Contact Phone #:
Appointments (360) 315-3902/03
Information or Walk in (360) 475-4818
Pager (360) 307-1315

WHEN YOU'RE READY TO QUIT

WE'RE HERE TO HELP!

Naval Hospital
Tobacco Cessation Program

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General Information

The program is designed to be an easily accessible, proactive tobacco cessation program. The program utilizes education and clinical techniques.

The educational component addresses the physiological and psychological causes of nicotine dependence, the physiological and psychological cues to use nicotine, the behaviorally conditioned responses that maintain and promote continued use and the social and medical consequences of nicotine use.

The clinical component utilizes the above information as a basis to assist individuals to produce a thorough addictions oriented self assessment, and implements an individual treatment plan using a variety of clinical techniques (e.g. Nicorette gum, Habitrol patches, in some cases Zyban. Clients are followed up in group and/or individual behavioral counseling).

The program is staffed by certified drug and alcohol counselors, and is part of the Substance Abuse Rehabilitation Program (SARP) utilizing state of the art addiction treatment models.

The program consists of an initial screening with treatment goals and objectives identified. The patient will attend either one on one or group treatment (one hour per week for approximately six + weeks), then depending on the patient's response, will have from 2-4+ weeks of follow-up. The patient will then be followed for 3 months & 6 months per phone contact to monitor their success.

What About Women?

Women who smoke also have cause for concern. There's evidence that smoking can interfere with a woman's ability to have an orgasm. Nicotine can also damage ovaries, causing menstrual abnormalities and decreased estrogen production. It can lead to early menopause with such side effects as increased aging and vaginal dryness.

Smoking and the Pill

If you're on the pill, the news is even worse. Women who smoke have a greatly increased risk of heart disease. For instance, women between 30 and 39 years of age who smoke and take the pill are 10 times as likely to have a stroke or a fatal heart attack as nonsmokers. Talk about smoking killing your sex life!

A Question of Attractiveness

While we're on the subject of smoking and your sex life, consider what smoking does to your sexual attractiveness. Bad breath, smelly hair and clothes, and yellow teeth and fingers are not exactly a turn-on. When you give up smoking you immediately become more attractive to your nonsmoking friends and coworkers.

Perhaps the very real dangers of cancer and heart disease seem remote when you're young and healthy. But your sexual enjoyment is something that smoking could affect right now or in the very near future. It's just one more reason to get out of the nicotine habit.

When you're ready

We're here to help!

Warning: Smoking Can Kill Your Sex Life

"Since we put them on nicotine, they've lost interest in anything else..."

We've all seen the ads. Perhaps it's a rugged cowboy reining in his hor: at the top of a hill overlooking all of Montana to have a smoke – th very picture of virility. But the truth is quite different, even though it's n often mentioned in pamphlets about the dangers of smoking. Did you know that men who smoke are 50 percent more likely to suffer impotence than men who do not smoke?

Nicotine and Impotence

Nicotine acts as a vasoconstrictor. That is, it constricts the arteries and blood vessels—including those that are responsible for a man's erection. Nicotine also lowers testosterone and other hormone levels in the blood. And it increases the concentrations of fatty acids in the blood, leading to clogged arteries and further restricting blood flow to the genitals.

These components combined insure that all patients will be given the best possible opportunity to become tobacco free and maintain a healthy lifestyle.

We facilitate programs at Naval Base Kitsap-Bremerton, Naval Base Kitap-Bangor and Naval Hospital Bremerton.

To make an appointment at any location and time of your con venience, contact SARP at (360) 315-3901/02/03 or if you would like some information call (360) 475-4818 to talk to a TC counselor.

Some frequently asked questions:

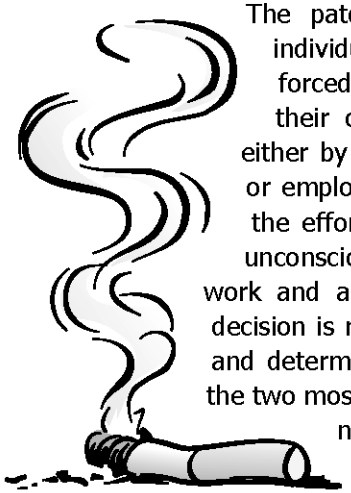
Why is it so hard to quit?

Nicotine dependence is a biological, psychological, and social disease. Meaning there are physical, mental/emotional/habit/routine and peer association factors that all have to be addressed. If any one is left out, then a relapse is much greater.

I've tried it all before and just can't seem to do it:

For most people it takes multiple attempts. This is what we call practicing quitting. These attempts are very valuable and are looked upon as positive forms of information and tool gathering.

I've tried the gum and patches and they don't work:



The patches and gum do work. It is the individual that didn't. When people are forced into making a decision that is not their own "You have to quit or else...!" either by a family member, loved one, friend, or employer, there is a tendency to sabotage the effort. This is done either consciously or unconsciously. The result is the same. It didn't work and a resentment was made. When the decision is made on their own, there is a desire and determination to be successful. These are the two most important factors in quitting. I have not seen one person fail that comes to the program with them.

Why am I scared to quit?

For many this is a common feeling. The thought of giving up or loosing something that has given us pleasure for many years & the void it will leave in our lives can be quite distressing. There can be some feelings of grief and loss similar to loosing an important relationship. This is addressed in our weekly sessions where alternate behaviors/activities are identified, explored, and practiced.

What will I do after I quit?

You will learn some new coping strategies and integrate new activities into your life. After a while you will notice that tobacco is not as important to you as it once was and you will be feeling and looking so much better which reinforces your decision to remain a non-tobacco user.

Will I gain weight?

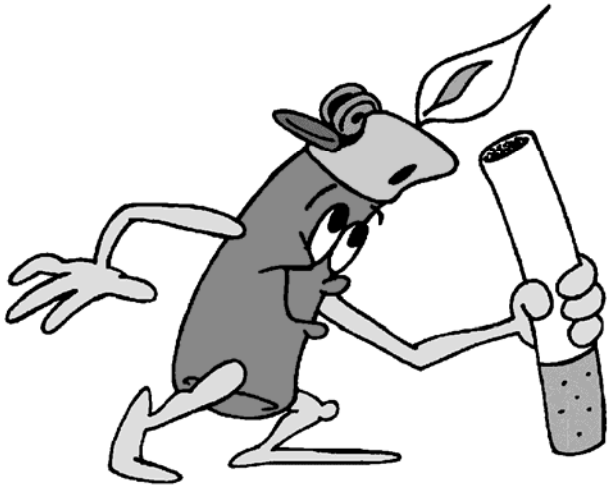
That is up to you. Smoking a pack a day increases your body metabolism enough to burn about 150 calories in a day. That's less than the calories in a can of pop. It does have some appetite suppression qualities but they are miniscule. There are many in the program that have lost a considerable amount of weight by making small changes to their lifestyle. These changes also make quitting so much easier.

7) **Second-hand smoke causes many diseases in children,** including ear infections, asthma, bronchitis, pneumonia, and SIDS (sudden infant death syndrome). Smoke in an infant's household quadruples the chances of a SIDS death (sudden infant death syndrome). Each year in the United States second-hand smoke causes an estimated 284 to 364 deaths in children from house fires and lung infections. Also, it causes between 354,000 and 2.2 million ear infections in children, as well as 260,000 to 436,000 episodes of bronchitis and 115,000 to 190,000 episodes of pneumonia. A non-smoking spouse of a regular smoker has a 20% increase in their chances of developing lung cancer, and a 30% increase in their chance of developing heart disease.

8) **The actual benefits of quitting.** A 42-year old male smoking 20 or more cigarettes a day has about a 1 in 5 chance of dying within 17 years. If they quit, that risk is reduced to 1 in 10.

9) **Cravings may not be due to nicotine withdrawal.** Nicotine withdrawal is a physical affliction which lasts for two or three weeks. Beyond that period, "cravings" are entirely based on psychological factors: exposure to common "triggers" to smoking, and lack of alternative ways of coping with stressful situations.

10) **There are as many ex-smokers alive as there are smokers.** In Canada – and the United States is very similar – 47% of the people who have ever smoked and are still alive haven't smoked in the past six months. That means that for every smoker, there's an ex-smoker.



holes. What's more, people inhale deeper and more frequently after switching from "regular" to "light" cigarettes, in order to keep the same average level of nicotine in their bloodstream.

4) **1 in 2 smokers will die from their habit.** (and for every smoker who dies of lung cancer, 5 will die from some other disease) True or False? 20% of all deaths in North America are caused by cigarette smoking. One in two smokers will die from their habit, losing an average of 15 years of life. One third of all deaths in middle age (ages 35-69) are caused by cigarettes. Incredible, but: True. True. True.

True.
True.
True.

5) **Smoking doesn't cause just lung cancer.** It contributes to back pain, osteoporosis (thinning of the bones), and male impotence. It affects the circulation, "hardening the arteries", and also creates low-level carbon monoxide poisoning. Together, these decrease the delivery of oxygen to every part of the body including discs in the spine. Smokers have more back pain than non-smokers, and heal slower.

6) **Nicotine "gum" isn't gum.** Nicotine "gum" doesn't work if you chew it like gum. The nicotine is absorbed through the skin inside your mouth, not through your stomach. Too much nicotine is released too quickly and swallowed if the gum is chewed too much. Once in the stomach, the nicotine causes nausea and is then absorbed to the liver where it is broken down.

Do I have to attend the groups, I don't like groups?

It is important that we see you at least weekly. The group setting offers the best support and assists in normalizing some feelings and thoughts that many share. However if you have a strong aversion to groups, we will see you on an individual basis.

Some Statistics:

The Military

In 2004 a tobacco survey was sent out to active duty personnel world wide.18,495 responded. The results of cigarette smoking among military personnel declined from 32% in 1992 to 27% in 2004.

In early 1996 a carton of cigarettes would cost $11.50.
By November 1, 2008 a carton went up to $45.00.

The pentagon is hoping higher prices will discourage smoking.

In a 1996 government study, a smoking habit cost the military over a billion dollars a year in health care and lost productivity.

Women And Tobacco

Female smokers aged 35 or older are 10.5 Times more likely to die from emphysema or chronic bronchitis.

In 2007 an estimated 66,000 women will have died from lung cancer.

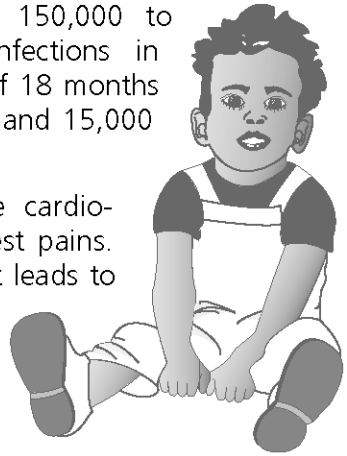
Smoking during pregnancy accounts for up to 14% of pre-term deliveries and about 10% of all infant deaths.

More than 23% of American women are smokers.

Second Hand Smoke

Infants and young children whose parents smoke are most seriously affected by secondhand smoke. Increase risk of lower respiratory tract infection as pneumonia, and bronchitis.

Passive smoking is responsible for 150,000 to 300,000 lower respiratory tract infections in infants and children under the age of 18 months annually, this results between 7,500 and 15,000 hospitalizations each year.



Secondhand smoke may affect the cardio-vascular system and is linked to chest pains. Passive smoking irritates the lungs. It leads to coughing, excess phlegm, and re-duce lung function.

EPA estimates that between 200,000 and 1,000,000 asthmatic children have their condition made worse by exposure to secondhand smoke.

Kids And Teens

2007 estimated 5 Million youth ages 12-17 smoke. This is a national rate of 30%.

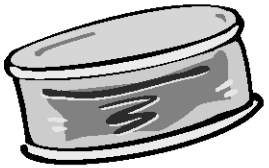
Each day 3,000 teens smoke their first cigarette. Approximately one-third of these children will die of smoking related illnesses.

Cigar use among high school students is 22%.

Tobacco use primarily begins in early adolescence, typically by the age of 16.

Smokeless Tobacco

A 2007 survey identified that 9.3% Of all high school students use smokeless tobacco.



The same chemicals used in cigarettes are used in smokeless tobacco.

Approximately 19% of male high school students used smokeless tobacco.

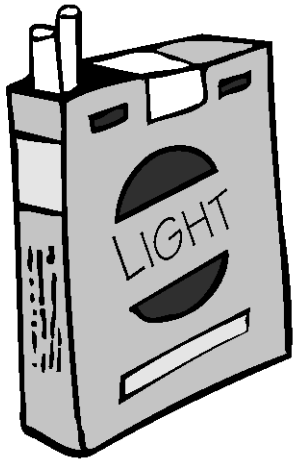
A study showed that the use of smokeless tobacco by southern women resulted in a 4 times the rate of oral cancer.

Approximately 6 million people have reported a weekly use of smokeless tobacco since 1985.

Ten things people don't know about tobacco:

1) **Nicotine doesn't cause cancer.** There are at least 4,000 chemicals in tobacco smoke, 43 of which have been proven to cause cancer. Nicotine is not one of them. Nicotine replacement as gum or patch is safe and effective.

2) **Nicotine isn't always addictive.** Smoking nicotine is addictive because it is delivered so quickly to your brain. Nicotine from cigarette smoke enters the body through the lungs, "upstream" from the brain, and travels directly to the brain in just 7-10 seconds via the arteries. In contrast, nicotine in a patch enters the body through the skin, slowly, "downstream" from the brain, and is diluted and broken down by the liver before eventually reaching the brain. Patches aren't addictive.



3) **"Light" cigarettes are just as harmful as regular ones.** "Light" cigarettes have tiny holes just where your fingers hold them. Why? When you inhale, you get full-strength smoke. But when just the end of the filter is inserted into a "smoking machine" to determine the tar, nicotine, and carbon monoxide content, the smoke is diluted by air entering through those