

Almost every second earth's inhabitant is thought to be a smoker. The number of smokers varies across social, age and gender categories. Higher levels of education are associated with the lower smoking frequency. The highest smoking rates are seen among those with the lowest levels of education as compared with peers with higher educational levels. It is so most probably due to the greater awareness and knowledge about the adverse health effects of tobacco use and acceptance of health-related recommendations.

If we take the country as a whole, men are far more likely than women to be smokers (the percentage reported ranges from 70-80% for men and 40-50 % for women), while female and male smoking rates are found to be equal among both middle and high-school students. After the Second World War, the percentage of females smoking tobacco significantly increased.

Tobacco use begins between the youth and teens ages of 16 and 17. The first cigarette is lit at the influence of peers, and this smoking habit is further continued despite the harm it causes.

## DEPARTMENT OF MENTAL HEALTH AND MILITARY PSYCHOLOGY MMA CLINIC FOR PSYCHIATRY

Military insured and patients with civilian health insurance coverage and GP's referral can seek an appointment scheduled via the Appointment Lines, every day from 07.30 a.m. to 03.30 p.m.

All citizens with civilian health insurance coverage who use the MMA service at their request are able to schedule the appointment Monday through Thursday, from 03.30 p.m. to 07.30 p.m.

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# ADDICTION DISEASES

# SMOKING



Cigarettes contain 4000 different ingredients that provoke different tissue and organ reactions. The most important are nicotine, tar and carbon-monoxide. The heat produced by lighting a cigarette releases nicotine; one its part is burned, and the other is absorbed into the respiratory tract. Tar is a dry distillation product, and it is released from the burning end of a cigarette during the combustion process. Carbon-monoxide is a by-product of the incomplete combustion, which, when inhaled, rapidly binds to hemoglobin - reducing, thus, the level of oxygen in the body and occupational ability as well.

Smoking in indoor areas deteriorates the chemical composition of the indoor air. Those changes may lead to various physical and mental disorders. It has been found that both smokers and non-smokers share similar health dangers of smoking, because, when non-smokers are within the same airspace with smokers, they are exposed to the environmental tobacco smoke, or second-hand smoke that comes from the lit end of a cigarette which contains 50 times greater amount of carcinogens than the smoke inhaled by smokers.

Motivation for smoking is a result of complex psychosocial factors which are accompanied by physiological characteristics of nicotine and the other tobacco components.

Majority of smokers are motivated to light a cigarette in some special occasions although their nicotine level in the blood has not become low.

Certain habits as drinking coffee, driving in the car, telephonic conversation or use of alcohol with friends are favorable occasion to smoke. Once established smoking schema, it is repeated day after day, cigarette after cigarette.

Psychological effect of cigarettes is not associated with the amount of nicotine in them, i.e. psychological effects do not correlate with physiological ones. Even though smoke consumers who do not inhale smoke absorb smaller amounts of nicotine, thus effecting minimally in pharmacological sense, they demonstrate characteristic compulsive behavior for tobacco dependence. Nicotine has stimulative and sedative effects.

Nicotine is familiar under the name "massive killer". The primary risks of tobacco usage include many forms of cancer, measured in 110 % higher risk than non-smokers. Among 20 patients suffering from lung cancer, one is non-smoker exposed to second-hand smoke. One of six smokers dies from the lung cancer. Risk of death emphysema is 10 times higher. Heart attack occurred before the age of 50 among 20 persons, 19 persons were smokers. Perhaps the most serious oral condition that can arise is that of oral cancer (72%). Prevalence of stomach cancer is twice times more likely for smokers than for non-smokers.

Smoking can lead to vision loss, impotence, constipation, progression of diabetes and hypertension (high blood pressure). Problem directly linked to nicotine is increased rate of atherosclerosis contributing to memory. A number of studies have shown that tobacco use is a

significant factor in miscarriages among pregnant smokers. Maternal smoking during pregnancy has been shown to cause infant birth weights 300 grams lower as well as the association between prenatal exposure to environmental tobacco smoke and behavioral and intellectual problems in children. They also have lower intellectual abilities, miss in reading and calculation, reduced attention and hyperactiveness.

Smoking cessation can produce effects as anxiety, irritability, reduced mental concentration, craving to smoke, headache, nausea, bradycardia (heart palpitations), tremor, decreased metabolism. For give up smoking strong will is necessary factor and it can be accomplished with professional help.

### **The Five-Day Plan to Stop Smoking (developed by Folkenberg and McFarland) includes the following:**

- Good night sleep (short walk and showering before sleep)
- Massage with sodden towel in the morning
- One or preferably two glasses of warm water prior to breakfast
- A diet of fresh fruit and fruit juices is best for the first twenty-four hours
- For next four days, try a fruit medley of fresh or boiled fruits, such as bananas, apples or oranges and vegetables
- Eat boiled eggs, cheese, milk and whole-grain cereal
- Avoid fat or too spicy meat
- Practice walking every day
- Avoid sitting on the chair where you used to smoke and all alcohol drinks
- Stay clear of your smoking friends.

