A century ago, cancer and cardiovascular disease, which are promoted by unhealthy lifestyles pursued over a span of decades, were relatively uncommon causes of death among people. We know that we are more likely to become ill or die because of our own actions than because of viruses or bacteria that infect our bodies. Thus, one is more likely to hear of a smoker who has died from lung cancer than of a person struck down by polio. The role played by psychological factors for in the onset and prevention of cancer, cardiovascular diseases and other illnesses that are effected by lifestyles, is one of the main problems studied by psychologist in the field of health psychology. The use of alcohol and cigarette smoking has created major political, economical, social and health problem worldwide. One effect of using some substance (including alcohol, smoking, or taken heroine) is addiction to physical need for the substance. DSM-IV calls addiction as physiological substance dependence. Usually addiction is evident when the person begins to need more and more of a substance to achieve the desired state. This is called building a tolerance. When addicted people stop using the substance, they experience painful often terrifying and potentially dangerous withdrawal symptoms as the body tries to readjust to a substance-free state; even when use of drug does not create physical addiction some people may over use or abuse, because it gives them temporary self-confidence, enjoyment, or relief from tension. DSM-IV defines substance abuse as a pattern of use that cause serious social legal, or interpersonal problems. Thus, people can become psychologically dependent on psycho active drugs. Without becoming physically addicted to intoxicants genetic factors may create a predisposition for alcoholism, but learning, cultural traditions, and other non biological processes are also important.

**Smoking and Alcoholism**

Smoking is the single most preventable cause of death in the United States. In recent research 25 percent of all cancer deaths and thousands of heart attacks would never occur if people did
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not smoke cigarettes. Cigarette smoking accounts for more deaths than do all other drugs. Car accidents, suicides, homicides. Further, non-smokers who inhale “second-hand” smoke face an elevated risk for lung cancer and other respiratory diseases. Tobacco smoking bears much similarity to the use of other addictive drugs. Its popularity spread through the world Iran Columbus’s with native Americans. Alcoholism was considered as a moral problem, resulting from moral degradation and weakness of will power. Drinking is just one of the several ways in which people wrongly respond to stresses and strains which are too difficult for them to cope in a normal manner. There is hardly any country or community, any age or culture in which drinking is one form or the other has been provided and there are sections of society in which the use of alcohol is not only common but is also considered as a sign of respectability and modernism.

The use of alcohol is considered pathological if it is used in excess, if the individual cannot sustain without drinking, if its use is disapproved by the society and if it has injurious effects on the mind and body of its users. As in drugs the individual using it soon begins to crave for it, consumes larger quantities and cannot be deprived of his daily or periodical drink. But in some individuals even excessive indulgence in it for a long period of time does not produce any mental disorder. So psychiatrists are driven to the conclusion that there must be underlying traits of personality which under the influence of excessive indulgence of alcohol are precipitated into psychotic symptoms. That is why alcoholics are classified according to their symptoms rather than on the basis of what and how much they drink. Modern psychiatric practice, however, lists several symptoms as definitely alcoholic in nature and we have a term alcoholic psychoses to denote such symptoms as excessive intoxication deliriumtremens, Korsakoff’s psychosis, acute hallucinosis and alcoholic deterioration. Thus alcohol is a means of escaping from one’s rational and social self, from the real world of hardships and threats, worries and fears in to a new world where what one feels most is all that really matters.

Effects of Smoking

Smokers become addicted to the nicotine in tobacco. Though smokers claim they smoke to relieve anxiety or to make them more alert, they actually smoke to avoid the unpleasant symptoms of nicotine withdrawal, which include irritability, hand tremors, heart palpitations, and difficulty concentrating. Thus, addicted smokers smoke to regulate the level of nicotine in their bodies. Under stressful circumstances smokers report that smoking reduces their anxiety perhaps because stress makes their body crave higher levels of nicotine. Smoking is especially difficult to resist because it can become a conditioned response to many everyday situations, as in the case of smokers who light a cigarette when answering the telephone, after eating a meal, or upon leaving a class.

Smoking produces harmful side effects through the actions of tars and other substances in cigarette smoke. Smoking causes fatigue by reducing the blood’s ability to carry oxygen, making smoking an especially bad habit for athletes. But, more importantly, smoking contributes to the deaths of more than 300,000 Americans each year from stroke, cancer, emphysema, and heart disease. Because both smoking and cholesterol contribute to coronary heart disease. Smokers
who have high cholesterol levels reduce their life span even more than smokers with low cholesterol levels. Despite the harmful effects of smoking, governments permit it and even profit from it.

**Prevention and Treatment of Smoking**

The ill effects of smoking make imperative programmes to prevent the onset of smoking and to help smokers quit. Children are more likely to start smoking if their parents and peers smoke. Many smoking-prevention programmes are based in schools and provide information about the immediate and long-term social and physical consequences of smoking; Students learn that, in the short run, smoking causes bad breath, yellow teeth and fingers, and weakened stamina. They also learn that, in the long run, smoking causes cancer, emphysema, and cardiovascular disease. But simply providing children with information about the ill effects of smoking is not enough to prevent them from starting. Smoking-prevention programmes must also teach students how to resist peer pressure and advertisements that encourage them to begin smoking. Overall, smoking-prevention programmes have been effective, reducing the number of new smokers among participants by 50 percent.

Though programmes to prevent the onset of smoking are important, programmes to help people stop smoking are also necessary. Health psychologists use a variety of techniques to help people stop smoking. Subjects are taught to expect certain symptoms of nicotine withdrawal, which typically last 4 weeks. But certain consequences of quitting, including hunger, weight gain, and nicotine craving, may persist for 6 months or more. Nicotine prevents weight gain by reducing hunger and increasing metabolism. Because more harm is caused by tars and other chemicals in tobacco than by the nicotine, some treatments aim at preventing smoking by providing subjects with nicotine through safer routes. These nicotine-replacement techniques prevent some of the relapse caused by nicotine craving or the desire to avoid weight gain.

The chief nicotine-replacement technique has been the use of nicotine chewing gum. A technique growing in popularity is the use of a nicotine patch, which provides nicotine: through the skin nicotine replacement has proved successful. One study compared the effectiveness of nicotine gum and the effectiveness of placebo gum (which did not contain nicotine). During the first 10 weeks after they quit smoking, those who chewed nicotine gum experienced less-intense withdrawal symptoms than those who chewed placebo. Not only does nicotine gum reduce withdrawal symptoms; people who quit smoking by using nicotine gum later had longer abstinence than people who quit without using nicotine gum. Another advantage of nicotine gum is that it may increase the motivation of weight-conscious smokers to abstain from smoking. A study of more than a Thousand participants in a smoking relapse prevention programme found that those who chewed nicotine gum gained significantly less weight than those who did not.

Of course, nicotine gum does not help smokers overcome their addiction to nicotine. Those who wish to overcome their addiction do better if they are high in two of the factors that appear repeatedly as health promoters: a feeling of self-efficacy and the presence of social support. For those who are motivated to overcome their addiction, nicotine fading is useful. This technique
gradually means smokers off nicotine by having them use cigarettes with lower and lower nicotine content until it has been reduced to virtually zero.

A more extreme technique is rapid smoking, a form of aversion therapy in which the smoker is forced to take a puff every 6 to 8 seconds for several minutes. This induces feeling of nausea and dizziness, and after several sessions the person may develop an aversion to smoking. Like nicotine fading, rapid smoking has proved effective. But rapid smoking, which floods the bloodstream with nicotine, can induce heartbeat irregularities—a result that might be dangerous for smokers with cardiac problems. Nonetheless, a study that compared the benefits of quitting to the risk of rapid smoking concluded that smokers with mild or moderate heart-disease would be less likely to be harmed by rapid smoking than by continuing to be smokers.

Objectives for Cigarette Smoking and Alcoholism

The following are some of the important objectives for which Cigarette smoking and Alcoholism are controlled:

a) Peer pressure resistance training.
b) Correction of normative expectations.
c) Inoculation against mass media messages.
d) Information about parental and other adult influences.
e) Peer leadership.
f) Affective education, self image enhancement.
g) Information about harmful effects of smoking.
h) Programmes on adult smoking cessation.
i) Print media should stop running the ads of substance abuse.
j) Prohibition at great attempt may control self destruction from alcoholism and cigarette smoking.

Stages of Readiness

Prochaska and Diclemente (1992) describe five main stages of readiness to understand the entire process of successful change in health related behaviour (such as smoking) these five stages are as follows:

Precontemplation: The person does not perceive that he or she has a problem and has no intention of changing in the foreseeable future.

Contemplation: The person is aware of a problem behaviour that should be changed and is seriously thinking about changing it. People often get stuck here. Cigarette smokers, for example, have been known to contemplate quitting for years.

Preparation: The person has a strong intention to change, has specific plans to do so, and may already have taken preliminary steps such as cutting down on smoking.
**Action:** The person at this stage is engaging successfully in behaviour change, because relapse is so prevalent in health-related behaviors; people in this stage must remain successful for up to six months before they officially reach the next stage.

**Maintenance:** The person uses skills learned along to continue the healthy behaviour and to prevent relapse.

**Short-Term Effects of Alcohol**

After being swallowed, alcohol does not undergo any of the process of digestion. A small part of the alcohol ingested “passes immediately into the blood stream through the stomach” walls, but most of it goes into the small intestines and from there is absorbed into the blood. It is then broken down primarily in the liver, which can metabolise about one ounce of 100 proofs (that is, 50 percent alcohol). Quantities in excess of this amount remain in the bloodstream. Whereas absorption of alcohol can be very rapid, removal is always slow.

There are many beliefs about the effects of alcohol and it is thought to reduce anxiety, increase sociability, relax inhibitions and the like. But it appears that some of the short-term effects of ingesting small amounts of alcohol are as strongly related to the drinkers expectations about the effects of the drug as they are to its chemical action on the body. For example, alcohol is commonly thought to stimulate aggression and increase sexual responsiveness.

**Long-Term Effects of Prolonged Alcohol Abuse**

The possible long-term effects of prolonged drinking are vividly illustrated in the following case history:

**Alcoholism**

At the time of his first admission to a state hospital at the age of twenty-four, the patient, an unmarried and unemployed labourer, already had a long history of anti social behaviour, promiscuity and addiction to alcohol and other drugs. There had been eight brief admissions to private sanatoria for alcoholics, a number of arrests for public intoxication and drunken driving, and two jail terms for assault.

The patient had been born into a wealthy and respected family in a small town. The patient’s father, a successful and popular businessman, drank excessively and his death at the age of fifty-seven was partly due to alcoholism. The mother also drank to excess. The parents exercised little control over the patient as a child, and he was cared for by nursemaids. His father taught him to pour drinks for guests of the family when he was very young and he reported that he began to drain the glasses at parties in his home before he was six; by the time he was twelve he-drunk almost a pint of liquor every weekend and by seventeen was drinking up to three bottles everyday. His father provided him with money to buy liquor and shielded him from punishment for drunken driving and other consequences of his drinking.

The patient was expelled from high school in his freshman year for striking a teacher. He then attended a private school until the eleventh grade, when he changed the date on his birth
certificate and joined the Army paratroops. After discharge, he was unemployed for six months; he drank heavily and needed repeated care at a sanatorium. When a job was obtained for him he quit within a month. On his third arrest for drunken driving he was jailed. His father bailed him out with the warning that no more money would be forthcoming. The patient left town and worked as an unskilled laborer he had never acquired any useful skills but returned home when his father died. During the next few years he was jailed for intoxication, for blackening his mother’s eyes when he found a male friend visiting her, and for violating probation by getting drunk. He assaulted and badly hurt a prison guard in an escape attempt and was sentenced to two additional years in prison. When released, he began to use a variety stimulant, sedative and narcotic drugs as well as alcohol (Rosen Fox and Gregory, 1972).

**Biological Effects**

In addition to psychological deterioration, severe biological damage is a serious consequence of chronic drinking. Almost every tissue and organ of the body is affected by prolonged consumption of alcohol. The malnutrition suffered may be severe, because alcohol provides calories—a print of 80 proof spirits supplies about half a day’s caloric requirements alcoholics often reduce their intake of food. But the calories provided by alcohol are empty, they do not supply the nutrients essential for health. Alcohol also contributes directly to malnutrition by impairing the digestion of food and absorption of vitamins. In older chronic alcoholics, a deficiency of B-complex vitamins can cause **amnestic syndrome**, a severe loss of memory for both recent and long past events. These memory gaps are often filled in by reporting imaginary events (confabulation) that are highly improbable.

Other common physiological changes include damage to the endocrine glands and pancreas, heart failure, hypertension and capillary hemorrhages, which are responsible for the swelling and redness in the face, and especially of the nose, of chronic alcoholics. Prolonged use of alcohol appears to, cause cortical atrophy and other changes in structure. Alcohol also reduces the effectiveness of the immune system, resulting in increased susceptibility to infection.

**Treatment and Prevention**

It is very difficult to treat habitual turning to alcohol. When sober drinker will make all sorts of promises and resolutions to stop drinking but when he feels restless, depressed and anxious he is unable to resist the temptation of passing into a pleasant, even though unreal world, with the help of the bottle. This cycle goes on till he firmly believes that he cannot do without it and it is after all not so bad a thing. Elation and uneasiness alternate till addiction is established and outside help is considered necessary.

Today, the methods of treating alcoholism have undergone a basic change. Drinking is no longer considered the cause but the result of a person’s difficulties. The reactions and after-effects of heavy and prolonged drinking may need medical treatment in the form of sedatives, hot baths, toning up the system by washing and resting his stomach and giving him nourishing diet.
Impact of Cigarette Smoking and Alcoholism on Health

Even in very severe reactions of chronic alcoholism efforts are made to improve the physical health of the patient by making up vitamin deficiency, and removing organic defect, if any. However a detailed course of psychotherapy is necessary to strengthen the individual’s defenses against the difficulties and miseries of life. This psychotherapy should be undertaken in a hospital so that the patient is removed from those stress situations in which he feels the urgent necessity of drinking and his physical and mental difficulties are well looked after. A change and control of environment will reduce the prospect of a relapse into alcoholism. But whatever treatment is pursued the patient must be taken off his drink habit completely.

Methods of psychotherapy may be grouped under three heads. In the first group we have the various forms of surface treatment such as suggestion, moral encouragement and persuasion, and hypnosis. Some times these techniques produce good results. During the hypnotic state the patient is given a suggestion that he will not drink, that he will dislike drinking and that he will avoid alcohol and often obeys these suggestions on recovering from the hypnotic state. But these methods do not have any effect on the basic-problems and difficulties of the patient which have led to alcohol addiction.

The second group of therapeutic methods consists of substitute emotions. Many rakes have turned a corner after coming in contact with religious and social reformers who gave them a new outlet for the expression of their emotions. Religious conversion, seeking joy doing social service to the needy and the poor or joining social and political missions have deeply affected the personality of many alcohol addicts and induced them to seek satisfaction in activities other than drinking. A movement called Alcoholics Anonymous has gained considerable popularity and its programme and approach is fundamentally different from routine temperance societies.

The third group of psychotherapeutic methods aims at laying bare the basic and root causes of drinking. We have stressed that people take to alcohol because it provides means of adjustment to urgent and stressful emotional and personal problems and difficulties. It is assumed that psychological treatment will bring out the real nature of such conflicts and difficulties, to strengthen the personality of the patient to resolve conflicts and meet difficulties in a realistic manner and thus to get rid of them. Once the patient is made to understand what the complexion of his conflicts is and how they can best be resolved he will not resort to such artificial means of adjustment such as the use of alcohol.

**Punishment**

In most countries the alcohol addicts if considered a public danger and a social risk are fined or sent to jail. But such punitive measures are of no avail considering as such they do not at all touch the addict’s problems and difficulties which are the real cause of alcoholism, and the person on release from jail or after paying the fine resumes his drinking. Parents and wives may also hold out threats that the drinker would be turned out of the family or disinherited if he touches liquor again. Such threats have only temporary effects and do not touch the basic cause of alcoholism.
Summary

In the context of substance abuse, we may think this organisation maintain cordial relations with the medical profession. Members who are ill are sent to doctors for treatment and the problem continues because doctors have no cure for alcoholism. The crux of the problem is that alcoholism is not one problem but many problems together, and therefore, there is not one method of treatment but many. The success of alcoholics anonymous is mainly due to the fact that they employ tried methods of psychotherapy like catharsis, conversion, massive group support and solid friendship. The alcoholics anonymous have been highly successful. Although much more work needs to be done, we can expect decreased rates of lung cancer and other smoking-related diseases due to their health promotion efforts. Research in these related fields seeks to understand how psychological factors are related to physical disease and to use behavioural sciences including psychology, to help people behave in ways that prevent or minimise the substance related problems and promote health. Programmes aimed at changing these habits hold promise for reducing the incidence of illness and death. Substance – related disorder involving alcohol and cigarette smoking affect millions of people. Addiction to and psychological dependence on these substances contributes to disastrous personal and social problems, including physical illnesses, accidents and crime and all are related with the impact of alcohol and cigarette smoking upon health related behaviour.

REFERENCES


