

REPORTING ON



SMOKING CESSATION

Smoking is the most preventable cause of disease and death in the United States. This report describes how The Empire Plan's smoking cessation treatments, counseling and additional resources can help you quit smoking.



**The Empire
Plan**

For Empire Plan enrollees and for their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees

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Each year, approximately 480,000 people die prematurely from a smoking-related illness and another 16 million people suffer from at least one chronic disease caused by smoking.

Despite these risks, over 37.8 million adults in the United States smoke cigarettes. Although surveys show that 68 percent of smokers want to quit and 55.4 percent attempt to quit each year, fewer than 5 percent succeed.

HEALTH RISKS OF SMOKING

Cancer

Smoking accounts for at least 27 percent of all cancer deaths and is linked to nearly 90 percent of lung cancer deaths. Lung cancer is the leading cause of cancer death in both men and women and remains one of the hardest cancers to treat. Smoking is also linked to an increased risk of the following cancers:

- Larynx (voice box)
- Oral cavity (mouth, tongue and lips)
- Pharynx (throat)
- Esophagus (tube that connects the throat to the stomach)
- Acute Myeloid Leukemia (blood)
- Liver
- Stomach
- Pancreas
- Cervix
- Colon and rectum (colorectal)
- Kidney
- Bladder

Cardiovascular Disease

People who smoke are at greater risk for heart attacks, high blood pressure, blood clots, strokes, hemorrhages, aneurysms and other disorders of the cardiovascular system. In fact, one out of every five smoking-related deaths is caused by cardiovascular disease. Smokers are two to four times more likely to develop coronary heart disease (CHD), twice as likely to have a stroke and ten times more likely to develop peripheral vascular disease (PVD) than nonsmokers.

Chronic Obstructive Pulmonary Disease (COPD)

Smoking also increases a person's risk of developing chronic obstructive pulmonary disease (COPD), a term used to describe a group of lung diseases that blocks airflow and makes it increasingly difficult for those suffering from it to breathe. COPD is most commonly associated with emphysema and chronic bronchitis. It affects an estimated 24 million people and is the third leading cause of death in the United States.

Based on information from the Centers for Disease Control and Prevention, the American Lung Association, Johns Hopkins Medicine COPD Foundation, and the American Cancer Society.

NICOTINE: A PHYSICAL AND PSYCHOLOGICAL ADDICTION

It's difficult for many smokers to quit smoking because they have become addicted to nicotine, a drug found naturally in tobacco. Nicotine is as addictive as heroin and cocaine and affects many systems and parts of the body, including the heart and blood vessels, hormones, metabolism and brain. Over time, a smoker becomes both physically and psychologically addicted to nicotine.

When smokers quit smoking, it takes time for their bodies to readjust and function normally without nicotine. This can lead to physical withdrawal symptoms such as dizziness, anxiety, headaches and weight gain. Symptoms can last for a few days or up to several weeks. Many people resume smoking to boost the levels of nicotine in their blood, so they no longer experience the withdrawal symptoms.

Overcoming the psychological addiction to smoking can be just as difficult as beating the physical addiction. Smokers develop such a strong association between smoking and everyday activities, that even tasks as simple as eating, driving and taking coffee breaks at work can trigger the desire or need to smoke.

Smokers must remember that nicotine withdrawal symptoms can be severe, but they are only temporary. Even if their desire to stop smoking is strong, many smokers are unable to quit without help, and often it takes multiple attempts before they succeed.



SMOKING AFFECTS THE HEALTH OF OTHERS

Smoking not only has a negative impact on the health of smokers, but it can also harm those around them. Secondhand smoke, the smoke exhaled by a smoker or emitted from the burning end of a lit cigarette, contains toxins that contribute to various health problems, from cardiovascular disease to cancer.

Dangers of Secondhand Smoke

The dangerous particles in secondhand smoke can linger in the air for hours. Breathing it for a short time can irritate your lungs and reduce the amount of oxygen in your blood.

Prolonged or repeated exposure to secondhand smoke poses more significant health risks. The American Heart Association estimates that approximately 34,000 people die each year from heart and blood vessel disease caused by secondhand smoke.

It's especially dangerous for children to be exposed to secondhand smoke because their lungs are smaller and not fully developed, which makes them more vulnerable to the negative effects. According to the Mayo Clinic, secondhand smoke increases the risk of having a baby who is stillborn or has low birth weight and is linked to a higher risk of sudden infant death syndrome (SIDS).

Smoking During Pregnancy

When you smoke, you inhale poisons such as nicotine and carbon monoxide. When a pregnant woman smokes, these poisons enter the placenta, the tissue that connects the mother to her baby. These poisons keep the baby from getting the proper supply of nutrients and oxygen that it needs to grow.

According to the Centers for Disease Control and Prevention babies born to mothers who smoke are at greater risk for early labor, low birth weight, congenital disabilities such as cleft lip/cleft palate and other health problems.



HELP IS AVAILABLE

Since nicotine causes both psychological and physical addiction, most people find the best way to quit smoking is a combination of behavioral management techniques and medication. There is a wide range of counseling services, self-help materials and medications available to help people quit smoking.

New York State Smokers' Quitline 1-866-NY-QUITS (1-866-697-8487)

Telephone counseling is one of the most convenient support programs available. It doesn't require driving, transportation or child care, and it's accessible 24 hours a day, seven days a week.

The New York State Quitline is a free service offered by the New York State Department of Health. Trained quit coaches provide support, help callers design personalized quit plans and share information about local smoking cessation programs. Taped support messages are also available 24 hours a day, seven days a week.

Quit Programs, Counseling and Support Groups

Smoking cessation programs are designed to help smokers recognize and cope with problems they face when they are trying to quit. They also offer emotional support and encouragement. Studies have shown that the best programs include either one-on-one or group counseling.

Local branches of the American Cancer Society, American Lung Association, Centers for Disease Control and Prevention and the local health department often sponsor smoking cessation classes.

Support groups for quitters can also be helpful. Nicotine Anonymous is an open support group that offers a way to find others who want to stop smoking.

Nicotine Replacement Therapy (NRT)

Nicotine replacement therapy (NRT) helps relieve some of the physical withdrawal symptoms, so smokers can focus on the psychological aspects of quitting. NRT provides nicotine in the form of gums, patches, sprays, inhalers or lozenges without the other harmful chemicals found in tobacco.

For more information about smoking cessation programs, counseling, support groups and NRT, please contact your health care provider.



EMPIRE PLAN COVERAGE AND SMOKING CESSATION TREATMENTS

To help enrollees with the physical addiction to nicotine, the following nicotine replacement therapies (NRT) and medications can be used as an aid in smoking cessation. The Empire Plan Prescription Drug Program covers smoking cessation treatments with a prescription from your doctor, subject to applicable copayments. Studies have shown that pairing NRT and/or prescription medication with counseling or help from a support group can more than double one's chance of quitting permanently. Call The Empire Plan toll-free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program. Check with your healthcare provider/doctor if you are pregnant or plan to become pregnant and share any medications you currently take before starting medicine for quitting smoking.

Nasal Sprays

Nicotine nasal sprays deliver nicotine into the nose, where it is absorbed into the bloodstream. It relieves withdrawal symptoms very quickly and lets the users control their nicotine cravings. Smokers usually like the nasal spray because it is easy to use.

Inhalers

The nicotine inhaler is a thin plastic tube with a nicotine cartridge inside. When the user takes a puff from the inhaler, the cartridge puts out a nicotine vapor. Unlike other inhalers that deliver most of the medicine to the lungs, the nicotine inhaler delivers most of the nicotine vapor to the mouth. This treatment is a lot like smoking a cigarette, which some smokers find helpful.

Patches

The nicotine patch provides a steady, controlled dose of nicotine throughout the day, which helps reduce the effects of nicotine withdrawal. The strength of the patch is reduced over time, allowing users to wean themselves off nicotine gradually. The patch should be applied in the morning on a clean, dry area of the skin without much hair. It should be placed below the neck and above the waist, for example, on the upper arm or chest. Most patches are available over-the-counter and do not require a prescription.

Bupropion (generic for Zyban®)

Bupropion (generic for Zyban®) is a non-nicotine prescription medication. It acts on chemicals in the brain that are related to nicotine craving. It can be used alone or together with nicotine replacement therapy. Bupropion works best if it is started one or two weeks before attempting to quit smoking.

Ask Your Doctor

There is no evidence that any one type of smoking cessation medication is more effective than another. If you want to quit smoking, talk with your doctor about which prescription or over-the-counter drug(s) would work best for you. Be sure your doctor and pharmacist know of any other medications you are taking before trying cessation or nicotine replacement therapies.



QUIT TIPS

Quitting smoking is the single most important step that smokers can take to extend the length and quality of their lives. Quitting is not easy, but it can be done. Nearly half of all adult smokers have quit. There is no one right way to quit, but there are key steps you can take that will increase your likelihood of success.

1. Make the decision to quit

The decision to quit smoking is one that only you can make. Others may want you to quit, but the real commitment must come from you. Think about why you want to quit and use those reasons as motivators.

- Are you worried that you will get a smoking-related disease?
- Do you want to set a good example for your children?
- Do you want to protect your family from the dangers of secondhand smoke?
- Do you need/want to use your money for other things?
- Do you have a relative, spouse or friend that developed a smoking-related illness?

2. Choose a Quit Day

Once you've decided to quit, choose a specific day within the next month as your Quit Day. Give yourself enough time to come up with a plan and prepare. Circle the date on your calendar, share it with your family, friends and co-workers, and make a personal pledge to quit on that day.

3. Make a plan

Successful quitting is a matter of planning, preparation and commitment. Decide on your own plan now. If you've tried to quit before, think back to your past attempts. Try to remember what worked for you and what didn't. Think about what you could do differently this time. Consider using nicotine replacement therapy, joining a smoking cessation class, attending Nicotine Anonymous meetings or using a combination of these methods. Whatever method you choose, you need to plan, prepare and stay committed.

4. Prepare

Here are some steps to help you prepare for your Quit Day:

- Get rid of all the cigarettes, lighters and ashtrays in your home, car and workplace.
- Stock up on oral substitutes: sugarless gum, carrot sticks, hard candy, cinnamon sticks, coffee stirrers, straws and/or toothpicks.
- Set up a support system. This could be a group class, Nicotine Anonymous or a friend or family member who wants to quit with you or has successfully quit and is willing to help you.
- Plan activities for the first couple of weeks following your Quit Day to take your mind off smoking. Quitting will be easier if you keep yourself busy.

5. Follow through

Your Quit Day has arrived! What to do:

- Avoid places and situations where you normally smoke and situations with people where you will be tempted to smoke.
- Keep reminding yourself why you decided to quit and of all of the benefits of quitting.
- Call on your support system for help.
- Remember that there will be times when you will feel anxious, uneasy or unable to concentrate. This is normal, but will pass if you stay committed!

Information on this page is from the American Cancer Society.

E-CIGARETTES AND LUNG HEALTH

Electronic cigarettes, or e-cigarettes, are a popular new tobacco product that still have largely unknown health effects. Since most e-cigarettes are not regulated by the U.S. Food and Drug Administration (FDA), they are not subject to the same safety requirements placed on other tobacco products. E-cigarettes are devices that allow users to inhale an aerosol (vapor) containing nicotine or other substances. Unlike traditional cigarettes, e-cigarettes generally are battery-operated and use a heating element to heat e-liquid from a refillable cartridge, releasing a chemical-filled aerosol.

What is in E-cigarettes?

Many e-cigarette cartridges are made up of nicotine extracted from tobacco mixed with a base (usually propylene glycol) and may also include flavorings, colorings and other chemicals. Because there is no government oversight, there is no way

to know what chemicals are contained in e-liquids or how e-cigarette use might affect long- or short-term health. Early studies show that e-cigarettes contain nicotine and also may have other harmful chemicals, including carcinogens such as formaldehyde.

Secondhand Emissions from E-cigarettes

As public spaces increasingly become smoke-free, some people are using e-cigarettes indoors and in smoke-free public spaces. While e-cigarettes do not produce smoke, they do expose others to secondhand emissions. Little is known about these emissions or the potential harm they may cause, but initial studies have found formaldehyde, benzene and tobacco-specific nitrosamines (all carcinogens) coming from those emissions. There is no evidence that shows that the secondhand aerosol from e-cigarettes is safe for non-users to inhale.



Can E-cigarettes Help Someone Quit Smoking?

Many e-cigarette companies market their product as a tool to help smokers quit. However, the FDA's Center for Drug Evaluation and Research has not approved e-cigarettes as a safe or effective method to help smokers quit. Instead of quitting, many e-cigarette users are continuing to use e-cigarettes while still using conventional cigarettes, as nicotine dependence can develop from e-cigarettes, just as it can with other tobacco products. Until the FDA approves a specific electronic nicotine delivery system or e-cigarette as safe and effective for use as a tobacco cessation aid, the American Lung Association does not support using them for cessation, nor does it support any direct or implied claims that e-cigarettes help smokers quit.

Youth and E-cigarettes

Youth are using e-cigarettes at increasing and alarming rates. According to the Centers for Disease Control and Prevention (CDC), e-cigarette use among both high school and middle school students tripled in one year, and youth use of e-cigarettes has now surpassed youth cigarette smoking. According to experts, marketing campaigns often target certain younger age groups. They use advertising techniques that “glamorize” or lure the user by comparing the taste to sweet “candy-like flavors.” They also offer information about online access for purchasing e-cigarettes.

Bottom Line

Without regulation by the FDA and despite being on the market for several years, there still is a lot to learn about e-cigarettes. The American Lung Association is concerned about the potential health consequences of e-cigarettes and encourages the FDA to begin regulatory oversight of e-cigarettes, which would require ingredient disclosure, warning labels and youth access restrictions.



If you find yourself smoking again:

1. Get rid of any cigarettes.
2. Think of that first cigarette as a “slip” rather than a “relapse.”
3. Do not feel bad and give up.
4. Use behavioral and psychological coping skills. (Leave the situation, call a friend and/or list your reasons for quitting.)
5. Commit to quitting again right away.
6. Learn from your slip. Be better prepared next time.

Based on information from the American Lung Association.

A 15 YEAR TIMELINE – WHAT HAPPENS AFTER A SMOKER QUILTS

The U.S. Surgeon General has stated, “Smoking cessation [stopping smoking] represents the single most important step that smokers can take to enhance the length and quality of their lives.” It’s hard to quit smoking but when you do the health benefits begin as soon as 30 minutes after your last cigarette.

Within 30 minutes: Your pulse rate and your blood pressure drops.

Within 12 hours: Your blood oxygen levels return to normal.

Within a week: Most of the nicotine has left your body. Your sense of smell returns to normal.

Within one to three months: Your risk of heart attack drops and your lung capacity is noticeably improving as is your circulation.

Within one to nine months: You experience a substantial decrease in shortness of breath.

One year after quitting: There is a reduction in the risk of coronary heart disease.

Five years after quitting: The risk of stroke is the same as a non-smoker, and the risks of many cancers also decreases to a significant level.

Ten years after quitting: The risk of cancer of the lung, mouth, throat, esophagus, bladder, cervix and pancreas is reduced.

Fifteen years after quitting: The risk of coronary heart disease is the same as that of a non-smoker.





SMOKING CESSATION BENEFITS

The U.S. Public Health Service has recommended medications and individual counseling as effective in helping smokers quit. Research shows that smokers are more likely to make a quit attempt and, most importantly, to succeed when they have easy access to smoking cessation treatments.

Through the Empire Plan Prescription Drug Program, you have access to prescription drugs that can help you to quit smoking. Talk to your doctor about which prescription or over-the-counter drug(s) would be appropriate for you. If Medicare is your primary insurance, individual smoking cessation counseling is covered through Medicare.

The Patient Protection and Affordable Care Act (ACA) covers preventive services, including tobacco use counseling for smokers. Contact The Empire Plan for more information. You can also contact the New York Smokers' Quitline at 1-866-NY-QUITS (1-866-697-8487).

HELP TO QUIT

For more information on smoking cessation, visit the customized Empire Plan Mental Health and Substance Abuse Program website at www.achievesolutions.net/empireplan. Here you can access educational and supportive articles, as well as resources to help you quit smoking.



RESOURCES

The Empire Plan

1-877-7-NYSHIP
(1-877-769-7447)
Press or say 1 for the
Medical/Surgical Program
Press or say 2 for the
Hospital Program
Press or say 3 for the
Mental Health and
Substance Abuse Program
Press or say 4 for the
Prescription Drug Program
Press or say 5 for the Empire
Plan NurseLineSM

American Cancer Society

1-800-227-2345
www.cancer.org

American Heart Association

1-800-AHA-USA-1
(1-800-242-8721)
www.heart.org

American Lung Association

1-800-LUNGUSA
(1-800-586-4872)
www.lung.org
www.freedomfromsmoking.org

American Stroke Association

1-888-4-STROKE
(1-888-478-7653)
www.strokeassociation.org

Centers for Disease Control and Prevention: Smoking and Tobacco Use

1-800-232-4636
www.cdc.gov/tobacco

National Cancer Institute

1-877-44U-QUIT
(1-877-448-7848)
www.smokefree.gov

National Tobacco Cessation Collaborative

www.tobacco-cessation.org

New York State Smokers' Quitline

1-866-NY-QUITS
(1-866-697-8487)
www.nysmokefree.com

Nicotine Anonymous (NicA)

1-877-TRY-NICA
(1-877-879-6422)
www.nicotine-anonymous.org

QuitNet

www.quitnet.com

U.S. Food and Drug Administration

1-888-INFO-FDA
(1-888-463-6332)
www.fda.gov/tobaccoproducts

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