

WITNESSING THE HARMS OF Nicotine



Text by Dr Chie Zhi Ying

If you have been reading the news, vaping has become one of the hottest topics being covered by the media recently, and for good reason – the number of people caught possessing or using vapes is steadily on the rise, and youths in particular are susceptible to the temptations of vaping.

Anecdotes from the clinic

Seeing anti-vape posters at MRT stations and bus stops is a stark reminder of the increasingly worrying trend of youths falling prey to vaping, and this is just one of the many multi-agency efforts by the Government to step up enforcement and education against electronic cigarettes, to safeguard our population's health and prevent vaping from taking root in our society.

As a family physician working in a polyclinic, I get to see patients of all ages

and all walks of life. I recall an incident with a 17-year-old lady who came in for her headache. Going through her clinical notes, it was apparent that she had frequently visited the polyclinic for various minor ailments. Sensing that she had underlying psychosocial issues and stressors, I proceeded to do a Home, Education/Employment, Activities, Drugs, Sexuality, and Suicide/depression (otherwise known as HEADSS) assessment.

As the consultation went on, she broke into tears and shared that she was deeply troubled by the strained relationship between her parents who were undergoing a divorce. To escape from the endless quarrels and tension, she ran away from home to stay with a female friend. She had also stopped attending school and started taking on odd jobs to support herself. Eventually, her friend introduced her to smoking

cigarettes and vaping as a means of getting away from the overwhelming pressures that she faced. Her friend, who would purchase the cigarettes and vapes from a contact she met online, promised her that she would feel “good”. She would often have cravings for both cigarettes and vapes, and would spend hours on end with them.

When I asked her if she knew that it was illegal for her to buy and smoke cigarettes and vapes, she said she was aware but still did it as her friend was doing it too. However, she was unaware of the harms of vaping and thought that it was a safer alternative to cigarettes – a common misconception that drives people towards taking up vapes. After much persuasion, she eventually agreed to be referred to the National Addictions Management Service at the Institute of Mental Health for support and treatment



of her addictions. As she was a minor, she also agreed for me to speak to her mother on the matter and to ensure that she received the treatment needed.

In another case, a gentleman in his early twenties came to see me for panic attacks. He worked as an executive in the finance sector and had been feeling very overwhelmed by work. He was also pursuing a Masters degree at the same time and had thus been burning the candle at both ends for the past year. He shared that he was a perfectionist and could not accept not performing to his own expectations. When I asked him how he coped with his panic attacks, he shared that he had taken to smoking, and eventually admitted to having tried out vapes. However, he had stopped vaping as he knew it was illegal to do so and was worried about the long arm of the law catching up with him.

He would smoke up to a full pack of cigarettes a day, especially when he had multiple deadlines to meet at work and in school. He would crave smoking and would feel “shaky” if he did not light up. Deep down, he knew he should not take to smoking to cope with his pressures and anxiety, and had contemplated quitting it. Using the “5A’s” (Ask, Advise, Assess, Assist and Arrange) strategy, I discussed the various smoking cessation options with him. I told him that smoking would in fact worsen his anxiety and that it was important for him to use other ways to cope with the stress that he was facing. I then shared with him the 4Ds techniques that he could employ to help him quit smoking (ie, distract, delay, deep breathing and drinking water).

I also reinforced the importance of eating well and ensuring sufficient sleep and exercise such that his body and mind would be in the right state to meet the daily demands of his life. He agreed to attend the smoking cessation clinic run by my polyclinic’s clinical pharmacists, and one of the options available to him was nicotine replacement therapy. At the same time, I started him on medication and enlisted the help of a psychologist colleague for his panic disorder.

Going forward

As illustrated by the above clinical cases, all it takes is a puff of a cigarette or vape for someone to become hooked on it. Whether it is smoking or vaping, the nicotine addiction kicks in fast, and users chase after the temporary “high” and “relaxed mood” that smoking or vaping might bring, creating a cycle of dependence. It does not help that vapes are marketed in colourful packaging with various flavours, not to mention the peer pressure and the desire to fit in with friends who smoke or vape, or the perception that vaping or smoking is “cool” and “trendy”, making it attractive for young users. Additionally, the odour dissipates quickly which makes it easier for them to evade detection by others.

Preventing that first puff is crucial, as many who try to quit vaping or smoking experience withdrawal symptoms such as irritability, anxiety, difficulty concentrating and strong cravings for nicotine, leading to frequent relapses. Besides enforcement and education efforts, more help is needed to provide mental health support for our youths. Be it in schools,

workplaces or the community, we need to mobilise mental health support teams to screen, assess and manage mental health issues before youths and others turn to illicit substances to cope. Only then can we ensure that our young grow up healthily, both physically and mentally, and reach their fullest potential in life. ♦

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