The Problem:

Tobacco use is the leading preventable cause of death in the United States. The impact of tobacco use in terms of morbidity and mortality to our society is staggering. Smoking kills an estimated 443,000 people each year, and harms nearly every organ of the body. Quitting smoking has immediate as well as long-term benefits for you and your loved ones. Breathing secondhand smoke (SHS) causes heart disease and lung cancer in adults and increased risks for sudden infant death syndrome, acute respiratory infections, middle-ear disease, worsened asthma, respiratory symptoms, and slowed lung growth in children.

We have made progress in reducing tobacco use among youth; however, far too many young people are still using tobacco. Today, more than 600,000 middle school students and 3 million high school students smoke cigarettes. Rates of decline for cigarette smoking have slowed in the last decade and rates of decline for smokeless tobacco use have stalled completely.

Awareness of alcohol use and misuse on college campuses is not new. Research indicates that almost 80% of college students drink; of those, half engage in heavy episodic drinking. Excessive alcohol intake among college students is associated with a variety of adverse consequences: fatal and nonfatal injuries; alcohol poisoning; blackouts; academic failure; violence, including rape and assault; unintended pregnancy; sexually transmitted diseases, including HIV/AIDS; property damage; and vocational and criminal consequences that could jeopardize future job prospects. Students who engage in excessive drinking impact not just themselves. Fellow students experience secondhand consequences ranging from disrupted study and sleep to physical and sexual assault. Furthermore, the schools they attend expend valuable resources to deal with institutional and personal consequences of their behavior.

Most forms of chronic disease are not a genetically "hard-wired" destiny. Like tobacco and alcohol, controllable risk factors, and the diseases they impact, are a matter of choice.

Know the Terms:

1. **Alcohol abuse**: Recurring use of alcoholic beverages despite negative consequences.
2. **Alcoholism**: A chronic disease in which your body becomes dependent on, or addicted to alcohol.
3. **Binge drinking**: Heavy consumption of alcohol over a short period of time.
4. **Blood alcohol concentration (BAC)**: Ratio of alcohol to total blood volume; used to measure the physiological (and often behavioral) effects of alcohol.
5. **Delirium tremens (DTs)**: Condition resulting from alcohol withdrawal; symptoms include confusion, delusions, tremors, and possibly seizures.
6. **Fetal alcohol syndrome (FAS)**: A disorder involving retarded growth and development that may occur in a baby when a mother drinks alcohol during pregnancy.
7. **Hangover**: Physiological end product of excessive drinking. A primary cause is body dehydration; intensity peaks when BAC reaches zero.
8. **Nicotine**: A primary stimulant chemical in tobacco products; nicotine is very addictive.
9. **Nicotine withdrawal**: Condition resulting from the cessation of nicotine use by an addiction individual. Symptoms include headaches, irritability, nausea, and a craving for tobacco.
10. **Proof**: A measure of alcohol content in a beverage; Stated in percentage, proof is normally twice the alcohol content in the beverage; e.g. a spirit with 40 percent alcohol by volume, is 80 proof.
11. **Second-hand smoke**: Also known as environmental tobacco smoke (ETS), it is a combination of sidestream smoke (lighted cigarette, pipe, or cigar), and Mainstream smoke (exhaled smoke by a smoker).
12. **Tar**: Condensed residue found in smoked tobacco. This brown, thick material includes the majority of mutagenic and carcinogenic agents found in tobacco smoke.
Alcohol: Basic Training:

1. The Basics:
   o Alcohol:
     ▪ Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor.
     ▪ Alcohol is produced by the fermentation of yeast, sugars, and starches.
     ▪ It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream.
     ▪ Alcohol is metabolized in the liver by enzymes; however, the liver can only metabolize a small amount of alcohol at a time, leaving the excess alcohol to circulate throughout the body.
   o Blood Alcohol Concentration:
     ▪ Blood alcohol content (BAC), also called blood alcohol concentration, is most commonly used as a measurement of alcohol intoxication for legal or medical purposes.
     ▪ Blood alcohol concentration is usually expressed as a percentage of alcohol (ethanol) in the blood.
     ▪ Example, a BAC of 0.10 means that 0.10% (one tenth of one percent) of a person's blood, by volume (usually, but in some countries by mass), is alcohol.
     ▪ See Factors that Influence BAC below.
   o Proof:
     ▪ In the United States, alcoholic proof is defined as twice the percentage of the ABV (Alcohol by Volume). Example, a product with 40% alcohol by volume would be 80 proof.
   o Standard Drink:
     ▪ Used as a measurement standard; an alcoholic beverage that is equal to 14.0 grams (0.6 ounces) of pure alcohol. Generally, this amount of pure alcohol is found in
       ▪ 12-ounces of beer.
       ▪ 8-ounces of malt liquor.
       ▪ 5-ounces of wine.
       ▪ 1.5-ounces or a “shot” of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey).
     ▪ Alcohol contains 7 calories per 1 gram.
   o Alcohol Abuse:
     ▪ A pattern of drinking that results in harm to one’s health, interpersonal relationships, or ability to work. Manifestations of alcohol abuse can include:
       ▪ Failure to fulfill major responsibilities at work, school, or home.
       ▪ Drinking in dangerous situations, such as drinking while driving or operating machinery.
       ▪ Legal problems related to alcohol, such as being arrested for drinking while driving or for physically hurting someone while drunk.
       ▪ Continued drinking despite ongoing relationship problems that are caused or worsened by drinking.
       ▪ Long-term alcohol abuse can turn into alcohol dependence.
   o Alcoholism:
     ▪ A chronic disease characterized by dependency on alcohol, also referred to as alcohol addiction. The signs and symptoms of alcohol dependence include
       ▪ A strong craving for alcohol.
       ▪ Continued use despite repeated physical, psychological, or interpersonal problems.
       ▪ The inability to limit drinking.
   o Binge Drinking:
     ▪ According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more.
     ▪ This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours.
   o Intoxication:
     ▪ Also known as drunkenness or inebriation, refers to the physiological state induced by the consumption of ethyl alcohol (ethanol), which builds up in the bloodstream faster than it can be metabolized by the liver.
- Common symptoms include slurred speech, euphoria, impaired balance, loss of muscle coordination (ataxia), flushed face, dehydration, reddened eyes, reduced inhibition, and erratic behavior.

  - **Legal Limit:**
    - The legal limit for drinking is the alcohol level above which an individual is subject to legal penalties (e.g., arrest or loss of a driver's license).
    - Legal limits are measured using either a blood alcohol test or a breathalyzer.
    - All states in the United States have adopted 0.08% (80 mg/dL) as the legal limit for operating a motor vehicle for drivers aged 21 years or older. However, drivers younger than 21 are not allowed to operate a motor vehicle with any level of alcohol in their system.
    - Legal limits do not define a level below which it is safe to operate a vehicle or engage in some other activity. Impairment due to alcohol use begins to occur at levels well below the legal limit.

2. **Effects of Alcohol on the Body (an Overview):**
   - Drinking too much – on a single occasion or over time – can take a serious toll on your health. Here’s how alcohol can affect your body:
     - **Brain:**
       - Alcohol interferes with the brain’s communication pathways, and can affect the way the brain looks and works.
       - These disruptions can change mood and behavior, and make it harder to think clearly and move with coordination.
     - **Heart:**
       - Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including:
         - Cardiomyopathy – Stretching and drooping of heart muscle
         - Arrhythmias – Irregular heart beat
         - Stroke
         - High blood pressure (Some research also shows that drinking moderate amounts of alcohol may protect healthy adults from developing coronary heart disease).
     - **Liver:**
       - Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including:
         - Steatosis, or fatty liver
         - Alcoholic hepatitis
         - Fibrosis
         - Cirrhosis
     - **Pancreas:**
       - Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.
     - **Cancer:**
       - Drinking too much alcohol can increase your risk of developing certain cancers, including cancers of the:
         - Mouth
         - Esophagus
         - Throat
         - Liver
         - Breast
     - **Immune System:**
       - Drinking too much can weaken your immune system, making your body a much easier target for disease.
       - Chronic drinkers are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much.
       - Drinking a lot on a single occasion slows your body’s ability to ward off infections – even up to 24 hours after getting drunk.

3. **Fetal Alcohol Spectrum Disorders (FASDs):**
   - Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy.
These effects can include physical problems and problems with behavior and learning. Often, a person with an FASD has a mix of these problems.

Different terms are used to describe FASDs, depending on the type of symptoms.

- **Fetal Alcohol Syndrome (FAS):**
  - FAS represents the severe end of the FASD spectrum.
  - People with FAS might have:
    - Abnormal facial features, growth problems, and central nervous system (CNS) problems.
    - Problems with learning, memory, attention span, communication, vision, or hearing. They might have a mix of these problems.
    - Often have a hard time in school and trouble getting along with others.

- **Alcohol-Related Neurodevelopmental Disorder (ARND):**
  - People with ARND might have:
    - Intellectual disabilities and problems with behavior and learning.
    - They might do poorly in school and have difficulties with math, memory, attention, judgment, and poor impulse control.

- **Alcohol-Related Birth Defects (ARBD):**
  - People with ARBD might have:
    - Problems with the heart, kidneys, or bones or with hearing.
    - They might have a mix of these.

4. **Alcohol Poisoning:**

- As a central nervous system depressant, alcohol depresses nerves that control involuntary actions such as breathing and the gag reflex (which prevents choking).
- A fatal dose of alcohol will eventually stop these functions.
- Critical signs and symptoms of Alcohol Poisoning include:
  - Mental confusion, stupor, coma, or person cannot be roused.
  - Vomiting, or vomiting while unconscious.
  - Seizures.
  - Slow breathing (fewer than eight breaths per minute).
  - Irregular breathing (10 seconds or more between breaths).
  - Hypothermia (low body temperature), bluish skin color, paleness.
- All of the above signs or symptoms require a 911 call.
- Common myths associated with sobering up include:
  - Drinking black coffee.
  - Taking a cold bath or shower.
  - Sleeping it off, or walking it off.

5. **Factors that Influence Blood Alcohol Concentration:**

- **Food:**
  - Absorption of alcohol is faster when the stomach is empty; the empty stomach allows rapid passage of the alcohol into the small intestine, where absorption is most efficient.

- **Body Weight:**
  - Greater body weight provides a greater volume in which alcohol can be distributed.
  - This means a larger person will be less affected by a given amount of alcohol than a smaller person would be. However, see Body Fat below.

- **Body Fat:**
  - Alcohol is more soluble in water than in fat.
  - This means that tissues rich in water, like muscle, take up more alcohol than do tissues rich in fat.
  - Conversely, more of the alcohol will stay in the blood stream of a person with a larger amount of fat, meaning that person's blood alcohol concentration (BAC) will rise faster.

- **Gender:**
  - Traditionally, men have more water and less fat in their body composition, which means the alcohol will be more diluted.
  - Females, on average, have a smaller body mass and a higher proportion of body fat than do males, resulting in higher BACs after consuming the same amount of alcohol as a man.
  - Females also may have a lower activity of the alcohol-metabolizing enzyme alcohol dehydrogenase (ADH) in the stomach; therefore, more of the ingested alcohol reaches the blood.
Tobacco: Basic Training

1. The Basics of Tobacco:
   - There are more than 4,000 chemicals found in the smoke of tobacco products.
     - Of these, nicotine, first identified in the early 1800s, is the primary addictive ingredient in tobacco.
   - The cigarette is a very efficient and highly engineered drug delivery system.
     - By inhaling tobacco smoke, the average smoker takes in 1–2 mg of nicotine per cigarette.
     - When tobacco is smoked, nicotine rapidly reaches peak levels in the bloodstream and enters the brain.
     - A typical smoker will take 10 puffs on a cigarette over a period of 5 minutes that the cigarette is lit: 1½ packs (30 cigarettes) daily gets 300 "hits" of nicotine to the brain each day.
     - In those who typically do not inhale the smoke, such as cigar and pipe smokers and smokeless tobacco users, nicotine is absorbed through the mucosal membranes and reaches peak blood levels and the brain more slowly.
   - Immediately after exposure to nicotine, there is a "kick" caused in part by the drug’s stimulation of the adrenal glands and resulting discharge of epinephrine (adrenaline).
   - The rush of adrenaline stimulates the body and causes an increase in blood pressure, respiration, and heart rate.

2. Nicotine Addiction:
   - Cigarette smoking produces a rapid distribution of nicotine to the brain, with drug levels peaking within 10 seconds of inhalation.
     - Because smokeless tobacco is placed on or near a mucous membrane, nicotine levels rise rapidly as well.
   - Nicotine activates reward pathways, the brain circuits that regulate feelings of pleasure, as it increases levels of the neurotransmitter dopamine in these reward circuits.
     - Dopamine is a key brain chemical involved in mediating the desire to consume drugs, and is thought to underlie the pleasurable sensations experienced by many smokers.
   - For many tobacco users, long-term brain changes induced by continued nicotine exposure result in addiction.
   - However, the acute effects of nicotine dissipate quickly, as do the associated feelings of reward, which causes the smoker to continue dosing (using tobacco) to maintain the drug’s pleasurable effects and prevent withdrawal.
   - Nicotine withdrawal symptoms include irritability, craving, depression, anxiety, cognitive and attention deficits, sleep disturbances, and increased appetite.
     - These symptoms may begin within a few hours after the last cigarette, quickly driving people back to tobacco use.
     - Symptoms peak within the first few days of smoking cessation and usually subside within a few weeks. For some people, however, symptoms may persist for months.
     - Although withdrawal is related to the pharmacological effects of nicotine, many behavioral factors can also affect the severity of withdrawal symptoms.
     - Factors such as the feel, smell, and sight of a cigarette and the ritual of obtaining, handling, lighting, and smoking the cigarette are all associated with the pleasurable effects of smoking and can make withdrawal or craving worse.
     - Nicotine replacement therapies such as gum, patches, and inhalers may help alleviate the pharmacological aspects of withdrawal; however, cravings often persist.
     - Behavioral therapies can help smokers identify environmental triggers of craving so they can employ strategies to prevent or circumvent these symptoms and urges.

3. Tobacco, Advertising and Promotion:
   - Tobacco companies spend more than a million dollars an hour in this country alone to market their products. This report concludes that tobacco product advertising and promotions still entice far too many young people to start using tobacco.
   - The tobacco industry has stated that its marketing only promotes brand choices among adult smokers. Regardless of intent, this marketing encourages underage youth to smoke. Nearly 9 out of 10 smokers start smoking by age 18, and more than 80% of underage smokers choose brands from among the top three most heavily advertised.
The more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke.

The report by the U.S. Surgeon General finds that extensive use of price-reducing promotions has led to higher rates of tobacco use among young people than would have occurred in the absence of these promotions.

Many tobacco products on the market appeal to youth. Some cigarette-sized cigars contain candy and fruit flavoring, such as strawberry and grape.

Many of the newest smokeless tobacco products do not require users to spit, and others dissolve like mints; these products include snus—a spitless, dry snuff packaged in a small teabag-like sachet—and dissolvable strips and lozenges.

Young people find these products appealing in part because they can be used without detection at school or other places where smoking is banned. However, these products cause and sustain nicotine addiction, and most youth who use them also smoke cigarettes.

Through the use of advertising and promotional activities, packaging, and product design, the tobacco industry encourages the myth that smoking makes you thin. This message is especially appealing to young girls. It is not true—teen smokers are not thinner than nonsmokers.

**Tobacco Damage:**

There are 45 known or suspected chemical carcinogens in cigarette smoke

Tobacco use leads most commonly to diseases affecting the heart and lungs, with smoking being a major risk factor for

- **Heart:**
  - Smoking increases heart rate and blood pressure and causes heart disease and heart attacks.
  - Because the heart is deprived of oxygen, simple activities at work or play can be a struggle.
  - Smoking robs you of some of your good cholesterol.
  - Smoking increases the blood’s clotting likelihood.

- **Lunges:**
  - Chronic obstructive pulmonary disease (COPD) (including emphysema, chronic bronchitis, and asthma)
  - If you have asthma, you can have more frequent and more serious attacks.
  - Smoking causes a lot of coughing with phlegm (mucous).

- **Cancer:**
  - Particularly lung cancer, cancers of the larynx and mouth, and pancreatic cancer

- **Brain:**
  - Strokes
  - Nicotine, the drug that makes tobacco addictive, goes to your brain very quickly.
  - Nicotine makes you feel good when you are smoking, but it can make you anxious, nervous, moody, and depressed after you smoke.
  - Using tobacco can cause headaches and dizziness.

- **Mouth:**
  - Tobacco stains your teeth and gives you bad breath.
  - Tobacco ruins some of your taste buds, so you won't be able to taste your favorite foods as well.
  - Tobacco causes bleeding gums (gum disease) and cancers of the mouth and throat.

- **Skin:**
  - Smoking causes dry, yellow skin and wrinkles.
  - The smell sticks to your skin.

- **Muscles:**
  - Less blood and oxygen flows to your muscles, which causes them to hurt more when you exercise or play sports.

- **Blood Vessels and Extremities:**
  - Peripheral vascular disease and hypertension (high blood pressure)
  - Being a vasoconstrictor (constricts blood vessels), nicotine reduces circulation in extremities causing them to feel cold

**Environmental Tobacco Smoke:**

ETS or Environmental Tobacco Smoke includes two categories:

- **Mainstream Smoke:**
  - The smoke directly inhaled by the smoker.
Secondhand Smoke:

- The combination of “side-stream” smoke (the smoke given off by a burning tobacco product) and “mainstream” smoke (the smoke exhaled by a smoker)

Dangers of Secondhand Smoke:

- Among the more than 7,000 chemicals that have been identified in secondhand tobacco smoke, at least 250 are known to be harmful.
- Inhaling secondhand smoke causes lung cancer in nonsmoking adults.
  - Approximately 3,000 lung cancer deaths occur each year among adult nonsmokers in the United States as a result of exposure to secondhand smoke.
  - Some research suggests that secondhand smoke may increase the risk of:
    - Breast cancer, nasal sinus cavity cancer, and nasopharyngeal cancer in adults
- Exposure to secondhand smoke irritates the airways and has immediate harmful effects on a person’s heart and blood vessels.
  - It may increase the risk of heart disease by an estimated 25 to 30 percent.
  - In the United States, secondhand smoke is thought to cause about 46,000 heart disease deaths each year.
- Children exposed to secondhand smoke are at increased risk of sudden infant death syndrome, ear infections, colds, pneumonia, bronchitis, and more severe asthma.
- Being exposed to secondhand smoke slows the growth of children’s lungs and can cause them to cough, wheeze, and feel breathless.

Talking Stats:

A Snapshot of Annual High-Risk College Drinking Consequences From collegedrinkingprevention.gov:

The consequences of excessive and underage drinking affect virtually all college campuses, college communities, and college students, whether they choose to drink or not.

- **Death:** 1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries, including motor vehicle crashes (Hingson et al., 2009).
- **Injury:** 599,000 students between the ages of 18 and 24 are unintentionally injured under the influence of alcohol (Hingson et al., 2009).
- **Assault:** 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking (Hingson et al., 2009).
- **Sexual Abuse:** 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape (Hingson et al., 2009).
- **Unsafe Sex:** 400,000 students between the ages of 18 and 24 had unprotected sex and more than 100,000 students between the ages of 18 and 24 report having been too intoxicated to know if they consented to having sex (Hingson et al., 2002).
- **Academic Problems:** About 25 percent of college students report academic consequences of their drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall (Engs et al., 1996; Presley et al., 1996a, 1996b; Wechsler et al., 2002).
- **Health Problems/Suicide Attempts:** More than 150,000 students develop an alcohol-related health problem (Hingson et al., 2002), and between 1.2 and 1.5 percent of students indicate that they tried to commit suicide within the past year due to drinking or drug use (Presley et al., 1998).
- **Drunk Driving:** 3,360,000 students between the ages of 18 and 24 drive under the influence of alcohol (Hingson et al., 2009).
- **Vandalism:** About 11 percent of college student drinkers report that they have damaged property while under the influence of alcohol (Wechsler et al., 2002).
- **Property Damage:** More than 25 percent of administrators from schools with relatively low drinking levels and over 50 percent from schools with high drinking levels say their campuses have a "moderate" or "major" problem with alcohol-related property damage (Wechsler et al., 1995).
- **Police Involvement:** About 5 percent of 4-year college students are involved with the police or campus security as a result of their drinking (Wechsler et al., 2002), and 110,000 students between the ages of 18 and 24 are arrested for an alcohol-related violation such as public drunkenness or driving under the influence (Hingson et al., 2002).
Alcohol Abuse and Dependence: 31 percent of college students met criteria for a diagnosis of alcohol abuse and 6 percent for a diagnosis of alcohol dependence in the past 12 months, according to questionnaire-based self-reports about their drinking (Knight et al., 2002).

Drunk Driving Statistics from Mothers Against Drunk Driving (madd.org):

- In 2010, 10,228 people were killed and approximately 350,000 were injured by drunk drivers.
- Each crash, each death, each injury impacts not only the person in the crash, but family, friends, classmates, coworkers and more.
- Even those who have not been directly touched help pay the $132 billion yearly price tag of drunk driving.

National Smoking Statistics:

- Cigarette smoking causes an estimated 443,000 deaths each year, including approximately 49,400 deaths due to exposure to secondhand smoke.
- Economically, more than $96 billion of total U.S. health care costs each year are attributable directly to smoking.
- Most smokers identify tobacco use as harmful and express a desire to reduce or stop using it, and nearly 35 million want to quit each year.
- More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.
- Smoking causes an estimated 90% of all lung cancer deaths in men and 80% of all lung cancer deaths in women.
- An estimated 90% of all deaths from chronic obstructive lung disease are caused by smoking.
- Compared with nonsmokers, smoking is estimated to increase the risk of:
  - Coronary heart disease by 2 to 4 times
  - Stroke by 2 to 4 times
  - Men developing lung cancer by 23 times
  - Women developing lung cancer by 13 times
  - Dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times.
- In 2009, approximately 20.6 percent of U.S. adults were cigarette smokers.
- Nearly 20 percent of high school students smoke cigarettes.
- An estimated 9 percent of high school students use smokeless tobacco.

Know Your Numbers:

1. **Benefits of a Smoke-Free Life:**
   - You will feel the benefits of quitting straight away as your body repairs itself. Depending on the number of cigarettes you smoke, typical benefits of stopping are:
     - After 20 minutes You stop polluting the air Your blood pressure and pulse decrease The temperature of your hands and feet increases
     - After 8 hours The carbon monoxide level in your blood returns to normal Oxygen levels in your blood increase
     - After 24 hours Your risk of heart attack decreases
     - After 48 hours Nerve endings adjust to the absence of nicotine Your ability to taste and smell begins to return
     - After 2 weeks to 3 months Your circulation improves Your exercise tolerance improves
     - After 1 to 9 months Coughing, sinus congestion, fatigue, and shortness of breath decrease Your overall energy level increases
     - After 1 year Your risk of heart disease decreases to half that of a current smoker
     - After 5 to 15 years Your risk of stroke is reduced to that of people who have never smoked
     - After 10 years Your risk of dying from lung cancer drops to almost the same rate as a lifelong NON-smoker.
       - You decrease the incidence of other cancers – of the mouth, larynx, esophagus, bladder, kidney and pancreas
After 15 years Your risk of heart disease is reduced to that of people who have never smoked.

2. **Benefits of an Alcohol-Free Life:**
   - You will realize the benefits immediately after deciding to live an alcohol-free existence.
     - Won't get arrested for underage drinking, or DUI.
     - Won't be driving a car while under the influence of alcohol and risk causing injury to yourself or others in a serious auto crash.
     - Won't become an alcoholic.
     - Won't get violent due to being drunk.
     - Will learn how to deal with life's problems in a healthy way instead of using chemical crutches to escape them.
     - Won't lose a job because the boss smells alcohol on your breath or wonders why you can't concentrate on tasks.
     - Won't get pregnant (or get a girl pregnant) while under the influence.
     - Won't get HIV or other STDs due to sex while under the influence.
     - Won't have to lie and lose the trust of parents, family members, or friends about whether you were drinking.
     - Will be less likely to say or do things you might regret later.
     - Will feel good that you have made the choices you believe in.
     - Won't have to hide the fact that you're drinking, smoking or doing drugs from friends and people at school or in your faith community.
     - Because you can have a lot of fun without it.
     - Because you won't do the stupid things people do when they are drunk or high.
     - Because you are leading your body, mind, heart, and spirit in the right direction.

**Thoughts for Living:**

Smokefree.gov, a product of the National Cancer Institute and the National Institutes of Health, is a Website designed to help you or someone you care about quit smoking. Different people need different resources as they try to quit. The information and professional assistance available on this site can help to support both your immediate and long-term needs as you become, and remain, a nonsmoker. Outlined below is an overview of the Quit Guide located at smokefree.gov.

1. **Quit Guide: Thinking About Quitting**
   - Think about why you want to quit Decide for sure that you want to quit. Promise yourself that you'll do it. It's okay to have mixed feelings. Don't let that stop you. There will be times every day that you don't feel like quitting. Stick with it anyway!
   - Find reasons to quit that are important to you. Think of more than just health reasons. For example:
     - How much money you'll save by not buying cigarettes
     - The time you'll have for yourself instead of taking cigarette breaks, rushing out to buy a pack, or searching for a light
     - Not being short of breath or coughing as much
     - Setting a better example for your children
   - Write down all the reasons why you want to quit, and list ways to fight the urge to smoke.
   - Keep your list where you'll see it often. Good places are:
     - Where you keep your cigarettes
     - In your wallet or purse
     - In the kitchen
     - In your car
   - When you reach for a cigarette you'll find your list. It will remind you why you want to stop.

2. **Quit Guide: Preparing to Quit**
   - Just thinking about quitting may make you anxious. But your chances will be better if you get ready first.
   - Quitting works best when you're prepared, thus, before you quit, **START** by taking these five important steps:
     - **S** = Set a quit date.
     - **T** = Tell family, friends, and coworkers that you plan to quit.
     - **A** = Anticipate and plan for the challenges you'll face while quitting.
     - **R** = Remove cigarettes and other tobacco products from your home, car, and work.
     - **T** = Talk to your doctor about getting help to quit.
3. **Quit Guide: Quitting**
   - Today's the day you start your smoke-free life! Remind your family and friends that today is your quit date, and ask them to support you during the first few days and weeks, they can help you through the rough spots.
     - **Using your support program:**
       - If you decided to use a support program, use it fully. Go to the sessions. Call your telephone quit-line, 1-800-QUIT-NOW (1-800-784-8669). Visit your Internet site. The more support you get, the more likely you will quit for good.
       - Are you using medicine to help you quit? If so, follow the directions. If you don't, you're more likely to go back to smoking. Also, don't rush to stop using the medicine. Stick with it for at least 12 weeks. Or follow your doctor's advice.
     - **Keep busy:**
       - Keep very busy today.
         - Go to a movie.
         - Exercise.
         - Take long walks.
         - Go bike riding.
       - Spend as much free time as you can where smoking isn't allowed. Some good places are malls, libraries, museums, theaters, department stores, and places of worship.
       - Do you miss having a cigarette in your hand? Hold something else. Try a pencil, a paper clip, a marble, or a water bottle.
       - Do you miss having something in your mouth? Try toothpicks, cinnamon sticks, lollipops, hard candy, sugar-free gum, or carrot sticks.
       - Drink a lot of water and fruit juice. Avoid drinks like wine and beer. They can trigger you to smoke.
     - **Stay Away from What Tempts You**
       - Instead of smoking after meals, get up from the table. Brush your teeth or go for a walk.
       - If you always smoke while driving, try something new: Listen to a new radio station or your favorite music. Take a different route. Or take the train or bus for a while, if you can.
       - Stay away from things that you connect with smoking. Do it today and for the next few weeks. These may include:
         - Watching your favorite TV show
         - Sitting in your favorite chair
         - Having a drink before dinner
       - Do things and go places where smoking is not allowed. Keep this up until you're sure that you can stay smoke-free.
       - Remember, most people don't smoke. Try to be near nonsmokers if you must be somewhere you'll be tempted to smoke, for example at a party or in a bar.

4. **Quit Guide: Staying Quit**
   - Sticking with it and beating an addiction to nicotine takes a lot of willpower and determination. You should feel great about yourself for making it so far. Now's the time to focus on sticking with it.
     - **Keeping Your Guard Up**
       - Your body has changed since you began to smoke. Your brain has learned to crave nicotine. So certain places, people, or events can trigger a strong urge to smoke, even years after quitting. That's why you should never take a puff again, no matter how long it has been since you quit.
       - At first, you may not be able to do things as well as when you were smoking. Don't worry. This won't last long. Your mind and body just need to get used to being without nicotine.
       - After you've quit, the urge to smoke often hits at the same times. For many people, the hardest place to resist the urge is at home. And many urges hit when someone else is smoking nearby. Look at your Craving Journal (PDF) to see when you might be tempted. Then use the skills you've learned to get through your urges without smoking.
     - **Fighting The Urges**
       - Click on the Smokefree.gov tips below to help you fight the urge to smoke.
- Know your triggers
- Managing cravings

- Staying Upbeat
  - As you go through the first days and weeks without smoking, keep a positive outlook. Don't blame or punish yourself if you do have a cigarette. Don't think of smoking as "all or none." Instead, take it one day at a time. Remember that quitting is a learning process.

- Keep Rewarding Yourself For Not Smoking
  - Now that you aren't buying cigarettes, you probably have more spending money. Find out just how much money you've saved by clicking here!