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The city of ember TobaccoSmokingand Alcohol Drinking Cancer of the upper respiratory and alimentary tracts claimed over 23, 000 lives in 1989 and 57, 000 additional cases were diagnosed. The majority of individuals who fall prey to this type of cancer are males who abuse both alcohol and tobacco. What is the risk you might ask. The fact that the risk of developing cancer of the esophagus, lip, tongue, mouth, pharynx or larynx. increases dramatically in people who are heavy users of alcohol and tobacco is substantiated by 30 years of collective research.

Studies demonstrate that the risk to individuals dually addicted far utweighs the risk to Individuals who abuse only one substance. This confirmed link between alcohol and tobacco abuse and an increased risk in upper alimentary and respiratory tract cancer makes this type ot disease among the most preventable. The Correlation Between Smoking and Drinking . 1t has been observed that Individuals who drink alcohol have d greater tendency to smoke than non-drinkers. One of the first studies to establish and quantify the degree of association between drlnklng and smoking was reported In 1972.

The Investigation compared 130 alcoholic men hospitalized for alcohol withdrawal to 100 non-alcoholic psychiatric utpatients, Ninety-four percent of the alcoholic men smoked one or more packs of cigarettes per day, as compared to only 46 percent of the non-alcohollcs, who smoked one or more packs per day. Another study. which compared male and female alcoholics enrolled In an army drug and alcohol rehabllltatlon program to non- alcoholic army personnel and their relatives, affirmed the smoking-drinking association.

The report found that individuals who were alcoholics smoked an average of 49 cigarettes per day, but that the non-alcoholic subjects smoked only 13 cigarettes per day. In addition, the study established a high correlation between the umber of cigarettes smoked and the grams of alcohol consumed by alcoholics, as opposed to a very weak association for the non-alcoholic control group. similar report, 58 percent ot the non-drinkers were non-smokers, but the individuals who were alcoholics did not abstain from smoking.

The finding that smokers who did not drink smoked significantly less than smokers who did drink was further substantiated In additional studies. Why Do Many Drinkers Smoke More? Studies released in the late 1950s, correlating heavy coffee consumption with smoking and drinking, suggested that a strong oral drive caused drinkers to smoke ore frequently. However, new evidence suggests that a strong oral drive is not the culprit. In one study, alcoholics who had successfully stopped drinking demonstrated no appreciable Increase In smoking.

In tact, some even smoked less with alcohol abstinence. If a strong oral drive was responsible for the drinking-smoking association, one would expect an increase in smoking during periods of alcohol abstinence. An alternative theory claimed that drinkers smoked more due to just as much as alcoholics who drink in the company of other people dispelled this theory. The most plausible explanation is that drinkers smoke more than non- rinkers due to a greater physiological need for nicotine. Nicotine, the main psychoactive component of tobacco, is a potent chemical.

It has a stimulating effect on the nervous system, causing, among other things, increased heart rate and mental stimulation. Once addicted to nicotine, a person may experience tremors of shakiness as blood levels of nicotine decrease to critically low levels. The smoker will crave another cigarette as blood levels reach this threshold to avoid these uncomfortable symptoms. Alcohol apparently causes blood levels of nicotine to fall more rapidly in smokers by activating enzymes in tissues which metabolize drugs. For example, rats pretreated with ethanol cleared nicotine from their blood more rapidly than rats not receiving ethanol.

This research, coupled with numerous independent observations, strongly suggests that drinkers must smoke more in order to maintain the blood nicotine levels upon which they have become dependent. Why Is There More Cancer Among Alcohol and Tobacco Users? Investigations are under way to find an answer to this question. Laboratory studies have shown that alcohol enhances the metabolism of several tobacco associated carcinogens, including nitrosamines. It is known that tobacco and its smoke contain many classes f chemical carcinogens which must be activated to react with DNA and initiate steps towards carcinogenesis.

Important in this activation process are cytochrome P-450 enzymes, which are induced by alcohol in heavy drinkers. Thus, alcohol and smoking are synergistic in increasing cancer risk. Since alcohol increases the metabolism and hence the need for nicotine, it follows that the success of smoking cessation programs will be improved if drinking habits of patients are controlled. Treatment of incipient alcoholism thus becomes a prerequisite for the ultimate success of behavior modification aimed at the elimination of smoking.