# KNOWLEDGE AND BELIEF: IMPLICATION FOR SMOKING PATTERN AMONG FIRSTHAND SMOKERS IN CALABAR AND UYO SOUTH, NIGERIA

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## ABSTRACT

Smoking has remained a popular behavior among humans even in the 21st century despite the several legitimate warnings against the practice. The study seeks to find out the relationship the between knowledge, belief and smoking pattern among firsthand smokers in Calabar and Uyo Metropolis, South, South, Nigeria. To achieve this, the study adopts the descriptive survey design with the snowballing sampling technique to secure data through questionnaire from the 376 respondents which constitutes its sample. The study found no significant relationship between knowledge and smoking pattern, but a significant relationship between belief and smoking pattern. In addition, the study found that Arizona is the most smoked substance in the study area. Hence, it is recommended that the production and circulation of smoked substances particularly the outlawed ones should be diligently checked with due sincerity by Nigeria Drug Law Enforcement Agency and its affiliates. Also, campaign against smoking should be targeted towards convincing the populace about the health dangers of smoking rather than just informing them.

**Keywords**: Knowledge, Belief, Firsthand Smokers, Smoking Pattern, Cognitive dissonance

## INTRODUCTION

Smoking is conceptualized as an act or habit of inhaling and exhaling the smoke of any smokable substance by sucking one end when lit. It is one behaviour that is considered deviant and irresponsible and harmful among some enclaves. Smoking is a dangerous behavior which according to the World Health Organisation (WHO) (2019) is attracting a growing patronage even though it accounts for over 7 million annual mortalities amidst other widely publicized and clear consequences.

Archeological studies trace the first use of tobacco to somewhere around the first century BC, when Maya community of central America used tobacco leaves for smoking in sacred religious ceremonies (Mishra & Mishra, 2013). However, today, the habit has gained much prevalence such that on the global scale, 942 million men and 175 million women from age 15 and above are current smokers and the sales for legal global tobacco markets puts that of 2019 (the most recent) at the worth of US$ 818 billion (American Cancer Society (ACS) and Vital Strategies (VS) 2018; British American Tobacco (BAT) 2021). To prove that the 2019 sales was not a coincidence but an established trend, Maura Foundation (2012) observed that while over 43 trillion cigarettes were smoked between 2002 and 2012, citing portions of the World Tobacco Atlas, reiterated that the combined profit of six leading tobacco companies in 2010 was US$35.1 billion equal to the combined profits of Coca-Cola, Microsoft, and McDonald in the same year. ACS and VS (2018) further observed that the combined revenue of the six leading tobacco companies in 2016 was over US$346 billion- an amount which equates about 87% of the Most Populous African Nation's national budget for that year. Leading smokers' countries as of 2018 (latest data available) include Naura with 52.10% smoking rate, Kiribati with 52%, Tuvalu, (48.70%), Myanmar (45.50%) and Chile (44.70%), others are Lebanon, (42.60%), Serbia (40.60%), Bangladesh (39.10%), Greece (39.10%) Bulgaria (38.90%) (World Population Review, 2021). Atlas Big (2018-2021) show the statistics of leading tobacco manufacturing countries to include: China (2,242,177 tons), Brazil (762,266 tons), India (749,907 tons), United States of America (241,870 tons).

In Africa, since the instantiation of tobacco by the Turks in Egypt in the 16th century, WHO states, that no less than 146,000 Africans die annually from tobacco related diseases (NAN, 2021). Despite this devastating hazard, Tobacco Tactics (2021) observed that as at 2013, about 77 million African adults smoked while Wild and Commentary (2018) avowed that the consumption rate of the substance in sub-Saharan region increased by 52% between 1980 (164 billion cigarettes) and 2016 (250 billion cigarettes). Recent studies show that smoking prevalent rate in sub-Saharan region is just 14% low compared to the Americas and Eastern Mediterranean which have 23% and 31% respectively. Countries like Tunisia with an estimate of 4.4 cigarettes per adult (18 years old and above), Egypt and Libya are among the highest ranked smoker countries today. (Southeast Asia Tobacco Control Alliance, 2021).

Even though a few African Nations like Ghana, Ethiopia, Guinea and Nigeria feature among the first 20 world lowest incidences of Tobacco smoking currently, they yet experienced a swell in smokers' statistics for over 10 years' period preceding 2015 (ACS & VS: 2018).

With over 18 billion Cigarette sold annually costing over US$ 931 in Nigeria, the country incontestably occupies a leading position for tobacco market (WHO,2015; Ake, 2018), as the population of Nigeria smoker's community grew by of 2.5 percent in 2018 (Statista Research Department 2021). The WHO estimated about 13 million smokers in the nation in 2012, and Adeloye, et al (2019) estimated about 19.8 million smokers in Nigeria by 2015. Accordingly, Nigeria latest production was estimated at 6,255 tons of tobacco (Atlas Big 2018-2021). 4,736 metric tons were produced in 2014 and 17.53 billion cigarettes were produced in 2016 with importation more than exportation on the product. More detailed and recent study show that, more than 7,086,300 (13.7%) men between age 15 and above and over 19, 500 (0.17%) boys from 14 years below, smoke cigarettes daily. For the female folk, over 402,600 (0.8%) 15 years and above and over 6,100 (0.06%) 14 years and below smokes every day (American Cancer Society and Vital Strategies 2021).

Besides the popular cigarettes, there are smokeless tobacco products today which include dry snuff, plug/twist, loose-leaf chewing tobacco, snus and dissolvable products. In addition, a number of electronic products, such as electronic cigarettes (e-cigarette), electronic cigars (e-cigars) electronic pipes (e-pipes) and e-liquids are also sold in the markets (Ali et. al 2020). Popular manufacturers of tobacco products include Philip Morris USA, Reynilds American Inc. ITG Brands and Liggett, British American Tobacco, Swedish Match, Altria Group Inc.

Scholars have identified several factors that have promoted the prevalence of smokers in Nigeria. For instance, Maura Foundation, (2012) implicated affordability when they pontificate that cigarettes have become an average of 21.7% affordable between 2002 and 2012 and this fall in price resulted in a rise in purchase. Ubiquity is another widely identified factor and in fact, Johnson Westphal, Eamshaw & Thomas (2012) found that most adolescents in Australia were influenced by the availability of tobacco owned by older relatives in their homes, smoking practice and techniques of similarly aged family members. Other risk factors for smoking include: peer influence, media advertisement particularly in movies, parents' low education and parental divorce in addition to stress, loneliness, advertisement, low religious education as well as depressive symptoms (Omokhodion, & Faseru 2007; Onyiruika & Onyiruika 2010; World Health Organisation 2015; All American Hospice, 2020). The obvious high smoking rate in the face of the adverse consequences forms the backdrop for this paper.

## The Problematic

Ignorance is often considered the major reason behind the indulgence of individuals in many harmful practices. Thus, it is expected that knowledge should bring illumination and conviction should serve as a compass to guide path and course of behaviours of individuals. But the extent to which this is applicable to the smokers and smoking pattern in the Calabar and Uyo metropolises comes with a mountain of doubt particularly as one observes the apparent generationally consistent growth in the smoking community even in the very face of unequivocal, ubiquitous and intensely repetitious cautions such as "smokers are liable to die young", "these products are not risk free and are addictive" among others. To further elaborate the jeopardy of smoking, Nigeria in 2005 ratified the WHO convention on Tobacco control and in 2015 signed the National Tobacco Control (NTC) Act which regulates the advert, packaging, smoke free as well as all other aspects of tobacco control. Yet the number of smokers appears not to be dwindling. There have been several scholarly efforts channeled towards unraveling the health burdens of smoking but very few exist where it does that have considered the relationship knowledge and belief share with smoking patterns in the Calabar and Uyo Metropolises, South South, Nigeria. Hence, the gap which this paper seeks to fill with the intension of proffering solutions to help check smoking practice and its attendant health consequences.

## Objectives of the Study

The specific research objectives are as follows:

1. To establish the most smoked substance among primary smokers in Calabar and Uyo metropolis
2. To determine the relationship between knowledge of smoking dangers to health and smoking pattern among primary smokers in Calabar and Uyo metropolis
3. To find out the relationship between belief on the health dangers of smoking and smoking pattern among primary smokers in Calabar and Uyo metropolis
4. To determine what factors could be responsible for reduction in frequency of smoking
5. To determine what factors could be responsible for the quitting of smoking.

To achieve this objective, specific research questions such as to what extent does knowledge of the consequence of smoking affect the pattern of smoking, what role is played by individual smoker's belief on the pattern of his smoking, how does knowledge agree with the belief on the propagated health hazards of smoking were put forth and the below hypothesis were raised:

1. Knowledge of the health dangers of smoking does not significantly relate with smoking pattern among primary smokers in Calabar and Uyo metropolis.

2. Belief in the propagated health dangers of smoking does not significantly relate with the smoking pattern among primary smokers in Calabar and Uyo metropolis.

## LITERATURE

**Knowledge of the danger of smoking and smoking pattern**

Opanuga, Ayankogbe, Oluwole and Odukoya (2020) found no significant association between knowledge, attitude and Smokeless tobacco use in their Lagos study. The study also found that snuff (81.8%) was the most common use of tobacco followed by chewing (18.2%). Again, the study found that up to 81.8% of users were daily consumers even though they knew generally that the consumption of tobacco is harmful but very few had a good knowledge on what specific health challenges it causes. Among the current users 77.3% were males most of whom had divorced, separated or had other forms of marital challenges while the rest were females. Xu, Chen, Abdullah, Sharma, Liu and Zhao (2016) observed among the secondary school students in china that generally, fewer smokers than non-smokers understood the health damage of smoking. They observed for instance that while 12.2% of non-smokers knew that smoking could generate Cerebral stroke, only 11.1 % of smokers knew this. However, their study also showed that more smokers (16,7%) knew that smoking generates peptic ulcer than non-smokers (12.5%).

Another scholar (Yahya, Hammangabdo & Omotara, 2010) argues that the recent consideration for ban on tobacco sales are driven by the notion that awareness of danger is not deterrable enough to the smoking community particularly the first-hand smokers. Omokhodion, & Faseru (2007) High exposure of people to smoke in public places is largely due to lack of awareness.

In another study, awareness of warning against smoking was found to be about 67 % (Muula, Mpabulungi, 2007). Aniwada, Uleanya, Ossai, Nwobi, and Anibueze, (2018) found that those who had secondary education and above were less likely to smoke than those with primary education and below. Implying that education gives an advantage to better understand the implications of smoking and thereby desist. Similarly, Hosseinpoor, Parker, Tursan d'Espaingnet and Chatterji, (2013) observed that men with no education were 3.5 times more likely to use tobacco when compared with their educated counterparts. In addition, Brazil National Cancer Institute (2010) show in their 2008 Adult Tobacco Survey in Brazil that tobacco users with no or less than a year education was twice those with 2 or more years schooling. Also, in their study, Cosci, Zagà Bertoli, and Campiotti (2013) found that ignorance that second-smoke is harmful for kid growths, ignorance that nicotine is hazardous to the foetus and ignorance that pipes and cigar are equally destructive to health like cigarettes were all predicating factors for adolescents smoking.

Generally, smoking rate has decreased globally, owing to increased education on the effects of tobacco and the anti-tobacco campaigns, for instance, the United Kingdom with a smoking rate of 38% in 2000, now have 19.2% (World Population Review 2021) Also, tobacco production in the United State since declined by 2018 to 533 million pounds. In the same light, CDC & VS (2018), citing the US department of agriculture (2012) observed that the US tobacco growing farms decreased from nearly 180,000 to about 10,000 between 1980s and 2012.

In addition, Conway (2021) avowed that there were 50 million smokers in the US as at 1965 when smoking was widely acceptable and the health hazards were not well known to the public but with rising evidences showing the nexus between smoking and heart disease, cancer and other illnesses, the number of users dropped by about 30% in 2015 (Conway, 2021). To further emphasis the role of awareness, ACS & VS (2018) contended that Turkey's comprehensive tobacco control legislation demands that TV and radio stations to air 90 minutes of Ministry of Health ads each month, including 30 minutes in peak hours. By this innovative strategy, the nation has successfully mounted numerous anti-tobacco campaigns each year, reaching most citizens and driving millions to quit smoking.

On the other divide of the argument, Mishra and Mishra (2013) noted in their study that a lot is known about the disadvantages of tobacco yet it is still being grown, advertised sold and consumed.

Opanuga, et al (2020) in their study observed that the knowledge of teachers who smoked did not influence their smoking status. To this end, ACS and VS (2018) observed that Anti-tobacco education initiatives that are based within schools have been found to be largely ineffectual and thus advocated for wide use of media platforms. Finally, Nurmansyah, Umniyatun, Jannah, Syiroj and Hidayat (2019) Contend that both smokers and non-smokers participants were aware that cigarette smoking causes health problems suggesting that knowledge of harm do not really deter smokers from smoking.

**Belief of the danger of smoking and smoking patterns**

According to a survey report, tobacco-consuming females in Bangladesh believe that the consumption of Paan most frequently taken with tobacco, help them in concentrating more on their work. The survey also state that a number of people believe that this helps to strengthen their teeth and eliminates bad breath Mishra & Mishra (2013).  In their study, Onyeonoro, Chukwuonye, Madukwe, Ukegbu, Akhimien, & Ogah, (2015), pontificates that 88% of the respondents were aware of the warning against cigarette smoking and most common source of this information in both urban and rural areas were radio advert (50.7%) and TV/radio program (26.3%) and about 10% of them knew through cigarette packs. 5.1 % of respondents knew

through peers or relative and 4.4 percent knew through television advert. Slightly above 96% of respondents think that smoking is harmful to health. A larger proportion of respondents who had ever smoked and were exposed to smoke at the family level did not perceive smoking to be harmful to health while high income earners and those exposed to smoking in public places were more likely to perceive smoking as having negative impact on human health. Still in the study, 93.4 percent of smokers believe that smoking is jeopardous to health.  In another part of Nigeria, 60.7 % reported that smoking was inimical to human lives. In India, Sarkar and Biswas (1990) as sited by Onyeonoro et al (2015) noted that most Indians believe that ban on smoking in public places in is good for health security. In south Africa, most adolescents do not consider second hand smoking to be harmful to others.  Survey shows that a larger proportion of nonsmokers than smokers considered smoking to be hazardous (Peltzer, 2011).

Li, Dresler, Julia, Heck, Allwright, Haglund, Sanchez, Kralikova, Isabelle, Tamang, Gritz, and Hashibe1, (2010) investigated the knowledge and belief about smoking and cancer among women in Europe and found that a larger proportion of never and former smokers believe that smoking is harmful to health. For example, greater than 60% of never and former smokers stated that tobacco smoking was the most important cause of lung cancer, compared with 49.1% of current smokers (P < 0.0001). 82.7% of never and 81.5% of former smokers disagreed that the medical evidence stating that smoking is harmful is exaggerated, but only 74.0% of current smokers shared same opinion (P < 0.0001). For the statement that quitting smoking decreased risk of lung cancer, current smokers were much more likely to disagree (17.5%), compared with never (6.9%) and former smokers (7.6%), although the actual percentage of current smokers was still rather low. Also, 24.0% of current smokers disagreed on the addictiveness of cigarette smoking, compared with 10.9% of never smokers and 11.9% of former smokers (P < 0.0001)

## THEORETICAL UNDERPIN

### Cognitive dissonance theory

The theory was first proposed by Leon Festinger in 1957 and it suggests that humans have an inner drive to hold all their attitudes and behaviour in harmony to avoid disharmony or dissonance Mcleod, S. (2023). Put differently, the theory holds that humans tend to do things or act in ways that agrees with the idea (knowledge) or beliefs they have long sustained and tend to avoid doing things that contradict their beliefs. This principle is known as cognitive consistency (Festinger, 1957). cognitive dissonance is described as the discomfort experienced when two cognitions (attitude, belief or behaviour) are incompatible or conflict with each other. Mcleod, S. (2023) This produces a feeling of mental discomfort leading to an alteration in one of the attitudes, beliefs or behaviour to reduce discomfort and restore balance (Mcleod 2023) The theory argues that each time there is a dissonance between attitudes or behaviours

something must change (Mcleod, 2023).

The theory is weak in that it does not cater for actions that take place at the spur of the moment. It fails to explain also behaviours that are a function of addictions. However, the theory is apt for the study because it explains at least the relationship between smoking behaviour and knowledge as well as belief which are largely dependent on knowledge because people will hardly believe what they are never aware of. The theory is adopted for the study.

## METHODOLOGY

The descriptive survey method was adopted for the research whereby, researchers used questionnaires to elicit information from respondents who were selected by the snowballing technique in that the researchers through their smoker acquaintances and relatives snowballed to get other smokers who constituted the total of 384 samples used for the study. At some point, the smokers' acquaintances and relatives helped administer the questionnaire because it became difficult for researchers to get the cooperation of respondents. The sample was derived using the Topman sample determinant because the actual current statistics for smokers within the two cities does not exist. 192 copies questionnaire each were distributed to the Calabar and Uyo Metropolis respectively and 379 were found fit for the study among the 381 eventually retrieved. The Spearman's Rank Correlation was deployed in testing the hypotheses because of the Likert scale questionnaire type.

## FINDINGS, ANALYSIS AND DISCUSSIONS

**Table 1**

| Showing Correlations between knowledge of smoking dangers to the health and smoking pattern | | | Knowledge of smoking dangers to health | Smoking pattern |
|---|---|---|---|---|
| Spearman's rho | Belief | Correlation Coefficient | 1.000 | -.044 |
| | | Sig. (2-tailed) | . | .388 |
| | | N | 379 | 379 |
| | Smoking pattern | Correlation Coefficient | -.044 | 1.000 |
| | | Sig. (2-tailed) | .388 | . |
| | | N | 379 | 379 |

Decision rule states that we reject the null hypothesis when the p-value is less than ≤ or = 0.05 and accepted the alternate. In this case, because the p-value in the above table 1, .338 is > 0.05, the null hypothesis which denies a significant relationship between the knowledge of health

dangers of smoking and smoking pattern among primary smokers in Calabar and Uyo metropolis, south south, Nigeria is hereby accepted. This implies that knowledge of the health dangers of smoking does not significantly relate with smoking pattern among primary smokers in the study area.

Particularly, responses show a negative correlation (-.044) the more aware people become about the negative health effect of smoking, the more it appears they engage in smoking. This finding contradicts previous researches which show that awareness about the health danger of smoking have positive correlation. For instance, ACS & VS (2018) contended numerous anti-tobacco campaigns each year, reaching most citizens and drove millions to quit smoking. On the contrary, the findings seem to agree with Mishra and Mishra (2013) found that a lot is known about the disadvantages of tobacco yet it is still being grown, advertised sold and consumed. It also agrees with Opanuga et al (2020) who in their study observed that the knowledge of teachers who smoked did not influence their smoking status.

**Table 2**

| Correlations showing the relationship between belief in propagated health dangers of smoking and smoking pattern | | | Belief in health dangers | Smoking pattern |
|---|---|---|---|---|
| Spearman's rho | VAR00001 | Correlation Coefficient | 1.000 | -.728[**] |
| | | Sig. (2-tailed) | . | .000 |
| | | N | 379 | 379 |
| | VAR00002 | Correlation Coefficient | -.728[**] | 1.000 |
| | | Sig. (2-tailed) | .000 | . |
| | | N | 379 | 379 |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | | |

The result on table 2 above shows p-value of .000 which is > 0.05. Based on the decision rule already established, the null hypothesis which denies the significant relationship between belief in the propagated health dangers of smoking and smoking pattern among primary smokers in Calabar and Uyo Metropolis, South South, Nigeria is hereby rejected and the alternate accepted. This implies that belief in the propagated health dangers of smoking does significantly relate with smoking pattern among primary smokers in the study area. Responses specifically show that most respondents 96% are not personally convinced that smoking can affect their own health and as such their smoking behavior is not affected by the propagated health dangers of smoking. The findings agree with that of Mishra and Mishra (2013) which noted that larger proportion of respondents who had ever smoked and were exposed to smoke at the family level did not perceive smoking to be harmful to health. Similarly, the findings align with

Peltzer (2011)'s study which showed that a larger proportion of nonsmokers than smokers considered smoking to be hazardous.

**Fig 1- Frequency of smoked substances-**
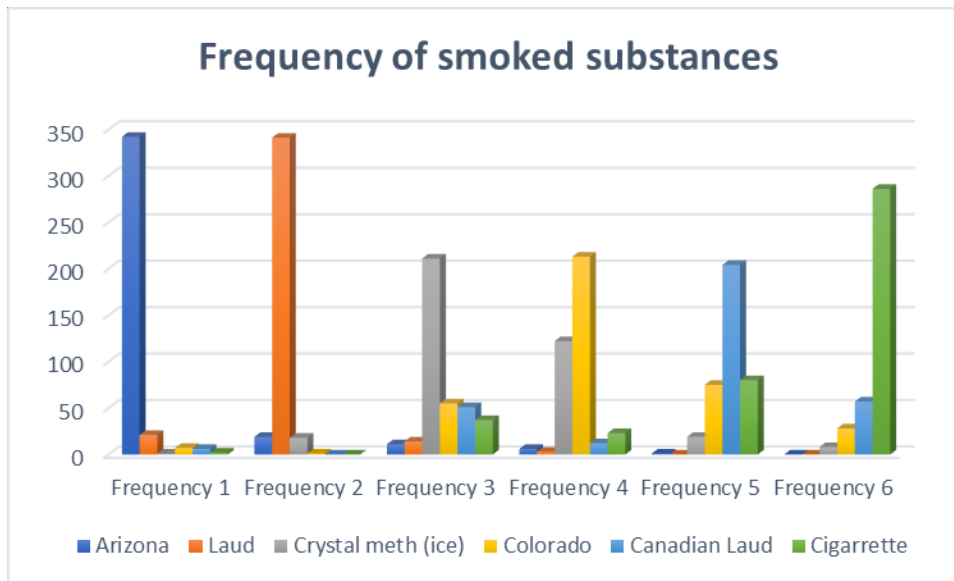


**Source:** Field survey 2023

The above chat shows the substances that are smoked in the order of their frequency among smokers in the area of study. Frequency 1 through 6, show how respondents ranked all 6 substances smoked in order of frequency. The chat indicates that Arizona is the first most smoked substances with most (342, 90.3%) respondents ranking it as their number one. It is also indicated on the chat that Laud is the second most consumed among smokers as most (341, 89.9%). Crystal methamphetamines (ice) took the third position as most (211, 55.7%) respondents indicated, Colorado came fourth as most (213, 56.2%) respondents indicated, Canadian Laud came fifth as most (204, 53.8%) respondents indicated and cigarette came sixth as indicated by most (286, 75.6%) respondents despite that it is most affordable with two sticks being sold for as low as ₦50. This finding is quite profound as it contradicts Maura Foundation (2012)'s findings which indicated that the fall in price of cigarette between 2002 and 2012 translated to a rise in purchase. In this research, even though cigarette happens to be the cheapest, it is yet the least consumed among primary smokers. Prices for other substance were indicated as follows: Arizona ₦100 per rap, Laud ₦1000 per bag, Crystal methamphetamines (Ice) ₦3,000 per gram and ₦250 per foil. Colorado goes for ₦1500 per rap, and Canadian laud ₦10, 000 per bag. On the other hand, it is seen that price of all other smoked substances which happens to be variants of Marijuana influence frequency in their consumption. Hence, it could be inferred that cigarettes are deliberately avoided by smokers in the area for some reasons.

Fig 2- Factors responsible for reduction in smoking frequency

**FACTORS RESPONSIBLE FOR REDUCTION IN SMOKING FREQUENCY**
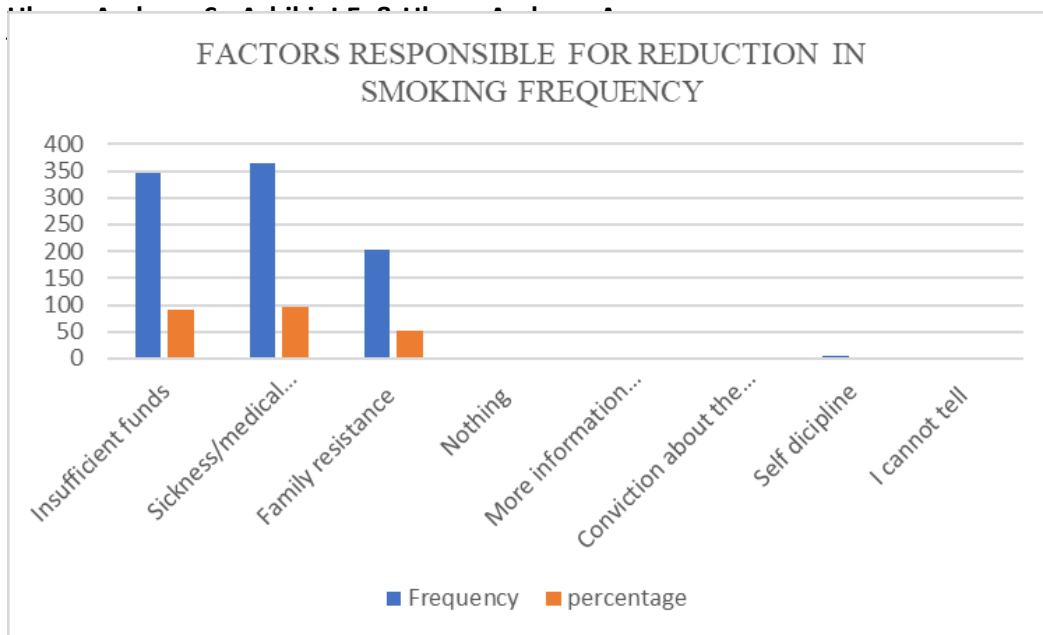
**Source:** Field survey 2023

The above chat shows respondents view on factors that can make them reduce smoking. Respondents (347, 91.6%) indicated insufficient funds, (364, 96%) indicated sickness/medical admission/medication, (202, 53.3%) indicated family resistance, (3, 0.7%) indicated nothing, (2, 0.5%) indicated more information about the health dangers, (3, 0.7%) indicated conviction about the health dangers, (5, 1.3%) indicated self-discipline, (2, 0.5%) indicated I cannot tell. This implies that more smokers will reduce smoking on health grounds probably because of doctors' advice or hospital regulations. Insufficient finance is the next strongest factor that causes reduction in smoking frequency followed by family resistance.

**Fig. 3- Factors that can cause smokers to quit smoking-**



**FACTORS THAT CAN CAUSE SMOKERS TO QUIT SMOKING**
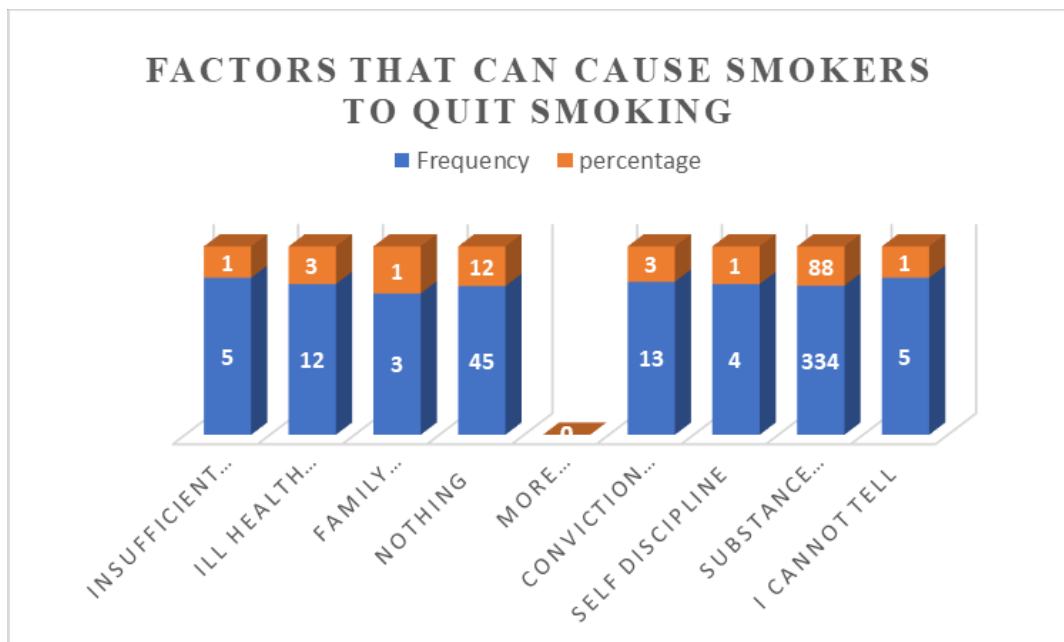
**Source: Field survey 2023**

The above chat shows respondents opinion on what factors could cause them to quit smoking. Some (5, 1.3%) indicated insufficient fund, (12, 3.2%) indicated ill health resulting from smoking, (3, 0.7%) indicated family resistance, (45, 11.9%) indicated nothing, (0, 0%) indicated more information about the health dangers (13, 3.4%), indicated conviction about the health dangers, (4, 1.1%) indicated self-discipline, (334, 88.1%) indicated substance unavailability and (5, 1.3%) indicated I cannot tell. This analysis indicates unavailability of substance as the most potent factor that can cause most smokers to desist completely form the act. The next most potent factor though with a very low score is conviction on the health dangers of smoking and the third is insufficient fund. A few respondents opined that nothing can make them quit- most likely only death can. This may indicate that these ones have reached a stage of dependence on the substance and so believe they cannot do without them.

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The study was centered on firsthand smokers' knowledge and conviction about the health dangers of smoking and their smoking pattern in Calabar and Uyo metropolises, South South, Nigeria. Specifically, the research sought to determine the relationship between knowledge of the health dangers of smoking and smoking pattern as well as belief about the health dangers of smoking and smoking pattern among primary smokers. The research also attempted to establish the prevalence of smoked substances, the factors that cause a reduction in smoking and factors that could cause a quitting of smoking among firsthand smokers in the area of study. Literature reviewed had contradictory stance on the relationship between knowledge and belief about the health hazards of smoking and smoking pattern among primary smokers in the study area. The work however, denies a significant relationship between knowledge of health hazards of smoking and smoking pattern but found a significant relationship between the belief in the propagated health dangers of smoking and smoking patterns among firsthand smokers in Calabar and Uyo metropolises.

Furthermore, the work found that Arizona is the most consumed substance, followed by Laud, then Crystal meth (Ice), then Colorado, then Canadian laud and finally Cigarette. Besides, it was found that low finance, health issues and family resistance among others are significant factors that cause a reduction in smoking frequency. Also, found unavailability of substance as the only prominent among factors that can effect a quit among firsthand smokers. Consequently, the study concludes as follows:

i. there is no significant relationship between knowledge of the health dangers of smoking and smoking pattern among primary smokers in Calabar and Uyo metropolises, South South, Nigeria.

ii.there is a significant relationship between belief in the health dangers of smoking and smoking pattern among primary smokers in Calabar and Uyo metropolises, South South, Nigeria.

iii. Arizona is the most consumed substance, followed by Laud, Crystal meth is next, then Colorado, then Canadian laud, and finally Cigarette.

iv. insufficient finance, health related factors and family resistance are significant among factors causing a reduction in smoking frequency among firsthand smokers in Calabar and Uyo metropolises, South South, Nigeria.

v. unavailability of substance is the only prominent factor that can make firsthand smokers in the study area quit.

Following the above findings, the research recommends that:

1.  The production and circulation of smoked substances particularly the outlawed ones should be diligently checked with due sincerity by Nigeria Drug Law Enforcement Agency and other affiliating law enforcement agencies.
2.  Cigarette should be completely ban with the required enforcement
3.  Campaign against smoking should be targeted towards convincing the populace about the health dangers of smoking rather than just informing them.

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