



CONTINUING EDUCATION (CE) COURSE MATERIAL
Course No. CE1306P2 – Smoking and Nicotine Addiction – Part 2

COURSE OBJECTIVE

An examination of the study of nicotine addiction, especially cigarette smoking, and an overview of the physiological, societal, commercial and environmental effects of smoking. Some of the topics that will be examined in this Part 2 include: Secondary Smoke; Dietary Recommendations; Supplements; Smoking Cessation; and, Nicotine Nutrient Programs.

COURSE MATERIAL

Editor's Note: A significant portion of the information contained within this material was extracted from a series of articles on the Internet, many of which were written by Elson M. Haas, M.D.¹ Bernard G. Breining, Dr.AD, has contributed additional information, based on his clinical experience, as well as his 25 years of smoking some 30 cigarettes per day (492,000 cigarettes), the how's and why's of his own quitting, and how he has remained abstinent.

What About Secondary Smoke?

The smoke from cigarettes that nonsmokers breathe has become a big issue in the last decade, a clear human rights issue. Secondhand smoking occurs at work, at home, and in restaurants and shops (minimally outdoors). Sidestream smoke may be even more dangerous than mainstream smoke, since it is not filtered. Of the 16 or so poisons that arise from burning cigarettes, most are known carcinogens. Much of the ammonia, formaldehyde, acetaldehyde, formic acid, phenol, hydrogen sulfide, acetonitrile, and methyl chloride is filtered through the tobacco and cigarette filters and is more concentrated in the smoke that passive, involuntary smokers inhale. The blood level of carbon monoxide in secondhand smokers is more than 50 percent higher than that of those not exposed and often exceeds that of light firsthand smokers. And what about houseplants that surround smokers? It would be interesting to see research on the changes in growth and health and the chemical makeup of common plants; they may indeed do better than we humans.

The 22nd Annual Surgeon General's Report on Smoking and Health focused on "sidestream" or secondary smoking. Since tobacco is used by more than 30 percent of Americans, it is a major concern. This report suggested that in excess of 70 percent more tars, two to three times the amount of nicotine and carbon monoxide, and seventy-three times more ammonia than found in mainstream smoke are present in sidestream smoke, which also contains lead, arsenic, cadmium, vinyl chloride (a strong liver carcinogen), benzene, oxides of nitrogen, and various radioactive substances. This information was cited in Dr. Rollin Odell, Jr.'s, article "*Deadly Effects of Side Smoke*," printed in the San Francisco Chronicle (January 10, 1987).

Studies Done

The conclusions drawn from a review of more than 2,000 studies regarding sidestream smoke is that it increases the incidence of most of the smoking diseases. Children of smokers have increased incidence of respiratory infections, ear infections, and lower lung function than children of nonsmokers. Sidestream smoke increases the risk of COPD (emphysema and chronic bronchitis), heart disease, and lung cancer. An estimated 3,000 cases of lung cancer a year are caused by secondhand smoking. Nonsmoking wives of smokers have been shown to

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have a life expectancy four years shorter than that of nonsmoking wives of nonsmokers. This may even be more pronounced for nonsmoking husbands of smoking wives. A chronic nonsmoker's "smoker's cough" or hoarseness may develop as well.

Sidestream smoke probably increases the cancer risk of everyone involved. More common secondary smoker symptoms include eye and nasal irritation, worsened allergies, headache, and cough.

Clearly, smokers endanger not only their own health but the health and lives of others as well. The surgeon general should change the warning on the cigarette package to say "Smoking is hazardous to the health of yourself and those around you." It is wonderful for nonsmokers now that smoking is not allowed on airplanes and in many public places. Many cities have passed ordinances restricting smoking in various ways publicly. Truly, people should be protected from cigarette smoke indoors. I believe it should be against the law for parents (and others) to smoke in cars when children are with them or in any closed area where children are present. I have seen many cases, and heard about more, where children have had low grade allergies or infections when exposed to regular household smoke. However, we also need to be compassionate, understanding, and supportive toward anyone with destructive health habits. I have noticed more and more smokers being courteous to those around them. Dr. Odell puts forth the goal of a smoke-free society by the year 2000. A radiation oncologist himself, he finishes his article with the assumption that "the brown plague will soon be only a footnote to the history of our time, just as the black (bubonic) plague is to the time of the Middle Ages." However, until we can rid our world of the "brown plague," we must protect ourselves from secondhand smoke.

A good air filter can be very effective in removing from the air many of the toxins generated by burning cigarettes. A basic multiple vitamin-mineral and antioxidant formula will help protect us internally. The daily program should include at least:

SMOKER'S SIMPLE NUTRIENT PLAN

Vitamin C	1,000–2,000 mg.
Beta-carotene	15,000–25,000 IUs
Vitamin A	5,000–10,000 IUs
Zinc	15–30 mg.
Selenium	200 mcg.
Vitamin E	400 IUs

A Suggested Diet

An alkaline diet is even more important during the cigarette withdrawal and detoxification periods. The increased blood alkalinity that results from a diet high in fruits and vegetables, even mainly raw food consumption, helps reduce the craving for and interest in smoking. Studies have shown this to be true, and I have heard this regularly from the hundreds of patients I have seen in smoking cessation programs.

The alkaline diet is not necessarily a lifelong program, although, as I discussed elsewhere in this book, it is wise for our diet generally to be more alkaline than acid. During cigarette withdrawal, a vegetarian or raw food diet may be sufficient for the average person to help reduce nicotine craving. This can be used for three to six weeks to aid in the detoxification process.



Fasting has also been employed by some smokers to help eliminate their habit. It does allow for rapid transitions, but it can also be somewhat intense. It might be reserved for the more durable and strong willed or the overweight or hypertensive smoker.

STOP SMOKING DIET

<i>Increase Alkaline Foods</i>		<i>Reduce Acid Foods</i>	
	Fruits		figs
Meats	beef		vegetables
Raisins		sugar	chicken
Greens		carrots	wheat
Eggs		lima beans	celery
Bread	milk		millet
Almonds		baked goods	cheese

The vegetarian diet is high in chlorophyll (green) vegetables and sprouts, grains, fruits, and liquids, such as water, juices, soups, and herbal teas. The raw foods diet is similar, with more seeds and nuts. Eating whole, unsalted sunflower seeds (or carrot or celery sticks) can help replace that hand-to-mouth addiction that is common in smokers; however, we must be careful not to replace nicotine addiction with food addiction.

The diet for detoxification is also low in fat and high in fiber. It is important to keep the energy and bowels moving. The raw foods (and vegetarian) diet helps with both. This includes several salads of leafy greens daily, and some snacks of fruits, vegetables, nuts, or seeds. Some of the high-protein algae, such as spirulina and chlorella, also help during withdrawal and detox. Since cigarettes are such a rapid ager and a key cancer risk, the dietary suggestions in Cancer Prevention and Anti-Aging programs are useful here as well.

Supplements

Many supplements are useful for smokers or during withdrawal and detoxification. An acid urine increases the elimination of nicotine and thus increases the craving. So, while an alkaline diet may slow down the detoxification of nicotine, it also reduces the desire for smoking. To support the body alkalization during smoking cessation, I recommend sodium or potassium bicarbonate tablets, one to be taken with cravings for a total of five or six daily, along with the fruit- and vegetable-based, high-fiber diet.

A general "multiple " with additional antioxidant nutrients are part of the smoker's program. The antioxidants help reduce the toxicity of smoke in primary and secondary smokers and also help lessen the free-radical irritation during the detox period.

Vitamin E, 400–800 IU's daily, specifically helps stabilize the cell membranes and protects them and the tissue membranes from the free-radical and chemical irritations generated by cigarette smoke.

Selenium, as sodium selenite or selenomethionine, at a level of 200–300 mcg., supports vitamin E and also reduces cancer potential, which is so much higher with chronic smoking.

Selenium also lessens sensitivity to cadmium. Vitamin A reduces cancer risk and supports tissue health, and beta-carotene specifically protects against lung cancer in smokers. Smoking clearly depletes body vitamin C levels, probably by increasing antioxidant demands and reducing absorption. Therefore, smokers need regular vitamin C intake to help neutralize the



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toxins. Supplementing 500–2,000 mg. four or five times daily is recommended. (Note: Both vitamin C and niacin are mild acids, which may increase ulcer risk, as well as nicotine elimination and craving in smokers. If these nutrients are used in higher amounts, extra alkaline salts such as the bicarbonates or calcium-magnesium ascorbates, may be used.) Extra zinc, 30–60 mg. a day, like vitamin A, helps protect the tissue and mucous membrane health.

There are many other helpful nutrients needed during smoking and detox. First, we need to support the B vitamins that are more easily depleted in smokers, mainly thiamine (B1), pyridoxine (B6), and cobalamin (B12). The B12 may also help to decrease the cellular damage caused by tars and nicotine. Niacin (B3) helps in opening up the circulation that is constricted with nicotine. It also lowers cholesterol, which may reduce the risk of atherosclerosis.

Pantothenic acid may reduce the aging of the skin and support the generally stressful lifestyle. Folic acid should be taken in higher amounts, such as 1–2 mg. daily. Coenzyme Q10 is also helpful in dosages of 30–60 mg. daily. Extra choline may support the brain and memory.

Other Minerals and Aids

Besides zinc and selenium, other minerals also are important. Magnesium and molybdenum are needed in higher amounts than usual. Copper is needed at levels of 3–4 mg. daily, when used along with a higher zinc intake (60–100 mg.). Zinc also helps reduce cadmium absorption and toxicity. Vitamins C and E, selenium, and L-cysteine also help to reduce cadmium toxicity.

L-cysteine is very helpful to smokers and during detoxification. Along with thiamine and vitamin C, it protects the lungs from smoking damage and from acetaldehyde generated by smoke. It helps reduce smoker's cough.

Glutathione, formed from L-cysteine, is part of the protective antioxidant enzyme system. Heavy smokers might use 250–500 mg. of glutathione, up to 1,500 mg. (500–750 mg. more usually) of L-cysteine, with 5–6 g. of vitamin C, 150 mg. thiamine, and the total B vitamins and amino acids to balance the specific ones used.

Gaining Weight

To prevent obesity, it is very important to be aware of eating properly when stopping smoking. Smoking reduces appetites and the taste for foods and probably increases metabolism as well as nervous energy. It is natural to want to eat more and enjoy food more when not smoking. Over half of ex-smokers will gain weight, and this is more common in the heavier (use) smokers. If weight gain is undesirable (many smokers are underweight), a weight-control diet should be instituted as smoking is stopped.

Research has shown that smokers crave and eat less sweets than nonsmokers. This changes with smoking cessation (the taste buds come alive again), so new nonsmokers need to watch out for this. The alkaline, high-fiber, low-fat diet is helpful in maintaining weight. Another amino acid, L-phenylalanine, can help reduce the appetite if taken before meals in amounts of 250–500 mg. Because it has a mild tendency to raise blood pressure, this should be monitored if the blood pressure is of concern.

Often, however, the blood pressure drops somewhat with smoking cessation. More choline may improve fat utilization and maintain weight, as may the amino acid L-carnitine. Regular exercise, walking, and getting used to breathing deeply of the fresh air are also part of our new plan.



Smoking Cessation

There are many reasons to stop smoking. Health benefits are clearly number one. Lower risks of cancer, heart disease, and lung problems and better resistance to disease, by-products of smoking cessation. Our life expectancy is improved when we do not smoke. Also, we can save a lot of money in three ways: 1) no cost of cigarettes, which are costing more and more, 2) reduced health and life insurance premiums, and 3) lower medical expenses with improved health.

Stopping smoking may require a major change in our whole relationship to ourselves and our health. We will need to decide to love, support, and nurture ourselves in the best way possible. Often, changing our attitude first makes it easier for us to give up our health-denying habits, such as smoking. If we want to be optimally healthy, we just cannot smoke.

I know that it is a very difficult habit to break. In general, it is difficult for nonsmokers to really appreciate and understand the connection smoking has to the smoker's psyche and to his or her whole life. The level of addiction, which is based on the amount and number of years of smoking, will determine the ease of stopping smoking. If you light up first thing in the morning or if you smoke more than two packs a day, you probably have a serious addiction, and it may be harder to stop than for lighter smokers.

There are many different plans for stopping or decreasing smoking. The best way is just to decide and stop cold turkey, go through the withdrawal, and forget it. Then there is no back and forth, no doubt; the decision is made, and strength and willpower provide the success.

The program here will help in this. The success rate for those who make the decision and just stop is much better than for those who use other methods. They do not need tapes, counselors, or group support; they only count on themselves. Those who depend on others to stop smoking have more relapses.

Smoking withdrawal, however, may not be easy. The first three days to a week can be very difficult; for some people, the struggle may last for as long as a couple of months. Usually, the first 12–24 hours are the peak of withdrawal, when symptoms may appear. Cigarette craving is almost always present. Headaches, anxiety, irritability, dizziness, and insomnia are fairly common. Other smoking withdrawal symptoms include muscle aches, sore mouth, inability to concentrate, drowsiness, heart palpitations, depression, and gastrointestinal upset, such as nausea, vomiting, cramps, diarrhea, or constipation. Over time, weight gain is not uncommon; this may result from an increased appetite and slower metabolism, probably both. Those fire sticks tend to push our metabolic pedals.

During withdrawal, I suggest taking vitamin C (as a mineral ascorbate to reduce acidity) in amounts of about 1 gram every one or two hours. This may help reduce nicotine cravings. Other nutrients and dietary plans discussed earlier may also be used. The maximum dosages listed in the table at the end of this section can be used for support during withdrawal.

If you just cannot give up nicotine, there are other ways to get rid of cigarettes.

Substitutes

Nicorette, a nicotine gum, is a very useful tool. Nicotine gum works well, nicotine skin patches and nasal sprays are being researched, and soon there may be capsules or tablets to satisfy the craving. They will still be hazardous to our health but much less so than cigarettes, and will



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clearly get rid of pollution and secondary smoker risks.

This supports the nicotine addiction without providing the harmful smoke chemicals. It reduces withdrawal symptoms, and research shows a better long-term quitting percentage with the nicotine gum than with other methods. It is, however, a temporary aid which can be obtained only with a doctor's prescription. It is not ideal, but it is better than smoking tobacco.

Nicorette still produces the cardiovascular effects of nicotine but a minimum of the lung and cancer problems. It may cause some symptoms, such as nausea, lightheadedness, hiccups, and muscle tension or jaw aches from chewing. It does, however, immediately help one to stop smoking, as most of the craving is for the nicotine. The psychological, conditioned, and social addiction patterns of smoking itself must also be handled, and the former smoker should be off the gum within two or three months. Nicorette should be avoided by people with ulcers or cardiovascular disease and by pregnant women and should be kept away from children. There are also "smokeless" cigarettes (Favor brand) available which provide nicotine, and these can be used for withdrawal and transition as well.

If Nicorette gum does not work or you cannot otherwise stop smoking, there are many self-help suggestions for cutting down.

Smoking fewer cigarettes daily is a common practice, but usually this reaches a limit of about ten per day to satisfy the nicotine habit. You might also try taking fewer puffs per cigarette and smoking just the first half of it, where the least tars and chemicals are concentrated. Filters and cigarette holders decrease the amount of toxic elements inhaled. There are also devices that place tiny holes in the filters to allow dilution of smoke with outside air. One of these is called Phaseout.

Changing brands to lower-tar, higher-nicotine cigarettes will help reduce total smoking. Even using brands you do not like helps reduce. For anyone who smokes, I suggest avoiding chemically-treated cigarettes, and using natural, untreated tobacco and untreated paper.

Roll-your-own types, some French, German, and other cigarettes, and a few untreated American brands would be an improvement over processed tobacco.

Before you start to stop smoking, write out a plan and schedule of dates and stages of nonsmoking, as well as the reasons to quit. Pick a time of less stress to do it, such as during vacation or just after sick leave from work or school. New Year's Day, your birthday, or national stop smoking days are good choices as well. Don't try to stop during stressful times at work or home, during transitions, or prior to holidays. Write your plan in a diary or journal and keep notes of your process, feelings, and so on. Get to know yourself better through this process. The withdrawal can have both negative and positive effects. Many smokers release a lot of energy and excitement as they quit, so use this to construct new habits and a new life if that is appropriate.

Successful quitters were often dissatisfied with smoking and felt negative effects as well as oppression from being addicted. When you quit, make a commitment. Know your cigarette triggers and work to defuse them when you quit. Get rid of ashtrays, clean your teeth, and your home, such as your drapes, carpets and clothes, to get rid of tobacco smoke. Make your home and life a nonsmoking zone. And take special care of yourself with good foods, drinking water, taking baths or showers, and walking—and get a massage.



It is crucial for people who stop smoking to learn to handle stress. Be aware of the potential for relapse. Most people who start again do so when they meet increased stress, which may trigger a desire to smoke, and they do not have the coping skills to deal with this. Relaxation tapes, classes, and counseling may be necessary to find appropriate coping strategies so that they can continue being ex-smokers. Stress-reduction plans and exercises, both mental and physical, are helpful in preparing for individual future potential stress areas, be they work demands, relationships, or health pressures. These plans for exercise and stress management may even be best initiated before stopping smoking, as many smokers experience that the transition to not smoking is enough to deal with without having other new programs to apply.

Exercise and Positive Attitude

Also, beginning regular exercise and learning to relax may offer positive reinforcement to cut down or quit smoking. In fact, regular exercise offers many of the positive qualities that smokers get from nicotine, such as an "up" feeling, confidence, and a greater ability to relax and concentrate.

It is important to keep a positive attitude and make positive statements. Affirmations such as "I am not a smoker" or "stopping smoking is a great benefit to my health" can be written down and posted in specific areas as well as repeated regularly. Many ex-smokers use negative imagery to stay away from cigarettes. They may see the lung damage, heart disease, wrinkled skin, or limited activity whenever they feel the urge to smoke. If we visualize these negative images when we take a deep breath and hold it, the negative feedback we feel while oxygen is decreasing and carbon dioxide is rising will help us stay off cigarettes.

Even more important is visualizing the positive benefits, such as the new ability to taste and smell, better digestion, and the improved respiratory and circulatory functions. Increasing the love we have for ourselves as nonsmokers and continuing to see ourselves as nonsmokers are also important.

Both negative and positive visualizations will help when we feel the craving or urge to smoke. Exercising, staying busy, and resting and relaxing are all important. Drinking water and taking some nutrients, mainly the B vitamins and vitamin C, may also reduce cravings. Herbs such as valerian or skullcap will help calm the nervous system and reduce cravings as well.

Many herbs have been used with benefit to smokers, both for smoking as substitutes for cigarettes and to help in withdrawal and detoxification. Smoking herbs have been used to replace cigarettes temporarily or to treat bronchopulmonary problems.

Mullein leaf is probably the most commonly used. Coltsfoot, yerba santa, sarsaparilla, and rosemary have also been smoked. Garlic (taken orally, not smoked) is also helpful during the tobacco detox period. Lobelia leaf, called "Indian tobacco," has been employed as a substitute for cigarettes; it acts and tastes a bit like tobacco. In China, other herbs are smoked to treat asthma and other respiratory problems. Datura and jimson weed have been used, but these can be slightly toxic. Ginseng leaf and other herbal cigarettes have been available. Smoking mugwort or catnip may help in relaxation; damiana is thought to have aphrodisiac properties, while peppermint added to a blend will give a cool, menthol feeling and licorice, a sweet flavor. Licorice sticks have also been chewed during cigarette withdrawal to replace the oral habit and settle down the system. Chewing on calamus root may cause a tobacco smoker to become nauseated, acting kind of like a nicotine Antabuse.



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There are many supportive therapies to help in stopping smoking. Acupuncture has had some success. Some counselors I know have very good results with clients. Hypnosis is helpful for others. Massage therapy aids the detoxification and provides basic health support. A program that combines diet, supplements, exercise, counseling, hypnosis, acupuncture, and massage works wonderfully, but it is time consuming and costly. And there still must be a desire to stop and the willpower to continue not smoking and surpass the cigarette urge—that is, the nicotine addiction. There are a number of good stop smoking programs available in most cities. Often the cost commitment and group support add the extra incentive to make it successful. I do suggest avoiding the rapid smoking plans that make you sicker to get well, as the excessive nicotine can be toxic.

As Bernie² Sees It: In my own experience, and after speaking with lots of folks who have been able to stay stopped, it seems there are about as many ways to quit and stay quit as there are smokers who have kicked the habit.

For what it's worth, here's what I did after I came home from the hospital after a five-way arterial cardiac by-pass, a great attention-getter, and one I would not recommend:

My wife and children, God bless them, had my home fumigated and my car totally cleaned inside and out.

We got a huge bucket of black licorice and set it near the TV and the kitchen area. The patches hadn't worked for me before so I didn't go back to them.

I have full dentures so couldn't chew the Nicorette gum.

I took a lot of naps, for no apparent reason other than I didn't feel like smoking when I was napping.

I started walking around the block. Not jogging or running, just quietly and comfortably walking.

My good doctor gave me some Clonidine for the anxiety.

A friend recommended "Bandits", a little packet of nicotine that you stick between you teeth and gum and try not to eat with it.

I quit hanging around places where there was a lot of smoking.

I ate a whole bunch of carrot sticks and celery and radishes and cut way back on my coffee intake.

I did some self-hypnosis with a professional.

I also wrote a nice little lover letter of goodbye to my old friend of 45 years, my reliable, ever loyal cigarettes. I thanked them for making me feel so "cool" when I was a kid and young man. I thanked them for the years of pleasure and joy they brought me in times of stress and

² "Bernie" is Bernard G. Breining, Dr.AD.



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loneliness and boredom. I thanked them for making coffee taste so much better and booze go down so much easier. And then I said good bye and thank you.

So far, with a lot of support from my dear wife and children and friends, I haven't had a cigarette for 38 months. I still think about it on occasion, especially after a great dinner. I've even had a couple of scary dreams where I started to smoke again and couldn't stop.

If you really want to stop for good and all, a day-at-a-time, or even 18 seconds at a time, you can do it. The urge to smoke only lasts from 12 to 18 seconds, and then passes. It may come back again in a few minutes, but that too will be gone in a few seconds. You can hold your breath for that long, or better yet, take a few real deep breaths and allow the fresh air to get down into your damaged lungs and begin the healing.

A lot of people with a lot less will power and determination have done what you want to do, so allow yourself to do it. The rewards are awesome, and the feeling of power over your old friend will go stronger each and every day.

SUGGESTED ADDITIONAL RESOURCES

- ❑ T Ferguson and GM Schmidt, ***Smoker's Book of Health: How to Keep Yourself Healthier and Reduce Your Smoking Risks*** (1987), Penguin Putnam Books
- ❑ E Haas, MD, Preventive Medical Center of Marin, 25 Mitchell Boulevard, San Rafael, California 94903, www.elsonhaas.com
- ❑ DS Inaba and WE Cohen, ***Uppers, Downers, All Arounders: Physical and Mental Effects of Psychoactive Drugs*** (2000), CNS Publications, Inc.
- ❑ D Pearson and S Shaw, ***Life Extension: A Practical Scientific Approach*** (1987), Warner Books, Inc.

ACKNOWLEDGEMENTS

The information contained within this Course Material has been drawn from many sources, including the references cited herein, the Breining Institute ***Chemical Dependency and other Addictive Disorders*** "Workbook Series," the professional, academic and teaching experiences of Bernard G. Breining, Dr.AD, and research input from Breining Institute graduate students.



CONTINUING EDUCATION (CE) EXAMINATION QUESTIONS
Course No. CE1306P2 – Smoking and Nicotine Addiction – Part 2

You are encouraged to refer to the Course Material when answering these questions. Choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of 70% correct answers is required to receive Continuing Education credit. GOOD LUCK!

QUESTIONS

Questions 1 through 11 omitted.

Begin your answers with number 12 on your Answer Sheet.

12. Children of smokers have increased incidence of which of the following:
 - a. Respiratory infections.
 - b. Ear infections.
 - c. Lower lung function.
 - d. All of the above.

13. An estimate of lung cancer cases caused annually by secondhand smoking is:
 - a. 500
 - b. 1,000
 - c. 2,000
 - d. 3,000

14. Dr. Haas suggests a diet which reduces the craving for and interest in smoking. The diet suggested:
 - a. Increases alkaline foods.
 - b. Reduces acid foods.
 - c. Both A and B.
 - d. Neither A nor B.

15. A diet for detoxification is also:
 - a. Low in fat.
 - b. High in fiber.
 - c. Inclusive of raw vegetables.
 - d. All of the above.

16. The vitamins identified as helpful during smoking and detoxification include all of the following except:
 - a. B3
 - b. B6
 - c. B12
 - d. B15

17. Which of the following helps reduce “smoker’s cough:”
 - a. L-cysteine.
 - b. Thiamine.
 - c. Vitamin C.
 - d. All of the above.



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18. The peak of withdrawal from smoking is usually:
- The first 12-24 hours.
 - The first 7 days.
 - The first month.
 - None of the above.
19. Using a nicotine gum to assist quitting smoking:
- Always works.
 - Does not produce the cardiovascular effects of nicotine.
 - May cause symptoms such as nausea, lightheadedness and muscle tension.
 - Should be used by people with ulcers or cardiovascular disease.
20. Helpful actions in quitting smoking include:
- Exercise.
 - Positive attitude.
 - Both A and B.
 - Neither A nor B.
21. The most common herb used to replace cigarettes temporarily, with the goal to quit smoking, is:
- Yerba santa.
 - Rosemary.
 - Mullein leaf.
 - None of the above.

This is a ten-question examination. Answer Questions 12 through 21 for full CE credit in this course. Questions 1 through 11 have been omitted.



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CONTINUING EDUCATION (CE) ANSWER SHEET

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SECTION 3.
Course Title: **CE-1306P2 / SMOKING AND NICOTINE ADDICTION – PART 2**

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|------------|-------------|-------------|
| 1. A B C D | 8. A B C D | 15. A B C D |
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| 3. A B C D | 10. A B C D | 17. A B C D |
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