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Title: Tobacco Education**Course Description:**

In this class, participants will gain a greater understanding and awareness of Tobacco education. They will learn general smoking facts; for example, like what is in a cigarette and how it can affect their health. They will explore the benefits of smoking vs. not smoking. The class will cover the physical and emotional aspects of addiction. They will learn about the guide to quitting, including support, stress relief, concerns, relapse and management. Members will gain a positive outlook on a healthier life style.

Expected Course Outcomes:

- 1) To gain a sufficient amount of knowledge about smoking
- 2) To understand the physical and emotional effects of smoking
- 3) To learn coping mechanisms that are alternatives to smoking
- 4) To decrease or eliminate smoking habits

Chapter 1:

What's in a Cigarette?



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What's in a Cigarette?

There are approximately 600 ingredients in cigarettes. When burned, they create more than 4,000 chemicals. At least 50 of these chemicals are known to cause cancer, and many are poisonous.

Many of these chemicals are also found in consumer products, but these products have warning labels. While the public is warned about the danger of the poisons in these products, there is no such warning for the toxins in tobacco smoke.

Here are a few of the chemicals in tobacco smoke, and other places they are found:

- Acetone – found in nail polish remover
- Acetic Acid – an ingredient in hair dye
- Ammonia – a common household cleaner
- Arsenic – used in rat poison
- Benzene – found in rubber cement
- Butane – used in lighter fluid
- Cadmium – active component in battery acid
- Carbon Monoxide – released in car exhaust fumes
- Formaldehyde – embalming fluid
- Hexamine – found in barbecue lighter fluid
- Lead – used in batteries
- Napthalene – an ingredient in moth balls
- Methanol – a main component in rocket fuel
- Nicotine – used as insecticide
- Tar – material for paving roads
- Toluene – used to manufacture paint

American Lung Association

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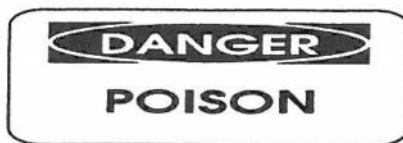
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RECIPE FOR A CIGARETTE



There are over 4,000 chemicals in tobacco products; 60 are known to cause cancer. Another 400 are poisonous!!

Here are just a few of the many chemicals present in each cigarette you smoke.

Acetone

Ammonia

Arsenic

Benzene

Butane

Carbon Monoxide

Cadmium

Formaldehyde

Hydrogen Cyanide

Lead

Nickel

Nicotine

Polonium

Turpentine

Whale Vomit

.....and the 3,985 other chemicals are equally as bad!



Chapter 2:

General Smoking Facts



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General Smoking Facts

Cigarette smoking has been identified as the most important source of preventable morbidity (disease and illness) and premature mortality (death) worldwide. Smoking-related diseases claim an estimated 443,000 American lives each year, including those affected indirectly, such as babies born prematurely due to prenatal maternal smoking and victims of "secondhand" exposure to tobacco's carcinogens. Smoking cost the United States over \$193 billion in 2004, including \$97 billion in lost productivity and \$96 billion in direct health care expenditures, or an average of \$4,260 per adult smoker.¹

Health Hazards of Smoking

Cigarette smoke contains over 4,800 chemicals, 69 of which are known to cause cancer. Smoking is directly responsible for approximately 90 percent of lung cancer deaths and approximately 80-90 percent of COPD (emphysema and chronic bronchitis) deaths.²

About 8.6 million people in the U.S. have at least one serious illness caused by smoking. That means that for every person who dies of a smoking-related disease, there are 20 more people who suffer from at least one serious illness associated with smoking.³

Among current smokers, chronic lung disease accounts for 73 percent of smoking-related conditions. Even among smokers who have quit chronic lung disease accounts for 50 percent of smoking-related conditions.⁴

The list of diseases caused by smoking includes chronic obstructive pulmonary disease (COPD, including chronic bronchitis and emphysema), coronary heart disease, stroke, abdominal aortic aneurysm, acute myeloid leukemia, cataract, pneumonia, periodontitis, and bladder, esophageal, laryngeal, lung, oral, throat, cervical, kidney, stomach, and pancreatic cancers. Smoking is also a major factor in a variety of other conditions and disorders, including slowed healing of wounds, infertility, and peptic ulcer disease.⁵

Smokers die significantly earlier than nonsmokers: 13.2 years for men and 14.5 years for women.⁶

Smoking During Pregnancy

Smoking in pregnancy accounts for an estimated 20 to 30 percent of low-birth weight babies, up to 14 percent of preterm deliveries, and some 10 percent of all infant deaths. Even apparently healthy, full-term babies of smokers have been found to be born with narrowed airways and reduced lung function.⁷

In 2005, 10.7 percent of all women smoked during pregnancy, down almost 45 percent from 1990.⁸

Neonatal health-care costs attributable to maternal smoking in the U.S. have been estimated at \$366 million per year, or \$704 per maternal smoker.⁹

Smoking Prevalence

In 2009, an estimated 46.6 million, or 20.6% of adults (aged 18+) were current smokers. The annual prevalence of smoking declined more than 50 percent between 1965 and 2009.¹⁰

Males tend to have significantly higher rates of smoking prevalence than females. In 2009, 23.5 percent of males currently smoked compared to 17.9 percent of females.¹¹

Prevalence of current smoking in 2009 was highest among non-Hispanic whites (22.2%) intermediate among non-Hispanic blacks (21.3%), and lowest among Hispanics (14.5%) and Asians (12.0%).¹²

In 2009, 19.5 percent of high school students were current smokers.¹³ Over 5 percent of middle school students were current smokers in 2009.¹⁴

Tobacco Advertising

As smoking declines among the non-Hispanic white population, tobacco companies have targeted both non-Hispanic blacks and Hispanics with intensive merchandising, which includes advertising in media targeted to those communities and sponsorship of civic groups and athletic, cultural, and entertainment events. In 2006, cigarette advertising and promotion by the five major tobacco companies totaled \$12.5 billion.¹⁵

Tobacco advertising also plays an important role in encouraging young people to begin a lifelong addiction to smoking before they are old enough to fully understand its long-term health risk.¹⁶ Ninety percent of adults who smoke started by the age of 21, and half of them became regular smokers by their 18th birthday.¹⁷

Secondhand Smoke

Secondhand smoke involuntarily inhaled by nonsmokers from other people's cigarettes is classified by the U.S. Environmental Protection Agency as a known human (Group A) carcinogen, responsible for approximately 3,400 lung cancer deaths and 46,000 (ranging 22,700-69,600) heart disease deaths in adult nonsmokers annually in the United States.¹⁸

Smoking by parents is associated with a wide range of adverse effects in their children, including exacerbation of asthma, increased frequency of colds and ear infections, and sudden infant death syndrome. Secondhand smoke causes more than an estimated 202,000 asthma episodes, 790,000 physician visits for buildup of fluid in the middle ear (otitis media, or middle ear infection), and 430 sudden infant death syndrome (SIDS) cases each year.¹⁹

Workplaces nationwide are going smoke-free to provide clean indoor air and protect employees from the life-threatening effects of secondhand smoke. Nearly 70 percent of the U.S. workforce worked under a smoke free policy in 1999, but the percentage of workers protected varies by state, ranging from a high of 83.9 percent in Utah and 81.2 percent in Maryland to 48.7 percent in Nevada.²⁰

Employers have a legal right to restrict smoking in the workplace, or implement a totally smoke-free workplace policy. Exceptions may arise in the case of collective bargaining agreements with unions.

Quitting Smoking

In 2009, an estimated 49.9 million adults were former smokers. Of the 46.6 million current adult smokers, 46.7 percent stopped smoking at least 1 day in the preceding year because they were trying to quit smoking completely.²¹

Nicotine is an addictive drug, which when inhaled in cigarette smoke reaches the brain faster than drugs that enter the body intravenously. Smokers not only become physically addicted to nicotine; they also link smoking with many social activities, making smoking a difficult habit to break.²²

Quitting smoking often requires multiple attempts. Using counseling or medication

alone increases the chance of a quit attempt being successful; the combination of both is even more effective.²³

Nicotine replacement products can help relieve withdrawal symptoms people experience when they quit smoking.²⁴

There are seven medications approved by the FDA to aid in quitting smoking. Nicotine patches, nicotine gum and nicotine lozenges are available over-the-counter, and a nicotine nasal spray and inhaler are currently available by prescription. Bupropion SR (Zyban) and varenicline tartrate (Chantix) are non-nicotine pills.²⁵

Individual, group and telephone counseling are effective. Telephone quitline counseling is widely available and is effective for many different groups of smokers.²⁶

Nicotine replacement therapies are helpful in quitting when combined with a support program such as the American Lung Association's Freedom From Smoking (FFS), which addresses psychological and behavioral addictions to smoking and strategies for coping with urges to smoke.

The American Lung Association has more information available on quitting smoking and our programs to help you do so, our advocacy efforts to reduce tobacco use and exposure to secondhand smoke, and tobacco use trends on our website at www.lung.org, or through the Lung HelpLine at 1-800-LUNG-USA (1-800-586-4872).

June 2011

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Harmful effects of Smoking

Brain

- Stroke
- Addiction and withdrawal

Nose

- Loss of smell

Throat

- Cancer of the esophagus and larynx
- Sore throat

Heart

- Coronary Heart Disease (plaque build up in heart arteries causes heart attack, heart failure, and death)
- Increases blood pressure, heart rate, and risk of aortic aneurysm

Kidneys

- Cancer

Spine

- Cancer
- Degenerative disc disease

Reproductive system

- Cancer of uterus and cervix
- Infertility and delay in conception
- Painful periods
- Earlier menopause
- Higher risk of impotence in men

Eyes

- Eyes sting, water and blink more
- Macular degeneration
- Cataracts

Mouth, teeth, and gums

- Cancer of the lips and mouth
- Discoloration, stains, plaque and bad breath
- Loss of taste
- Gum disease

Lungs

- Cancer
- COPD (includes Chronic Bronchitis and Emphysema causing coughing, wheezing, shortness of breath)
- Chronic Asthma

Stomach

- Cancer and ulcers

Liver

- Cancer and cirrhosis

Blood vessels

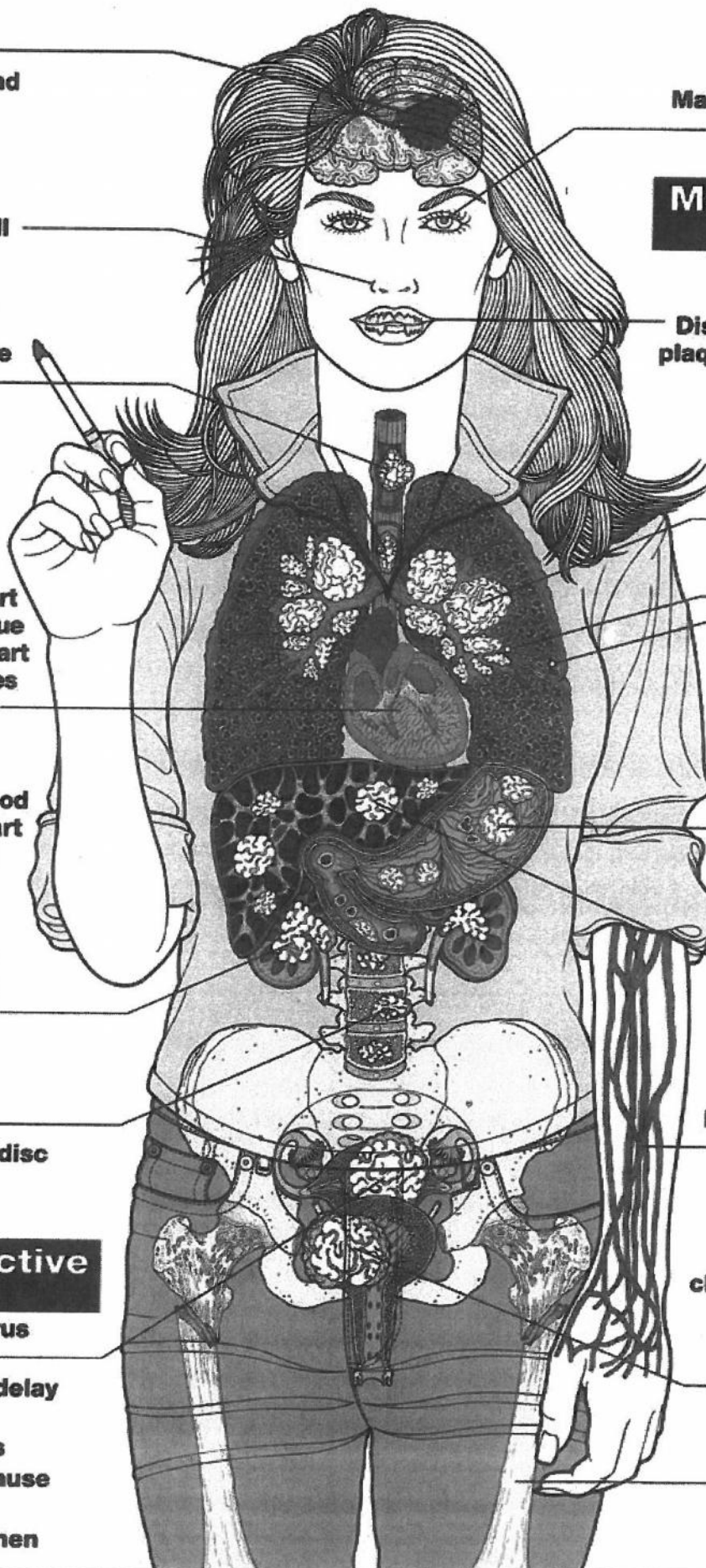
- Peripheral Arterial Disease (plaque build up limits blood flow, increases heart attacks, blood clots, and strokes)

Bladder

- Cancer

Bones

- Osteoporosis
- Spine and hip fractures



Chapter 3:

Harmful Effects of Smoking



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Smoking and Diabetes

What Is Diabetes?

Diabetes is a group of diseases in which blood sugar levels are higher than normal. Most of the food a person eats is turned into glucose (a kind of sugar) for the body's cells to use for energy. The pancreas, an organ near the stomach, makes a hormone called insulin that helps glucose get into the body's cells. When you have diabetes, your body either doesn't make enough insulin or can't use the insulin very well. Less glucose gets into the cells and instead builds up in the blood.^{1 (#one)}

There are different types of diabetes. Type 2 is the most common in adults and accounts for more than 90% of all diabetes cases. Fewer people have type 1 diabetes, which most often develops in children, adolescents, or young adults.^{2 (#two)}

How Is Smoking Related to Diabetes?

We now know that smoking causes type 2 diabetes. In fact, smokers are 30–40% more likely to develop type 2 diabetes than nonsmokers. And people with diabetes who smoke are more likely than nonsmokers to have trouble with insulin dosing and with controlling their disease.^{3 (#three)}

The more cigarettes you smoke, the higher your risk for type 2 diabetes.^{3 (#three)} No matter what type of diabetes you have, smoking makes your diabetes harder to control.

If you have diabetes and you smoke, you are more likely to have serious health problems from diabetes. Smokers with diabetes have higher risks for serious complications, including:^{4 (#four)}

- Heart and kidney disease
- Poor blood flow in the legs and feet that can lead to infections, ulcers, and possible amputation (removal of a body part by surgery, such as toes or feet)
- Retinopathy (an eye disease that can cause blindness)
- Peripheral neuropathy (damaged nerves to the arms and legs that causes numbness, pain, weakness, and poor coordination)

If you are a smoker with diabetes, quitting smoking will benefit your health right away. People with diabetes who quit have better control of their blood sugar levels.^{5 (#five)}

For free help to quit, call 1-800-QUIT NOW (1-800-784-8669) or visit CDC.gov/tips. Spanish-speakers can call 1-855-DEJELO-YA (1-855-335-3569) or visit CDC.gov/consejos.

How Can Diabetes Be Prevented?

Don't smoke. Smoking increases your chance of having type 2 diabetes.^{4 (#four)}

Lose weight if you are overweight or obese.^{6 (#six)}

Stay active. Physical activity can prevent or delay type 2 diabetes in adults who are at high risk for the disease.^{6 (#six)}

How Is Diabetes Treated?

- Diabetes treatment and management can include:^{2(=seven)}
- A healthy diet and physical activity program
 - Weight loss (if overweight or obese)
 - Medicines to control blood sugar by helping the body use insulin better
 - Insulin taken by injections or by using an insulin pump
 - Patient education to address problem-solving and coping skills needed to help manage diabetes and its complications
 - Medicines to control cholesterol and blood pressure

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Bill (</tobacco/campaign/tips/stories/bill.html>) has diabetes. He quit smoking the day his leg was amputated.

"Having diabetes and being a smoker—my doctors always warned me about the bad things that could happen. Did I listen? No!"

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Content source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

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Smoking Causes Diabetes; Doctors Should Help Patients Quit

Miriam E. Tucker | January 23, 2014

Active smokers have a 30% to 40% higher risk of developing type 2 diabetes compared with nonsmokers, according to new data published in the Surgeon General's 50-year anniversary report on smoking.

The Health Consequences of Smoking — 50 Years of Progress, announced at the White House last Friday by current acting Surgeon General Boris Lushniak, MD, MPH, highlights diabetes as one of several new diseases causally linked to smoking.

While the 2010 Surgeon General's report on smoking had discussed associations between smoking and impaired glycemic control, the development of diabetes, and diabetic complications, it was not clearly established at that time that any link was independent of other factors, such as physical inactivity and poor diet.

But newer studies have controlled for those and other confounders and have also demonstrated a dose-response relationship, as well as a reduction in diabetes risk following smoking cessation. So now, the Surgeon General report concludes: "The evidence is sufficient to infer that cigarette smoking is a cause of diabetes."

"The link between smoking and diabetes is really interesting," Serena Tonstad, MD, PhD, MPH, professor at the School of Public Health, Loma Linda University, California, told *Medscape Medical News*.

Dr. Tonstad stressed that the lack of attention paid to smoking cessation in clinical encounters with patients who have diabetes or prediabetes is "a major concern."

"I believe that most of the consultation time goes to blood sugar regulation, medications, and diet. These findings from the report underscore the importance of giving attention to smoking cessation also. There are unfortunately very few data regarding smoking cessation in persons with diabetes," she noted.

Epidemiologic and Biological Evidence

The new report includes a meta-analysis, which updates a 2007 systemic review by adding a further 24 studies. All were prospective cohort studies, and none included individuals who already had diabetes at baseline. In all, the meta-analysis included over 3.9 million subjects, of whom 140,813 subsequently developed diabetes.

The various studies adjusted for many potential confounders, including age, body mass index, physical activity, diet, alcohol consumption, family history of diabetes, gender, race/ethnicity, and educational level.

Compared with nonsmokers, the smokers had a pooled risk ratio for developing type 2 diabetes of 1.37. Stronger associations were seen in studies that used blood glucose measures to assess the presence of diabetes, rather than in those that relied on patient or physician reports.

A dose-response analysis provides further proof of direct causation. Compared with never-smokers, the relative risk for developing diabetes increased with smoking intensity from 1.14 for former smokers to 1.25 for light smokers (0 – 19 or 0 – 15 cigarettes/day in the various studies) to 1.54 for heavy smokers (≥ 15 or ≥ 20), all statistically significant.

A third line of evidence for causation comes from 4 studies on smoking cessation. One review found improved insulin sensitivity among individuals who quit smoking, despite weight gain. Another large study found that the risk of incident type 2 diabetes among those who quit smoking actually increased in the short term but fell to that of never-smokers by 12 years after cessation, while another found that the risk fell to that of never-smokers after 5 years for women and 10 years for men.

Due to "limited evidence," however, the report does not discuss the effects of passive smoking on diabetes or the adverse effects of smoking on the development of diabetic complications.

But the new Surgeon General's report does provide several possible biologic mechanisms for the causal connection between smoking cigarettes and the development of type 2 diabetes. For one, smoking promotes central obesity, a well-established risk factor for insulin resistance and diabetes. This effect may be related to higher cortisol concentrations and the differential effect of smoking on sex hormones, the data indicate.

Smoking also increases inflammatory markers and oxidative stress, both implicated in the development of insulin resistance and abnormal glucose metabolism.

And both human and animal studies have found functional nicotinic receptors on pancreatic islet and beta cells. Nicotine could, at least in part, reduce the release of insulin via islet-cell receptors. Animal studies also suggest that prenatal or neonatal exposure to nicotine can cause beta-cell dysfunction and apoptosis, according to the report.

"The Most Powerful of All Lifestyle Interventions"

"Smoking-cessation advice takes just a few minutes but is the most powerful of all lifestyle interventions," Dr. Tonstad, who is also head physician at the department of endocrinology, morbid obesity, and preventive medicine, preventive cardiology section, Oslo University Hospital, Norway, told *Medscape Medical News*.

But fear of weight gain is often a barrier for both patients and physicians, she noted. "I have heard physicians say, 'Let's get diabetes and weight under control before attacking smoking.' Most patients want to do that too. Both physicians and patients are afraid of weight gain. Certainly there are a few pounds of weight gain with cessation, but a focus on exercise and not eating carbs during that period could help."

Dr. Tonstad, who was not involved in writing the new Surgeon General's report but whose work is cited in it, is currently conducting a study in Norway to investigate which diet works best to prevent weight gain among smokers.

She also stresses that physicians should always offer pharmacological assistance to patients who smoke, "as it doubles or triples the chances of success on a given quit attempt."

Although there is virtually no literature on the use of pharmacologic antismoking treatments specifically in people with diabetes or prediabetes, Dr. Tonstad says there are "no major problems" with the currently available ones. Nicotine-replacement therapy by gum, patch, pill, or other forms is effective. Bupropion also works, although there is a caution in the label regarding patients on insulin or other glucose-lowering medications.

She told *Medscape Medical News* that, in her opinion, varenicline (*Chantix*, Pfizer) is the most efficacious of the smoking-cessation drugs, with no contraindications for people with diabetes. She is due to present results of a Pfizer-funded study on its efficacy specifically in patients with diabetes at the upcoming meeting of the Society for Research on Nicotine and Tobacco.

She added this final additional advice for doctors trying to counsel patients to quit smoking: "Reassure the patient that even though a small weight gain can occur, still it is advantageous to stop. Try to personalize the message by pointing out specific risk factors that improve, such as insulin sensitivity, risk of heart attack, risk of stroke." And importantly, "Follow-up should be arranged, even if just a telephone call to the office nurse," she concludes.

Dr. Tonstad has received honoraria for lectures and consulting from Pfizer, as well as from some other makers of smoking-cessation aids.

The Health Consequences of Smoking — 50 Years of Progress. published online January 17, 2014. Report

Stress management

Smokers often mention stress as one of the reasons for going back to smoking. Stress is part of life for smokers and non-smokers alike. The difference is that smokers have come to use nicotine to help cope with stress and unpleasant emotions. When quitting, you have to learn new ways of handling stress. Nicotine replacement can help for a while, but over the long term you will need other methods.

As mentioned before, physical activity is a good stress-reducer. It can also help with the short-term sense of depression or loss that some smokers have when they quit. There are also stress-management classes and self-help books. Check your community newspaper, library, or bookstore.

Spiritual practices involve being part of something greater than yourself. For some, that includes things like religious practices, prayer, or church work. For others, it may involve meditation, music, being outside in nature, creative work, or volunteering to help others. Spirituality can give you a sense of purpose and help you remember why you want to stay quit.

The spiritual practices of admitting that you cannot control your addiction and believing that a higher power can give you strength have been used with much success to deal with other addictions. These practices, along with the fellowship of others on a similar path, are a key part of 12-step recovery programs. These same principles can be applied to quitting smoking.

Taking care of yourself

It is important for your health care provider to know if you use any tobacco now or have in the past, so that you will get the preventive health care you need. It is well known that using tobacco use puts you at risk for certain health-related illnesses, so part of your health care should focus on related screening and preventive measures to help you stay as healthy as possible. For example, you will want to regularly check inside your mouth for any changes. Have your doctor or dentist look at your mouth, tongue, or throat if you have any changes or problems. The American Cancer Society recommends that medical check-ups should include looking in the mouth. This way, tobacco users may be able to learn about changes such as leukoplakia (white patches on the mouth tissues) early, and prevent oral cancer or find it at a stage that is easier to treat.

You should also be aware of any of the following changes:

- Change in cough
- A new cough
- Coughing up blood
- Hoarseness
- Trouble breathing

- Wheezing
- Headaches
- Chest pain
- Loss of appetite
- Weight loss
- General tiredness
- Frequent lung or bronchial infections

Any of these could be signs of lung cancer or a number of other lung conditions and should be reported to a doctor right away.

Heavy smokers are at higher risk for lung cancer. But lung cancer often doesn't cause symptoms until it is advanced (has spread). The American Cancer Society is reviewing the results from the National Lung Screening Trial (NLST), a 2011 study that looked at whether screening could save lives of people at increased risk for lung cancer. In this study, heavy smokers and formerly heavy smokers between the ages of 55 and 74 years old were screened using either chest x-rays or low-dose helical CT scans. The group that got the CT scans had a slightly lower death rate.

If you are or have been a heavy smoker and are between ages 55 and 74, talk with your doctor about your lung cancer risk, and about the potential benefits and risks of lung cancer screening. After discussing what is and is not known about the value of early lung cancer detection, you and your doctor can decide whether to go ahead with testing. If you do decide in favor of testing, then be sure to have it done at a center that has experience in all aspects of testing people at high risk. If you'd like more details on this type of screening, please see the early detection information in our *Lung Cancer* document.

Remember that tobacco users have a higher risk for other cancers, too, depending on the way they use tobacco. You can learn about the types of cancer you may be at risk for by reading our document that discusses the way you use tobacco (see the "To learn more" section). Other risk factors for these cancers may be more important than your use of tobacco, but you should know about the extra risks that might apply to you.

If you have any health concerns that may be related to your tobacco use, please see a health care provider as soon as possible. Taking care of yourself and getting treatment for problems early on will give you the best chance for successful treatment. The best way, though, to take care of yourself and decrease your risk for life-threatening health problems is to quit using tobacco.

Benefits & Reasons to Smoke

What's In It for Me?!

1

2

3

4

5

6

7

8

9

10

Personal Reasons to Quit Smoking

Why Should I Quit ??
What Will I Gain??

- 1** _____
- 2** _____
- 3** _____
- 4** _____
- 5** _____
- 6** _____
- 7** _____
- 8** _____
- 9** _____
- 10** _____

Chapter 4:

Second Hand Smoke



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Secondhand Smoke Can Affect the Health of Others



18-year-old Jamason was diagnosed with asthma as an infant. He never really understood the dangers of secondhand smoke until it triggered a severe asthma attack.



Nathan was Lakota, a member of the Oglala Sioux tribe, and never smoked. However, he worked in a facility where smoking was allowed, and he experienced health problems as a result. Nathan's lung damage led to his death on October 17, 2013. He was 54.

Secondhand Smoke

What is Secondhand Smoke?

Secondhand smoke is the combination of smoke that comes from a cigarette and smoke breathed out by a smoker. When a non-smoker is around someone smoking, they breathe in secondhand smoke.

Is Secondhand Smoke Dangerous?

Secondhand smoke is dangerous to anyone who breathes it in. There is no safe amount of secondhand smoke. It contains over 7,000 harmful chemicals, at least 250 of which are known to damage your health. It can also stay in the air for several hours after somebody smokes. Even breathing secondhand smoke for a short amount of time can hurt your body.

Over time, secondhand smoke can cause serious health issues like cancer and heart disease in non-smokers. Here are a few of the ways secondhand smoke harms your body:

- **Cancer.** It has more than 70 toxic chemicals known to cause cancer. Secondhand smoke causes lung cancer in people who have never smoked themselves.
- **Heart disease.** Breathing secondhand smoke makes it more likely that you will get heart disease, have a heart attack, and die early.
- **Breathing problems.** It can cause coughing, extra phlegm, wheezing, and shortness of breath.

Secondhand smoke is especially dangerous for children, babies, and women who are pregnant. Some of the more serious health effects include:

- SIDS (sudden infant death syndrome). Babies whose moms smoke while pregnant or who are exposed to secondhand smoke after birth are more likely to die from SIDS.
- Smaller babies. Mothers who breathe secondhand smoke while pregnant are more likely to have smaller babies. Babies born small are weaker and have a higher risk for many serious health problems.
- Weak lungs. Babies who breathe secondhand smoke after birth have weaker lungs than other babies. This increases their risk of many health problems.
- Severe asthma. Secondhand smoke causes kids who already have asthma to get more frequent and severe attacks.
- Breathing problems. Kids whose parents smoke around them get bronchitis and pneumonia more often. Secondhand smoke also causes lung problems, including coughing, too much phlegm, wheezing, and breathlessness among school-aged kids.
- Ear infections. Kids exposed to secondhand smoke are more likely to get ear infections.

The only way to fully protect non-smokers from the dangers of secondhand smoke is to not allow smoking indoors. Separating smokers from nonsmokers (like “no smoking” sections in restaurants), cleaning the air, and airing out buildings does not completely get rid of secondhand smoke.

How Can I Protect my Loved Ones from Secondhand Smoke?

The best thing you can do to protect your family from secondhand smoke is to quit smoking. Right away, you get rid of their exposure to secondhand smoke in your home and car, and reduce it anywhere else you go together.

Another important step is to make sure your house and car remain smokefree. Kids breathe in secondhand smoke at home more than any other place. The same goes for many adults. Set “smokefree rules” for anyone in your home or car. Setting these rules can:

- Reduce the amount of secondhand smoke your family breathes in
- Help you quit smoking and stay smokefree
- Lower the chance of your child becoming a smoker

Whether at home or on the go, there are steps you can take to protect your family from secondhand smoke. These include:


- Asking people not to smoke in your home or car
- Making sure people looking after your children (e.g., nannies, babysitters, day care) do not smoke
- Choosing smokefree restaurants
- Avoiding indoor public places that allow smoking
- Teaching your children to stay away from secondhand smoke

Find out more:

NCI Factsheet, [Secondhand Smoke: Questions and Answers](http://www.cancer.gov/cancertopics/factsheet/Tobacco/ETS)
(<http://www.cancer.gov/cancertopics/factsheet/Tobacco/ETS>)

(<http://www.cdc.gov/Other/disclaimer.html>)

CDC, [Secondhand Smoke What It Means To You](http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/guide/secondhand-smoke.html)

<http://www.surgeongeneral.gov/library/reports/secondhandsmoke/secondhandsmoke.pdf> 
<http://www.cdc.gov/Other/disclaimer.html> (PDF)

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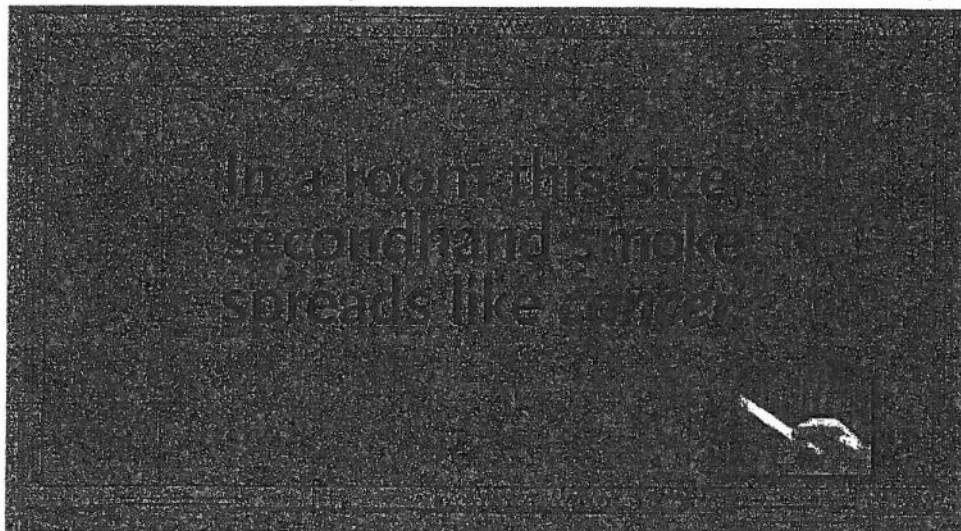
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Secondhand Smoke

How dangerous is it?



10 x 22 Room

Secondhand smoke is the smoke that occurs when a cigarette is lit. It is both the sidestream smoke that burns off the end of the cigarette and the mainstream smoke that the smoker exhales.

Secondhand smoke contains all of the same chemicals that the smoke you breathed in as a smoker contained...but was not inhaled through a filter. This includes toxins such as tar, nicotine, carbon monoxide, methane, acetone, and formaldehyde.

- ❖ Over 60,000 people die each year from exposure to secondhand smoke.
- ❖ Nearly 15,000 children are unnecessarily hospitalized each year due to exposure to their parents secondhand smoke.
- ❖ Exposure to secondhand smoke increases a child's likelihood of developing asthma and worsens current cases of asthma.
- ❖ Nonsmoking spouses of smokers have a 20% greater risk of developing lung cancer than those married to nonsmokers.
- ❖ Secondhand smoke has been linked to sudden infant death syndrome in babies, and ear infections and other respiratory infections in children in general.

Now that you have quit smoking, it is time to protect yourself and your family from the dangers of secondhand smoke. Start by making your home and car smoke-free and don't let others smoke in these areas.

Chapter 5:

A Guide to Quit Smoking

Why should I quit?

Your health

Health concerns usually top the list of reasons people give for quitting smoking. This is a very real concern: smoking harms nearly every organ of the body. Half of all smokers who keep smoking will end up dying from a smoking-related illness. In the United States alone, smoking is responsible for nearly 1 in 5 deaths, and about 8.6 million people suffer from smoking-related lung and heart diseases.

Cancer

Nearly everyone knows that smoking can cause lung cancer, but few people realize it is also linked to higher risk for many other kinds of cancer too, including cancer of the mouth, nose, sinuses, voice box (larynx), throat (pharynx), esophagus, bladder, kidney, pancreas, ovary, cervix, stomach, colon, rectum, and acute myeloid leukemia.

Lung diseases

Smoking greatly increases your risk of getting long-term lung diseases like emphysema and chronic bronchitis. These diseases make it harder to breathe, and are grouped together under the name *chronic obstructive pulmonary disease* (COPD). COPD causes chronic illness and disability, and gets worse over time – sometimes becoming fatal. Emphysema and chronic bronchitis can be found in people as young as 40, but are usually found later in life, when the symptoms become much worse. Long-term smokers have the highest risk of developing severe COPD. Pneumonia is also included in the list of diseases caused or made worse by smoking.

Heart attacks, strokes, and blood vessel diseases

Smokers are twice as likely to die from heart attacks as non-smokers. Smoking is a major risk factor for *peripheral vascular disease*, a narrowing of the blood vessels that carry blood to the leg and arm muscles. Smoking also affects the walls of the vessels that carry blood to the brain (carotid arteries), which can cause strokes. Smoking can cause *abdominal aortic aneurysm*, in which the layered walls of the body's main artery (the aorta) weaken and separate, often causing sudden death. And men who smoke are more likely to develop erectile dysfunction (impotence) because of blood vessel disease.

Blindness and other problems

Smoking causes an increased risk of macular degeneration, one of the most common causes of blindness in older people. It promotes cataracts, which cloud the lens of the eye. It also causes premature wrinkling of the skin, bad breath, gum disease, tooth loss, bad-smelling clothes and hair, and yellow fingernails.

Special risks to women and babies

Women have some unique risks linked to smoking. Women over 35 who smoke and use birth control pills have a higher risk of heart attack, stroke, and blood clots in the legs. Women who smoke are more likely to miscarry (lose the baby) or have a lower birth-weight baby. And low birth-weight babies are more likely to die, or have learning and physical problems.

Years of life lost due to smoking

Based on data collected in the late 1990s, the US Centers for Disease Control and Prevention (CDC) estimated that adult male smokers lost an average of 13.2 years of life and female smokers lost 14.5 years of life because of smoking.

Each year, smoking causes early deaths of about 443,000 people in the United States. And given the diseases that smoking can cause, it can steal your quality of life long before you die. Smoking-related illness can limit your activities by making it harder to breathe, get around, work, or play.

Why quit now?

No matter how old you are or how long you've smoked, quitting can help you live longer and be healthier. People who stop smoking before age 50 cut their risk of dying in the next 15 years in half compared with those who keep smoking. Ex-smokers enjoy a higher quality of life. They have fewer illnesses like colds and the flu, lower rates of bronchitis and pneumonia, and feel healthier than people who still smoke.

For decades the Surgeon General has reported the health risks linked to smoking. In 1990, the Surgeon General concluded:

- Quitting smoking has major and immediate health benefits for men and women of all ages. These benefits apply to people who already have smoking-related diseases and those who don't.
- Ex-smokers live longer than people who keep smoking.
- Quitting smoking lowers the risk of lung cancer, other cancers, heart attack, stroke, and chronic lung disease.
- Women who stop smoking before pregnancy or during the first 3 to 4 months of pregnancy reduce their risk of having a low birth-weight baby to that of women who never smoked.
- The health benefits of quitting smoking are far greater than any risks from the small weight gain (usually less than 10 pounds) or any emotional or psychological problems that may follow quitting.



Guide to Quitting Smoking

What do I need to know about quitting?

The US Surgeon General has said, "Smoking cessation (stopping smoking) represents the single most important step that smokers can take to enhance the length and quality of their lives."

Quitting smoking is hard, but you can do it. To have the best chance of quitting and staying quit, you need to know what you're up against, what your options are, and where to go for help. You'll find this information here.

Why is it so hard to quit smoking?

Mark Twain said, "Quitting smoking is easy. I've done it a thousand times." Maybe you've tried to quit, too. Why is quitting and staying quit hard for so many people? The answer is nicotine.

Nicotine

Nicotine is a drug found naturally in tobacco. It is as addictive as heroin or cocaine. Over time, a person becomes physically dependent on and emotionally addicted to nicotine. The physical dependence causes unpleasant withdrawal symptoms when you try to quit. The emotional and mental dependence (addiction) make it hard to stay away from nicotine after you quit. Studies have shown that smokers must deal with both the physical and mental dependence to quit and stay quit.

How nicotine gets in, where it goes, and how long it stays

When you inhale smoke, nicotine is carried deep into your lungs. There it is quickly absorbed into the bloodstream and carried throughout your body. In fact, nicotine inhaled in cigarette smoke reaches the brain faster than drugs that enter the body through a vein (intravenously or IV).

Nicotine affects many parts of the body, including your heart and blood vessels, your hormones, the way your body uses food (your metabolism), and your brain. Nicotine can be found in breast milk and even in mucus from the cervix of a female smoker. During pregnancy, nicotine crosses the placenta and has been found in amniotic fluid and the umbilical cord blood of newborn infants.

Different factors affect how long it takes the body to remove nicotine and its by-products. In most cases, regular smokers will still have nicotine or its by-products, such as cotinine, in their bodies for about 3 to 4 days after stopping.

How nicotine hooks smokers

Nicotine causes pleasant feelings and distracts the smoker from unpleasant feelings. This makes the smoker want to smoke again. Nicotine also acts as a kind of depressant by interfering with the flow of information between nerve cells. Smokers tend to smoke more cigarettes as the nervous system adapts to nicotine. This, in turn, increases the amount of nicotine in the smoker's blood.

Over time, the smoker develops a tolerance to the drug. Tolerance means that it takes more nicotine to get the same effect that the smoker used to get from smaller amounts. This leads to an increase in smoking. At some point, the smoker reaches a certain nicotine level and then keeps smoking to keep the level of nicotine within a comfortable range.

When a person finishes a cigarette, the nicotine level in the body starts to drop, going lower and lower. The pleasant feelings wear off, and the smoker notices wanting a smoke. If smoking is postponed, the smoker may start to feel irritated and edgy. Usually it doesn't reach the point of real withdrawal symptoms, but the smoker gets more uncomfortable over time. When the person smokes a cigarette, the unpleasant feelings fade, and the cycle continues.

Nicotine withdrawal symptoms can lead quitters back to smoking

When smokers try to cut back or quit, the lack of nicotine leads to withdrawal symptoms. Withdrawal is both physical and mental. Physically, the body reacts to the absence of nicotine. Mentally, the smoker is faced with giving up a habit, which calls for a major change in behavior. Both the physical and mental factors must be addressed for the quitting process to work.

Those who have smoked regularly for a few weeks or longer will have withdrawal symptoms if they suddenly stop using tobacco or greatly reduce the amount they smoke. Symptoms usually start within a few hours of the last cigarette and peak about 2 to 3 days later when most of the nicotine and its by-products are out of the body. Withdrawal symptoms can last for a few days to up to several weeks. They will get better every day that you stay smoke-free.

Withdrawal symptoms can include any of the following:

- Dizziness (which may only last 1 to 2 days after quitting)
- Depression
- Feelings of frustration, impatience, and anger
- Anxiety
- Irritability
- Sleep disturbances, including having trouble falling asleep and staying asleep, and having bad dreams or even nightmares
- Trouble concentrating
- Restlessness or boredom
- Headaches
- Tiredness
- Increased appetite
- Weight gain
- Constipation and gas
- Cough, dry mouth, sore throat, and nasal drip
- Chest tightness
- Slower heart rate

These symptoms can lead the smoker to start smoking again to boost blood levels of nicotine back to a level where there are no symptoms. (For information on coping with withdrawal, see the section called "How to quit.")

Other substances in cigarette smoke

There is some evidence that other chemicals in cigarette smoke may act with nicotine to make it harder to quit smoking. Research is still going on to learn more about the effects of smoking on monoamine oxidase (a brain chemical) and the substances called *harman* and *norharman*. For some people, withdrawal from smoking causes more severe mood problems, which can result in worse cravings and more trouble staying quit.

Other medicines

Smoking also makes your body get rid of some drugs faster than usual. When you quit smoking, it may change the levels of these drugs. Though it's not truly withdrawal, this change can cause problems and add to the discomfort of quitting. Ask your doctor if any medicines you take need to be checked or changed after you quit.

1. **Anger and resentment:** You realize there is a problem, but you are blaming others instead of taking responsibility for your actions.
2. **Bargaining:** When you try to bargain with yourself or a Higher Power: "Just one more cigarette and I promise I will quit."
3. **Depression:** Now that you have finally confronted your addiction, depression sets in.
4. **Acceptance-moving forward:** This is the time you accept your addiction and prepare yourself for the inevitable struggle of the quitting process.

Some ways to help those going through this grieving process is to ask them to write good-bye letters to their addiction and to smoking cigarettes. Another way to help people through the grieving process is to remind them that grief comes in waves and not to resist these waves, but be patient and flow through them. Sometimes keeping a journal, either a written or visual (drawings, photos, film) journal could also help a smoker record and work through these stages.

The 5 A's=5 Minute Smoking Cessation Intervention:

Clinicians and all healthcare providers play a vital role in helping smokers' quit. The 5 A's is an easy to implement and quick way to aid smokers to quit. Implementing the five A's can double quit rates.

1. **Ask** about tobacco use. Implement an office-wide system that ensures that, for EVERY patient at EVERY clinic visit, tobacco-use status is queried and documented.
2. **Advise** to quit. In a clear, strong, and personalized manner, urge every tobacco user to quit.
3. **Assess** willingness to make a quit attempt. Ask every tobacco user if he or she is willing to make a quit attempt at the time (e.g., within the next 30 days).
4. **Assist** in quit attempt. Help the patient with a quit plan.
5. **Arrange** follow up. Schedule follow up contact, either in person or via telephone

Section II: Methods for Quitting

The three main methods for quitting are: cold turkey, gradual, and pharmaceutical aids. The three methods can be used independently or in combination.

Cold turkey means one day a person is smoking and the next day he/she does not have another cigarette. Cold turkey is the toughest method, but it is the most effective.

Gradual means quitting by tapering or postponing.

Tapering is when a smoker reduces the amount of cigarettes smoked each day. For example, a person smokes a pack a day normally, so if he/she would smoke three-quarters of a pack the next day, half a pack the following day, a quarter of a pack the day after, and finally no cigarettes the final day. This method should not be continued for extended periods of time because often a person will return to the same amount they smoked before.

Making the decision to quit

The decision to quit smoking is one that only you can make. Others may want you to quite, but the real communication must come from you.

Think about why you want to quit.

- Are you worried that you could a smoking-related disease?
- Do you really believe that the benefits of quitting outweigh the benefits of continuing to smoke?
- Do you know someone who has health problems because of their smoking?
- Are you ready to make a serious try at quitting?

If you are thinking about quitting, setting a date and deciding on a plan will help move you to the next step.

Setting a quit day and making a plan

What's important about picking a quit day?

Once you've decided to quit, you're ready to pick a quit day. This is a very important step. Pick a day within the next month as your **Quit Day**. Picking a date too far away can allow you time to rationalize and change your mind. You want to give yourself enough time to prepare and come up with a plan. You might choose a date with a special meaning like a birthday or anniversary, or the date of the Great American Smokeout (the third Thursday in November of each year). Or you might just want to pick a random date. Circle the date on your calendar. Make a strong, personal commitment to quit on that day.

Plan for your prescriptions: Remember that if you are planning to use a prescription drug, you will need to talk with your doctor about getting it in time for your Quit day. If you plan to use bupropion (Zyban) or varenicline (Chantix), you must start taking the drug at least a full week before your Quit day. Talk with your doctor about exactly when to start, and how to use the medicine, and find out what side effects to watch for and report. If you are using a prescription drug, put a note on your calendar to remind you to start taking it the right number of days before your Quit Day.

Another method to help in the quitting process is to cut down on the number of cigarettes you smoke a little bit each day. This way, you slowly reduce the amount of nicotine in your body. You might cut out cigarettes smoked with a cup of coffee, or you might decide to smoke only at certain times of the day. It makes sense to cut down in order to reduce withdrawal symptoms, but this can be hard to do.

Quitting smoking is a lot like losing weight: it takes a strong commitment over a long time. Smokers may wish there was a magic bullet — a pill or method that would make quitting painless and easy — but there is nothing like that. Nicotine substitutes can help reduce withdrawal symptoms, but they work best when they are used as part of a stop smoking plan that addresses both the physical and psychological components of quitting smoking,

Here are some steps to help prepare for your Quit Day:

- Pick the date and mark it on your calendar
- Tell friends and family about your Quit Day.
- Get rid of all the cigarettes and ashtrays in your home, car, and at work.
- Stock up on oral substitutes —sugarless gum, carrot sticks, hard candy, cinnamon sticks, coffee stirrers, straws, and/or toothpicks.
- Decide on a plan. Will you use NRT or other medicines? Will you attend a stop-smoking class? If so, sign up now.
- Set up a support system. This could be a group program or a friend or family member who has successfully quit and is willing to help you. Ask family and friends who still smoke not to smoke around you, and not to leave cigarettes out where you can see them.
- If you are using bupropion or varenicline, take your dose each day of the week leading up to your Quit Day.
- Think back to your past attempts to quit. Try to figure out what worked and what didn't work for you.

Successful quitting is a matter of planning and commitment, not luck. Decide now on your own plan. Some options include using nicotine replacement or other medicines, joining a stop-smoking class, going to nicotine anonymous meetings, using self-help materials such as books and pamphlets, or some combination of these methods. For the best chance at success, your plan should include 2 or more of these options.

A word about quitting success rates

Before you start using nicotine replacement or sign up for a stop smoking program, you may wonder about success rates. Success rates are hard to figure out for many reasons. First, not all programs define success in the same way. Does success mean that a person is not smoking at the end of the program? After 3 months? 6 months? 1 year? Does smoking fewer cigarettes (rather than stopping completely) count as success? If a program you're considering claims a certain success rate, ask for more details on how success is defined and what kind of follow-up is done to confirm the rate.

The truth is that quit smoking programs, like other programs that treat addictions, often have fairly low success rates. But that does not mean they are not worthwhile or that you should be discouraged. Your own success in quitting and staying quit is what really counts, and you have some control over that. Even if you don't succeed the first few times, keep trying. You can learn from your mistakes so that you will be ready for those pitfalls the next time.

Success rates in general

Only about 4% to 7% of people are able to quit smoking on any given attempt without medicines or other help.

Studies in medical journals have reported that about 25% of smokers who use medicines can stay smoke-free for over 6 months. Counseling and other types of emotional support can boost success rates higher than medicines alone. There is also early evidence that combining some medicines may work better than using a single drug. (See the section, "Help with the physical part of addiction: Prescription drugs.")

Behavioral and supportive therapies may increase success rates even further, and help the person stay smoke-free. Check the package insert of any product you are using to see if the manufacturer provides free telephone-based counseling.
