Igić. Scr Med. 2024 May-Jun;55(3):397-8. DOI:10.5937/scriptamed55-50681

LETTER TO THE EDITOR

Data on Smoking Across Three Generations Increase Both Smoking Prevention and Cessation

Rajko Igić[1, 2, 3]

1. Department of Anesthesiology and Pain Management, John Stroger Hospital, Chicago, Illinois, USA.
2. Department of Pharmacology, Toxicology and Clinical Pharmacology, Faculty of Medicine, University of Banja Luka, Banja Luka, The Republic of Srpska, Bosnia and Herzegovina.
3. Medical Centre Sombor, Sombor, Serbia.

Citation:
Igić. Data on smoking across three generations increase both smoking prevention and cessation. Scr Med. 2024 May-Jun;55(3):397-8.

Corresponding author:
RAJKO IGIĆ
E: igicrajko@gmail.com

ARTICLE INFO
Received: 26 April 2024
Revision received: 29 April 2024
Accepted: 29 April 2024

Smoking combustible tobacco is a leading cause for morbidity and mortality of cancer globally.[1] However, two-thirds of lung cancer deaths due to smoking could be prevented through effective tobacco-control policies, regulations and other measures. Therefore, its elimination is a very important public health priority. It is important to establish the prevalence of smoking in each community before an antismoking campaign. The aim of this article was to point out a role of smoking data on intergenerational characteristics of smoking.

It is well known that there is an association between parent (G2) and child (G3) smoking behaviour and a connection between grandparent (G1) and G3 smoking that takes place through the G2.[2] The transmission of smoking behaviour from one generation to the next indicates that it is worth paying attention to family effect when it comes to tobacco prevention; such influence takes place not only through genetics, but also by environmental influences. That is why it is important to establish environmental circumstances when investigating intergenerational influences, eg level of education, occupation, attitude toward women, urbanisation and economic status of family. Change in the number of women smokers may arise due to arrival of the women's liberation movement, increased employment and divorces. The generation of men that went through the war or forced labour often increases incidence of smoking.

In such study, it is possible to include young adult volunteers, eg high school or college students, factory workers or any group of local participants as a convenience sampling.[3] The participants should be asked if they, their parents and grandparents are/were non-smokers or current smokers/ever smokers, the age of each member, their level of education. It is worth including a question on the smoking status of siblings and best friends of the G3 person. The questionnaire can be distributed *via* the Internet (eg *Google Module*) or by the classic way. The results obtained can be displayed graphically and textually.

The data obtained, together with comments written by an experienced medical doctor on antismoking activity, should be presented *via* the public media to the community or wider area,

Figure 1: Elements of teachable moments for combustible tobacco or nicotine smokers

COPD: chronic obstructive pulmonary disease; CAD: coronary artery disease; CHF: congestive heart failure. ¶: Intergenerational data may also contribute to prevention of tobacco use.

including other teachable elements.[4, 5] When smokers and non-smokers realise what factors contributed to smoking, this knowledge increases motivation for quitting or smoking prevention (Figure 1). Studies on intergenerational characteristics of smoking reveal genetic and environmental influences on smoking in the area, as well.

Ethics

No ethics approval was required, since the form of this article is a letter to the editor, expressing author's personal views.

Acknowledgement

None.

Conflicts of interest

The author declares that there is no conflict of interest.

Funding

The author received no funding to support the publication of this article.

Data access

The data that support the findings of this study are available from the corresponding author upon reasonable individual request.

Author ORCID number

Rajko Igić (RI): 0000-0001-9084-3391

Author contributions

Conceptualisation: RI
Data curation: RI
Writing - original draft: RI
Writing - review and editing: RI
Visualisation: RI
Supervision: RI

References

1. Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics 2021. CA Cancer J Clin. 2021;71(1):7-33. doi: 10.3322/caac.21654.
2. Vandewater EA, Park SE, Carey FR, Wilkinson AV. Intergenerational transfer of smoking across three generations and forty-five years. Nicotine Tob Res. 2014;16(1):11-7. doi: 10.1093/ntr/ntt112.
3. Stratton SJ. Population research: convenience sampling strategies. Prehosp Disaster Med. 2021;36(4):373-4. doi: 10.1017/S1049023X21000649.
4. Stojaković N, Jonjev Ž, Igić R. Smoking abstinence in patients scheduled for elective surgery. Scr Med. 2013;44:97-99. doi: 10.7251/SMD1302097S.
5. Domić A, Tomasović I, Bernaciak P, Voronov G, Igić R, Škrbić R. Role of physicians in eliminating risk of cancer caused by combustible tobacco smoke. Med Pregl. 2022;75:363-9. doi: 10.2298/MPNS2212363D.