

# ABUSE AND ADDICTION OF DRUGS, ALCOHOL AND TOBACCO



Substance (drug and alcohol) abuse is one of the major public and private health problems in the United States. There are many definitions of substance abuse, however, it is always considered abusive if it seriously interferes with your job, your family, your friends, or your health.

Addiction occurs when the body becomes dependent on a chemical substance. In addiction, withdrawal symptoms (usually distressing ones) occur when the use of the substance is stopped. In the United States, deaths associated with drugs and alcohol now rank third behind heart disease and cancer. Alcohol is the most commonly abused substance; it affects millions of people from all social, economic, and cultural groups each year.



## PHYSICAL ADDICTION

Physical addiction to a substance is only one part of the disease because with some substances, no physical addiction occurs. The most notable characteristics of nonphysical addiction are constant use, loss of control, and continued abuse despite consequences with health and relationships.

Persons who are at higher risk for substance abuse include:

- ◆ Biological offspring of an alcoholic or drug abusing parent
- ◆ Spouse of an alcoholic or drug abuser
- ◆ Persons who have recently experienced or witnessed traumatic events
- ◆ Physically handicapped or disabled by a chronic, noncurable disease or condition
- ◆ Health care professionals
- ◆ Persons with psychiatric disorders (depression, psychoses, anxiety, hyperactivity)

Others at high risk for substance abuse are those who have experienced:

- ◆ Divorce or separation
- ◆ Death of spouse or significant other
- ◆ Job loss
- ◆ Retirement
- ◆ Rape or sexual abuse



## ALCOHOLISM

Dependence on alcohol implies that there is both a physical dependence as well as a psychological need for its effects, despite the harm it may cause you, your family, friends, and work. The signs of a physical dependence on alcohol are increasing symptoms, eg, tolerance to the effects of alcohol, or withdrawal symptoms when not drinking. Withdrawal symptoms range from headache, anxiety, insomnia, and nausea to more serious conditions such as tremors, delirium, and seizures. Alcohol abuse becomes obvious when an alcoholic ignores any personal and environmental harm caused by drinking and continues to do so.

An alcoholic may be recognized by certain patterns including:

**Preoccupation** Alcoholics tend to look forward to the next time they will be able to have a drink. They may select social activities based on whether alcohol is available, they may talk a lot about drinking, and they typically feel more comfortable if the liquor cabinet is well-stocked. Feeling the need to be prepared for any emergency, they may store liquor in the car or at work.

**Symptomatic Use of Alcohol** Commonly, alcoholics use alcohol to relieve aches and pains, to relax, to induce sleep, or to lessen psychological distress.

**Increased Tolerance** The alcoholic may appear to tolerate more alcohol than the occasional drinker. This increased tolerance is due to the brain's ability to adapt to higher concentrations of alcohol.

**Loss of Control** The alcohol-dependent person cannot always predict how much he or she is going to drink. This person will often drink more than planned; he or she may stop for a "quick-one" on the way home and stay an entire evening, or may become intoxicated without intending to get that way.

**Solitary Drinking** Company is not important to an alcohol-dependent person, but the alcohol is. Drinking alone is part of the dependency pattern.

**Drinking Excessively and Often** Gulping drinks, ordering doubles, becoming drunk to "feel good," or drinking to "feel normal" are indications of alcohol dependency.

**Making Excuses for Drinking** Alcoholics may rationalize their drinking behavior by making excuses for drinking. To an alcoholic, any event is a sufficient reason for having a drink.

**Blackouts** Alcoholics may suffer a temporary lapse of memory when they have been drinking. These lapses may be followed by feelings of anxiety, concern, and guilt over what may have taken place.



Research shows the impact of alcohol appears to be greater on women than men. The following conditions can be triggered by alcohol abuse and are more common in alcoholic women:

**Depression** People who abuse alcohol often feel depressed, and alcohol can increase depression. The incidence of suicide attempts is higher in alcoholic women than in the female population as a whole.

**Liver Damage** Women are more susceptible to alcohol-related liver damage. They develop liver disease more quickly and at lower levels of consumption than do men.

**Cancer** Alcohol has been linked to cancer of the breast, although the relationship is unclear.

**Fetal Damage** Drinking during pregnancy can pose serious damage to the fetus. This is called Fetal Alcohol Syndrome leading to mental retardation in babies. Babies are shorter, weigh less, have heart and facial defects and have poor control over body movements. Children of alcoholic mothers have hyperactivity syndromes with nervousness, jitters, and poor attention spans.

Most alcoholics who enter treatment do so under pressure from their family, employer, friends, or the legal system. The pressure often is necessary because denying the problem allows him or her to believe there is no need for treatment.

The alcoholic develops a protective shell of denial and develops ways (both consciously and unconsciously) to avoid being found out. One of the first goals of treatment is to attack the problems and defenses that have allowed the alcoholic to continue the destructive drinking pattern.

As painful as it may be, you must confront the alcoholic with the complete truth about his or her drinking. There is no “right” time or place and no ideal person to confront the alcoholic. An employer or some authority figure the alcoholic admires and respects may be able to help. A recovering alcoholic may also be a good person to confront the alcoholic.

Family members are usually the most injured by the disease. Often angry, the family will blame the alcoholic for any damage the disease has caused. It is important to remember: Alcoholism is a disease — not a character flaw.



## DRUG ADDICTION

Illegal drug use is widespread and affects people of all backgrounds. Recent surveys estimate seven percent of Americans use illegal drugs, such as marijuana, cocaine, and opiates. Of nearly 60 million women of childbearing age (15–44 years), more than five million (nine percent) use marijuana or cocaine monthly. In addition to the effects of the drugs themselves, drug use poses other risks relating to an unhealthy lifestyle. Drug abusers also have poor nutrition, making them susceptible to illness. Drug users who share needles are at higher risk for infections, such as a hepatitis B or C virus, and human immunodeficiency virus (HIV), which causes acquired immune deficiency disease (AIDS).

Drug abuse or drug dependence can cause cumulative physical and psychological health problems ranging from mild to severe, and reversible to permanent. Some of the conditions associated with addiction are:

**Psychological Dependence** This describes a state in which a drug is required for the abuser to feel better.

**Tolerance** Tolerance occurs when more and more of the drug is required to get the same effect.

**Addiction** Drug or alcohol addiction is characterized by compulsive use, loss of control over its use, and continued use despite adverse consequences. The state of addiction may include psychological dependence (when the desire or need grows to a desperate craving for the drug) and physical dependence (when distinct withdrawal symptoms appear shortly after the drug abuser stops taking the drug) and there is a need to take the drug again.

**Withdrawal Symptoms** Symptoms that develop after discontinuing use of the drug are termed withdrawal symptoms. These may become severe and possibly life-threatening, sometimes requiring immediate medical attention. Examples of these symptoms include agitation, shakiness, anxiety, insomnia, depression, convulsions, and hallucinations.



## TEENAGE ADDICTION

The best time to prevent drug abuse is before it begins. For parents, however, it may be very difficult to learn much about the potential drug use among their children. It is critical that parents learn to communicate with their children and develop good listening skills — what is not being said may be more revealing than what is. Teenagers who use drugs are often unhappy, and tend to be lonely and anxious. Although they may not be eager to talk about their problems, many of them want their parents' understanding.

Parents should pay attention to the evidence offered. Parents should know their children's newest friends. The pressure of peers cannot be exaggerated during adolescence. Studies indicate that the approval of peers is a major influence in a teenager's decision to use drugs.

Many children want their family relationships to be marked by understanding and forgiveness. In these circumstances, even if drug abuse has begun, your child must believe that help and understanding will always be available.

### ■ MARIJUANA ABUSE

The most popular and illegal drug in America is marijuana. It is estimated to be a \$10 billion/year crop in the United States, which would make it the country's third largest agricultural crop.

The hemp plant (*cannabis sativa*), from which marijuana is derived, contains more than 400 chemicals including tetrahydrocannabinol (THC). The THC in marijuana is what causes a person to get "stoned." Additionally, the THC is responsible for the hungry feeling many people experience after using marijuana. When marijuana is smoked, THC is quickly absorbed from the lungs into the blood stream and rapidly distributed to most tissues and organs of the body.

The effects of marijuana are almost immediate, especially if smoked. The pulse quickens by as much as 50 percent, depending on the potency of the marijuana. People with a decreased blood supply to the heart may have angina (feeling of choking, suffocating, pressure) or chest pains.

Most people experience a feeling of relaxation and mild euphoria when under the influence of marijuana. New users often have a feeling of losing control. This panic can take several hours to subside. Chronic marijuana smokers show evidence of decreased lung capacity and chronic bronchial irritation. Because chronic marijuana use may impair the body's immune system, the lungs may be more susceptible to this fungus and other infections.

Depending on the length of use and the potency of the marijuana used, withdrawal symptoms may be experienced when use is discontinued. Some of the symptoms are tremors, sweating, nausea, vomiting, diarrhea, irritability, and sleep disturbances.



## STREET (ILLEGAL) DRUG ABUSE

Ecstasy. Special K. Ice. Rohypnol. What are these drugs? What do they do? The more you know, the more you can do to help the people you care about. “Street drug” is another term for drugs sold illegally and on the Street. The popularity of different drugs changes with the times. In the 1960s and 1970s, psychedelics, including LSD, were some of the more commonly used street drugs; in the 1980s, LSD lost some of its popularity to cocaine or cocaine derivatives, such as crack. In the 1990s, hallucinogenic drugs have regained their popularity and are equally popular with more recent drugs. The following are a few of the most common street drugs:

**Cocaine** Cocaine is one of the most widely used illegal drugs in this country. It is a potent brain stimulant and one of the most addictive drugs. Cocaine sharply increases alertness and creates a sense of euphoria. These effects are the basis of psychological dependence and are seen in a first time user. Cocaine is a white crystalline powder and is inhaled or injected. Cocaine dilates the pupils, causes a slight rise in body temperature, and accelerates the heart and respiratory rates. These effects are short term. The peak occurs 15-20 minutes after inhaling the drug (snorts) through the nose in the form of a powder, and the signs and feelings disappear in approximately one hour. Some unwanted side effects of chronic cocaine use are constant restlessness, anxiety, and sleeplessness.

Long term use can cause ulcers on the mucous membrane of the nose and even cause a hole (perforation) in the nasal septum. In addition, people who chronically abuse cocaine may develop paranoid hallucinations (cocaine psychosis) that may involve the sense of touch, sight, taste, or smell.

**Crack Cocaine** Smoking (freebasing) cocaine creates a faster and more intense high often accompanied by confusion, slurred speech, and anxiety. Crack cocaine is smoked and has the same general effect as freebase cocaine; both forms are highly addictive. Crack is named because it produces an intense high in a matter of seconds. Within a few minutes, a deep low replaces the euphoria that usually leaves the user depressed and desperate for more (immediate dependence). Smoking this form of cocaine may cause additional health problems, including the increased risk of emphysema and heart attack due to the intensity of the “high.” Injecting cocaine by means of shared needles increases the risk of exposure to AIDS and other communicable diseases that are passed by sharing nonsterile needles or using solutions that are contaminated.

**Speed** Amphetamines are central nervous system (brain) stimulants that have been used medically for weight loss (but discontinued due to addiction and side effects), attention deficit disorders (when Ritalin fails), and narcolepsy (inability to stay awake). Amphetamines are highly addictive and can lead to overstimulation of the brain with confusion, hyperactivity, convulsions, inability to sleep, elevated blood pressure, and increased heart rates. A family history of chemical dependency should be considered before taking amphetamines.

An easily manufactured street form of amphetamines is “speed.” Street speed is rarely pure and is often “cut” or mixed with other substances such as baking soda, baby powder, powdered sugar, and strychnine. Speed is often inhaled (snorted) into the nose. If it is injected intravenously, it may cause sudden death. Some of the symptoms of physical addiction are insomnia, shakiness, tremors, irrational thinking, rapid speech, and increased sweating.



## HALLUCINOGENS

The popularity of hallucinogenic drugs, also called psychedelics, was due to production of vivid changes in sensation, depth perception, passages of time, and body image. Some experimenters reported a mixing of sensations (eg, under the influence of LSD, one could seemingly “hear” colors or “see” sounds).

**LSD** LSD can cause powerful negative experiences (“bad trips”) in which there is an overwhelming sense of fear, being abandoned, going insane, or dying. In some instances, abusers have no comprehension of their limitations and have died because they tried to do what was humanly impossible, such as flying out a window or walking on water. An effect of hallucinogenic drugs is the production of sustained altered mental states that last eight hours or more. Flashbacks can occur days, weeks, months, or years after the conclusion of the initial trip, in which previous effects are reexperienced. LSD and other psychedelics, such as mescaline, increase the heart rate and blood pressure, dilate pupils, and cause loss of appetite, sleeplessness, and tremors. Death from an overdose of LSD is possible.

**Mushrooms** Certain types of naturally occurring mushrooms contain hallucinogenic chemicals. These mushrooms are generally grown in Mexico and Central America and have been used in native rituals for thousands of years. Mushrooms have a strong, bitter taste and can be eaten or brewed into a tea. The effects are unpredictable due to the potency, the amount ingested, and the user’s frame of mind. When taken, mushrooms usually cause feelings of nausea and other physical symptoms before experiencing the desired effects. The high from using mushrooms is mild and causes distorted perceptions including different feelings from touch, sight, sound, and taste. The effects are similar to LSD but milder.

**Phencyclidine (PCP)** This powerful hallucinogen, referred to as “angel dust” was used by veterinarians to sedate large animals. From this use came other street names for the drug such as “hog” and “horse” tranquilizers. The drug bewildered and disturbed the animals so intensely before it put them to sleep that its use was stopped. Taken in very small doses by humans, however, the drug causes a loss of inhibition and creates a state of general euphoria. Other physical symptoms are increased heart rate and blood pressure, sweating, flushing of the skin, and increased body temperature. Muscle numbness and unsteadiness may also be experienced. Other symptoms are muscle rigidity, loss of concentration, vision disturbances, speech impairment, convulsions, delirium, fear of isolation, and paranoia. PCP can also lead to heart and lung failure and stroke with resulting death. What makes the drug so dangerous is its unpredictability. Almost any increase in the dosage may result in destructive, violent behavior and loss of all control.



**Ecstasy, or MDMA** This is a synthetic drug that acts simultaneously as a stimulant and a hallucinogen. It stimulates the central nervous system and produces hallucinogenic effects. It comes in tablets, capsules, or powder and is taken by swallowing. Ecstasy has been shown to cause brain damage in animals. It wears down a very important chemical in the brain, serotonin, which affects mood, sleep, eating habits, thinking processes, aggressive behavior, sexual function, and sensitivity to pain. Studies in animals have shown the effects of Ecstasy to reduce serotonin levels in the brain by 90 percent for at least two weeks. Ecstasy is derived from methamphetamines and amphetamines and belongs to a class of drugs known as “designer drugs.” They are often associated with “raves,” all-night parties, and extensive drug use. A designer drug is often changed by the molecular structure of an existing drug or drugs to create a new substance and the names change frequently according to time, place, and manufacturer. Designer drugs are created in hidden laboratories and can be extremely dangerous.

**Special K** Special K is made from ketamine hydrochloride, a drug used as an animal tranquilizer in pet surgery. It is made by cooking ketamine until it turns from liquid to powder. It is a powerful hallucinogen, snorted or smoked, and is similar to LSD and PCP. Special K is often combined with other drugs, such as Ecstasy, heroin, and cocaine. A combination of cocaine and Special K is known as “CK.” It is reported to cause visual distortions, a lost sense of time, sense, and identity.

**Ice** Ice is a slang term for a very pure, smokable form of methamphetamine. It is extremely addictive and its effects are similar to cocaine but is longer lasting. Ice can cause erratic, violent behavior. It is nicknamed ice because of its translucent rocklike appearance. It is usually smoked, but sometimes is snorted or injected. “Ice” can last anywhere from two to 24 hours. After taking ice, the user usually experiences a crash or depression that can last up to three days.

**Rohypnol (Roofies)** Rohypnol is the brand name for Flunitrazepam, which is a sedative that is ten times stronger than Valium. It is not legally available for prescription in the United States but is legal in over 60 countries worldwide for treatment of insomnia. The drug has gained popularity as a recreation drug called “roofies” and creates a sleepy, relaxed, and drunk feeling that lasts two to eight hours. It is a small white tablet that can be swallowed or dissolved in a drink. Roofies are sometimes taken to contribute to a heroin high or to mellow the coming down from cocaine or crack. They have a reputation as a “date rape” drug. Females in the U.S. have reported being raped after involuntarily being sedated with “roofies,” which were often put into their drink. The drug has no taste or odor. About 10 minutes after taking this drug, the user or victim may feel dizzy, disoriented, too hot, too cold, nauseated, experience difficulty in speaking and moving, and then pass out. There is no memory of what happens while under the drug’s influence.

**Inhalants** Some people inhale a prescription drug called amyl nitrite (poppers). This drug is a vasodilator that relaxes the smooth muscles in small blood vessels, causing them to expand and lower the blood pressure. It is usually prescribed for angina pectoris (chest pain or spasms). Inhaling amyl nitrite produces an intense and immediate high. The effects are short-lived, usually only 5-10 minutes. Amyl nitrite is not physically addictive, but it is not free of side effects — users suffer persistent headaches, dizziness, accelerated heart rate, nasal irritation, and cough.



There are various other inhalants that seem to give people a “high.” There are more than 1,000 household products on the market that can be misused as inhalants and are most commonly used among children. Examples of these products are model airplane glue, nail polish remover, cleaning fluids, hair spray, gasoline, the propellant in aerosol whipped cream, spray paint, fabric protector, cooking spray, and correction fluid. These products are sniffed, snorted, inhaled from a plastic bag or “huffed” (inhaling a soaked piece of material put in the mouth). They are also sniffed directly from the container. Inhalants slow down the body’s functions and cause the user to feel stimulated, disoriented, out of control, giddy, light-headed, and some display violent behavior. Inhalant abuse can cause severe damage to the brain and nervous system, heart, liver, and kidneys. Because they starve the body of oxygen, they can lead to unconsciousness and death, even if used only once.

**Opiates** Heroin, methadone, morphine and opium are all considered opiates because they all are derived from opium (a plant). Generally, opiates are prescribed to relieve severe pain. Given in low doses over short time periods they are not addictive, but in large doses given over time, these drugs are highly addictive. Side effects include respiratory and circulatory system depression, dizziness, nausea, sweating, uncoordinated muscle movement, general weakness, and euphoria. Heavy use depresses the sex drive.

When the drug is injected using a shared needle, diseases or disorders such as AIDS, hepatitis B and C, blood poisoning, congested lungs, and pneumonia can occur. When the drug is taken with certain other sedatives, death can be the result.

## ABUSE AND MISUSE OF LEGAL DRUGS

Drug abuse and drug dependence in the United States involve more than just the better known illegal (street) drugs. Millions of Americans abuse legal prescription and nonprescription drugs, sometimes with tragic results.

In fact, these drugs dominate the statistics on drug-related deaths and emergencies, and they account for most of the deaths attributed to drugs. Hospital emergency rooms report that approximately the same percentage of drug emergencies are caused by the misuse of legal drugs as the misuse of illegal drugs.

## COMMON ADDICTIVE PRESCRIPTION DRUGS

**Tranquilizers** Addiction to tranquilizers is a major drug problem in this country. There are no reliable statistics indicating the number of people thought to be addicted, but as many as 10,000 emergency room visits each year result from this particular addiction.

Strong tranquilizers with risk of easy addiction are diazepam (Valium), alprazolam (Xanax), triazolam (Halcion) and chlordiazepoxide (Librium). There is often a mistaken belief that tranquilizers are not addictive. However, the opposite is true. All of these drugs can cause both physical addiction and psychological dependency. The initial symptoms of withdrawal are anxiety, restlessness, nausea, loss of appetite, sleeping



difficulty, blurred vision, tremors, and twitching or muscle pains. In severe cases, delirium or convulsions may occur. People withdrawing from tranquilizers may also suffer changes in the senses, especially taste and smell, and become nauseated with vomiting. They frequently lose weight and generally feel listless and depressed. Far more dangerous withdrawal symptoms are possible, including seizures, paranoia, hallucinations, and a loss of touch with reality (psychosis).

Tranquilizers should never be mixed with other medications or alcohol, as the body's ability to metabolize the drugs is reduced. A reduced metabolism creates the risk of overdosing which may cause a fatal drug overdose. If the user is elderly, the risk is higher and a lower dose and careful avoidance of drug interaction is necessary.

**Analgesics** Analgesics can be divided into addicting and nonaddicting types. The addicting types include those containing opiates, and opioids, such as morphine, and methadone; the nonaddicting types include aspirin and acetaminophen. The strongest analgesics, although not always the most effective, are opiates and opioids. With a terminally ill patient in severe pain, there is no reason, other than the possibility of causing confusion or excessive sedation, to be concerned about the addictive property of morphine or other narcotics. The opiate, codeine, is often combined with other non-narcotic drugs as a pain reliever and cough suppressant.

The people most likely to develop an addiction with the use of narcotic analgesics are those with chronic pain. Pain centers now help evaluate and relieve pain in ways that will not cause addictions. Injections of nerve block anesthesia, for instance, can be used to relieve pain. Excellent additional methods of managing pain include reduction of swelling (with ice), improving circulation (with heat), massage (for relaxation), and increasing endorphins (with exercise).

Symptoms of withdrawal from opiate abuse include diarrhea, depressed respiratory rate and blood pressure, dizziness, nausea, sweating, uncoordinated muscle movements, general weakness, body pain, insomnia, and intense drug craving. The withdrawal symptoms begin within 8-16 hours after the last dose, which explains why some addicts wake every morning in mild withdrawal.

Pregnant women and new mothers should avoid drugs. Many drugs pass through the placenta and reach the fetus or enter the breast milk. During the first trimester of pregnancy, the fetus may be more sensitive to drugs than any other part of the mother's body. Therefore, expectant mothers should inform their physicians if they have been taking any drugs. Some drugs are known to cause problems with pregnancy and the reproductive system.



## TREATMENT FOR ADDICTION

Alcohol and drug addiction are treated similarly. Most frequently, the withdrawal from the addicting drugs may have an accentuated effect with convulsions, acute anxiety, delirium, nausea, vomiting, and other withdrawal conditions requiring institutional management, support, and initiation of a recovery program. The failure of outpatient management is frequent.

**Detoxification and Withdrawal** Addiction treatment begins with detoxification. In a detoxification unit, the addicted person receives medical care and is carefully monitored through the withdrawal process. This usually takes four to seven days and often requires the use of tranquilizers and sedatives prescribed by a physician. Some alcoholics and drug addicts need treatment for depression during the withdrawal period. Users in severe withdrawal may become highly agitated, aggressive, delirious, or even have seizures. Administration of medications (benzodiazepines), under the supervision of a physician, may be necessary to prevent delirium tremens (DTs) or withdrawal seizures.

**Medical Treatments** Common medical problems associated with alcoholism and drug addiction need to be treated and stabilized as part of their addiction treatment. These include such conditions as high blood pressure, increased blood sugar level, liver disease, and heart disease. In addition, nutritional problems associated with the disease can be treated.

**Recovery Programs** For most residential recovery programs, a period of rehabilitation follows detoxification. This includes weeks of counseling and psychological support. Many times, the trained professional staff in recovery programs are recovering addicts themselves and are able to offer inside knowledge of recovery and serve as role models.

**Complete Abstinence** Remember, if a user continues to use alcohol or drugs, there will be little or no control over the disease. Therefore, treatment programs involve complete abstinence in order to control the addiction.

**Acceptance of the Disease** This is the first and the most important step to recovery. An addicted person must be willing to acknowledge having the disease and admit to being addicted. Many addicts struggle with shame and guilt. The admission of powerlessness to alcohol or drugs is a form of surrender (letting go) of what once supported them.

**Drug Treatments** In a long term recovery program, addicts should not expect to receive tranquilizers or sedatives. These are also drugs that are subject to abuse. If there is trouble abstaining from alcohol, a drug called disulfiram (Antabuse) may be useful because it disrupts the metabolism of alcohol in the liver and causes a severe reaction when alcohol is consumed. This reaction includes flushing, nausea, vomiting, headaches, and abdominal pain. In some people, using the drug can also cause a mild reaction from skin creams, mouthwashes, or anything else containing alcohol. The drug will not cure alcoholism, nor can it remove the compulsion to drink, but it is a strong deterrent.



**Refocusing on Life** Recovery focuses on living for the present and confronting guilt of the past and fear of the future. Therefore, remaining sober or drug free is far more than just not drinking or taking drugs. For many users, their habits produce illusions, usually of power and freedom. While under the influence, they feel freed from whatever inhibition was present when they were sober or drug free. Don't be fooled. In reality, the user becomes less able to escape from their troubles or cope with the issues that cause them to drink or take drugs. Many users become resentful and angry. Remember that successful recovery centers on facing and mastering the emotions that otherwise can be disabling.

**Continuing Support** What happens after treatment ends will be critical to the success of a recovery program. The nature of the disease calls for constant use of support systems and other resources. A major part of aftercare focuses on helping the user and the family to make adjustments in the home. One of the support systems recommended is attendance and participation in Alcoholics Anonymous for the user, and Al-Anon for family members.

Refer to the following organizations for more information:

**Alcoholics Anonymous**, 475 Riverside Drive, New York, NY 10163, phone 212-870-3400

**Al-Anon (Family Group Headquarters)**, PO Box 862, Midtown Station, New York, NY 10018, phone 212-302-7240

**Al-Ateen**, check your local listing for the nearest branch.

**COCAINE Hotline**, 1-800-262-2463

**Narcotics Anonymous**, PO Box 9999, Van Nuys, CA 91409, phone 818-780-3951

**National Association for Children of Alcoholics**, 11426 Rockville Pike, Suite 100, Rockville, MD 20852, phone 301-468-0985

**National Institute on Drug Abuse**, 1-800-662-HELP (662-4357) (English), 1-800-662-2983 (Spanish)



## SMOKING

Cigarette smoking is the single largest preventable cause of disease and death in the United States. An estimated 400,000 Americans die each year from diseases linked to cigarette smoking including lung and heart disease, and lung cancer. This information is offered to alert you to the health consequences of smoking.

Peer pressure, or the desire to appear sophisticated, are common reasons or excuses for starting to smoke. Most people who smoke begin as teenagers. Many teenagers associate smoking with independence and maturity and see it as an easy way to become an adult. Friends may pressure a teenager to join the crowd and smoke. In addition, siblings and parents influence a teenager's decision to smoke. Children of parents who smoke are more than twice as likely to smoke. Teenagers with an older brother or sister who smokes are three times more likely to smoke than a teenager whose siblings don't smoke.

## REASONS NOT TO SMOKE

Cigarette smoke is made up of dozens of toxic gases, including carbon monoxide. Cigarette smoke also contains small particles of tar and nicotine which enter your lungs when you smoke. Smokers who inhale retain 70 percent of these particles in their lungs. The more a person smokes and inhales, the greater the exposure to these toxic gases and particles. Exposure to cigarette smoke can cause:

**Chronic Lung Disease** This may manifest as emphysema (loss of elasticity of the lungs). Emphysema makes exhaling more difficult and can leave the sufferer gasping for breath. Emphysema can lead to early disability and premature death.

**Lung Cancer** This can almost always be prevented by not smoking. A heavy smoker is approximately 24 times more likely to develop lung cancer than a nonsmoker. The incidence of lung cancer recently surpassed breast cancer as the leading cause of cancer death in women. Lung cancer is overwhelmingly tied to cigarette smoking. Recent evidence also suggests that cancer of the cervix is more common in women who smoke.

**Premature Heart Attacks** Smoking is responsible for about 170,000 premature heart attacks in the United States each year. Carbon monoxide slows the transfer of oxygen from the blood to the body tissues. Nicotine increases the heart rate and blood pressure. Smoking multiplies the risk of heart disease and increases the risk even more in people who have high cholesterol or high blood pressure.

Traditionally, physicians have thought men were the primary victims of smoking; however, cigarette smoke poses a unique and serious threat to women. The following information is specifically for them:



**Aging** Smoking effects the skin and mucous membranes of women, causing signs of premature aging. Gum disease and drying of skin with wrinkling occur earlier in smoking women.

**Early Menopause** Women who smoke experience menopause much earlier than non-smoking women. Toxic chemicals in tobacco may damage the hormone-producing cells in the ovaries. These chemicals also cause the liver to speed up the chemical inactivation of estrogen, the main female hormone. Even passive exposure to cigarette smoke may be enough to damage the ovaries. Women who live with partners who smoke are especially at risk.

**Miscarriage** Early pregnancy loss occurs more frequently in women who smoke. Smoking adversely effects the pregnancy by increasing the risk of stillbirths and premature delivery. Additionally, babies are smaller at birth and have an increased risk of dying in early infancy.

**Osteoporosis** Women who smoke have an increased risk of osteoporosis. Osteoporosis is a loss of the mineral content (bone density) of the bones, particularly the back, hips, and wrists. The weakened bony structure leads to fractures that may result in prolonged disability and death from shock and blood loss.

**Strokes and Heart Attacks** The incidence of these conditions occurring in smoking women over the age of 35 is higher than the general population.

## HOW TO QUIT

Many smokers wish to quit but are afraid they will not succeed. These points may be helpful:

- ◆ Set realistic goals
- ◆ Take responsibility for your smoking habits
- ◆ Tell your friends you want to quit and get their help
- ◆ Be patient — changing or breaking the tobacco addiction takes time and effort
- ◆ Ask your doctor to provide advice. Nicotine gum or nicotine patches, when combined with a motivation to stop smoking, and behavioral modification supports may be helpful.
- ◆ Zyban (Bupropion hydrochloride) is a new drug which was initially approved by the FDA as an antidepressant, and has now been proven to enhance the ability of people to stop smoking. Zyban is a prescription medication.
- ◆ If you do not exercise, begin a daily exercise and fitness program on a regular, planned schedule



## THE BENEFITS OF QUITTING

Because the healthy body is able to rapidly repair itself, quitting smoking can reverse much of the damage caused by smoking. You can reduce your chances of cancer, chronic bronchitis, emphysema, and heart disease. You also feel better after you quit smoking. Your sense of taste and smell improve, the stains on your hands and teeth disappear, and the stale smell of smoke disappears from your clothes, home, and car.

Your decision to stop smoking is one of the best things you can do for yourself and the loved ones in your immediate environment. The change is not easy but certainly worth the effort.

Other smokers have kicked the habit. You can too.

## AFTER YOU STOP SMOKING

- 20 Minutes** Your blood pressure, heart rate, and the temperature of your hands and feet normalize.
- 8 Hours** The oxygen and carbon dioxide levels in your blood normalize.
- 1 Day** Your likelihood of having a heart attack decreases.
- 2 Days** Your sense of smell and taste improves. Nerve endings start to regrow.
- 2 Weeks - 3 Months** Your circulation becomes better and breathing improves; it becomes easier to walk.
- 1 - 9 Months** Coughing, sinus congestion, shortness of breath, and fatigue decrease. You have more energy.
- 1 Year** Happy One Year Anniversary! Your excess risk of heart disease is now less than one half of what it was a year ago.
- 5 Years** Your risk of cancer of the lung, mouth, throat, and esophagus is half that of a pack-day-smoker.
- 10 Years** Your risk of dying of lung cancer is similar to nonsmokers. Precancerous cells have been replaced.
- 15 Years** You are at no more risk of heart disease than if you never smoked.

## AVAILABLE RESOURCES

American Cancer Society, Utah Division 483-1500 or 1-800-ACS-2345

American Lung Association of Utah 801-484-4456

American Heart Association 1-800-242-8721