

SMOKING AMONG YOUNG PEOPLE AND INTENT TO QUIT SMOKING. A PARADIGM IN THE FIELD OF SMOKING

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Abstract: Smokers are considered a risk group for new coronavirus infections. According to a study published in the Chinese Medical Journal (Stop Smoking, 2021), the evolution of the disease in tobacco-dependent patients is usually more difficult and longer-lasting, even deadly, compared to the course of the same disease in non-smokers.

In this paper I have sought to answer the following general research question: How does smoking belong to a social group or its intention to quit smoking? So smoking is addressed more as a social problem than as a health risk factor.

The analysis was based on theories of intentional behavior and action theory in terms of smoking cessation. The idea of social exclusion of young smokers from non-smoking groups was also addressed.

We highlighted the need and efficiency of anti - smoking legislation, presenting the results of a national study, according to which the majority of respondents agreed with the introduction of such legislation. Although from an economic point of view this regulation produces negative effects, in the social and health plan of the population the effects can only be positive.

The result of the research was: the intention to quit smoking is determined by medical reasons, rational actions in the direction of self-preservation, rather than by the social group. Individuals who seek to quit smoking think about their health, stating that tobacco repeatedly affects their well-being.

Keywords: smoking, intentional behavior, exclusion, social group, integration

Introduction

The number of smokers is constantly increasing, and the age from which they start smoking is getting lower, the highest prevalence of smokers, according to the CPSS study (2020) are those aged 15 to 24 years. Thus, if adolescents are less receptive to such research, given the fact that they often avoid confirming their status as smokers, students consider the possibility of quitting smoking. Although smoking is not a socially harmful habit, it can lead to inclusion or exclusion from certain social groups.

The idea of the article appeared at the moment when, being a non-smoker, I could observe a certain exclusion from the group of those who smoke, smoking being a social act. Although many times the social group excludes me during the "cigarette breaks", the temptation to start smoking did not exist. This fact puzzled me a lot. If smoking is a social act, then it involves a number of constraints.

The perspective of the group of smokers sometimes determines the generation of an addiction of the non-smoker for smoking, therefore, implicitly the non-smoker in the group can become a smoker, because besides the routine smoking habit, this represents a kind of "barrier in the group". However, this social theory does not apply in all

situations, many non-smokers are not convinced that smoking is a "forbidden fruit" or a "necessary evil" to feel part of a certain group.

The main questions I ask myself at the beginning of this scientific approach are: "What are the social relationships that lead smokers and non-smokers to a cigarette? What are the specific behaviors that cause smokers to quit smoking?"

In the realization of the article I used a series of studies, research carried out in the field of this habit, I highlighted how it was tried over time to determine, especially young people, to quit smoking. But despite the intense efforts made both at national and European level, the number of smokers, as we can notice is still on the rise.

In addition to the analysis of data collected through the interview applied in the research chapter, other data are presented that help to understand the phenomenon of smoking and its implications not only in terms of health but also in terms of society and legal rights. The research was conducted on a sample of 12 people, grouped according to three main factors: smokers, non-smokers, ex-smokers, so we could observe the differences in behavior and social relationships of each study group.

Smoking and the intention to quit smoking

The question I tried to answer while trying to highlight the fact that this habit is harmful, is "Why does smoking pose a behaviour that is risky to health?".

Smoking is the main cause of illness and morbidity, and according to the Romanian Society of Cardiology (Romanian Society of Cardiology, 2016) life expectancy for a smoker is reduced by 5 to 20 years. For this reason, certain clarifications are needed regarding the origin of smoking and the effects it implies. Smoking affects health, and "a healthy person has a much more positive and happier view of life" (Vasile M., 2013).

The premise from which I have started in writing the article is that smoking is one of the most unhealthy behaviors, which is why we will further analyze how this habit is addictive. For a long time it was considered that the decision to smoke is a conscious choice, assumed, people being informed when they start smoking, through the anti-smoking campaigns, and therefore assume responsibility and responsibility.

According to a study conducted by Mircea Iovu (2003), the main reasons for smoking are related to habit, pleasure, addiction, relaxation. There are a number of factors that are frequently associated with the onset of smoking and addiction, such as: advertising and promotion of tobacco products, one or more parents who smoke, friends who smoke, easy access to cigarette smoking, perceived behavior, of the dangers of smoking and socio-economic status.

Relevant to the theme of this project, we consider it to be the central idea of the article "Action smoking and health", London 1994, in which it was stated that: "Tobacco is the only consumer product that can kill you, if you use it as the manufacturer wants you to", but also the idea according to which: "Smoking not only reduces the life expectancy, but also its quality" (Griffith E., 2004, pp.51-55).

Tobacco addiction is a chronic condition, in view of the fact that nicotine is found in the narcotics family, and addiction caused by it involves repeated interventions.

Currently, there are numerous treatments of a medical, psychological, psychiatric nature that contribute to obtaining a total or long-term abstinence.

Nicotine dependence is manifested by the large number of premature deaths due to malignant diseases where smoking is a risk factor, "but also by the immediate negative consequences on labor productivity, being only one of the few negative economic effects" , 2004, p.5).

In the foundation of this addictive behavior, the social group has an important role in the formation of favorable attitudes towards smoking. Smoking is a complex behavior that manifests itself mainly in social groups and thus can have the role of a "semiotic code" through which that group differs from other social groups. Anti-smoking campaigns and strategies are intended to discourage the social function of smoking and to encourage the creation of social norms (Sussman, coord., 2010).

The tobacco industry, through its advertisements and advertising campaigns, promotes the image of the rebellious, free, mature and strong smoker. Adolescents come to consider smoking a behavior that corresponds to this image. Modifying this image is the fundamental goal of anti-smoking campaigns, both at school and in society. One of the most important messages that both the campaigns and the anti-smoking legislation must convey are those regarding the value of a healthy non-smoking lifestyle that has important consequences for physical and social attractiveness, social activity.

The thinking and acting theory: the intention to give up

Smoking addiction is strongly correlated with the intention to quit smoking, which is becoming more active among the mature population, especially among women (Ajzen and Fishbein, 2010, pp. 6-10).

According to a study conducted in China, in view of the fact that one third of the world's smokers are found in China, on a sample of 14,434 students and high school students, in seven different cities, it was shown that the theory of planned behavior has a greater variation than the theory of thought action. , which means that young people are more governed by social attitudes and norms (Guo, coord, 2006).

Tobacco has been considered over time "a poetic narcotic" generating euphoric states. Specifically, Macedonski praises the "ecstasy" and "drunkenness of thought" generated by tobacco, stating that "Only those who sigh / do not sigh" in a poem of 1892. In our country tobacco was used by the great writers in combination with opium, Ionel Teodoreanu wrote in "La Medeleni" about a: "True tobacco cocktail, boiled with tobacco and honey, sandalwood, figs, opium, sweet as oriental treats, equivocal and sluggish" (Oişteanu, 2010: p.163).

If in the time of the symbolists tobacco suspended pain and provoked euphoria and poetic state, it represents only a "custom of Hasidic rabbi from Moldova" (Oişteanu, 2010: p.169), in everyday reality we talk about tobacco strictly as a fad. it does not provoke a euphoric state, but rather aggravates a conscious dependence.

Icek Ajzen and Märtin Fishbein (2010, pp. 6-10), according to which behavior can be anticipated depending on the behavioral intention of the individual. According to this theory, individuals are rational, and information and attitudes are what shape their

behavior. Thus, the behavioral intention has its origin in the attitude regarding the thought behavior. This attitude is also determined by the gains that the behavior can generate and the evaluation of the probability of obtaining a predicted gain.

The thinking and acting theory (Fishbein and Ajzen, 1975) has attracted the attention of many researchers, with several meta-analytical studies demonstrating its usefulness as a predictor of intentions and behavior in a large number of fields (Sheppard, Hat, 1988; Put; (1991) Armitage et al., 1999). The model places the intentions, the necessary motivation for engaging in a behavior, as the determinant of the behavior, the intention being co-determined by the general evaluations, positive or negative) of the behavior (attitudes) and by the general perceptions of the social norm.

According to this theory, behavioral intentions are determined by attitudes (generally positive / negative evaluations of behavior), and the perception of social pressure is determined by subjective norms. These proximate determinants of intention are derived from the subject's beliefs as it results from expectation-value theories such as that of Helen Peak (1955). Consequently, beliefs about behavior, which are the product of the perception of the probability that certain effects / results will appear (beliefs about effects / results) and the evaluation of these results, are what determine attitudes. The normative beliefs that constitute the antecedents of the subjective norms are the product of the perceived social pressure, exerted by the references of the individual (the referring beliefs) and the motivation to conform to these references (Armitage and Conner, 1999).

Mark Twain stated in his intention to quit smoking: "Quitting smoking is easy. I've done it a thousand times." Then why is it so hard to quit smoking? The answer can be found in the previous subchapter: nicotine. The effects of quitting smoking are manifested by dizziness, depression, feelings of frustration, anxiety and anger, anxiety, insomnia, etc. (US Surgeon General's Report, 2010, p. 359).

The majority of people do not succeed from the first times when they try to quit smoking. One should not be blamed because this is quite difficult. A list of advantages of quitting smoking and the reasons that determined the initial attempt to quit this habit is needed. It is recommended to use medication or nicotine replacements, or to seek proper medical advice.

Gender differences in smoking habits

Smoking is a behavior that man chooses to learn, not an innate behavior. Once learned, he is controlled by the drug that he takes (nicotine) because of the pleasant effect felt after smoking but also because the unpleasant condition (withdrawal) he has if he does not smoke disappears after the first smoke.

That is why daily smoking does not appear "suddenly" but is the result of a learning process that begins in early childhood (2-3 years), amplifies or materializes in adolescence and is maintained in adulthood. Being a learned behavior, it takes place in parallel with another but opposite process - smoking resistance - which is responsible for quitting smoking.

The habit of smoking in Europe was first observed in a woman: Caterina de Medici (1519-1580) being the first statesman to impose a monopoly on the processing and sale of tobacco. In Paris, in the middle of the 19th century, in the literary-artistic world, there is a lady "with splendid eyes, who smokes a pipe or cigarettes of leaves, on which she throws them lit in a vase with water ...". George Sand, a famous writer at that time, a woman whose life was inspired by Chopin's music, but also by Alfred de Musset's poetry, who, following a discussion, left in writing: Geoge is in the chamber doing, / A flower among lowers,/ With tears in her eyes, poor woman /She smokes from a cigarette ... "The passion for smoking was declared by George Sand as a feminist claim, a manifestation of the freedom that women can assume (Iovu, M., 2003 , p.51).

Since 1990, smoking has obviously accelerated in Eastern Europe, especially among women, and there is still a fairly high gender gap, with almost half (46.4%) of men aged 14 to 60 being smokers, compared to 24.1% of women in the same age category. 12.7% of the total percentage (7.95% of women and 17.7% of men) are people who were included in the category of ex-smokers. People in this category have smoked more than a hundred cigarettes in their lifetime, but at the time of the study (in the last month), they have not smoked at all because they have stopped smoking. Non-smokers represent 52.1% of the people included in the group. (National Stop Smoking Program, 2014)

Between February and December 2012, a project was implemented to identify effective approaches and tools for communicating with women smokers in Romania. (Secondary Analysis Report on Smoking Behavior in Women, 2012)

According to this project called: "Communication approaches suitable for Romanian women for smoking prevention and smoking cessation" (2012) in Romania, the most vulnerable women in relation to smoking are those in urban areas and with higher education. For them, adolescence is the most vulnerable period for the onset of smoking. The period of maximum vulnerability to smoking in the life of a city woman with a high educational level is between 25 and 44 years.

During this period, most of them smoke and are satisfied with a cigarette next to them, and the thoughts about giving up tobacco are repressed in the most effective way. Women over the age of 44 are the most likely to quit smoking. (Secondary Analysis Report on Smoking Behavior in Women, 2012)

Roma women seem to have the greatest vulnerability, as they smoke almost twice as often and more often than any other ethnic group. The geographical region of residence does not significantly influence the level of smoking, although women in Bucharest seem to consume more tobacco. Paradoxically, the largest amount of cigarettes is consumed by women with an educational level and a low monthly income. (Secondary analysis report of smoking behavior in women, 2012). As a result, in this chapter we have analyzed a series of factors and highlighted studies to establish the vulnerability to smoking, but also the intention to quit smoking, in view of the harmful effects on your health and behavior. improve your life, but also your perception of it.

Methodology

The category of non-smokers we will include the two categories who have never smoked and former smokers, because the only difference between these is that some have smoked and there is the possibility of relapse.

The interviewed population is made up of 12 people, women and men, aged between 20 and 25 years, students or masters in Sociology. Regarding the interviewed subjects, the imposed selection / recruitment criteria were taken into account, namely persons aged between 19-25 years.

The interview was conducted for each group: smokers, non-smokers and former smokers.

Questions: How long have you been smoking, and how often, what made you start smoking? When do you feel the need to smoke? Are you thinking of quitting smoking, If not, why? Have you ever smoked, even one cigar, if so, what attracted you? Do you ever think about smoking again? are made based on the theory of planned behavior.

Questions: Are you aware of the risk associated with smoking, if so, what do you think is the main harmful effect of smoking? Do you consider yourself an example to those around you? What do you think about the anti-smoking law? What do you think are the main consequences of this law? Do you ever think about smoking? What made you start smoking? And what made you give up? are made on the basis of the theory of thought action.

Questions: Do you have smokers / non-smokers in your social group? Do you mind being surrounded by smokers? Motivate, How do you view a non-smoker as a smoker? Do you consider yourself an example for smokers? Do you mind being surrounded by smokers? The motivated aim to establish cohesion at the level of the social group and how it influences the smoker / non-smoker.

I chose to interview 6 women and 6 men to observe the differences between them, how they perceive smoking and the attitude towards smokers, ex - smokers or never smokers.

The present study was conducted to gather relevant information on smoking and the intention to quit this habit among sociology students. Interviewees, consumers or non-consumers of tobacco products, were selected from Sociology students. The data collection was carried out with the help of a structured interview, on three categories of respondents.

The aim of the research is to find out what is the perception of smokers and non-smokers towards this habit, among sociology students, but also the impact of the anti-smoking law on them.

Results

Smoking frequency is an independent variable. Once addicted, the smoker will be prone to smoke more and more often and in increasing numbers.

Smoking can become a social problem, through the phenomenon of marginalization of other groups apart from the reference one in which the individual started smoking. A medical problem, the accumulation of diseases obtained as a result of

cigarette use and demographics, because with an increasing number of smokers, mortality can become even higher.

Also a concept used is the degree of involvement of the individual in the social group, maintaining the cohesion of the group is sometimes more important than adopting a rational decision.

The concepts used are structured as follows:

The first independent variable is the vice considered as a factor of influence for the structuring of the subjects in the three analysis groups.

Vice is an abnormal habit undirected by will and reason, even a passion.

Even if the individual knows the possible circumstances that will follow becoming a smoker, he accepts without processing the information accumulated until the moment of the first attempt.

The next independent variable represented by the characteristics of the social group in which the individual carries out his daily activity, a group that can influence both the intention to start, restart or quit smoking. The social group represents ensembles of people of different sizes, who have a higher or lower degree of structuring and a greater or lesser duration of interaction and interpersonal influence.

The subjects are rational people, who act in the direction of quitting smoking, noting that three subjects have given up smoking, and those who smoke have tried at least once to quit smoking and in this regard we will analyze the most careful group of smokers. They have already given up smoking, but also young people who want to quit smoking in the smoking group. We will also consider the intention to start / resume smoking among non-smokers / those who have given up smoking.

Following the analysis of the demographic data, we found that women have a greater propensity to smoke than men, in the women's analysis group we identified three smokers and a former smoker and only one female person that never smoked before, following this, we found that women have a greater predisposition to smoking than men.

Among men, there are fewer smokers among those who are still studying than among those who are employed, which means that the social group can influence smoking and maintain this harmful habit. However, we observe a larger number of male subjects who have never smoked, compared to female subjects, where only one subject has reported that they have never smoked.

Belonging to the social group is important for sociology students, therefore I will identify both the perception of smokers about non-smokers and vice versa.

I have determined through this study how the legislation in force influences the perception of young people towards smoking: do I agree with this? Does the idea of "forbidden fruit" inoculate them and make them smoke more? What are the main consequences of its implementation among smokers?

Following the application of the interview, I found the following essential aspects: among male subjects it is highlighted that they do not want to start smoking, while for female subjects this probability is higher or constant. The age category at which both categories of subjects, female and male, start smoking is found around the age of 20-21

years. However, the tendency to quit smoking and not to return to smoking is much more pronounced among men than among female subjects.

Regarding the attitude towards smoking and smokers, I found among non-smokers, included in this category and ex-smokers, most can not stay in rooms where they smoke or are just smokers, and in the case of a quarter of respondents can accept smoking in certain situations.

"Smoking is bad for us. When I'm in a room with smokers, I feel like I'm suffocating and I'm instantly dizzy," said a non-smoker (female, ex-smoker, 20 years old).

"I honestly can't stay in places for smokers anymore. I quit smoking because it hurt me physically, and the temptation is quite high. I smoked for 4 years and the temptation is great" said a former smoker (woman, ex-smoker, 25 years old).

We also have a non-smoker who tolerates smoking who states: "cigarette smoking, in this case smokers, does not bother me, because my parents smoke and I got used to being around smokers." Therefore, both the family environment and the one in which they carry out their daily life has an important role in the adaptability of the subjects in the smoking environment.

The opinions of non-smokers on smoking tend to be negative: although almost a third of non-smokers respond to no good or bad opinion of smokers, they do not consider this relevant aspect: "I do not have a negative opinion about smokers, I have many smoking friends, they are just like me. I don't think that smoking should be a stigma, an impediment in making new friends" (male, non-smoker, 20 years old), but many still dislike a negative opinion about smokers:

"I think that quitting smoking is a matter of will, and from my point of view smokers do not have the will to choose what is best for their health" (male, non-smoker, 21 years old)

"I don't have a very good opinion about smokers, I don't understand why they risk their health, for what? what satisfaction do they have?" (woman, non-smoker, 20 years old)

"I can't stand someone smoking next to me. I'm glad smoking was banned in public places. There was only cigarette smoke everywhere, we had to look for a place for non-smokers where they were still smokers, and now they are also outraged" (Woman, ex-smoker, 20 years old)

Two non-smokers (one who never smoked and a former smoker) stated that it bothers them to stay in front of smokers and stated that if they go to town and find a free meal only in the smoking area, where to take place in the non-smoking area: "smokers don't bother me, the act of smoking bothers me. Every time I went out I had to look for non-smoking places. I couldn't smoke, there was too much smoke" (male, ex-smoker, 24 years old).

Regarding the reasons why smokers and ex-smokers smoked or smoke, I obtained, in order of frequency of answers, the following answers: out of habit, out of pleasure, because I am addicted, smoking helps me to relax, out of boredom, out of fun, I like to hold a cigarette in my hand, smoking gives me more energy, out of curiosity.

In order to assess the addiction of smokers, we included in the interview questions regarding the intention to quit smoking. Thus, the interviewed smokers were asked if they intend to quit smoking, and if not, for what reason: "I can't quit smoking, I have a stressful life and everyone in my work group smokes" (woman, smoker, 23 years)

I analyzed the answers to the questions, so that those who do not intend to quit smoking, feel the need to smoke in the early hours of the morning after waking up and as long as after smoking a cigarette they feel the need to light a new one. These are heavy smokers. Almost all the smokers interviewed stated that they lit a cigarette in the early hours of the day. Interviewee smokers stated that they felt the need to smoke within the first three hours of smoking, including those who felt the need to smoke immediately after smoking.

Of all smokers, half said they wanted to quit, and the rest tried to quit at least once since they were smokers (more male than female): "I want to quit smoking, for myself, for my health "(woman, smoker, 22 years old) said a female subject. "Yes, I tried to quit, not just once, but I have friends who smoke and I got back on track" (woman, smoker, 21 years old) said another female subject who repeatedly tried to give up this usually harmful. According to another answer: "I managed to quit smoking, suddenly. I woke up one day and said I wasn't smoking anymore. That's how it was!" (woman, ex-smoker, 25 years old)

These answers highlight the theory of planned behavior, that only a little more than half of smokers have this express desire to quit, although they have tried to quit at least once. The lack of interest in withdrawal and the high percentage of failures are generated by the small number of smoking counseling cabinets and the lack of training in the field of anti-smoking and the doctors who must lead the smoker from the pre-contemplative and contemplative stage to the one to be prepared.

Two subjects in the total number of smokers stated that from the moment they became regular smokers they tried at least once to quit.

If the number of women and men who have tried to quit smoking since the beginning of constant smoking and so far are relatively equal, depending on the number of attempts to quit smoking, male subjects have made more attempts to give up compared to female subjects.

The tendency of the female sex to make attempts to stop smoking towards the male sex is mainly motivated by the fragility of this group in key moments of life (appearance of a pregnancy, existence in the family of a child, etc. The following answers were obtained, in order of frequency: smoking is bad for my health, smoking costs me too much, my partner doesn't like it, I got sick, the doctor forbade me, I'm afraid of cancer, my friends quit.

Among those who have quit smoking, women seem less determined to give up this habit once and for all: ex-smokers have stated that they will smoke more next year, compared to those who have quit smoking. ex-smokers who have not stated the same thing.

In order to identify the degree of perception and awareness of some social or health consequences, that accompany the pattern of the majority of smokers, a question

regarding the health risk was included. Thus, the presence of the unpleasant and persistent smell of tobacco on clothes was recognized by smokers. Smokers also said that they get tired more easily and that they have difficulty breathing, respectively, admitted that they spent the last money they had to buy cigarettes, and at least once argued with someone for a reason related to smoking.

At the level of women smokers, I noticed that they maintain friendships if they met for a cigarette, that it is very easy for them to change their minds. At the small group level, we noticed that smokers are "radical" people, with a very strong personality, able to influence group relationships.

An interesting aspect about the relationship between smokers and non-smokers is going out in a group for a "cigarette", even if among the group there is only one smoker, there will be smoker coming with him just so they can socialize.

The attitude of smokers towards non-smokers

In order to assess the attitudes and practices of non-smokers or smokers towards smokers, questions were asked to both smokers and non-smokers regarding these aspects: "How do you view a smoker as a non-smoker? Do you have non-smokers in your social group? Do you have smokers in your social group? ", And another relevant questions to smokers about this aspect: " Do you consider yourself an example to those around you? "

Thus, smokers presented how they usually proceed if they want to light a cigarette and are in the presence of non-smokers, as well as how they should proceed in a similar situation. Most smokers and non-smokers frequently interact with non-smokers and smokers, respectively, all respondents having at least one smoker in the social group.

They said they usually ask for permission to smoke if they want to smoke, and there is a non-smoker in their presence, and others said they lit a cigarette regardless of the presence of non-smokers. There are also subjects who do not smoke in the presence of non-smokers. Half of the men ask for permission to smoke if they are next to non-smokers, and a quarter of them smoke cigarettes indifferently, the cases being similar in the case of women for these situations.

Non-smokers believe that a smoker should ask permission to smoke if he wants to light a cigarette next to a non-smoker, but there is also a part that I think a smoker should not smoke next to a non-smoker; only a smoker states that a smoker can smoke regardless of the presence of other people. The fact that a smoker is allowed to light a cigarette in the presence of a non-smoker indicates a lack of education of the non-smoker related to his rights and the risks to which he is exposed.

Among the total number of interviewees, there are more people who consider that a smoker should not smoke in the presence of a non-smoker, or that he should ask to be allowed to smoke.

Very few appreciate that you can smoke regardless of the presence of other people. More than half of the non-smokers surveyed believe that in no case should a smoker smoke in the presence of a non-smoker, and the rest believe that the person who

wants to smoke should ask for permission if they are in the presence of a non-smoker, and none. It is believed that a smoker can smoke regardless of the presence of other people.

The fact that less than half of the smokers interviewed consider that they should not smoke in the presence of non-smokers also proves the non-existence - for the other half - of the belief that smoking harms the environment.

Attitude towards smokers

Everyone has been asked what a non-smoker should do if a smoker wants to smoke a cigarette next to him or her. The values obtained in the whole group were the following: some consider that the person who does not smoke should leave the people who smoke, others consider that the non-smoker should ask the smoker not to smoke a cigarette. Also, the subjects state that the smoker should be allowed to smoke if the smoker asks permission, while others state that the smoker should be allowed to smoke regardless of the presence of non-smokers.

As in the case of non-smokers' attitudes and behaviors, there were significant differences between the attitude and behavior that a person (smoker or non-smoker) should have in the face of the situation when a smoker smokes. A small proportion of smokers say that a smoker usually asks them not to light a cigarette, the number being significantly higher for non-smokers. Most smokers let other smokers smoke in their presence, which is much smaller among non-smokers.

The interviewees stated that they usually hang out with smokers, and some let smokers smoke if they ask. Thus, an unexpected lack of reaction from non-smokers is highlighted. They seem to be afraid of the number of smokers and prefer to leave the premises where they smoke instead of asking to quit smoking in their presence.

Nearly half of the interviewees stated that in the last year they had discussed with a person aspects related to tobacco use and its consequences. Only half of them actually had moments when she tried to find answers to questions that bothered her members about the dangers of smoking.

In conclusion, the negative health effects are acknowledged by most of the interviewees (over 90% of them) and there were no significant differences between smokers and non-smokers, but the way it goes on a long-term quest until the perpetuation of this habit demonstrates the substantial efforts necessary to raise awareness of these theoretical notions. It should be noted that some of the statements on which the interviewees had to agree or disagree are warning messages on cigarette packs.

Conclusions

Nearly half of the smokers are highly addicted, they use cigarettes in the first hour before waking up. This criteria is relative because other characteristics of the smoker are usually taken into account for the assessment of the degree of addiction. If we look, for example, through the prism of the number of cigarettes smoked per day, many other studies show that there is little difference in the degree of gender

dependence between adults and adolescents or adolescents (Women and smoking: A report of the Surgeon). 2002, p. 51).

Of all the smokers, more than half wanted to quit, and the rest had tried to quit at least once.

More women than men have resisted smoking for more than a month. Epidemiological studies have shown that signs of nicotine addiction, such as difficulty quitting, withdrawal, and occasional use of tobacco, may occur in the first few days of smoking cessation and are severely related. duration, frequency and amount of tobacco consumed. Under these conditions, a longer period of one month of abstinence seems to prove that it is about Romanian smokers in a stage of low dependence, usually belonging to the female sex.

The environment, mainly among friends, according to the study I undertook, has an important role in influencing decisions related to continued smoking. This fact is only partially confirmed by a longitudinal study conducted in 6 European countries on a group of 12,705 adolescents; Here it has been shown that smoking by friends and especially by the best friend is the most important factor that influences the status of smokers and adolescents, explaining 38% of the variations within the group (deVries H.8, coord, 2003, p.18) .

Friends who smoke develop a social culture around smoking and thus help perpetuate the habit. It is somewhat surprising in this context that this high percentage of friends, good advisers, found in our group who do not agree with the real influence of those who have managed to quit smoking, as it turns out, the reasons that led to the cessation of this habit.

Those who participated in the study and stopped smoking, say they reacted in this way because: it is harmful to health, it costs too much, it disturbs the partner, it was a cause of illness, the doctor intervened, the doctor left.

More male respondents said they would not return to smoking, while female subjects intended to resume smoking.

The influence of friends in smoking cessation is minimal if they are also smokers. To support my assertion and idea from the study, I will present that an Australian study finds that in the entourage of smokers, at 7% of them, all friends are regular smokers, at 29% more than half and only at 4% a smoking friend (deVries H., coord, 2003, p. 12).

Following the analysis of the answers to the question: "What do you think about the anti-smoking law?" we could see that the subjects who are employed intend to reduce the number of cigarettes because their job does not allow them so many breaks, but we could not notice what impact it has on those who are smokers and are students, because they declared themselves neutral with on the anti-smoking law or even against. Analyzing the answers to the questions on the anti-smoking law, I noticed that a large part of the respondents agree with this, even the smokers, considering it in addition to a law that promotes health and a cost-saving, cost-saving.

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