

SMOKING

FACTS:

- ◆ According to the CDC, 45.3 million people, or 19.3% of all adults (aged 18 or older) smoke cigarettes in the United States (was close to 40% in 1970). % is even higher in other parts of the world like China and Eastern Europe.
- ◆ **More men (21.5%) smoke than women (17.3%).** Smoking drops to 9.5% for adults 65 and over. White & black Americans about the same; Hispanics 12.5%. Education is a big indicator: 45.2% of adults with a GED diploma smoke while only 6.3% of adults with a postgraduate college degree do. And so is poverty: 28.9% of adults who live below the poverty level; 18.3% of adults above the poverty level.
- ◆ Young adult smoking remains alarming. Over **20% of all American teens smoke today with 16 being the average age for starting (25% for female teens; 1 out of 3 in high school (Smoking-Facts.net))**. The younger the age starting, the harder to quit. Each day, 3,800 persons younger than age 18 smoke their first cigarette and 1,000 a day begin smoking on a daily basis. According to the Surgeon's General, teenagers who smoke were: 3x's more likely to use alcohol; 8x's more likely to smoke marijuana & 22x's more likely to use cocaine or other stimulants. Teens that have friends that smoke are 13 times more likely to smoke and twice as likely if both parents smoke. **Adolescent girls who smoke and take birth control pills also greatly increase their chances of having blood clots and strokes.**
- ◆ Cigarette smoking is the leading cause of preventable death in the United States, accounting for 443,000 deaths, or 1 out of 5 deaths, each year. On average, **smokers die 13 to 14 years earlier than nonsmokers**. As a nation, cigarette smoking costs more than \$193 billion (\$97 billion in lost productivity; \$96 billion in health care expenditures).
- ◆ While smoking causes 90% of all lung cancer deaths in men and 80% in women, the other adverse health effects from cigarette smoking is significant: 2 to 4 times increased risk for coronary heart disease and stroke; 12 times increased risk of dying from chronic obstructive lung diseases and a 23 times increased risk of developing cancer for men (13 times for women).
- ◆ Women who smoke also have increased risk for adverse reproductive and early childhood effects (infertility; preterm delivery; stillbirth; low birth weight & sudden infant death syndrome (SIDS) and postmenopausal women who smoke have lower bone density & increased risk for hip fracture than women who never smoked.
- ◆ Cigarette smoking also increases ones risk for colds, flu's and sinus infections. Inhaling tobacco products breaks down your body's natural defense against germs and bacteria. A smoker can especially catch the flu more easily than others and when they get sick, conditions (especially chronic coughing and wheezing) can quickly get worse. **ALL SMOKERS SHOULD GET AN ANNUAL FLU SHOT AND PNEUMOCOCCAL (PNEUMONIA) VACCINATION WHEN REQUESTED BY THEIR PHYSICIAN.**
- ◆ **Secondhand smoke is real and dangerous (smoke from a burning end of a cigarette & the smoke breathed out by smokers).** There is no risk-free level of exposure to secondhand smoke. Nonsmokers exposed to secondhand smoke at home or at work increase their risk of **developing**

lung cancer by 20-30%. For adults, exposure has immediate adverse effects on the cardiovascular system and can cause coronary heart disease & increased one's risk of having a heart attack (especially individuals already diagnosed with heart disease). For infants and children whose lungs and organs are still developing, exposure to secondhand smoke causes numerous health problems including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS).

NICOTINE DEPENDENCE:

- ◆ **Nicotine dependence is by far the most common form of chemical dependence in the United States and throughout the world.** Nicotine is the psychoactive drug in tobacco products that produces dependence. Research suggests that nicotine may be as addictive as heroin, oxycodone, cocaine or alcohol. Your brain quickly adapts to nicotine and develops a tolerance for it (need to smoke more to get the same rush you used to get with just one cigarette). Experts say that nicotine acts on some of the same brain pathways as cocaine and chemicals from a cigarette (in about 7 seconds after entering the blood) makes the brain release the neurotransmitters norepinephrine and **dopamine (pleasure or reward system)**. Release of dopamine, in particular, gives you pleasure, a feeling of well being and tells your brain that a rewarding activity has just been performed (works same way for food, sex and stimulants like amphetamines). If one's smoking habit is prolonged, their brain becomes accustomed to this reward. According to the American Heart Association, nicotine has a half-life of only two hours, so the effects wear off quickly; this means that your brain asks for this reward when you haven't had a cigarette for a while, an experience known as craving. Prolonged smoking will therefore result in an addiction, and rather than enhancing the feeling of well-being, the smoker **will need a cigarette just to feel normal**. If a cigarette or a nicotine substitute is not available, a smoker starts to feel down, depressed and tired.
- ◆ Each individual's brain connects certain environments (bar scene); smells (cigarette smoke), emotions (sad or happy; stressed), habits (early morning coffee; leaving work; talking with a friend; great meal; sex) or visual imprints (seeing a carton of cigarettes, an ashtray or fellow workers smoking) to smoking. These so-called "triggers" are unique to the individual and understanding ones "triggers" is critical to successful cessation.
- ◆ **Only 25% of people successfully quit smoking without relapsing for at least one year** (Tobacco Facts website).

KICKING THE HABIT:

- ◆ **69% of adult smokers say they want to quit smoking completely.** Over 52% of smokers attempted to quit in 2010 and the number of former smokers now exceeds the number of current smokers.
- ◆ **Quitting smoking is difficult (as is any addiction) and may require multiple attempts.** Users often relapse because of stress, weight gain, and withdrawal symptoms which could include irritability, anxiety, difficulty concentrating and increased appetite. As a former smoker summed up: "ending my addiction to nicotine was like mourning the loss of a trusted companion."
- ◆ Fortunately, people who **stop smoking greatly reduce their risk of suffering from smoking-related diseases (i.e. cancer and pulmonary disease) or premature death (coronary heart disease risk is substantially reduced within 1 to 2 years of cessation)**. Although the health

benefits are greater for people who stop at earlier ages, cessation is beneficial at all ages. According to the NYS Department of Health, within “20 minutes of smoking your last cigarette, your body begins a series of positive changes that continue for years.”

- ◆ In addition to the big health benefits, cessation improves the pocketbook, senses of smell and taste, a smoker’s early morning cough, stamina, breathing, energy level, enjoyment of eating, creativity and well-being/self-esteem. And family, friends, co-workers are no longer at risk of disease by exposure to second hand smoke and the smoker avoids the social stigma of tobacco addiction and cigarette breath /smoke stench on clothes and hair.

OPTIONS FOR QUITTING:

There are many options and ways to quit smoking. Some work better than others. The best strategy is to choose a method that will challenge you to quit, **but also one that you can achieve.**

In all options, having a supporting network of caring individuals around you greatly increases your odds for sustaining success.

Stopping the smoking of cigarettes will be one of the most challenging undertakings in your life.

Traditional Options

- 1. Cold Turkey or the “White-Knuckling/Go It Alone Approach”.** About 90% of people who try quitting do it without outside support- no aids, therapy or medicine. Although many try, it is not the most successful method. Only about **10% of people** who try to quit this way succeed on their first try. **The most successful ones gradually reduce the number of cigarettes smoke by 50% over a 14-day period, endure the withdrawal process and then continue gradual reduction until total cessation.**
- 2. Behavioral Therapy.** Sometimes a trained therapist or smoking cessation expert can help you find the most effective way to quit. The therapist will help you to identify your triggers, come up with productive ways to get through cravings, and provide emotional support when you need it most.
- 3. Nicotine Replacement Therapy (NRT’s).** Nicotine patches, gum, lozenges, inhalers or nasal sprays are nicotine replacement therapies (called NRT) deliver small doses of nicotine to help relief withdrawal symptoms but don’t keep a smoker addicted to the substance. The products are different in the timing and release of nicotine (short acting or immediate relief versus sustained release), dosage being release, recommended course of treatment, access (some over-the-counter (OTC); some by prescription only) and cost. Sometimes a combination of products (i.e. a patch and gum) works best. In all cases, the therapy works best when combined with behavioral therapy and lots of support from friends and family.
- 4. Prescription Medication.** Studies have shown promising results of drug therapy to help with cessation especially by reducing a smoker’s urging to smoke.

Wellbutrin (bupropion) is a non-addicting, non-nicotine medication approved by the FDA as a stop-smoking aid. The antidepressant appears to mimic some of the nicotine's effects on the brain by boosting dopamine and norepinephrine levels. The FDA approved a time-released version of the drug, marketed as **Zyban**.

Varenicline (Chantix) is an expensive new medication (few insurance plans will cover) approved by the FDA as a structured step-down program over many weeks. The medication stimulates the same brain receptors that are activated by nicotine and blocks some of the pleasure you get from smoking, making smoking less rewarding.

Antidepressant medications like **Prozac or Zoloft** also can be effective by increasing the levels of serotonin in the brain (takes 4-8 weeks for total effectiveness). Studies have shown that treatment of non-depressed smokers for six months or more helped 30% of smokers to quit.

The success of drug therapy is enhanced when combined with support groups or a counseling program aimed at helping the smoker deal with their unique histories, triggers and urges.

ALTERNATIVE OPTIONS:

- ◆ **Hypnotherapy.** Under the guidance of a trained hypnotherapist, and later under self-hypnosis, an individual learns to enter a relaxed, conscious state where they experience positive feelings and are more open to positive thoughts and suggestions. Under hypnosis, a well-focused mind can significantly help with withdrawal and cravings. Anxiety is reduced, blood pressure drops, and breathing and pulse slows. By mastering self-hypnosis, an ex-smoker can successfully induce a state of relaxation and deal directly with their nicotine cravings.
- ◆ **Acupuncture.** The ancient practice of acupuncture has proven highly successful in helping to reduce symptoms of withdrawal, relieve depression, anxiety and insomnia, and significantly relieve cravings. Treatment methods for withdrawal symptoms vary, depending on the practitioner, their training and patient. A typical plan of action would be daily treatment for two weeks, then twice a week for two weeks, then monthly follow-ups. Acupuncture will not help with the psychological smoking habit

NATURAL HEALING OPTIONS:

1. **Fasting.** Used by individuals to help the body detoxify from the many toxins in tobacco smoke and to help ease the detoxification process. Fasting should **not** be used if you're pregnant or breast feeding and should **not be used if you are still on a nicotine replacement product (patch, gum, etc.)**.

Fasting can help the body reduce toxins, improve one's immune function and cell growth, improve tissue oxygenation, reduce fat stored toxins, improve physical/emotional/spiritual sensitivity and improve one's awareness of eating patterns.

Before you begin to fast eat only raw fruits and vegetables for at least one full day. This will prepare your system for your fast. Fast for a three-day period. Drink mineral water, **herbal teas**, fruit and vegetable juices. Orange juice, tomato juice and juices containing sweeteners should be avoided. Vegetable juices made from green leafy vegetables are considered an excellent detoxifier.

2. Botanical Medicines. Natural remedies derived from plants have been used by cultures to ease the discomfort of nicotine withdrawal and to aid with associated anxiety, insomnia, depression, coughing and gastro-intestinal distress. None of these products or natural herbs has been approved by the FDA so safety and effectiveness is hard to measure.

Some highly used natural herbs include:

- ◆ Lobelia (Indian tobacco; cough suppressant and relaxant)
- ◆ Kava Kava
- ◆ Hops
- ◆ Passion-Flower
- ◆ Skullcap
- ◆ Valerian
- ◆ Yerba Mate
- ◆ Ginseng
- ◆ Gingko
- ◆ Garlic
- ◆ Chamomile
- ◆ St.John's Wort

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