EDITORIAL

Smoking: Disease or Lifestyle?

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Editorial to accompany the article "Older Smokers' Motivation and Attempts to Quit Smoking: Epidemiological insight Into the Question of Lifestyle Versus Addiction" by Breitling et al. in this issue of *Deutsches Ärzteblatt International*

The question as to how we should classify continued tobacco consumption despite a smoker's desire to quit, diagnostically, is a recurring one. On the one hand, there are supporters for the view that tobacco addiction equates to other addictive diseases. Others argue for classifying smoking as either simply a lifestyle choice or, at worst, a lack of consistent commitment to quit.

There is no doubt that motivating a smoker to stop consuming tobacco is a key piece of primary prevention, by preventing cardiovascular disease, chronic obstructive pulmonary disease, and malignancies, to name just a few. However, classifying smoking as an addictive disease has far-reaching and practical implications for treatment: abstinence needs to be promoted and stabilized with the help of medically supported psychotherapeutic interventions as well as simple motivational measures. Moreover, withdrawal should be supported with medication.

Smoking—a disease, not a lifestyle

Breitling et al.'s report (1) validates a significant aspect of addiction: for older smokers, suffering related to smoking-related diseases is insufficient to drive smoking cessation. In other words, cognitive dissonance is present. Despite health problems and the willingness to quit, only a fraction of smokers succeed in maintaining abstinence. Once again, the ESTHER study demonstrates that willingness alone is not necessarily linked to successful withdrawal. In fact, numerous studies have shown that few smokers who attempt to quit smoking spontaneously, or do not receive adequate support, remain abstinent after one year (2). These study results strongly suggest that the smokers wish to discontinue tobacco consumption; to doubt this would seem cynical, given the health condition of many smokers.

However, to define this as an illness based solely the inability to abstain despite the awareness of health consequences goes too far. The authors' conclusion that this does not represent "autonomous behaviour" is supported by numerous additional findings demonstrating psychological and neurobiological parallels between tobacco dependency and other addictions. Criteria for the dependency syndrome seen in smokers include

- increased tolerance
- the emergence of withdrawal symptoms
- loss of control over tobacco consumption.

The satisfying sensation in humans as well as in laboratory animals has its neurobiological equivalent in the mesolimbic dopaminergic system. Three characteristics emphasize the legitimate classification of smoking as an addictive disease:

- the adaptation processes of nicotinic receptors at the neuronal level
- nicotine-induced conditioned responses seen in animal experiments
- evidence of genetic predisposition for heavy nicotine consumption.

Smoking is therefore considered a type of disorder requiring professional support and qualified detoxification treatment (3).

Necessary measures

In the light of smoking being recognized as an addictive disease, professional associations such as "Deutsche Hauptstelle für Suchtfragen (DHS) e.V." (The German Addiction Information Center), "Deutsche Gesellschaft für Suchtforschung und Suchttherapie (DG-Sucht e.V.)" (The German Society for Addiction Research and Addiction Therapy), as well as the German Medical Association therefore demand necessary steps to be taken.

The German Medical Association, anticipating the classification of smoking as an addiction, developed a curriculum entitled "Tobacco withdrawal qualification" which follows standard guidelines (2, 4, 5).

It is intended to: "Convey detailed background information to doctors about the social and health-related aspects of tobacco consumption [...]; promote awareness of successful approaches, motivation, and therapy for their smoking patients [...]; and provide practical support in introducing smoking cessation consultations and withdrawal treatments at their practice or clinic." Meanwhile, the curriculum is offered as a certified advanced training course by several State Medical Associations for physicians (6).

Looking ahead to a time when doctors increasingly accept responsibility for motivating smokers to quit and are trained specifically in motivational techniques and smoking cessation consultation, it still remains to intensify preventative efforts and integrate motivational measures into regular doctor-patient consultations. Moreover, recognition of tobacco dependency as an addictive disease by insurers is desirable in terms of billing for medical services provided, or even refunding the treatment cost to smokers.

Conflict of interest statement

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