

Breaking Addiction Through Self-Discipline, Heart Protection, Mental Wellness, and Lifelong Prevention of Smoking and Alcohol Abuse

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Abstract

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Maintaining good health and preventing catastrophic ailments, particularly those affecting the heart and lungs, requires abstaining from alcohol and tobacco. Smoking lowers oxygen levels, destroys blood vessels, and raises the risk of cancer, heart disease, and stroke. Excessive alcohol use can weaken the heart muscle, cause liver damage, and raise blood pressure. Adopting a healthy lifestyle by abstaining from these detrimental behaviors raises life

expectancy, improves mental health, and increases physical fitness. Reducing reliance on alcohol and tobacco in order to create a healthier society requires public awareness, education, and responsible individual decisions.

Keywords: Addiction Control, Heart Health, Self-Discipline, Mental Well-Being, Lung Protection, Disease Prevention, Stress Management, Risk Reduction, Awareness

Introduction

The majority of individuals with alcohol use disorders are dependent on both alcohol and nicotine, and using both drugs together is more detrimental to one's health than using just one. (Cross et al., 2017). Although studies show that alcoholics can stop smoking, there have been mixed findings about whether stopping smoking is linked to an increased chance of relapsing into alcohol consumption. This article's goal was to use data from Project MATCH to investigate the connection between alcohol consumption and quitting smoking. 160 (12%) of the 1,307 people who smoked at any point throughout the research gave it up. Those who stopped smoking drank less alcohol than those who kept smoking (Asher et al., 2003). Additionally, individuals who stopped smoking demonstrated a notable decrease in alcohol intake at the time of stopping, which persisted for six months (Tsoh et al., 2011). These results imply that individuals who are motivated to stop smoking and are receiving treatment for alcohol use disorders can be encouraged to do so safely without endangering their sobriety. With current smoking rates ranging from 60% to 95%, the majority of individuals with alcohol and drug use disorders are also nicotine dependent. Additionally, they frequently smoke heavily. Co-use of alcohol/drugs and tobacco seems to be more detrimental to health

than use of any one substance, and high smoking rates are likely to continue following treatment for substance misuse. Numerous studies show that pharmacological and behavioral therapies for quitting smoking are beneficial for those receiving treatment for substance use disorders (Knudsen et al., 2017). Smoking cessation rates, which range from 1% to 13% one year following therapy, are often lower than those in the general population. Professionals who treat substance misuse are frequently reluctant to advise their patients to quit smoking, despite the risks of continuing to smoke and the knowledge that recovering patients can do so. According to certain study, smoking cigarettes both during and after treatment may have an impact on alcohol-related outcomes. For a number of reasons, they encourage alcohol consumption and maybe relapse. For instance, regular use of alcohol or drugs while smoking can cause conditioning processes (i.e., cross-reactivity) that lead to the use of another substance. Millions of people worldwide are impacted by the closely connected practices of alcohol intake and smoking. There is little evidence in China, but studies conducted in Western nations indicate that alcohol intake among smokers makes quitting more challenging and that reducing alcohol consumption is especially crucial for quitting. In order to determine the prevalence of smoking, alcohol use, and co-smoking as well as to investigate how quitting smoking helps co-smokers quit drinking, we carried out a cross-sectional study. In Shanghai's Song Jiang District, 36,698 people who were at least 18 years old were surveyed in 2016 and 2017. Participants were classified as nonsmokers and smokers (current and former smokers), as well as non-drinkers and drinkers (current and former drinkers), using a questionnaire designed to gather data. The differences were examined using weighted logistic regressions with SAS software. There is no threshold for a lower risk of all-cause mortality, and the combined detrimental health effects of alcohol and tobacco use are significant, according to a recent study published in *The Lancet* that examined 599,912 habitual drinkers in 83 prospective studies.

Alcohol and nicotine probably have a synergistic impact, and smoking and alcohol consumption especially excessive consumption have a multiplier effect. The combined effects of nicotine and alcohol present a markedly increased risk of oral, pharyngeal, laryngeal, and esophageal malignancies as well as changes in brain morphology and function when compared to individuals that simply smoke, drink, or

neither smoke nor drink. China has a long history of substance abuse, including alcohol and tobacco, and a rich cultural heritage(Dikötter et al.,2002). In China, 34% of people drink alcohol, which is often seen as a symbol of joy and celebration.However, the Chinese government has mostly disregarded the negative health effects of alcohol use, including violence, accidents, and, most importantly, chronic illnesses(Li et al.,2015). Tobacco is another drug that is frequently used in China, along with alcohol. According to the 2010 Global Adult Tobacco Survey (GATS), 300 million adults in China regularly smoke, and tobacco use is responsible for almost one million fatalities each year. In China, there is a considerable burden of disease due to the high incidence of alcohol and tobacco use. Regular drinking and smoking raise the risk of liver and lung cancer. The first cigarette is when the body starts to suffer harm. Alcohol is not totally beneficial to the heart, despite what some people think(Whitman et al.,2015). Although there are some natural antioxidants in red wine, they are not very abundant, and the dangers of alcohol exceed the advantages. Drinking too much alcohol can result in unsafe behaviors including driving while intoxicated, low productivity, and even violent conduct. Nicotine exposure has been shown to increase alcohol dependence in a study by the Scripps Research Institute in the United States. This explains why drinking and smoking frequently go hand in hand(Shiftman et al.,1994). Put another way, it's a vicious cycle where drinking alcohol encourages smoking and vice versa.

Addiction Control

There is no indication that a person can truly recover from addiction once they become dependent, and the addiction is likely to follow them for the remainder of their life. As a result, when an addict stops using drugs, they are typically not regarded as "cured" or "recovered," but rather as abstaining. This illustrates the premise that although the addiction persists, it is not evident because the individual is no longer abusing the substance. The desire to use it, or the motivational drive to do so, might still be strong. Addicts who abstain are therefore quite likely to relapse.The stipulation in addiction treatment programs that the addict never use the substance again stems from the fact that a single drug use can restart the maintenance phase in an addict who may have been abstinent for years. The connection between classical conditioning and drug use is highlighted by the fact that relapse is motivated by the person's cravings, which can be

brought on by stress or by being around people, things, or circumstances connected to prior drug use. Drug addiction, or dependence as it is more scientifically known, is the compulsive use of a chemical substance (the drug) for non-medical or non-nutritional purposes. The addict believes they are compelled to consume drugs rather than having any control over it.

To the detriment of survival-related behaviors like eating or drinking water, their lives are generally centered around obtaining and using the drug, and they frequently take part in dangerous or illegal activities to feed their addiction. Addicts frequently get tolerant to the substance, requiring higher dosages to have the same effect. Drug usage and misuse should be separated from drug dependence. The term "drug use" describes the use of the substance in modest quantities, comparatively seldom, and most importantly without negatively affecting relationships or day-to-day functioning. For instance, people frequently enjoy a drink with friends or a glass of wine with a meal. If drug use increases to the point of excessive or regular consumption, interfering with day-to-day activities or interpersonal interactions. However, it is referred to as drug misuse when there is no coercion. As was already established, drug dependency and drug abuse are similar in that the addict feels powerless to decide whether or not to use the drug, and their intake is compulsive.

The four primary phases of drug addiction initiation, maintenance, withdrawal, and relapse are probably caused by several mechanisms. The initial phase, known as initiation, is when a person takes the drug for the first time. The enjoyable feeling (hedonic impact) that comes from using drugs, managing stress, social pressure and the need to fit in, or just trying new things are the primary variables that influence commencement. Many people never use drugs above this point, and their choice to use or not is fully aware. However, a person enters the second stage maintenance when they become reliant or addicted. At this point, the person feels compelled to use the substance rather than having control over their decision to do so. Due to a process known as sensitization, the maintenance phase might last longer and is frequently accompanied by a growing desire to use the medication. However, taking the medicine seldom results in a concurrent rise in hedonic effect; rather, it frequently causes a drop in hedonic impact and may even make the drug unpleasant. More crucially, subsequent

studies have highlighted the essential role of dopamine in producing the behavioral impact while also providing a more detailed description of the mechanism that stimulates the lever-pressing response. It is crucial to remember that the brain regions that facilitate self-stimulation have very precise anatomical locations; animals will not self-stimulate if the electrodes are positioned outside of these specific areas (Martins et al., 2020).

Heart Health

Tobacco use, poor eating, inactivity, and excessive alcohol intake are the main behavioral risk factors for heart disease and stroke. Air pollution is one of the major environmental risk factors. High blood pressure, high blood sugar, high cholesterol, being overweight, and obesity are all consequences of behavioral risk factors. These "intermediate risk factors" show a higher risk of heart attack, stroke, heart failure, and other consequences and can be tested in primary care settings. It has been demonstrated that quitting smoking, cutting back on salt, eating more fruits and vegetables, getting regular exercise, and abstaining from dangerous alcohol consumption all lower the risk of cardiovascular disease. To encourage people to adopt and sustain healthy behaviors, health policies that enhance air quality and reduce pollution, as well as those that create environments where healthy options are available and affordable, are crucial. Rheumatic fever-induced inflammation and scarring of the heart muscle and valves leads to rheumatic heart disease. Children in poor nations, particularly those with high rates of poverty, are the main victims of rheumatic fever. Low- and middle-income nations account for about 80% of cardiovascular disease (CVD) deaths globally. Although many nations' health systems need substantial investment and reorientation to successfully treat cardiovascular disease, the key to lowering the condition is to include therapies for its management in universal health care packages. Over the course of a lifetime, the heart pumps millions of liters of blood to every region of the body through about 2.5 billion beats. Numerous vital cells as well as oxygen, energy, hormones, and other substances are transported by this continuous flow. Additionally, it eliminates waste from metabolism. Some vital functions cease nearly immediately when the heart stops beating. It's amazing that the heart works so

effectively, for so long, and in so many individuals given its continuous workload(Mommersteeg et al.,2009).

Self-Discipline

As a essay : "I blinked a few times before realizing that the combination of anesthetic and painkillers I had been taking for the previous two weeks since walking on the homemade explosive device was preventing me from fully focusing. I looked at the clock on my room's distant wall. My regular physical therapy appointment is ten minutes away. Recalling the agony and strain of yesterday's session, I sighed. I was fatigued after only being able to raise the stumps of my legs off the bed for a few sets of ten repetitions. In addition, one of the most excruciating things I can recall was relocating the stumps. I started to mentally get ready for the session as I gently sat up in bed.

It was a little challenging to sit up because I was still feeling lightheaded from the combination of drugs. As was to be expected, I waited for my therapists to knock on the door and enter. I examined my stumps. I questioned whether I could complete the session by myself. After all, I was familiar with the workouts' structure and repetition. However, I was worn out. My stumps hurt a lot. Furthermore, I was certain that there had to be a valid explanation for the physical therapists' delayed arrival. "Guess I have the day off." I grabbed the TV remote across the room and began watching Seinfeld, my post-physical therapy ritual. I reached for it and aimed it at the television.I paused. Nearly everyone wants to make improvements in at least one area of their lives something they wish to improve in order to get closer to the life they want. However, people frequently choose to pass up that enhancement and the better life it would offer. When they consider honing that ability, their thoughts are concurrently overflowing with arguments against it. They're too worn out. They can hold off till tomorrow. They lack the necessary tools. They're short on time. They just don't give a damn about that ability. All too frequently, these factors weaken them and cause them to become accustomed to the status quo. This loop can only be broken in one way.Discipline is a force strong enough to resist the constant arguments against trying.I inhaled deeply while pressing the mattress' remote control. I recalled talking to my mother the day before about how much I wanted to be able to walk in my wheelchair and get out of bed by myself. I set the remote control down on the bedside table. I removed the blanket off my right leg.

With a frown, I got up. We're terrified of suffering. We are terrified of seeming unflattering to others. We're scared of being noticed. The repercussions of attempting and failing terrify us. These intangible anxieties lead us to fabricate concrete justifications for choosing the simple route, which carries no risk of discomfort, embarrassment, or temporary failure. We set restrictions on ourselves for these reasons".

As a result: the discipline we employ to get beyond these constraints must likewise originate ourselves. It needs to be self-control. Just as no one can make be disciplined, no one can make practice the guitar. Self-imposed discipline is necessary. They live their own lives. I didn't have my physical therapists in my room to make me perform my workouts. They couldn't have made me do the work even if they had. They couldn't have made me offer my all. They left for their homes after the session, and I returned to my own. My situation didn't improve either. The team's goal won't be achieved if it gets careless, disregards protocols, or lowers the caliber of its work.

In the end, others associated with that team will also suffer. However, the team's purpose will succeed if it maintains discipline, works overtime when needed, upholds the standard of quality even when it means working more, and follows processes even when it's less convenient. Additionally, the business, their families, and their communities will gain".

This section explains the meaning and significance of self-discipline by exploring its definition and conceptual context. A key ability that helps people control their behavior, make wise choices, and accomplish their objectives is self-discipline. The conceptual framework provides a fuller grasp of the intricacy of self-discipline by outlining the fundamental ideas and elements that support it. This essay seeks to provide the foundation for a thorough examination of self-discipline's importance and tactics by providing a firm grasp of the concept from the outset. This part offers a concise and educational overview of the subject of self-discipline and acts as a foundation for additional analysis (Jung et al., 2017).

Mental Well-Being

Health systems are still underfunded, and there are large inequalities in treatment access around the globe, despite the fact that many mental health illnesses may be adequately treated at a comparatively modest cost. Although risks can occur at any time of life, they

are extremely dangerous when they happen during delicate developmental stages, notably in early childhood. For instance, bullying is a significant risk factor for mental health illnesses, and strict parenting and physical punishment can harm children's health. Additionally, protective variables arise throughout our lives and aid in the development of resilience. Individual social and emotional competencies, constructive social interactions, access to high-quality education, respectable employment, secure surroundings, and solid community links are some of these. Mental health risks and protective variables appear on several scales. While some people may be impacted without any identified risk factors, many who are exposed to risk factors never experience a mental illness. By addressing its structural, societal, and individual aspects, promotion and preventative initiatives seek to enhance mental health. Individuals, particular groups, or entire populations can all be targeted by interventions. Effective promotion and preventive initiatives necessitate intersectoral cooperation since many determinants are located outside the health sector. The fields of social welfare, housing, transportation, education, labor, justice, and the environment are all crucial. Another priority is to support children's and teenagers' mental health. Policies and laws that safeguard mental health, caregiver assistance, educational initiatives, and enhancements to online and community settings are all effective strategies. At all income levels, school-based social-emotional learning initiatives are particularly successful.

Legislation and regulation, labor regulations, management training, and focused treatments for employees can all assist mental health in the workplace, an area of increasing attention (Cerin et al., 2009).

Lung Protection

By enrolling as many lung units as feasible and offering mild ventilation, lung-protective ventilation seeks to protect the lungs. A serious and sometimes fatal pulmonary response to a variety of traumas that result in hypoxia is acute respiratory distress syndrome (ARDS). Diffuse pulmonary inflammation, hypoxemia, and respiratory distress are the hallmarks of this catastrophic lung injury. Despite early and intensive treatments, its death rate is still between 30% and 50%. The majority of survivors experience nearly full recovery of lung function within 6 to 12 months, regardless of the severity of the lung injury. Even with artificial breathing, blood oxygen levels can be dangerously low.

There is strong evidence that alveolar collapse in the absence of PEEP and severe alveolar distension with large tidal volumes cause progressive lung parenchymal injury. Ventilator-induced lung damage, a cytokine-induced inflammatory response, seems to be the cause. High tidal volumes (TV) and pressures were common in the 1970s, and hypocapnia was the only known adverse impact. The idea of "lung rest" gained traction in the 1980s after the detrimental consequences of high pressure/volume ventilation were shown. In order to treat the sick lung more gently, lower tidal volumes were used more frequently in the 1990s. According to studies, there are three significant prognostic markers for ARDS patients receiving lung-protective therapies. The most important prognostic markers were the driving pressures (plateau pressure-PEEP) and the mean PEEP (positive end-expiratory pressure) employed during the first 36 hours. The significance of other respiratory factors was secondary. Improved survival was independently linked to lower driving pressures and higher PEEP values. We interviewed nearly a dozen people in-depth for this piece who were well-versed in the debate, the many perspectives on ARDS, and the optimal course of treatment.

It's possible that this experimental approach did not provide the best protection against barotrauma for a sizable percentage of individuals treated with the lung-protective strategy. The benefits of recruitment maneuvers and higher PEEP levels for some may have been offset by harm to others, especially among the relatively small number of patients exposed to higher plateau pressures in the airways, according to recent computed tomography evidence supporting this theory. We advise employing volume-controlled/assisted mode for mechanical ventilation in accordance with the early application of the lung-protective strategy after determining the underlying etiology of ARDS. During lung-protective therapy, the use of sighs can enhance oxygenation and lung recruitment. Lung recruitment increased when three sighs per minute were introduced at a plateau pressure of 45 cm H₂O (Schreiber et al., 2012).

Disease Prevention

The term "Primary Prevention" refers to measures taken to prevent the onset of a disease (this may include actions to improve health by modifying the impact of social and economic determinants of health; information on behavioral and medical health risks, along with advice and measures to reduce them at the personal and community

levels; nutritional and dietary supplements; education in oral and dental hygiene; and preventive clinical services, such as immunization and vaccination of children, adults, and the elderly, in addition to immunization or post-exposure treatment for those who have been exposed to a communicable disease). There is a lot of overlap between the goals of disease prevention and health promotion. Interventions to prevent disease and harm are part of health prevention. For preventative health programs to have the greatest possible impact, accurate health statistics are essential. This exercise explains the many stages of prevention and emphasizes behavioral and lifestyle changes as important ways to lower the risk of illness. Underlying, susceptible, subclinical, clinical, and recovery/disability/death are the five phases of a disease's natural history. Targeted interventions are made possible by the classification of corresponding preventive health measures into similar stages. Primary, secondary, and tertiary prevention are some of these preventative strategies. Gordon provided a clear and useful framework for organizing public health initiatives by characterizing these conventional stages of preventive as prevention, treatment, and rehabilitation. Primordial prevention is a fourth category that has been added in recent decades. By lowering risk and minimizing the consequences of an existing sickness or injury, these tactics work together to prevent the start of disease. By addressing socioeconomic and environmental factors, primordial prevention aims to reduce health effects before they have an impact.

At the institutional or governmental level, these risks can be reduced by limiting access to hazardous and dangerous chemicals or by teaching people how to prevent negative health effects. By pricing tobacco products or outlawing the promotion of these dangerous substances, governments successfully lower these health risk factors. For instance, a decline in tobacco consumption was linked to a drop in tobacco advertising in Hong Kong. Primary prevention education programs have been greatly expanded in several parts of continental Africa.

Countries that receive preventive education on particular diseases differ significantly from those that do not. Childhood education on important subjects like nutrition, exercise, and prevalent diseases has been statistically shown to enhance cardiovascular health in younger populations and lower the chance of getting more

serious conditions as adults. These results show how preventive childhood education may have an impact (Franco et al., 2011).

Stress Management

A balanced existence with time for work, relationships, leisure, and enjoyment is the ultimate objective, along with the capacity to tolerate stress and overcome obstacles head-on. Short-term, transient stress is known as acute stress. Both positive and bad outcomes are possible.

Stress rashes frequently manifest as hives, which are pink or discolored welts. On the surface of the skin, hives form and become irritated. People in their 20s, 30s, and 40s are most frequently affected by stress rashes, which are more common in women. But anyone can be impacted by them. Antihistamines can be used as a treatment, just like for other kinds of hives. However, stress management is also crucial. Numerous things can cause stress, which is the body's response to change or a challenge. Stressors can be either good or bad. They acquire the ability to change their reflex programming, moving from reflexive or future-focused reactions to more measured, adaptive responses with more present-moment awareness. There is a wealth of data in the literature that suggests people can increase their capacity to completely integrate emotions, thoughts, and sensations as they arise by practicing mindfulness. MBSR interventions have been modified for a variety of individuals, including healthy college or medical students as well as those with chronic or crippling medical illnesses. Better stress management and changes in physiological and psychological processes related to health outcomes have been shown in randomized controlled studies using MBSR therapies. There are several different effective stress-reduction strategies. They can include tactics that enhance cognitive and emotional performance, but they typically involve actions that enhance physical health, such as diet and exercise.

Many health and epidemiology researchers have recently shown a great deal of interest in the mindfulness-based approach to stress reduction. Focused awareness of one's own experience and an intentional, nonjudgmental focus on the present moment are the definitions of mindfulness, a term that has its roots in Buddhist teachings. Participants in structured programs, like the Mindfulness-Based Stress Reduction (MBSR)

program, can learn body scanning techniques, breath meditation, and mild physical exercises inspired by yoga (Gorman et al., 2012).

Risk Reduction

The development of preventive harm reduction techniques is necessary because of the recurrent pattern of drug use and the vast spectrum of significant infectious and medical repercussions. Instead of encouraging injectable drug use, harm reduction aims to reduce the number of adverse events related to this practice. It is predicated on the basic idea that injectable drug use is a chronic and recurrent illness that may be treated in ways that minimize harm to both the user and others, even though it may not be cured in the individual or eradicated from society. While total drug abstinence is still a commendable aim, many users find it more feasible to cut back on their usage and switch to safer injection techniques until they reach abstinence. Certain safe injection locations, needle exchange programs, and addiction treatment programs have successfully integrated harm reduction techniques. Strategies for harm reduction include a number of useful elements. Preventing injection-related infections requires education and the provision of drug paraphernalia (such as syringes and needles) for more hygienic injection practices. These programs frequently incorporate HIV/AIDS education, condom distribution, and referral to or participation in various addiction medical and social treatment services, in addition to sharing or distributing injection equipment. Programs for harm reduction emphasize steps college students can take to lessen their vulnerability to victimization. They usually target potential victims rather than offenders and contain information on self-defense, rejection techniques, and alcohol and drug usage. These initiatives have come under fire for putting an excessive amount of the responsibility for preventing violence on potential victims. However, supporters contend that other strategies presume that sexual violence can only be prevented by offenders, whereas potential victims can actually empower themselves to lower their risk of assault by taking action when they sense danger. Significantly, harm reduction programs' content has evolved over time. Affirmative consent has started to be emphasized in refusal skills programs. Furthermore, self-defense tactics have recently seen a rebirth backed by claims of their efficacy, despite the fact that they were formerly believed to promote victim-blaming. In particular, some programs provide

pharmacological and medical care on-site, which lowers the number of drug injectors who utilize emergency services. Promoting preventative therapies to enhance harm reduction can be achieved by offering primary care services associated with substance dependence therapy. People who inject drugs should be routinely screened for syphilis, latent Mycobacterium tuberculosis infection, hepatitis B and C, and other STDs in this and all other clinical settings, in addition to receiving HIV therapy and preventing consequences. Vaccinations against pneumococcus, influenza, tetanus, hepatitis A and B, and, if necessary, tuberculosis prophylaxis should be made available to them. Reducing or preventing illegal drug use, minimizing the significant medical effects of drug misuse, and eliminating drug misuse and its underlying causes should be the ultimate goals of harm reduction initiatives. There is little likelihood of reducing the spread and effects of HIV infection in this community and allied communities without success in this area. Secondary HIV prevention can also involve doctors and other healthcare professionals. Compared to a control group, doctors' brief interventions five minutes or less during HIV consultations have been linked to a decrease in HIV-risk behaviors. This intervention uses aspects of motivational interviewing and is based on the information, motivation, and behavioral skills paradigm for behavior change. However, professionals must be properly trained in order to administer such approaches. In methadone and other drug treatment settings, various interventions that target HIV-positive injecting drug users have been successfully implemented, lowering the chances of HIV transmission through both sexual and injectable drug use (Mitchell et al., 1996).

Awareness

The degree to which a subject is aware of the stimulus that starts a process, how the process operates, and/or its result is referred to as consciousness. This is more of a metaphysical than a scientific question in the current state of the brain and psychological sciences. From a methodological standpoint, however, it is possible to determine unconscious functioning by determining if changes in a subliminal stimuli impact brain activity. The reasoning behind the experimental design is the same as that of behavioral research using subliminal stimuli. To prove that the subliminal stimulus caused an unconscious process, the researcher does not, however, rely on assessing a behavioral outcome (such as reaction delay or recollection), in contrast to behavioral

investigations. Alternatively, unconscious processing can be established via brain activity measurements for instance, the amygdala's sensitivity to changes in emotional expression or the significance of faces presented subliminally has been noted in a number of functional magnetic resonance imaging investigations. These findings suggest that a portion of the amygdala's facial processing may take place without the subject's awareness. Another method for assessing awareness of the process involves establishing a disconnect between self-reported behavioral intentions and a known neural process associated with the intended behavior. It can be inferred that the person is ignorant of the neurological process to the extent that such a disconnection is seen. Based on this reasoning, researchers have proposed that movement intentions are formed unconsciously since participants' self-reported decision to move is preceded by the brain activity linked to creating motions. By applying similar reasoning, our team has shown in multiple studies that participants' subsequent behavior is more accurately predicted by the brain processes that take place during the reception of persuasive messages than by their self-reported intentions to carry out those behaviors. Integrated brain processes including the reception and selective processing of sensory data, as well as their relationship to memory and emotion, are essential for consciousness and enable a more thorough comprehension of its meaning. The anterior cingulate and medial prefrontal areas are responsible for both the selection of such stimuli and the production of a response (goal-directed behavior). Motor areas may then be stimulated to produce a reaction as a result of this activity.

Feedback on this response exists, of course. This oversimplified explanation ignores higher cognitive functions, which are still poorly understood, and hides the complexity of coordinated brain activity. Certain modalities of consciousness, like language understanding or vision, can be lost independently of other modalities. Additionally, states of arousal and consciousness interact. Consciousness cannot exist without arousal, yet high levels of arousal allow consciousness to prioritize one modality above others. Animal models, for instance, have been used to demonstrate that, in addition to a central "generalized activation," there are more focused types of activation that intensify reactions to certain stimuli, such as hunger, sexual activity, and fear. This is more of a metaphysical than a scientific question in the current state of the brain and

psychological sciences. From a methodological standpoint, however, it is possible to determine unconscious functioning by examining how changes in subliminal cues impact brain activity. The reasoning behind the experimental design is the same as that of behavioral research using subliminal stimuli. To prove that the subliminal stimulus caused an unconscious process, the researcher does not, however, rely on assessing a behavioral outcome, in contrast to behavioral experiments. Alternatively, unconscious processing can be established via brain activity measurements. For instance, the amygdala's sensitivity to changes in emotional expression has been noted in a number of functional magnetic resonance imaging investigations (Antunes et al., 2014).

Conclusion

A longer life and improved health are two benefits of abstaining from alcohol and smoke. It lowers the chance of illness, safeguards important organs, and enhances general health. Making healthy decisions helps people live more active and productive lives and contributes to a healthier society for coming generations by strengthening both the body and the mind.

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