

## **WELLNESS UPDATE 2005, #4**

### **CIGARETTE USE BY TEENAGERS**

Cigarette smoking among teenagers is a serious concern. **Most people begin smoking before the age of sixteen.** Surveys show 38% of all Iowa teenagers smoke cigarettes. By comparison, 23% of adults in Iowa smoke! **One-third of those teenagers who start smoking will eventually die of smoking-related causes!** Each year, more Americans die of smoking-related diseases than from AIDS, drug abuse, car accidents, and murder combined!

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Cigarette smoke contains more than 4,000 chemicals. Two hundred of those chemicals are poisonous and forty-three are known to cause cancer. **Smoking is directly related to 87% of all lung cancer cases.** Smoking is also the major cause of chronic bronchitis, chronic obstructive pulmonary (lung) disease, and emphysema. **It is also a major factor in coronary heart disease and stroke.**

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Smoking is also associated with mild airway obstruction, slower development of lung function, lower maximum lung function. This means a smoker's lungs provide less oxygen to the body, than a non-smoker's. **These negative effects occur more frequently in teens who smoke as few as five cigarettes a day.**

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**Smokers tend to be sick more than non-smokers.** The tar in cigarettes paralyzes the fine hairs, or cilia, found in the nasal passages and bronchial tubes which carry air to the lungs. When the cilia become paralyzed it is easier for disease causing

organisms to enter the body and cause upper respiratory infections. **Even one cigarette can damage the cilia and heavy, long-term smoking destroys them.**

**Switching to a menthol cigarette, or one that is lower tar and nicotine, does not reduce the health risks of smoking.** People who smoke menthol cigarettes often inhale more deeply, hold the smoke in their lungs longer, smoke more cigarettes, and cover the air holes in the filters to get more nicotine. **Even smoking filtered cigarettes is only slightly less harmful than smoking non-filtered ones.**

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**Tobacco is considered a “gateway drug.”** This means it is generally the first drug used by young people who begin a sequence of drug use. That sequence often involves tobacco, alcohol, marijuana, and other illicit drugs. **A Surgeon General’s report shows teens who reported having smoked cigarettes in the last 30 days were three times more likely to drink alcohol, eight times more likely to smoke marijuana, and twenty-two times more likely to use cocaine** during those same thirty days than those who had not smoked cigarettes. Other reports have suggested even a stronger correlation between smoking and other drug use.

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**Nicotine is an addictive, powerful stimulant that has been referred to as “the most poisonous substance known to man.”** When inhaled in cigarette smoke, nicotine reaches the brain in seven seconds! That is twice as fast as heroin which is injected directly into a vein! **Nicotine is as addictive as heroin or cocaine and causes more death and disease than all other addictive drugs combined!**

Breaking the smoking habit is extremely difficult for smokers because they are not only physically addicted to the nicotine, they also emotionally link smoking to many social activities. Even when they do not have a physical craving for nicotine, they smoke out of habit. **Most adolescents who have smoked at least 100 cigarettes report they would like to quit, but have been unable to do so!**

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A survey conducted by the American Medical Association indicates student-athletes are 40% less likely to smoke than non-athletes. **A 2004 IHSA survey shows student-athletes surveyed were 60% less likely to use during their competitive season than out-of-season.** A 1995 report from the Canadian Association for the Advancement of Women and Sport and Physical Activity states sports and physical activity are viable alternatives to smoking for young women. The report states, "They (sports and physical activity) can give young women the very benefits they perceive in smoking: independence, status with their peers, a chance to make friends, relaxation, weight management, and a more positive sense of self."

**Students who participate in athletics are less likely to smoke cigarettes than non-athletes.**

**Research does NOT support claims that nicotine found in cigarettes, or smokeless tobacco, enhances athletic performance by improving reaction time, movement time, or total response time.** The physical performance of adolescents is less in those who smoke compared to those who don't. Smoking just one cigarette causes a higher resting heart rate, reduces the oxygen in the blood, increases blood pressure, and narrows the blood vessels, including those which supply blood to the heart muscle. This lowers the amount of blood and oxygen pumped by the heart, resulting in less blood and oxygen available to the muscles. Less blood and oxygen available to the muscles decreases endurance performance. Narrowing of the blood vessels carrying blood to the heart muscle makes the heart less efficient and increases the risk of heart disease.

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**Smoking also reduces the body's testosterone production.** For strength training student-athletes this can have an adverse effect because testosterone stimulates the release of human growth hormone which needed for muscle production. The less testosterone available the less muscle the body is capable of producing.

**Many studies have reported smokers are more likely to have back pain and sciatica than non-smokers.** Sciatica is caused by an inflamed sciatic nerve causing pain to “shoot” from the lower back down one leg. Smoking reduces bone density, especially along the spine, which increases the risk of back injuries. Along with lowered bone density, smoking also impairs blood flow in bones and interferes with the production of bone cells. This results in slower healing time for bone injuries.

**Questions and/or comments about areas dealing with student-athlete's wellness are welcome and encouraged. They should be directed to Alan Beste, ATC, LAT, Assistant Executive Director, Iowa High School Athletic Association, PO Box 10, Boone, IA 50036. (515) 432-2011.**

**Sources:** American Lung Association Smoking Fact Sheet, September 1998; American Lung Association Secondhand Smoke Fact Sheet, September 1998; American Lung Association Teenage Tobacco Use Fact Sheet, September 1998 Update; As You Live ... You Breathe, American Lung Association, March 1998; Common Lung Hazards, American Lung Association; Chronic Bronchitis, American Lung Association; Facts About Cigarette Smoking, American Lung Association, June 1998; Facts About ... Is There A Safe Tobacco, American Lung Association, March 1997; Facts on Sports and Smokefree Youth, CDC's Tobacco and Information Source Page, <[www.cdc.gov/nccdphp/osh/ythsprt1.htm](http://www.cdc.gov/nccdphp/osh/ythsprt1.htm)>; Facts on Youth Smoking, Health, and Performance, CDC's Tobacco and Information Source Page, <[www.cdc.gov/nccdphp/osh/ythsprt.htm](http://www.cdc.gov/nccdphp/osh/ythsprt.htm)>; “Study Links Smoking to Bone and Back Ailments,” Free Press News Service, July 8, 1997; “Effects of Cigarette Smoking on Lung Function in Adolescent Boys & Girls,” The New England Journal of Medicine, November 16, 1996; “Study Finds Stunted Lungs in Young Smokers,” The New York Times, September 26, 1996 late edition; Questions and Answers About Smoking and Health, American Lung Association, March 1998; What Every Student Athlete Must Know About Drugs, Sims, Marvin, MSW, CAC, 1265 Melrose Avenue, Iowa City, IA 52246, 1992; Smoking A Growing Habit Among Teens, <[www.springfield.k12.il.us/s...nphier/newspaperweb/smoking96.html](http://www.springfield.k12.il.us/s...nphier/newspaperweb/smoking96.html)>; “Smoking Hooks Fast, Study Finds,” Ross, Emma. Associated Press, September 13, 2003.