

February 26, 2009

Dear Friends and Colleagues:

It's no secret that **smoking** is a deadly habit—the leading preventable cause of premature death in the United States. (Smoking and obesity are the leading causes of self-induced illnesses.)

Our mission statement at NCH says that we're here to “*promote, maintain, and restore the health of those we serve.*” That means our focus must be on preventing the 70% of all illnesses that can be avoided by taking care of ourselves, according to McGinnis et. al. (The other 30% of illnesses are caused by our genes, and we can't change our *parents!*)

So what can we do about preventing smoking?

This subject has been much in the news lately, as President Obama battles to give up this unpleasant habit. Tobacco is known to be even more addictive than heroin or cocaine. So stopping the use of tobacco has been difficult for the more than 49% of smokers, who, like our President, say they would like to stop. Currently, nearly 24% of men and 18% of women are addicted.

Traditional methods, such as nicotine substitutes (gum, patches, inhalers, and sprays) and antidepressants such as Bupropion (Zyban), reduce craving and withdrawal symptoms. Bupropion is an antidepressant medication that is thought to help people stop smoking by mimicking some of the effects of tobacco on brain tissue. Bupropion can be used together with nicotine replacement products; several studies indicate that the combination helps more smokers quit than either method by itself.

The tranquilizer Buspirone (BuSpar) also appears to be effective in helping smokers deal with feelings of anxiety resulting from tobacco withdrawal. Acupuncture and other alternatives have also been tried, but studies so far have been inconclusive.

One clue to stopping smoking appears in an article in *The New England Journal of Medicine*, entitled “A Randomized, Controlled Trial of Financial Incentives for Smoking Cessation.” [<http://content.nejm.org/cgi/content/short/360/7/699>]

In this study, employees were given \$100 for completion of a smoking cessation program, another \$250 for stopping within six months of completing the program (confirmed by a biochemical test), and \$400 for sustaining abstinence for an additional six months (again confirmed biochemically).

At NCH we have provided several various methods to aid employees quit over the years. Current benefits include access to nicotine replacement products, Zyban, and referrals to on-line & phone support. We are currently evaluating other medication and behavioral based methods to help break the habit. After all, 20% of society's health care illnesses and costs are related to tobacco use. So stopping smokers from smoking benefits all of us—the smokers in terms of health and life, and everyone in economic savings.

Our focus at NCH, like our traditional mission, should be all about preserving, maintaining, and enhancing our community's health.

Respectfully,



Allen S. Weiss, M.D., President and CEO

P. S. Feel free to share *Straight Talk* and ask anyone to email me at allen.weiss@nchmd.org to be added.