

Mr. Oswald

ECHO



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Quit smoking? Why not now?

Smoking is the greatest preventable cause of death and disability in the world. There are an estimated 1.2 billion smokers worldwide. Deaths from smoking are projected to increase to more than 10 million a year by 2030, by which time 70% of deaths will be in developing countries. Smoking increases the risk of dying of a heart attack by 60%; it is responsible for 30% of all cancer deaths, among which lung cancer tops the list. Some smoking effects are immediate and some take longer – a silent enemy and a killer!

The greatest thing about giving up smoking is improving your health and saving your own life - and those around you. Stopping smoking has substantial immediate and long term benefits for smokers of all ages. There is an improved quality and quantity of life not only for those who stop smoking but also for those living with smokers.

However, *giving up cigarette smoking is difficult*. Nicotine, the addictive element of smoking, triggers the release of *dopamine* in your brain and gives you an overall good feeling and leads you to continue to want to smoke. The smoking habit is the other element that makes quitting so difficult. You give up not only the cigarettes but you are also discontinuing a routine that has been a part of your everyday life. It becomes an uphill journey and has more risks of failures if you quit without any assistance.

Choosing to quit is in itself a great achievement because it implies that you are ready to take on a challenge. Even if there were to be a relapse and you smoke again, you should not get discouraged but try again because failures in the past bring you to more and better strategies to cope up with quitting the next time.

There are 5 myths and facts about quitting smoking as published by the U.S. Public Health Service, Centre for Tobacco Research and Intervention:

Myth 1: Smoking is just a bad habit.

Fact: Tobacco use is an addiction. According to the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, nicotine is a very addictive drug. For some people, it can be as addictive as heroin or cocaine.

Myth 2: Quitting is just a matter of willpower.

Fact: Because smoking is an addiction, quitting is often very difficult. A number of treatments are available that can help.

Myth 3: If you can't quit the first time you try, you will never be able to quit.

Fact: Quitting is hard. Usually people make two or three attempts, or more, before being able to quit for good.

Myth 4: The best way to quit is "cold turkey."

Fact: The most effective way to quit smoking is by using a combination of counselling and nicotine replacement therapy (such as the nicotine patch, inhaler, gum, or nasal spray) or non-nicotine medicines (such as *Bupropion SR*). Your health care provider or smoking cessation clinic is the best place to go to for help with quitting.

Myth 5: Quitting is expensive.

Fact: Treatments cost from \$3 to \$10 a day. A pack-a-day smoker spends almost \$1,000 per year.

The Medical Service offers individual counselling and smoking cessation classes. Help is offered in the form of group support, instructions on usage of Nicotine Replacement Therapy (NRT), behavioural suggestions, handouts and relaxation techniques. It is an hour per week session of 6 weeks.

14 people registered for our last class. 4 succeeded in quitting and among them is Mr. Oswald Walser.

The following is Oswald's story before, during and after quitting smoking.

My experience in giving up smoking

My name is Oswald Walser and I have been employed in a challenging supervisory position with BMS since October 2004. I have been a smoker



Oswald Walser

since age 15. Initially I smoked approximately one pack per day, sometimes a little more and during the last 10 years of my 38-year-long "smoking career" I smoked 60 cigarettes per day, rarely less.

Finally a non-smoker?

I quit smoking on Wednesday 19th January, 2005. Up to that day I never would have thought or believed that I could quit. I was so addicted that my life was a ritual around my 'cigs'. In this report I would like to explain what I experienced coming off nicotine and I would like to encourage those who are still addicted to quit or at least to give it a try.

To live with addiction

Before quitting, my life revolved around cigarettes from dawn to dusk and it was of utmost importance to never run out of cigarettes. If I ever did run out, no effort was spared, no distance was too long to replenish the supply. In short: nicotine addiction controlled my life.

The decision

Gerhard Sekyra, my colleague, returned from Medical Service where he had his medical check up in connec-

tion with the asbestos removal and said that one of the nurses had asked him whether he wanted to join the “Quit Smoking Group” with this goal in mind. Gerhard asked me whether I would go with him. While enjoying a sublime cigarette I thought: “Why not, I have never tried it, what could happen? How long will I stand it without cigarettes, even if I could smoke at any time....? I should test it. If it doesn’t work, well, then I’ll just keep smoking...!”

“Yes”, I said, “let’s give it try”, and I asked Gerhard to sign me up as well.

This was my attitude when I went for the first meeting to Medical Service. Of course, just before going, I quickly smoked a cigarette, the class could take quite a while...! After a friendly greeting by Dr. Doherty who wished us a positive experience and success in quitting, nurse Lucy asked me to blow into the “Smokelyser”. The light indicator raced up to maximum – **reading greater than 50 ppm** (this means: maximum carbon monoxide in the respiratory air). What a shock – for Lucy and for me!

Also the other participants thought this value “unbelievable”. Erla, the second nurse of the team, demonstrated and explained how to use the quit smoking aids. At the end of the session Lucy and Erla invited us to quit smoking by the 19 January 2005 (Appointment for the second session). Thank God, I still had one week!

Life without cigarettes!?

19th January 2005 and not a day earlier – that’s what Gerhard and I agreed upon. After breakfast coffee and a few cigarettes, we’ll quit!? ...now the time had come. I extinguished my last cigarette, placed the half-used package in my bag, stored the ashtray in my cabinet and applied a nicotine plaster (Niquitin CQ 21mg 24 hour) to my upper arm. Then I waited for things to happen and to find out how long I would hold out.....! Nothing happened! No physical withdrawal symptoms. It was unbelievable, no problems during the first day....! Now I believe that the talk about withdrawal symp-



Nurses Erla and Lucy with Oswald (the three authors)

toms is a ploy of the smokers to justify continuing smoking. This is crazy, I am still waiting.... NOTHING!!!

Non-smokers are cool

There is a general image of smokers being really ‘cool’. This was the image that led me to start smoking 38 years ago. Actually, the opposite is true. Have you ever watched a smoker, how he carefully gauges his environment to find out whether it is ok to smoke? The way he takes a cigarette out of the pack with trembling fingers and lights it in a bashful way? I shouldn’t continue mocking smokers but today smoking has an abominable image. Non-smokers are the cool people.

Non-smokers have more time

What a gain in time not to have to drive around in a desperate search for cigarettes and not to have to interrupt your work or hobby because it’s time for a smoke.

Why am I writing this?

I enjoyed writing this report and thus also would like to thank Erla Erlingsdottir and Lucy Boschitsch-Bron. I am proud that I can cope with my life **free of nicotine**, although some people do not or cannot believe it. I believe: **I really succeeded!!**

For support and advise, please contact Lucy Boschitsch-Bron (l.boschitsch-bron@iaea.org, x 22224) or Erla Erlingsdottir (e.erlingsdottir@iaea.org x21594).

