CONCLUSION

In this study, the overall prevalence rate of smoking of the subjects was lower than that of both the adult and youth/young adults population in South Africa. The Asian and the white male population had similar prevalence rates of smoking but higher than the black student population. Overall the sex of the study participants did not influence the smoking habits of the respondents. More of the fifth year students were “occasional” smokers than the third years, while conversely, more of the third year students were “daily” smokers. The prevalence rate of hookah smoking was also considered to be increasing.

Even though a large majority of the respondents knew about the dangers of tobacco, a small, but unacceptable proportion were still not knowledgeable of the links between tobacco and ill-health.

The students were generally not convinced enough that current restrictions and legislation had helped reduce prevalence rates of smoking in South Africa and they overwhelmingly supported stricter measures such as the placing of pictorial warnings on the packages of tobacco products.

The majority of the respondents believed that doctors were seen as role models by members of their societies and should serve as exemplars by not smoking in the presence of their patients.

The participants would not particularly like to belong to anti-tobacco organisations but most stated their willingness to advice their smoking patients to quit and not to smoke around children.
Inferences from this study encourage possibilities for an exciting new approach to public health education and intervention measures in anti-tobacco restrictions, and legislation.

This study has demonstrated that future medical practitioners are reasonably willing to play roles in tobacco-cessation advocacy. The study has also demonstrated that these future role players may only need to be sensitised a bit more, in order to be fully aware of the harmful effects of tobacco use, the uses and effects of restrictions and legislations and the possibilities and importance of participating in all forms of anti-tobacco advocacy. This is an important way of saving the scarce medical resources of developing nations. Because of the far-reaching influence of the medical profession, smokers in the remotest areas can have the benefits of counselling and cessation treatments. The number of patients seen by doctors everyday will approximate the number of citizens that receive counselling and/or treatment on a daily basis and this would be staggering in much sought-after way. Also, the number of surgeries and hospitals will represent the venues where tobacco-cessation treatment and advice can be obtained. What is important is the creation of that culture, in medical students, of important role players in various forms of advocacy and the instilling in budding health professional that sense of duty to carry out these roles.

On the part of the non-academic staff’s involvement, total banning of tobacco use even in open spaces, once in the medical school environment, may initially look authoritarian, but this is a restriction that will easily be gotten used to and will definitely prove beneficial. This will probably lead to the intensification of the lack
of social acceptability of tobacco use and may wean some addicts of the substance.

Saloojee contends that the University of the Witwatersrand has already set off on the right footing, being the only medical school with a teaching block on tobacco control\textsuperscript{114} thus avoiding being categorised as an institution training medical doctors that will practice “19\textsuperscript{th} century medicine” in the 21\textsuperscript{st} century\textsuperscript{114}.

A May/June (2005) survey carried out by AC Nielsen for Business Day in South Africa revealed that doctors were the “most trusted” group in society\textsuperscript{115}. This confidence, which doctors enjoy, must now be utilised to its full advantage in all aspects of tobacco control.