

A QUICK GUIDE TO **Drugs & Alcohol**

THIRD EDITION

by the National Drug and Alcohol Research Centre (NDARC)

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Health



NEW SOUTH WALES

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TOBACCO

smokes, ciggies, cigs, fags, rollies, durries

Tobacco is made from the dried leaves of the tobacco plant. The ingredient in tobacco that has an effect on the mind is **nicotine**, which is highly addictive.

Tobacco originated in the Americas and was introduced to Europe in the 15th century. It was first smoked in pipes, then snorted as snuff and smoked in cigars. By the early 20th century, smoking cigarettes was the most popular way of using tobacco.

An association between tobacco smoking and lung cancer was identified by medical researchers in the 1920s, and by the 1950s there was good evidence of a range of damaging effects. By this time, however, nicotine addiction was widespread, and tobacco companies opposed public health measures, which they perceived as threatening their commercial interests.

Since the 1970s, largely in response to pressure from medical and health organisations, laws have been introduced across Australia aimed at reducing the damage caused by tobacco through, for example, restrictions on advertising and other measures to minimise the impact of passive smoking.



Tobacco and the law

Tobacco use in Australia is legal, but is subject to many restrictions, including the following:

- it is illegal to smoke in a car in which children under 16 are passengers
- it is illegal to sell or supply cigarettes and tobacco to people under 18
- cigarette packets are required to carry graphic images of the harm caused by smoking tobacco
- tobacco advertising is illegal on TV, on radio, in the print media and in retail outlets
- two signs must be displayed prominently at retail outlets, one displaying the words ‘SMOKING KILLS, Call the Quitline 131 848’; and the other advising the illegality of selling tobacco products to people under 18
- retailers must not display cigarettes, tobacco or smoking products so that they can be seen by the public from inside or outside the premises.

Smoking is also banned in the following places:

- in ‘enclosed public spaces’, which are very broadly defined to include, among other places - public transport, offices, shopping centres, hotels, restaurants and cinemas
- within 10 metres of children’s play equipment in outdoor public places
- public swimming pools
- spectator areas at sports grounds or other recreational areas used for organised sporting events
- public transport stops and platforms, including ferry wharves and taxi ranks
- within 4 metres of a pedestrian access point to a public building
- outdoor dining areas of hotels, clubs, restaurants and cafes.

More information is available from <http://www.health.nsw.gov.au/tobacco/Pages/smokefree.aspx>

How tobacco is used

Tobacco can be smoked in cigarettes, pipes or cigars. It can be snorted in the form of a powder (snuff) and it can be obtained in blocks for chewing.

Recent surveys indicate that cigarettes account for nearly 90% of all tobacco use, but there is an increasing trend in the use of 'e-cigarettes' (nearly one-third of smokers reported having used them in 2016, nearly double the 2013 figure). Overall, smoking is declining in Australia.

The Australian Institute of Health and Welfare (AIHW) conducts a National Drug Strategy Household Survey every three years. The data collected by the survey provides detailed information on alcohol, tobacco and other drug use within Australia, as well as community attitudes to drug use. The survey covers both legal and illegal drugs.

For the latest survey results, visit the AIHW website and go to the National Drug Strategy Household Survey page: <http://www.aihw.gov.au/alcohol-and-other-drugs/data-sources>

Effects

Short-term effects

When tobacco is smoked, the nicotine dissolves instantly in the saliva, and is absorbed quickly into the bloodstream. In a few seconds it reaches the brain, and the smoker feels light-headed and dizzy. The short-term effects can include:

- a feeling of stimulation and alertness
- increased heart rate and blood pressure
- acid in the stomach
- nausea
- a weakened sense of taste and smell
- reduced appetite
- reduced muscle tension, leading to a feeling of relaxation.

Long-term effects

- Smoking is associated with an increased risk of diseases of the heart and blood vessels throughout the body, including the brain.
- It is a primary cause of diseases of the airways such as emphysema, chronic bronchitis and chronic obstructive lung disease.
- It worsens conditions such as hayfever, asthma and acute rhinitis (runny nose and inflammation in the nose).
- It can reduce fertility in both men and women, particularly women.
- It accelerates the ageing of the skin, delays wound healing, and contributes to osteoporosis.

Tobacco and cancer

Tobacco smoke is a mixture of almost 4000 different chemical compounds, including nicotine, tar, carbon monoxide, acetone, ammonia and hydrogen cyanide. Sixty-nine of these chemicals have been proven to be carcinogenic (cancer-causing). Smoking is a direct cause of lung cancer, oral cavity cancers (tongue, pharynx), oesophageal and stomach cancer, cancer of the larynx, kidney and bladder cancer, pancreatic cancer, leukaemia and cancer of the liver. The incidence of cancer is related to the amount and duration of smoking.

Tobacco and driving

There is little evidence that tobacco impairs driving ability. However, smoking while driving, like eating and using mobile phones, does contribute to road accidents by distracting the driver and occupying the driver's hands.

Tobacco and pregnancy

During pregnancy the chemicals in tobacco pass through the placenta to the baby in the uterus, while carbon monoxide replaces some of the oxygen in both the mother's and baby's bloodstreams. This can affect the baby's growth and development, increasing the risk of low birth weight, premature birth and spontaneous abortions.

After birth babies are vulnerable to the effects of passive smoking if people around them smoke. Babies of smokers are more likely to suffer from asthma and other respiratory infections, and have a greater risk of sudden infant death syndrome (SIDS) than babies of non-smokers.

Feeling better?

Nicotine may help some people concentrate. However, smoking also releases chemicals in the blood that increase stress. The smoker believes they are smoking to relieve stressful feelings, but in fact the smoking can increase agitation.

The feeling of relief is also associated with reducing the withdrawal symptoms which gradually increase between cigarettes.

Using tobacco with other drugs

Alcohol consumption increases the risks of some of the cancers associated with smoking, especially oral, pharyngeal and laryngeal cancer. Heavy alcohol consumption further increases these risks.

There is no evidence that other drugs increase the damaging effects of tobacco.

Dependence

Nicotine is addictive. Tolerance develops rapidly, with two in three smokers demonstrating nicotine dependence; that is, they experience withdrawal symptoms when they try to stop.

Tobacco and breastfeeding

The harmful products of tobacco smoking are absorbed in breast milk. Apart from causing direct harm to the baby, they can reduce the supply of breast milk, can affect the 'let-down' process and make feeding more difficult.

It is recommended that a mother who finds that she cannot quit smoking should still breastfeed, but should not smoke before feeds, and should always go outdoors to smoke.

Withdrawal

Symptoms of withdrawal from nicotine include irritability, anxiety, difficulty concentrating, restlessness, sleep problems, cravings, tingling sensation and dizziness, coughing (because the lungs are recovering), and a possible increase in appetite.

Not everyone has all these symptoms.

Symptoms are usually strongest for the first one to two days, and decline in intensity over the next two weeks. Craving may recur, especially under stress, for months, or even years after quitting.

Overdose

Nicotine is a poison (eating quite a small amount of pure nicotine could kill an adult), but it is not possible to overdose by smoking or chewing tobacco, or using snuff.

Treatment

Research has shown that nicotine replacement therapies (such as transdermal patches, gum, lozenges, inhalers, nasal sprays and sublingual tablets) may be useful for people trying to give up smoking.

Medications such as bupropium (Zyban) and varenicline (Champix) can help some people cope with physical withdrawal symptoms. However, such medications are only of use during the period of withdrawal—up to two weeks—and in most cases psychological dependence must also be addressed.

Psychological intervention (see pages 7-8), support groups or even good self-help books can be helpful. For more information on quitting smoking, contact Quit on 13 78 48, or see your doctor for further advice and support.

The benefits of quitting

In general, after a person stops smoking:

- there is an improvement in sense of taste and smell after about five days
- blood pressure returns to normal and the immune system shows signs of recovery within a month
- risk of death from heart disease is halved within 12 months
- after ten years the risk of lung cancer due to smoking is halved, and continues to decrease
- after 15 years the risk of heart attack and stroke returns to that of a person who has never smoked.

Risks associated with other lung diseases such as emphysema and chronic bronchitis are also reduced once smoking has stopped.

