How to Kill Your T Cells Without Really Trying

Richard S. Ferri

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Twelve thousand Americans die DAILY from tobacco and 2000 children pick up this virtually fatal habit every day. Now, compare those numbers for the United States only with the number of AIDS deaths and new infections WORLDWIDE DAILY. Five thousand seven hundred people die of HIV/AIDS worldwide and 6800 become infected. Do the math and compare these stats and it should make you stop and think about your T cells taking a nose dive because of nicotine addiction. I hope that that makes everyone not know what will. It may kill us more than cure us in long run.

The advantages of quitting are innumerable. Now before the “it is my right to smoke if I want to” argument comes tumbling out of mouths, may I ask a simple question? Does anyone have the “right” to get behind the wheel of car after a couple of drinks? Driving impaired is against the law because of the public danger it poses. Exposing others to your tobacco toxins is exactly the same thing. The only difference is the tragic immediate effects of drunk driving. The drunk driver who kills a family of four makes great news copy, but the husband of 26 years who dies in your arms barely able to breathe doesn’t sell papers.

Living with HIV/AIDS is NOT just about taking pills on a regular basis. It is about life — pure and simple. None of us are perfect or even close to it. However, the “pill only” mentality of staying alive and well with HIV/AIDS may kill us more than cure us in long run.

So, if you smoke or love someone who does, think about your T cells taking a nose dive because of nicotine addiction. I hope that that makes everyone choose just a little. Richard S. Ferri is a writer, editor, commentator, HIV advocate, and medical clinician. His blog is posted on www.POZ.com

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Eric Watts

It was late December and the weather was almost as miserable as I was. Standing outside of my office building, the smoke I exhaled was indistinguishable from my foggy breath. I wasn’t there, on a cigarette “break,” because I wanted to be. I was there because I was compelled to be.

Why was I there? Why was I doing this to myself? I was coughing up green phlegm every morning. My breathing had a slight wheezing to it. If I had ever had a good reason for starting to smoke, I’d be daggone if I could think of it at that moment. All I could think of right then was that I was no longer in control of my actions.

When I finished my cigarette, I crushed the butt with my heel until the filter was reduced to wisps of cotton fibers. I went back inside with my cravings temporarily satisfied, my health further jeopardized and my self-esteem further diminished.

It’s not like I hadn’t tried to quit. I tried switching to the “ultra light” cigarettes. I tried smoking only half a cigarette. I tried smoking only with a beverage. The funny thing was, all of these attempts to quit smoking curiously involved still smoking! I finally realized that the only way I was ever going to be able to stop smoking for good was to simply just not put a cigarette in my mouth … ever again.

Now, it’s been over ten years since I smoked my last cigarette. The cravings for nicotine finally subsided after twelve weeks. My lungs eventually cleared up so I no longer coughed up phlegm every morning. I could once again taste foods and smell fragrances that had long been denied to my senses. And I found myself saving about a hundred bucks a month.

The advantages of quitting are innumerable. But nicotine is an addictive drug, and breaking any addiction is always difficult, often ugly and occasionally dangerous. An International Association of Physicians in AIDS Care survey reported that more than one-half of HIV-positive people reported smoking, twice the proportion of smokers in the general population. And, of course, the HIV-positive population is at a much greater risk for developing health problems such as cancer and heart disease.

Quitting may very well be the hardest thing you’ve ever done, but if I can do it, I know you can, too. Good luck! Live Long and Prosper!

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Pack Your Toolbox

Laura Wilhelm, PhD

If you needed to fix your dishwasher, would you rely on a wrench as your only tool? Probably not. You would need more than one tool to accomplish the task.

When it comes to stopping smoking, building an effective “toolbox” is essential. An invaluable tool—maybe the first one to “pick up”—includes a list of your short-term and long-term reasons for continuing to smoke and for quitting. You might think you know the pros and cons of smoking; however, writing them down can be a powerful motivator for re-examining behavior.

If you want to quit smoking, useful tools include your thoughts and behaviors. It’s important to understand that these control your emotions and actions. Smoking is maintained by the following types of connections:

Thought
- I can’t stand not having a cigarette.
- I can’t stop smoking.
- I’m too weak to quit.
- I can’t cope without cigarettes.

Feelings
- Anxiety, irritability, discouragement, restlessness.

Behaviors
- Go to convenience store.
- Buy cigarettes.
- Smoke cigarettes.

Sound familiar? Many people are in the habit of thinking in very negative ways about the role of smoking in their lives. When you challenge your old way of thinking, you can learn to react in a new, healthier way. How? By practice, repetition, and rehearsal. Here are some examples of irrational beliefs and rational alternatives.

Irrational Beliefs
1. I want to smoke as much as I want, but it’s worth it to quit.
2. If I smoke again, I’m a failure.
3. This urge is so strong— I can’t stand it.
4. My doctor has told me that quitting now will benefit my health and my family.
5. I want to smoke as much as I’d like.
6. I can learn other ways to manage my stress besides smoking.

Rational Beliefs
1. I wish I could smoke as much as I want, but it’s worth it to quit.
2. I had a slip— it was a mistake, I can get back on track.
3. I don’t like this feeling, but it will pass.
4. My doctor has told me that quitting now will benefit my health and my family.
5. Life without smoking would be uncomfortable at first, but I’d adjust.
6. I can learn other ways to manage my stress besides smoking.

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Just the facts

Yvonne Lane, RN

FACT: HIV-positive individuals are living longer and more productive lives mainly due to new antiretroviral medicines.

FACT: As survival time increases, so does the risk of cancer. Anal and cervical cancer, and lung, head and neck cancer are all more prevalent among HIV-infected smokers when compared to non-infected smokers.

FACT: When you quit smoking, your body immediately begins to recover. Within –
- 20 minutes – Heart rate and blood pressure drop; temperature of hands and feet increases.
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Quitting smoking at any age is worth it to quit.

• Pick a relatively stress-free time to quit (not right before the holidays).
• Tell family and friends that you plan to quit and ask for their support.
• Stop smoking at home, in the car, and other places where you spend a lot of time.
• Talk to your doctor about nicotine replacement therapy.
• On or before your quit date, get rid of cigarettes, ashtrays, lighters, and other smoking paraphernalia.
• Change your usual routine and avoid activities (such as drinking coffee) that you associate with smoking.
• Eat regular meals, since hunger can trigger the urge to smoke.
• To satisfy oral cravings, chew toothpicks or sugarless gum, or eat low-calorie snacks.
• When a craving strikes, try to delay smoking for at least 10 minutes, as the urge will often pass.
• Get more exercise.
• Try stress reduction methods such as meditation.
• Find activities or hobbies that cannot be done while smoking.

Nicotine is habit forming. Half of the battle in quitting is knowing you need to quit. This knowledge will help you be more able to deal with the symptoms of withdrawal.

There are many ways smokers quit, but none are easy. Nearly all smokers experience nicotine withdrawal. Give yourself a month to get over these feelings. Take quitting one day at a time, whatever you need to succeed. You’ll feel better, live longer and have more money in your pocket!

Lane, one of the earliest nurse advocates for compassionate care for HIV/AIDS patients in our area, has been a member of the Ryan White Program’s care team since its conception.

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Behaviors
Go to convenience store. Buy cigarettes. Smoke cigarettes.

Feelings
I can't stand not having a cigarette. I can't stop smoking. I'm too weak to quit. I can't cope without cigarettes.

Sound familiar? Many people are in the habit of thinking in very negative ways about the role of smoking in their lives. When you challenge your old way of thinking, you can learn to react in a new, healthier way. How? By practice, repetition, and rehearsal. Here are some examples of irrational beliefs and rational alternatives.

Irrational Beliefs
1. I want to smoke as much as I'd like.
2. If I smoke again, I'm a failure.
3. This urge is so strong—I can't stand it.
4. I've smoked so much that I've ruined my health and I'll die from smoking anyway.
5. Life without smoking would be intolerable.
6. I'll go crazy if I try to quit smoking.

Rational Beliefs
1. I wish I could smoke as much as I want, but it's worth it to quit.
2. I had a slip—it was a mistake, I can get back on track.
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Developing, writing, and rehearsing healthier self-statements are important ways to strengthen beliefs that help you stay away from nicotine. Given the highly automatic nature of smoking for most smokers, written reminders or recorded audiotapes/CDs with realistic coping statements and reasons to abstain from smoking can be very useful. Any message that encourages you to "STOP and THINK" before lighting a cigarette is valuable. Remember that you can be successful using the tools that work for you.

Wilhelm is a psychologist and member of the Ryan White Program's care team.

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• 8 hours – Carbon monoxide level in blood returns to normal.
• 24 hours – Heart attack and stroke risk begin to decline.
• 48 hours – Taste and smell improve.
• 72 hours – Breathing is easier and withdrawal symptoms become less severe.
• 2 weeks to 3 months – Walking is easier and lung capacity improves as much as 30%.
• 1-9 months – Breathing and activities become much easier.
• 1 year – Risk of coronary heart disease falls to half that of a continuing smoker.
• 5 years or less – Stroke risk decreases to that of a person who has never smoked; lung cancer risk begins to drop.
• 10 years – Risk of death from lung cancer falls to half that of a continuing smoker; risk of other types of cancer declines.
• 15 years – Risk of coronary heart disease falls to that of a lifelong nonsmoker; overall risk of death nearly equals that of a person who has never smoked.

Quit Tips:
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