rates for women and men are similar and are declining. For example, the proportions of male and female smokers are 30% and 30% in Norway, 34% and 28% in Ireland, and 33% and 28% in the Netherlands, respectively. In many countries of Central and Southern Europe, more men than women smoke, though rates among women are also high (63% of men versus 39% of women in Greece, 47% versus 41% in Austria, and 49% versus 38% in Bulgaria). Finally, in the newly independent states of the former USSR, smoking rates are high among men and relatively low among women (64% versus 22% in Belarus; 53% versus 24% in Latvia, and 43% versus 9% in Kazakhstan). Nevertheless, smoking among women is rising rapidly in some of these countries. Across the region, the gender divide in smoking rates is narrower among young people. According to the Global Youth Tobacco

Survey (GYTS) conducted from 1999 to 2009, 21% of boys and 17% of girls had smoked cigarettes in the previous 30 days *(WHO, 2010).*

Smoking remains a global epidemic with far-reaching health and economic implications. Although per capita rates of smoking began declining decades ago in many developed countries, other regions of the world such as the Middle East and Africa have experienced an increase in tobacco prevalence, and rates remain high *(WHO, 2009).*

Out of six million people who are killed yearly by tobacco, more than 600000 are non-smokers exposed to second-hand smoke. Tobacco users who die prematurely deprive their families of income, raise the cost of health care and hinder economic development. Smoking is highly prevalent in low and middle-income countries where 80% of worldwide smokers (one billion) are found *(Abdelwahid et al., 2012).*

Smoking is a behavior that starts in adolescence for 90% of adults with an average age of onset ranging between 13-15 years *(Fawibe et al., 2011)* and an overt male preponderance *(Salawu et al., 2010).*

Tobacco-attributable deaths, in 2004, increased from 8% to 11% of total deaths after 34 years of age. In addition to years of potential life lost, tobacco use causes