

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH AND INNOVATIVE STUDIES

ISSN: 2820-7157 www.ijsrisjournal.com

December 2024 Volume 3 Number 6 Pages 155-158

Available Online at https://www.ijsrisjournal.com/index.php/ojsfiles/article/view/286

https://doi.org/10.5281/zenodo.14529221

Smoking Cessation in Saudi Arabia: A Comprehensive Review

Bayan Emad Alabbad¹, Bedoor Jafeer Alaithan², Garsah Mohammed Eid Dossary³, Ammar Mohammed Almousa², Abduljalil Nasser Bumozah⁴, Hassan Mohammad Alkhalefah⁴, Skabh Ali Msawai⁵, Wafi Ael Qalaab⁶, Zahraa Hajji Albuhaizh², Zaineb Majed Alalawi⁷, Hussain Mohammed Ali Mohammed Albather⁸, Jameela Abdullah Aljawaysim⁹, Huda Ayesh Almajhad², Fatimah Nassir Al Haddad ¹⁰, Khadijah Ahmed Alshabaan³

- 1.Al-Omran General Hospital
- 2. King fahd Hospital in al hafuf
- 3.MATERNITY AND CHILDREN BOSPITAL AL-HASSA
- 4.Al ahsa Health Cluster, PHC Laboratory in aljafer
- 5.Al-ragheeb primary healthcare
- 6. Specialized Dental Center in Dammam
- 7. Safwa Medical Complex, Senior Health Informatics
- 8. Central sector-AlAhsa Health Cluster
- 9.Mahsen phc
- 10. Abdulaziz bin sulaiman alafaliq for tumor early detection and diagnosis center

ABSTRACT

Smoking remains a significant public health challenge in Saudi Arabia, with high prevalence rates among adults and young populations. Despite national efforts to curb smoking, such as awareness campaigns, taxation policies, and smoking cessation programs, the rates of success in quitting remain suboptimal. This review explores the current smoking cessation strategies in Saudi Arabia, the barriers to success, and recommendations for improving outcomes. Recent studies emphasize the need for culturally tailored interventions, improved healthcare provider training, and expanded use of pharmacotherapy and behavioral counseling.

Introduction

Tobacco use is a leading cause of preventable diseases and mortality worldwide, contributing to conditions such as cancer, cardiovascular diseases, and chronic respiratory diseases. In Saudi Arabia, smoking prevalence is alarmingly high, particularly among men and youth, despite religious, cultural, and health-based opposition to tobacco use. According to the World Health Organization (WHO), smoking-related illnesses result in substantial economic and health burdens.(1).

Smoking cessation plays a critical role in reducing tobacco-related morbidity and mortality. This review discusses the prevalence of smoking in Saudi Arabia, evaluates current cessation programs, identifies barriers, and proposes strategies to enhance smoking cessation outcomes.

Prevalence of Smoking in Saudi Arabia

Recent data indicate that approximately **19.8% of adults** in Saudi Arabia are smokers, with higher rates among men (**32.5%**) compared to women (**5.7%**)(2). Additionally, the rise of **shisha** (**waterpipe**) **smoking** and **e-cigarettes** has compounded the challenge, especially among young adults and university students.

- A study in Riyadh reported that 27% of university students smoked tobacco products, primarily shisha(3).
- Another study in Jeddah noted a growing trend of e-cigarette use, particularly among adolescents(4).

Smoking Cessation Efforts in Saudi Arabia

Saudi Arabia has implemented several initiatives to promote smoking cessation, including:

***** Tobacco Control Policies

 Saudi Arabia is a signatory of the WHO Framework Convention on Tobacco Control (FCTC), which includes measures such as public smoking bans, graphic health warnings on packaging, and increased taxation on tobacco products(5). The introduction of "100% taxation" on tobacco in recent years has aimed to discourage smoking, though its long-term impact is still being evaluated.

Smoking Cessation Clinics

The Saudi Ministry of Health (MOH) has established free smoking cessation clinics across the country. These clinics offer:

- o Behavioral counseling
- Pharmacological support, including nicotine replacement therapy (NRT) and prescription medications such as varenicline (6).
- o Public awareness campaigns to promote cessation.

❖ Digital Interventions

Digital tools, such as mobile apps, helplines, and text-based support, have emerged to provide smokers with convenient access to cessation resources. Programs such as "**Quit Now**" offer interactive tools for tracking progress (7,8).

Barriers to Smoking Cessation

Despite the efforts, the success rate of smoking cessation remains limited due to various barriers, including:

Cultural and Social Factors

- Tobacco use, especially shisha, is often seen as a social activity, particularly among youth(8).
- A lack of strong social support for quitting smoking further discourages cessation.

❖ Nicotine Dependence

Many smokers struggle with strong addiction to nicotine, which requires effective pharmacotherapy and behavioral counseling(9).

Lack of Healthcare Provider Training

 Many healthcare professionals lack training in delivering smoking cessation counseling, leading to missed opportunities for intervention during routine visits(10).

❖ Access to Resources

While cessation clinics are available, access remains limited in rural areas. Additionally, awareness of these services is often low among the general population(11).

Misconceptions about Alternative Tobacco Products The rise of e-cigarettes and shisha has fueled misconceptions that these products are safer alternatives to cigarettes, hindering cessation efforts(12).

Strategies to Improve Smoking Cessation in Saudi Arabia ❖ Enhancing Behavioral Counseling

- Behavioral interventions, such as cognitive behavioral therapy (CBT) and motivational interviewing, should be incorporated into primary healthcare services(13).
- Training healthcare providers on evidence-based smoking cessation techniques can increase intervention opportunities.

❖ Expanding Pharmacotherapy Access

• Ensuring the availability and affordability of effective medications, such as nicotine patches, varenicline, and bupropion, is critical for treating nicotine addiction(14).

Strengthening Public Awareness Campaigns

- Nationwide campaigns targeting youth and adults should address the dangers of smoking and promote cessation resources.
- Educational programs in schools and universities can play a crucial role in prevention and early intervention(15).

* Addressing Alternative Tobacco Use

 Public health initiatives must combat the misconception that e-cigarettes and shisha are safe alternatives to smoking. Strict regulation and taxation of these products are essential.

Leveraging Technology

• Expanding the use of digital platforms, including mobile apps, online counseling, and telehealth services, can enhance accessibility and engagement(16).

Future Directions

To improve smoking cessation outcomes in Saudi Arabia, future research should focus on:

- Evaluating the long-term impact of existing cessation programs.
- Identifying demographic groups at the highest risk of tobacco use and tailoring interventions accordingly.
- Investigating the effectiveness of combined behavioral and pharmacological therapies in Saudi populations.

Conclusion

Smoking remains a significant public health issue in Saudi Arabia, driven by cultural, social, and economic factors. While the country has made commendable progress in implementing smoking cessation initiatives, challenges such as nicotine dependence, limited access to resources, and the rising popularity of alternative tobacco products persist. A multi-faceted approach involving enhanced public awareness, improved healthcare provider training, expanded pharmacotherapy access, and the use of digital interventions is essential to achieving sustainable reductions in smoking prevalence and improving population health.

References

- 1. World Health Organization. WHO Report on The Global Tobacco Epidemic. The MPOWER package. 2008;
- 2. Algabbani AM, Almubark R, Althumiri N, Alqahtani A, BinDhim N. The Prevalence of Cigarette Smoking in Saudi Arabia in 2018. Food and Drug Regulatory Science Journal. 2018;1(1).
- 3. AlSadhan SA. Self-perceived halitosis and related factors among adults residing in Riyadh, Saudi Arabia. A cross sectional study. Saudi Dental Journal. 2016;28(3).
- 4. Sabbagh HJ, Khogeer LN, Hassan MHA, Allaf HK. Parental knowledge and attitude regarding e-cigarette use in Saudi Arabia and the effect of parental smoking: A cross-sectional study. Risk Manag Healthc Policy. 2020;13.
- 5. Hazazi A, Wilson A. Noncommunicable diseases and health system responses in Saudi Arabia: focus on policies and strategies. A qualitative study. Health Res Policy Syst. 2022;20(1).
- 6. Alduraywish SA, Alnofaie MF, Alrajhi BF, Balsharaf FA, Alblaihed SS, Alsowigh AA, et al. Knowledge, attitude, and beliefs toward group behavior therapy programs among male adults attending smoking cessation clinics, cross-sectional analysis. BMC Public Health. 2021;21(1).
- 7. Griffiths SE, Brown KE, Fulton EA, Tombor I, Naughton F. Are digital interventions for smoking cessation in pregnancy effective? A systematic review protocol. Syst Rev. 2016;5(1). 8. Mdege ND, Ekpo R, Ogolla S, Ali SJ, Camara A, Mugweni
- E. Reasons for shisha smoking: Findings from a mixed methods study among adult shisha smokers in Nigeria. PLOS Global Public Health. 2024;4(2 February).
- 9. Wang Q, Dai R, Zhang H, Jiang X, Ma X, Zhang X, et al. The efficacy and safety of acupuncture and nicotine replacement therapy for smoking cessation: study protocol for a randomized controlled trial. Trials. 2022;23(1).
- 10. Hasan SI, Hairi FM, Nordin ASA, Danaee M. Development and validation of an evaluation tool to measure the effectiveness of a smoking cessation training among healthcare providers in Malaysia: The providers' smoking cessation training evaluation (proSCiTE). Int J Environ Res Public Health. 2019;16(21).

- 11. Monshi SS, Alanazi AMM, Alzahrani AM, Alzhrani AA, Arbaein TJ, Alharbi KK, et al. Awareness and utilization of smoking cessation clinics in Saudi Arabia, findings from the 2019 Global Adult Tobacco Survey. Subst Abuse Treat Prev Policy. 2023;18(1).
- 12. Al-Sawalha NA, Almomani BA, Mokhemer E, Al-Shatnawi SF, Bdeir R. E-cigarettes use among university students in Jordan: Perception and related knowledge. PLoS One. 2021;16(12 December).
- 13. Ruger JP, Lazar CM. Economic evaluation of pharmaco-and behavioral therapies for smoking cessation: A critical and systematic review of empirical research. Vol. 33, Annual Review of Public Health. 2012.
- 14. Henningfield JE, Fant R V., Buchhalter AR, Stitzer ML. Pharmacotherapy for Nicotine Dependence. CA Cancer J Clin. 2005;55(5).
- 15. Budin CE, Alexescu TG, Bordea IR, Gherginescu MC, Aluas M, Grigorescu BL, et al. Nicotine addiction: Objective in educational programs for smoking prevention in young people. Revista de Chimie. 2019;70(6).
- 16. 16.Whittaker R, Mcrobbie H, Bullen C, Rodgers A, Gu Y. Mobile phone-based interventions for smoking cessation. Vol. 2016, Cochrane Database of Systematic Reviews. 2016.