SMOKING AND HEALTH

ALL FORMS OF TOBACCO ARE ADDICTIVE AND LETHAL

ACCUTE EFFECTS

- ACTIVATION OF BRAIN RECEPTORS
- CARDIOVASCULAR CHANGES
- HYPOXEMIA
- IRRITATION

NICOTINE IN BRAIN

- NICOTINE REACHES THE BRAIN WITHIN 10-20 SECONDS AFTER THE PUFF
- NICOTINE OCCUPIES THE SPECIFIC CHOLINERGIC RECEPTORS AND INDUCES THEIR ACTIVATION

RELEASE OF NEUROTRANSMITTERS:

- DOPAMINE
- SEROTONINE
- ACETYLCHOLINE
- EPINEPFRINE, NOREPINEPHRINE,
- BETA-ENDORPFINE
- ACTH

EFFECTS OF NICOTINE

- WELL BEEING (DOPAMINE)
- COPING THE STRESS (ACTH)
- BETTER SHORT-TERM PERFORMANCE (ACETYLCHOLINE, ADRENALINE)

WHAT IS TRUE?

• "NICOTINE IS THE ADDICTING AGENT IN CIGARETTES"

Private statement, Brown &Williamson official in 1983 "I BELIEVE THAT NICOTINE IS NOT ADDICTIVE"

Sworn testimory before the US Congress; CEOs of the seven leading tobacco companies in 1994 OFFICIAL STATUS

 Dg. F 17:
 PSYCHOLOGICAL AND BEHAVIORAL DISORDERS CAUSED BY TOBACCO USE

International statistic classification of diseases, 10th revision, 1991

SMOKING ADDICTION

- 80 85% OF CURRENT SMOKERS WILL BE DEPENDENT, SIMILARLY LIKE CURRENT USERS OF HEROINE OR COCCAINE
- ABOUT ONE THIRD OF OCCASSIONAL SMOKERS WILL BE DEPENDENT

SMOKING IS A DISEASE

- DEPENDENCE ON SMOKING IS NOT A LACK OF WILLING OR "BAD HABIT" BUT
- CHRONICAL, PROGRESSIVE AND RELAPSING DISEASE
- BOTH PHARMACOLOGICAL AND BEHAVIORAL ADDICTION

ALTERED DOPAMINERGIC SYSTEM

- PREMATURAL ACTIVATION OF FETAL RECEPTORS
- DECREASED AMOUNT OF NEURAL CELLS IN THE BRAIN
- SUDDEN INFANT DEATH SYNDROME
- IMPAIRED NEURO-PSYCHOLOGICAL DEVELOPMENT
- BEHAVIORAL PROBLEMS

ALTERED SEROTONERGIC SYSTEM

 MAJOR PSYCHIATRIC DISORDERS (SCHIZOPHRENIA, DEPRESSION)

• HIGHER FREQUENCY OF SUICIDES

CARDIOVASCULAR CHANGES

- VASOCONSTRICTION: SKIN, CORONARY, BRAIN, ABDOMINAL, VERTEBRAL, PLACENTAL ARTERIES
- HIGHER BLOOD PRESSURE
- HIGHER HEART RATE
- HIGHER HEART VOLUME/MIN
- DECREASED SKIN TEMPERATURE

MECHANISMS OF ACTION

- ACTIVATION OF SYMPATIC
 NERVOUS SYSTÉM
- RELEASE OF SUPRARENAL HORMONES (ADRENALINE, NORADRENALINE)
- BY QUICK ADMINISTRATION OF NICOTINE

HYPOXEMIA

- DECREASED AMOUNT OF BLOOD DUE TO VASOCONSTRICTION (caused by nicotine)
- DECREASED AMOUNT OF OXYGEN IN BLOOD (caused by carbon monoxide – COHb)
- DECREASED BLOOD-TISSUE TRANSPORT ON OXYGEN (caused by hydrogen cyanid HCN)

IN PREGNANCY

- LOCAL PLACENTAL NECROSIS (caused byl cadmium Cd)
- POWERFULL AFFINITY OF FETAL HEMOGLOBIN TO CARBON MONOXIDE ENHANCES COHb LEVELS BY 25% (fetal x maternal blood)

CONSEQUENCES OF HYPOXEMIA

- FETAL GROWTH RETARDATION = FETAL TOBACCO SYNDROME
- ALTERATION OF FETAL LUNG DEVELOPMENT
- RISK OF PRE-TERM BIRTH
- RISK OF INTRAUTERINE DEATH

HYPOXEMIA IN ADULTS

- HEART ATTACK (IM)
- CEREBROVASCULAR ATTACK (STROKE)
- WRINKLING, PREMATURE AGEING
- IMPAIRED WOUND HEALING
- LEG AND HAND PAIN, GANGRENE PERIPHERAL VASCULAR DISEASE

IRRITATION

- EYES: excessive tearing, blinking, stinging
- NOSE: bad smell, stinging, phlegm
- NASOPHARYNX: cough, cold in the chest

• STRESS DUE TO DYSCOMFORT

SHORT/MILD-TERM EFFECTS

- IMPAIRED IMMUNITY
- HORMONAL DYSBALANCE
- IMPAIRED BLOOD LIPIDS
- IMPAIRED HEMOCOAGULATION
- CHRONIC INFLAMMATION

IMMUNE SYSTEM

- IMPAIRED RESISTANCE TO INFECTION
- CONTRIBUTION TO ALLERGIES
- INFANTS AND CHILDREN ARE THE MOST VULNERABLE POPULATION

MALE REPRODUCTION

- IMPOTENCE
- IMPAIRED SPERMIOGENESIS: deformity, loss of motility, reduced number, aneuploid sperm cells
- FETAL MALFORMATIONS
- INFERTILITY

FEMALE REPRODUCTION

- PAINFUL MENSTRUATION
- EARLIER MENOPAUSE
- INFERTILITY
- ECTOPIC PREGNANCY
- PLACENTA PRAEVIA
- PREMATURE BIRTH
- SPONTANEOUS ABORTION



- HORMONAL DYSBALANCE CONTRIBUTES TO
- DIABETES MELLITUS and COMPLICATIONS
- OSTEOPOROSIS and
- HIP FRACTURES

BLOOD LIPIDS

- INCREASED LEVELS OF
- TOTAL CHOLESTEROL
- LDL CHOLESTEROL
- VLDL CHOLESTEROL

- DECREASED LEVELS OF
- HDL- CHOLESTEROL

HEMOCOAGULATION

- ENHANCED ACTIVITY OF THROMBOCYTES
- ARTERIAL/CORONARY THROMBOSIS

SMOKING IS RESPONSIBLE

- FOR 25% OF ISCHEMIC HEART D.
- FOR 25% OF VASCULAR DISEASES (stroke, Burger d., aneurysma, macular degeneration, cataracts)
- FOR EARLIER ATHEROSCLEROSIS
- FOR 75% OF CHRONIC OBSTRUCTIVE PULMONAL DISEASE (chr. Bronchitis, emphysema)

SMOKING CONTRIBUTES TO

- STOMACH AND DUODENAL ULCERS
- LOOSE TEETH
- GUM DISEASES GINGIVITIS, PARADENTOSIS
- HEARING LOSS
- PSORIASIS
- TREMOR

LONG-TERM EFFECTS

• TOBACCO SMOKE CONTAINS OVER 5.000 CHEMICALS,

• 67 OF WHICH ARE KNOWN OR SUSPECTED HUMAN CARCINOGENS

CARCINOGENS IN SMOKE

- POLYCYCLIC AROMATIC H. (benzo/a/pyrene)
- HEAVY METALS (Cd, As)
- RADIOACTIVE POLONIUM 210
- INDUSTRIAL CARCINOGENS:betanaphthylamine, 4-aminobiphenyle, benzene, formaldehyde

SMOKING IS RESPONSIBLE

- FOR 90-95% OF ALL LUNG CA
- FOR 40-60% OF HEAD/NECK CA
- FOR 40-60% OF KIDNEY/BLADDER CA
- FOR 30% OF CERVICAL CA
- FOR 30% OF GASTRIC/PANCRETIC CA
- FOR COLON, LIVER, BREAST CA

SMOKING KILLS

- HALF OF ALL LIFETIME USERS
- HALF OF THOSE DIED BETWEEN 30-69 YEARS OF AGE
- IN THE 20th CENTURY, 100 MILLION PEOPLE DIED FROM TOBACCO USE

SMOKING KILLS

IN 2000

- 4,8 MIL ANNUAL PREMATURE DEATH
- 3,8 MILLION MEN
- 1,0 MILLION WOMEN

BY 2020 TOBACCO WILL KILL ABOUT

• 10 MILLION PEOPLE EVERY YEAR

SMOKING KILLS

TOBACCO WILL KILL 1 BILLION = 1 000 000 000 PEOPLE

• IN THE 21st CENTURY

SMOKING KILLS NON-SMOKERS

- MAIN STREAM
- 800-900° C
- 16% O₂
- 6,0-6,7 pH

- SIDE STREAM
- 600° C
- 2% O₂
- 6,7-7,5 pH

SS: MS - IRRITANTS

1,5

- ACROLEIN 8 15
- FORMALDEHYDE 10-15
- AMONIUM 73
- NITROGEN OXIDES 4-10
- FORMAMIC ACID
- NAFTALENE 16

SS: MS-TOXINS

- CARBON MONOXIDE
- TOLUENE
- NICOTINE
- NICKEL
- POLONIUM 210
- PCDD, PCDF

2-5 6-8 2,6-3,3 13-30 1-42

SS: MS - CARCINOGENS

- BENZENE 5 - 10
- NITROSAMINES 20 100
- 2-NAFTYLAMINE 30
- 4-AMINOBIFENYLE 30
- BENZO/A/PYRENE 2,5-3,5
- TAR

1,7

INDOOR CONCENTRATIONS OF NICOTINE

- WORK-PLACES
- CONFERENCE HALL
- RESTAURANTS
- CARS
- HOMES
- HOSPITALS

20 ug/m³ 40 ug/m³ 26-28 ug/m³ 40 ug/m³ 7-11 ug/m³ 0,01- 4 ug/m³ INDOOR CONCENTRATIONS OF NITROSAMINE NNK

- BARS
- RESTAURANTS
- TRAINS
- CARS
- OFFICES
- HOMES

10 – 24 ug/m³ 1 – 3 ug/m³ 5 ug/m³ 29 ug/m³ 26 ug/m³

INVOLUNTARY EXPOSURE TO ETS:

- AN HOUR A DAY IN A ROOM WITH SMOKER
- IS NEARLY A HUNDRED TIME MORE LIKELY TO CAUSE LUNG CANCER IN A NON-SMOKER
- THAN TWENTY YEARS SPENT IN A BUILDING CONTAINING ASBESTOS Sir Richard Doll, 1989

ANTENATAL EXPOSURE

- GROWTH RETARDATION
- DELAYED LUNG DEVELOPMENT
- ACTIVATION OF ACETYLCHOLINE RECEPTORS (by NICOTINE) = NEUROTERRATOGENICITY

EXPOSURE TO ETS-CHILDREN

- UNPLEASANT DYSCOMFORT
- IRRITATION
- IMPAIRMENT IMMUNITY
- RESPIRATORY INFECTIONS
- SIDS
- LEUKEMIA

EXPOSURE TO ETS -ADULTS

- UNPLEASANT DYSCOMFORT
- IRRITATION
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE
- LUNG CANCER
- AC. CORONARY ISCHAEMIA

CONCLUSSION

- CIGARETTE IS UNIQUE ARM KILLING BY ITS BOTH ENDS
- GLOBAL TOBACCO EPIDEMY IS WORSE TODAY THAN 50 YEARS AGO AND MAY BE WORSE IN ANOTHER 50 YEARS
- SMOKING IS THE MOST IMPORTANT PREVENTABLE RISK FACTOR