



Editorial

Tobacco has been traded around the world for centuries as a very profitable commodity thus leading to grow a very strong economical industry. After the catastrophic effect of smoking on human health have been revealed by some pioneer researchers like Sir Richard Doll, this industry counter-attacked every possible way to protect this high profit business. Industry accused people who underlined the effects of tobacco on human health with pseudoscience, support and finance smoking favorable studies, sued the researchers who studied effects of smoking on health and most importantly using political power they avoided governments to constitute anti-smoking laws until early eighties. However the truth became as clear as it can be with the efforts of independent doctors cooperating with WHO. When the industry is sued by people who had been suffered from smoking (people who have cancer etc.) they are shielded back two main arguments usually. Firstly they claimed that to start smoking is a personal initiative (people make a choice to smoke) and secondly is that smokers could stop smoking if they really want to. Today we strongly know that both arguments are wrong. Tobacco is one of the most potent addictive substances in the world and it can be accessed very easily. To cease smoking is hard as some very potent narcotics (cocaine etc.). It is now that the industry is shifting its future enterprises to electronic cigarettes or hookahs (It is discussed in this special issue with a review) especially they aim children and teenagers. It has been estimated that there are at least 18 millions of people who smokes regularly in our country. The danger is clear and present. Smoking cannot be considered as a problem of an exact specialty (Internal Medicine, Chest and lung Diseases etc.). Every effort to solve this problem without primary care professionals (Family practice specialists, family physicians, general practitioners etc.) is likely doomed to fail.

However many medical faculties around the world (Including Turkey), standard undergraduate medical education gives a little effort to teach medical students how to help their patients to stop cessation (One of our articles is about a cessation lesson in medical education). In the recent years there are several positive steps are taken for controlling smoking in our country. New laws about smoking prohibition is legalized and a motivation in general public to cease smoking is raised with television commercials. Many physicians are trained for smoking cessation by ministry of health and a free smoking cessation line (171) have been established. With two major brief projects people got free drugs in order to stop smoking. However it can be argued that, this type of approach is the best for public health. To avoid teenagers to start smoking should be the number one priority. Secondary priority should be given to ex-smokers to remain in that status. Lastly to help smokers to quit smoking. For all of this priorities education and prevention is essential. Instead of big budgeted short session cessation projects, low cost and continuous and steady programs (Public education, children and teenager prevention, motivational interventions and nicotine replacement and very well indicated drug therapy) should be more successful.

In this special issue we tried to reveal some of the important aspects of smoking. We have a short report about Fagerstrom Nicotine Addiction Test which is widely used, and reviews about Transteoretical Model, the effects of smoking on cardiovascular and oral health. Apart from several important national and international analytic descriptive studies there are several different we have received several interesting studies analyzing the cessation rates with different interventions. We hope this issue will increase interest of health professionals in this topic.