

The Role of Cognitive-Behavioral Therapy in Treating Smoking Addiction among Adolescents

Abdelkader Cheikraoui Fethia¹

¹PHD University of Medea (ALGERIA), chekraoui.fethia@univ-medea.dz.

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Abstract:

The current study aims to define the problem of smoking, which is considered one of the most serious health issues at present. This study focuses on the issue of smoking among adolescents, as today's adolescents are among the most significant groups entering the world of smoking and becoming addicted to it. It addresses the key reasons and factors contributing to adolescent smoking, explores various types of smoking, and discusses the health and psychological consequences of smoking. This study also emphasizes the role of cognitive-behavioral therapy in addressing the issue of smoking among adolescents. Finally, it provides a set of recommendations and guidelines to prevent the spread of this problem and to treat it.

Keywords: Cognitive-behavioral therapy, smoking, adolescents.

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Introduction:

It is evident that smoking is an addictive behavior, and many individuals who suffer from multiple addictions have acknowledged that quitting smoking is more challenging than giving up drugs or alcohol for those who are addicted to them. The influence of peers is one of the factors for starting smoking in early stages and is widespread in this environment.

Despite the many reasons that have led to addiction to smoking and the prevalence of this type of smoking among teenagers, it is the feeling of independence and the ability to make life decisions independently that particularly appeals to smokers, especially among teenagers and young adults. Additionally, the lack of good role models plays a significant role. It is not logical for a smoking parent or teacher to guide a young person or teenager about the dangers of smoking, its harmful effects, and the importance of quitting it. Thus, it becomes clear that adopting the habit of smoking, especially at a young age, is a result of poor upbringing and not providing the young person with the personal space to make some life decisions on their own, in order for them to feel their presence and identity. Consequently, they resort to smoking immediately to deceive themselves into believing that they are indeed capable of making life decisions.

Most smokers start smoking during adolescence or early adulthood. Smoking appeals to young people because of its elements of risk and rebellion. Having esteemed role models and peers who smoke also encourages them to smoke. Given that teenagers are more influenced by their peers than adults, attempts by parents, schools, and healthcare professionals, including doctors, to prevent teenagers from trying cigarette smoking often fail.

Smoking is one of the most common forms of recreational drug use. Currently, tobacco smoking is the most prevalent form of smoking, practiced by 1.3 billion people, with over 80% of them residing in low and middle-income countries.

There are less common forms of smoking, such as cannabis and opium smoking. Most smoked drugs lead to addiction. Some substances are classified as hard drugs, such as heroin and crack cocaine. These substances have a limited rate of use because they are not commercially available.

According to the World Health Organization, smoking is one of the greatest public health threats the world has ever faced. It claims the lives of more than 8 million people each year, including 1.2 million deaths among non-smokers exposed to secondhand smoke.

In 2020, the global prevalence of tobacco use was 22.3%, with 36.7% among men and 7.8% among women.

The World Health Organization (WHO) predicts that by 2022, smoking will kill ten million people annually, with seven million of them in the third world. The percentage of smokers in developing countries has increased by 2.7% annually, while smoking rates in advanced countries have decreased by 1.8%.

In Algeria, a report from the Ministry of Health states that 15,000 Algerians die annually due to smoking, and 60% of Algerian smokers have experienced health issues.

The WHO estimates that there are around 1.1 billion smokers in the world, with approximately 800 million in developing countries.

The percentage of female smokers in developing countries is 7%, while among males, it is 48%.

Tobacco is the fourth globally monopolized commodity, with a handful of companies spending about \$4 billion on advertising and promotion for this harmful product.

The report warns of the dangers of smoking, which led to the death of one in every twelve people in 1990, but in 2020, it causes the death of one in every seven people.

The report also highlights that the death rate among smokers aged 35 to 69 is three times higher than that of non-smokers. Scientific research confirms that smoking is responsible for 90% of lung cancer deaths worldwide and 30% of all cancer cases.

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Nafetti Reiss, the head of the Respiratory Diseases Department at Mustapha Pasha University Hospital, called for intensifying awareness campaigns and education, especially within educational institutions and universities, where the phenomenon of smoking is on the rise. He emphasized that smoking in Algeria affects all segments of society.

According to the latest official statistics, one in every two males smokes, representing 44% of males over the age of 15. There is also one female smoker for every ten women, which is 9% among females, despite the conservative environment in Algerian society.

Ministry of Health data indicates that more than half of men in Algeria are smokers, with 40% of them being teenagers and young adults. These numbers signal a significant health risk for Algerian youth of both genders. The report also warns of the negative impact of smoking, which is no less harmful than before, leading to sudden death or illness for those who inhale it, as well as numerous diseases, with the most serious being lung and throat cancer.

Smoking involves obtaining nicotine, which is produced by burning tobacco. Nicotine has a drug-like effect on the human brain, to which individuals become accustomed. It is difficult to withdraw from nicotine easily, and a person experiences various pains throughout their body when trying to quit this substance.

Tobacco contains over four thousand chemical compounds, including sixty substances directly linked to cancer, known as tar. It also contains nearly a hundred toxic substances. Cyanide, a highly toxic substance used in executions in the United States, is also found in tobacco.

Nicotine, a toxic semi-alkaloid compound, is present in all parts of the tobacco plant, with a high concentration in its leaves. Nicotine is also found in other plants.

Psychologists like Hans Eysenck have described the typical personality of a smoker. Enthusiasm is the trait most associated with smoking, as smokers tend to be outgoing, impulsive individuals who enjoy taking risks and seek excitement. While personality and social factors may make some people more likely to take up smoking, the habit itself becomes a conditioned response. In the initial stages, smoking provides pleasurable sensations due to its effect on the dopamine system, serving as a positive reinforcement.

After several years of smoking, smokers develop other motivations to continue, including fear of withdrawal symptoms and negative reinforcement.

Since smokers engage in an activity with well-documented negative health effects, they often justify their behavior. This means they provide reasons to convince themselves if they don't have logical reasons for smoking.

For example, a smoker might justify their behavior by believing that death is the fate of every

living being, so cigarettes won't change that fact. They might also believe that smoking relieves them of stress and has other benefits that outweigh its risks. These types of beliefs represent a negative psychological term called "rationalization" because tobacco does not produce euphoria and does not strongly affect pleasure centers like other drugs. Its harmful effects are well-known and documented.

Smoking is considered harmful to both physical and mental health, as it disrupts psychological balance, triggering anger and anxiety in individuals, especially during times when they are not smoking, such as during Ramadan. Today, most scientists worldwide advise against smoking due to its harmful effects on humans.

Smoking is a social phenomenon, one of the most dangerous social issues, and one of the most destructive to human health. Its effects are observed on individuals, families, and society as a whole, affecting both the mind and body, weakening economic capabilities and productivity, thereby impacting development and progress (Abu Hamed, 2009).

Smoking has harmful effects, as confirmed by scientific evidence, not only on health but also on the economic and social levels. Smoking is one of the primary factors that can be avoided to prevent chronic and fatal diseases (Isa, 2006).

Even from a religious perspective, smoking is discouraged, and it is considered a prohibited act because it leads to self-destruction. This is supported by the Quranic verse: "And do not throw [yourselves] with your [own] hands into destruction" (Surah Al-Baqarah, Verse 195), which clearly indicates that preserving the human soul, a trust granted to every individual, is a responsibility for which they will be held accountable on the Day of Judgment. Thus, subjecting oneself to diseases such as addiction to smoking and inhaling harmful smoke falls under the prohibition and sin.

Smoking is a menace, considered one of the most dangerous social issues and the most widespread among different age groups and both genders. It has not received sufficient attention in terms of awareness, especially in designing advertisements and creating effective strategies and posters to address and combat the phenomenon.

(Awadallah, 2008).

Addiction has two physiological effects according to Hughs et Hatsukami (1986):

- **Tolerance:** People who depend on a specific substance develop tolerance, meaning their bodies no longer respond to the same level of a certain dose, and they require larger doses to achieve the same effect.

-**Withdrawal:** They experience unpleasant withdrawal symptoms such as tension, restlessness,

difficulty concentrating, fatigue, and nausea when not using the substance. This makes quitting difficult.

Most teenagers do not understand how addiction can occur quickly, and they believe they can smoke for years and easily quit.

A study by Borderias et al. (2015) conducted on 25,000 high school students found that most teenage smokers report smoking for enjoyment (58.3%) and that it makes them happy (53.7%).

Only 25% of these teenagers realize they are addicted to cigarettes, even though most teenage smokers believe quitting is easy. Only 16% had quit smoking when contacted four years later (Zhu et al., 1966).

Smoking, including the desire for ease among nicotine-addicted individuals, may be influenced by genetics (Pomrleau et al., 1993). Research suggests that 60% of smoking behavior may be hereditary. Twin studies show that identical twins are more similar in smoking behavior than non-identical siblings. Genetics also influence when a person starts smoking, the number of cigarettes smoked per day, and whether one enjoys tobacco or not.

The allure of candy-flavored tobacco:

The use of electronic cigarettes is rapidly increasing among teenagers. A survey found that 11% of high school students and 4% of middle school students had used electronic cigarettes in recent months (Jamal et al., 2017).

One contributing factor to this allure is the marketing of electronic cigarettes as having candy-like flavors such as chocolate, mint, and strawberry. Researchers examined the importance and role of advertisements for flavored and non-flavored cigarettes and found that they influenced interest in and the purchase of electronic cigarettes.

Conversely, teenagers found flavored electronic cigarettes more enticing than flavored tobacco, and they expressed a desire to try electronic cigarettes when offered by a friend (Pepper et al., 2016). Unfortunately, drug and food administrations must impose regulations on flavored tobacco products designed to entice children and teenagers.

Based on all the aforementioned, we attempt to answer the following questions:

- What do we mean by smoking addiction?
- What are the reasons and factors that drive teenagers to smoke?
- What are the health and psychological damages of smoking on individuals in general and teenagers in particular?

- What is the role of cognitive-behavioral therapy in treating the problem of smoking?

1/ Definitions:

-Definition of Cognitive-Behavioral Therapy:

Cognitive-Behavioral Therapy (CBT) is a type of psychological therapy that addresses dysfunction in a part of cognitive processing, namely, thoughts or perceptions about oneself, others, and life. It is based on theories from cognitive psychology, information processing, and social psychology (Al-Jabali & Yehia, 1996).

-Definition of Smoking:

Smoking is a process in which tobacco is burned, and then the smoke is either tasted or inhaled. Typically, individuals engage in this process by lighting a cigarette or absorbing nicotine. This practice is primarily considered a means of self-relaxation. The combustion of tobacco produces numerous chemicals, with nicotine being the active substance responsible for its addictive properties. Nicotine is absorbed primarily through the lungs. There are thousands of chemicals that affect the central nervous system, and cigarettes are the most common method of smoking today, whether they are manufactured industrially or hand-rolled using loose tobacco and cigarette paper. Other smoking methods include hookah, cigars, and water pipes (hookahs) (Author et al., Year).

-Definition of Adolescence:

Malik Suleiman defines it as: "Adolescence is a sensitive stage of growth accompanied by organic and psychological changes that are often the cause of rebellion and intense emotions. This can be especially violent when an individual struggles to meet their needs, achieve their personal goals, and assert their independence from others" (Suleiman, 1986).

Fouad El Bahi El Sayed defines it as: "It is the most challenging stage of physical growth, where individuals are surprised by rapid organic and psychological changes that renew the inclination toward rebellion, tyranny, violence, and emotional outbursts. Therefore, we refer to this stage as the negative stage, especially from a psychological perspective" (El Sayed, 1985).

-Definition of Addiction:

Addiction refers to a state in which an individual becomes physically and psychologically dependent on a specific substance, such as cigarettes, alcohol, or caffeine. Addiction occurs due to the consumption of specific substances, or substances that over time lead to the body adapting to their presence and integrating them into the normal functioning of body tissues, as in the case of cigarettes and other forms of tobacco use.

People experience various physiological responses during addiction, such as increased blood pressure, heightened alertness, and an elevated heart rate caused by nicotine in these substances.

2/ Stages of Addiction:

- Initiation of drug or cigarette use: This stage is influenced by sensory incentives, the need for escape, transgression, and can be associated with isolated behavior or academic problems, family conflicts, and incidents, among other factors.
- Stage of Euphoria: At this stage, an adolescent's life revolves around the drug, with pleasure being the primary focus, leading to enjoyment and increased energy.
- Establishment of Addiction: In this closed loop of intense cravings, individuals experience a desperate need to feel guilt and anger quickly and find it difficult to quit.

3/ Types of Smoking:

We will explain the various types of smoking, which include approximately four types of smoking. These will clarify the definition of smoking, its harms, and its causes in detail. These types are:

- * Cigarette Smoking: This is the most well-known type of smoking and is considered one of the leading causes of lung cancer and heart diseases.
- * Hookah Smoking: This is the least widespread form of smoking and can also lead to lip and tongue cancer.
- * Shisha Smoking: Shisha smoking is highly prevalent in Egypt, the Levant, and the Arabian Gulf. Modern studies have shown that it is no less harmful than cigarettes. It leads to the same diseases caused by cigarettes and, in addition, can transmit bacterial infections among individuals.

4/ Factors Contributing to Teenage Smoking:

People begin smoking at a young age. According to the Centers for Disease Control and Prevention (CDC), more than 15% of teenagers aged 12 to 18 regularly smoke and consider themselves smokers. These statistics underestimate the actual rates of teenage smoking. Smoking doesn't start all at once; there is an experimental phase where individuals try cigarette smoking. During this period, they may face peer pressure to smoke and develop their attitudes about smoking. After the experimental phase, some teenagers develop a strong smoking habit.

- The Absence of the Family Role:

When families experience breakdown or dysfunction, it has a negative impact on their children

and is one of the most significant factors that drive them to smoke. Smoking is considered the primary gateway to the world of drugs, which is why our noble religion warns against neglecting the responsibility of caring for our children, both psychologically, physically, and morally.

- Social Learning (Peer and Family Influence):

Peer influence is one of the most crucial factors that contribute to the initiation of smoking during adolescence. The initiation of smoking often arises from social contagion that occurs when in contact with smokers. When non-smokers associate with individuals who experiment with or regularly smoke, they are more likely to start smoking themselves. Over 70% of cigarettes smoked by teenagers occur when they are with their peers.

Smoking at an early age is typically seen as part of a cluster of problem behaviors that occur in the presence of friends. These behaviors include excessive alcohol consumption, delinquent behavior, and smoking, among others. Individuals may engage in smoking as an attempt to alleviate negative moods, and it may also be associated with the stimulation of testosterone activity.

Furthermore, parental attitudes and behaviors significantly influence teenage smoking. Among those whose parents have a history of smoking, 26.6% become smokers compared to 12.5% of those whose parents do not smoke.

Parents who openly discuss and impose consequences for smoking make it less likely for their children to smoke because they restrict access to smoking. Additionally, children are less likely to smoke when they come from non-smoking households and when they are exposed to social pressure.

- Self-Image and Smoking:

The self-image that an individual holds about smokers plays a significant role in initiating smoking. In the early stages, prior to adolescence, the image of a smoker often includes characteristics like rebellion, toughness, maturity, and defiance of traditional beliefs.

Smoking has historically been associated with such an image. Consequently, young individuals who feel insecure about the upcoming adolescent stage might see smoking as a means to embody these characteristics they desire.

Conversely, teenagers who have a self-image close to the common stereotype of smokers are more inclined to start smoking. Low self-esteem, dependence, weakness, and social isolation all contribute to a greater inclination to imitate the behavior of others.

In line with these findings, students with low academic performance, females, and students with an external locus of control, as well as those with low self-efficacy, are more likely to smoke

compared to male students who have a high self-esteem, an internal locus of control, and a high self-efficacy.

Another factor contributing to differences in smoking among girls is the concern about weight. High school girls attempting to lose weight or those who exhibit symptoms of eating disorders are more likely to smoke than those who do not have this concern. Advertising campaigns that associate smoking with thinness in women reinforce this relationship. For instance, female college students are more likely to smoke after seeing images of thin women compared to neutral images.

- Imitating without thought:

Most smokers, in reality, imitate their fathers, teachers, and uncles. Adolescents view smoking as a characteristic of mature individuals, thus considering themselves as becoming more mature when they smoke, engaging in attention-grabbing and ostentatious behaviors. - **Some smokers are unaware of the religious:**

prohibition of smoking, as they consider it prohibited due to its health hazards, initiating debates about its level of prohibition.

- Neglect of media:

Neglecting the awareness of smoking hazards and participating in the crime of not denouncing the appearance of smoking and drugs scenes in drama. The media, including the sight of actors and athletes smoking, as well as the depiction of smoking in TV series, contribute to portraying smoking as something wonderful (Dalton et al., 2003). Adolescents who watch smoking scenes in TV series are likely to try cigarettes, even after taking into account factors that predict smoking, such as age, personality, and parental smoking.

5/ Smoking Hazards:

Smoking has a number of serious health hazards, most of which we will detail here. These hazards become clear when we review the death toll resulting from smoking. Some harmful effects of smoking become evident in the short term, while others manifest in the long term, contributing to a comprehensive understanding of smoking, its damages, and its causes in detail:

* Smoking leads to cardiovascular diseases due to the disruption of oxygen-carrying blood distribution to different parts of the body, making it one of the most significant smoking hazards.

* Increases the likelihood of miscarriage or premature birth for pregnant women who smoke. Additionally, the fetus is exposed to various problems, such as low birth weight and an increased risk of death during childbirth. Babies born to smoking mothers may also be more prone to

diabetes and high blood pressure.

* Smoking can lead to sexual dysfunction, reducing a man's ability to achieve an erection by impeding blood flow to the penis.

* In many cases, it causes early menopause in women, contributing to osteoporosis and thinness.

* Smoking is a major cause of bad breath and contributes to skin wrinkling and teeth yellowing.

* It increases the risk of vision loss as it can cause age-related macular degeneration and cataracts.

* Smoking is responsible for 17 types of cancer because it leads to genetic changes in the body's organs. This includes cancers of the mouth, esophagus, lungs, throat, bladder, and kidneys.

* Smoking leads to skin losing its firmness, increasing the presence of wrinkles, causing premature aging and paleness. Collagen breakdown in the skin makes smokers appear older than their actual age, often by ten to twenty years.

* Smoking contributes to digestive system diseases such as stomach ulcers, peptic ulcers, gastric cancer, gallstones, among the worst smoking-induced damages.

* It results in decreased focus, lethargy, and reduced activity levels. Smoking negatively affects academic performance, with students exposed to cigarette smoke exhibiting lower concentration levels compared to non-smoking students (El Bar, 1980).

* Smoking causes premature graying, hair thinning, and weakening.

* It increases heart rate, leading to strokes and heart attacks.

* Passive smoking increases the risk of type 2 diabetes by raising blood glucose levels, causing insulin resistance.

* Smoking leads to respiratory conditions such as bronchitis and influenza by increasing mucus production, creating a conducive environment for viral and bacterial growth.

* Smoking as a form of addiction opens the door to various forms of crime and deviant behavior. It can even lead to the combination of drugs with cigarettes, affecting individuals mentally, behaviorally, and physically. (Abu Daf, 1998)

6/ Smoking Addiction Causes:

Although smoking is addictive, the precise processes leading to nicotine addiction are not entirely clear. This section describes three different theories to explain this phenomenon.

- Nicotine-Based Models:

According to the nicotine-based model with a fixed effect, nicotine stimulates reward centers in the nervous system (Leventhal et Cleary, 1980). Nicotine increases the levels of neurotransmitters such as dopamine and norepinephrine, which, in turn, enhance memory and concentration, reduce anxiety, and have various physiological effects, including increased heart rate and muscle relaxation. These effects lead to mental alertness and physical relaxation. This model is straightforward, assuming that smoking has a pleasant taste, motivating people to continue the behavior.

- Affect-Regulation Model:

This model posits that people smoke to achieve positive mood or reduce negative emotions. Many smokers report that smoking enhances pleasure in other activities, such as eating or sexual activity. Smokers may also use cigarettes to alleviate negative moods like anger, guilt, or fear, which increases the need for smoking (Cooper et al., 2016). Depressed individuals are more likely to smoke and find it harder to quit, as are those with health-related anxiety. Smoking helps reduce social anxiety.

While some people initially smoke to alleviate negative moods, they may become addicted to cigarettes over time, relying on them as an effective strategy to cope with unpleasant emotions. One study found that smokers who used smoking as a coping mechanism were 40% less likely to quit compared to those who did not.

- Combined Model:

According to the Multiple Regulation Model, the integration of psychological and physiological factors leads to addiction. This model predicts that smoking is used to regulate emotions, but over time, how smokers feel becomes associated with the amount of nicotine in their bodies.

For example, a person may initially smoke due to anxiety to feel relief. In this case, external pressures (such as a difficult exam) lead to a desire to smoke. However, with time, the repeated pairing of smoking and reducing anxiety becomes linked at this point.

Low levels of nicotine in the blood trigger feelings of anxiety (the craving for cigarettes) even if the person is not in a stressful situation. Thus, people learn to smoke as a way to alleviate negative feelings resulting from the decline in nicotine levels.

The biological model also suggests that physiological and psychological factors lead to continued smoking over time. This model assumes that nicotine has various physiological effects that make people feel better, improve memory and concentration, which causes people to rely on smoking.

In reality, those who quit smoking often return to it because they find it difficult to focus and relax without cigarettes.

7/ Treatment Approach in Dealing with Smoking:

Since campaigns aimed at changing attitudes alone are not sufficient to help smokers quit smoking, psychologists have become increasingly interested in using a therapeutic approach to deal with the problem of smoking.

A- Treatment Using Nicotine Alternatives:

Many therapists start by using various forms of nicotine alternatives, including:

- **Nicotine Gum:** Initially used to help smokers chew this gum because the nicotine obtained in this way is absorbed slowly.
- **Nicotine Patches:** Individuals who want to quit smoking apply these patches, which release nicotine in constant amounts into the bloodstream.

B- Multimodal Intervention Measures:

Therapists generally follow a multimodal approach in smoking cessation treatment. This approach involves integrating various intervention measures that are tailored to fit the individual's stage of readiness regarding their smoking habit.

Furthermore, as is the case with all multimodal intervention measures, the goal of these interventions is to awaken the smoker's self-control, encouraging them to actively participate in the intervention measures. These intervention measures move the smoker from the pre-contemplation stage to the action stage, focusing on health-harming consequences of smoking, negative social attitudes most people hold toward smoking.

The process of moving people from the preparation stage to the action stage typically involves the smoker creating a quitting timeline, a program on how to quit smoking, and awareness of the difficulties that accompany the process of quitting smoking.

The action stage usually employs various cognitive-behavioral strategies used in modifying other healthy habits.

Smokers may be trained, for example, in self-observation and self-monitoring to keep a record of their smoking, the circumstances in which they smoke, and the reactions that appear. This is an initial attempt to understand the dimensions of the behavior. Then they are asked to develop self-reward methods to separate smoking from the environmental cues associated with it.

C - Social Support and Stress Management:

Former smokers are encouraged to seek social support from their partner, friends, and colleagues at work when making the decision to quit smoking.

Former smokers are more likely to succeed in a short period if they have a partner who provides assistance and if they receive support from friends who are non-smokers. The presence of smokers in the social network to which the individual belongs constitutes an obstacle to continuing to quit smoking, an important factor that predicts the possibility of relapse.

Because smoking can be a source of relaxation for many people, relaxation training may need to be included in smoking cessation programs.

Teaching former smokers to relax in situations that are associated with smoking provides them with another way to deal with stress and anxiety.

Moreover, restoring balance to one's lifestyle by changing the diet and engaging in physical exercise may be a helpful factor in quitting smoking or maintaining abstinence after quitting.

The steps that can be considered in preparation for the day set to start quitting smoking:

- Mark a date that signifies the day you have chosen to quit smoking.
- Inform your friends and family about the day you have set to quit smoking.
- Replace smoking with chewing sugar-free gum, cinnamon sticks, or hard candies.
- Decide on the treatment plan you will follow, whether it involves nicotine replacement therapy (patches or gum) or joining a specific smoking cessation class.
- Practice saying "No" and "Thank you, I don't smoke."
- Establish a support system, which could be a secret smokers' association or a friend who successfully quit smoking and is willing to assist you.

On the day you have designated to quit smoking, follow these suggestions:

- Do not smoke.
- Get rid of all cigarettes, lighters, and ashtrays, and any smoking-related items.
- Stay active; try walking, exercising, or engaging in other hobbies.
- Drink plenty of water and juices.
- Start using nicotine gum or nicotine patches if available and accessible in your area.
- Join a smoking cessation class or follow a self-help quitting plan.
- Avoid situations that trigger the urge to smoke.
- Use the Four A's (Avoid, Alter, Alternatives, Activities) to cope with challenging situations.

8/ the tips for quitting smoking:

To understand smoking, its harms, and its causes in detail, we should present the most important solutions for quitting smoking:

*First, the smoker must identify the reasons for which they want to quit smoking.

*To become a motivation and strengthen their resolve, the smoker should list more than fifteen reasons to quit smoking.

*They should be aware of the diseases that quitting smoking can cause, and they should formulate a plan to deal with them.

*These can include stress, depression, increased anger, lack of concentration, sleep difficulties, and weight gain.

*The smoker intending to quit should seek support from their close friends and family to reduce psychological pressure in the coming days.

*A smoker who wants to quit should establish an alternative plan to distract themselves from smoking during times when they have the urge to smoke. This can include chewing gum, eating fruits, playing a preferred mobile game, or taking a ten-minute walk.

Conclusion:

Despite awareness and guidance efforts regarding the necessity of quitting smoking, they have not yielded the desired results in terms of the number of individuals who decide to quit smoking. However, it is essential to focus on these awareness activities, especially for young people, and provide them with vital preventive measures to avoid falling into smoking in the future. It is also crucial to implement laws that penalize individuals who engage in this harmful habit in public places. Addressing the root causes of smoking, with poor upbringing at the forefront, is necessary to tackle this problem from all angles. Smoking leads to a myriad of deadly chronic diseases and can also cause various mental health disorders. Smokers require psychological and social support to quit smoking, making cognitive-behavioral therapy an appropriate treatment for addressing this issue among teenagers.

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