It is already a serious problem. And, this problem is rapidly becoming more severe. While the incidence of new smokers among adolescents and young adults in the secular world is rapidly decreasing\(^1\), the numbers of new smokers among Yeshiva students are rising at an alarming rate.

Dentists are often the first to discern that a young patient has begun smoking. We will notice that the patient has developed bad breath, the teeth are yellowing, the saliva flow has decreased, and the gums appear dry and inflamed\(^2\). Characteristic white or red lesions will be present inside the cheeks and along the borders of the tongue. Many of these early lesions are considered to be pre-cancerous.\(^3\)

Ask your own dentist. He will confirm that virtually every single case of oral cancer that he has ever come across has been in the mouth of a tobacco user. Approximately 25,000 cases of oral cancer\(^4\), representing 2% of all newly diagnosed cancers, occur annually in the United States.\(^5\)

Besides the tragic, oral health consequences of smoking, there are well-known, well-documented, devastating medical consequences as well.

It is very frustrating and emotionally overwhelming, for orthodox dentists to see our very best and brightest Yeshiva students, the cream of our community, succumb to this temptation.

The medical evidence is clear: after following peer pressure, or adult role models, or colleagues from Israel where smoking is more common, and initially smoking just a
few cigarettes daily, a large percentage of adolescents will become actually addicted to tobacco in a mere two or three months.⁶

Phillip Morris International, one of the largest producers of tobacco products in the United States, concedes, “We agree with the overwhelming medical and scientific consensus that cigarette smoking is addictive. It can be very difficult to quit smoking.” The US Food and Drug Administration reports, “The nicotine in cigarettes and smokeless tobacco causes and sustains addiction.”⁷

Make no mistake about it. This physical and mental addiction is similar to drug or alcohol addiction⁸, and, once established, is extremely difficult to overcome.⁹

Denying Reality

It is extremely frustrating to hear respected educators deny the medical facts. “I’m not so sure smoking is dangerous,” they will argue. “I know of a healthy 90 year-old fellow who has smoked two packs of cigarettes daily for three quarters of a century, and I know of a young, 21 year old non-smoker who just died of lung cancer.”

How can individuals who have spent their entire adult lives perfecting their ability to reach conclusions based on clear logic and reasoning, while rejecting flawed arguments, make such absurd statements?

Basing a conclusion upon several unique exceptions, would be like asserting: “Preparing for shiurim and reviewing one’s lessons are not important. I know of a student who never prepared or reviewed, but, nevertheless, succeeded brilliantly in his studies, and I know of another student who prepared and reviewed incessantly but never achieved very much.”
There are countless, detailed studies, conducted over many years, in many different locations, by many respected individuals and institutions. Even a cursory review of the evidence leads to unmistakable conclusions.

**The Facts**

Cigarette smoking accounts for 440,000 deaths, or nearly 1 of every 5 deaths, each year in the United States.\(^{10}\)

The risk of dying from lung cancer is more than 22 times higher among men who smoke cigarettes, than men who never smoked.\(^{11}\)

Cigarette smokers are 2 – 4 times more likely to develop coronary heart disease than non-smokers.\(^{12}\)

Cigarette smoking doubles the risk for stroke.\(^{13}\)

Cigarette smoking causes reduced circulation by narrowing the blood vessels. Smokers are 10 times more likely than non-smokers to develop peripheral vascular disease.\(^{14}\)

Cigarette smoking causes a ten-fold increase in the risk of dying from chronic obstructive lung disease. 90% of deaths from chronic obstructive lung diseases are attributable to cigarette smoking.\(^{15}\)

**More Bad News**

Adolescent smokers’ fitness levels are inversely related to the duration and intensity of smoking. It is common for adolescent smokers to report that they experience shortness of breath, coughing spells, phlegm production, wheezing, and overall diminished physical health.\(^{16}\)
Concentrating on studies, regularly attending classes, or studying difficult texts is certainly far more difficult for a student who does not enjoy optimum health.

**A Devastating Consequence**

The problem goes far beyond the broken, shattered lives and ruined families that result from these medical tragedies of multiple illnesses and early deaths.

Consider the following: Today, a healthy, 20 year-old who begins to smoke, will die over thirteen years earlier than a non-smoker.¹⁷

Thirteen years. Who can even begin to calculate the many lost hours that could have been spent doing *Mitzvos* and learning Torah? How many *Brachos* will remain unsaid and *Tephillos* never offered?

All this, is in addition to the monies wasted on purchasing cigarettes and on medical treatments. A typical tobacco user, smoking a pack a day, will spend close to two thousand dollars every year on his addiction!

Medical treatments for victims of smoking addiction are estimated to cost $157 billion annually in the United States!¹⁸

Many students promise themselves that they will stop smoking as soon as they get married. Unfortunately, many are unable to stop, and this addiction can cause tremendous *sholom bayis* problems. Many prospective fathers-in-law will not allow a proposed *shidduch* to ever get off the ground if the boy smokes.

**What Can We Do?**

Unfortunately, this problem is not easy to overcome.
In the secular population, school programs aimed at discouraging adolescents from ever starting to smoke have had some success. Unfortunately, I know of no such programs in Yeshivas. And, for the most part, Yeshiva students will never see or hear the many anti-smoking ads or public service announcements that appear on television, radio, or other media.

Moreover, once an adolescent has begun to smoke, efforts at tobacco cessation are not too successful.

Dentists see patients in this age category far more frequently than other health professionals, such as physicians. However, even very conscientious dentists who voluntarily spend many hours, over multiple visits, attempting to counsel and cajole these young smokers, can expect to be successful only 10 – 15% of the time.

Experts agree that the most effective anti-smoking measure is to “dissuade the adolescent population from initially trying tobacco products and from subsequently developing a lifetime of addiction to nicotine. If high school students can be advised not to commence tobacco use, there is an increased chance they will never use tobacco and will remain free of tobacco for life.”

Our Not-So-Secret Weapon

Young Yeshiva students generally ignore their parents’ imprecations to cease smoking. “All of my friends do it, and even Rebbe so-and-so smokes,” they will counter.

Similarly, adolescents will usually ignore health warnings from their physicians and dentists. At that age, students believe that they are invincible and can never imagine or accept predictions of dire health consequences. We dentists even have a lot of
difficulty persuading our patients to do something simple, such as brushing twice daily. It is extremely difficult to convince young Yeshiva boys to stop smoking.

But, in the Yeshiva world, most students will very consciously emulate their rabbinic mentors, and will, almost without exception, follow their Rabbis’ instructions and guidelines. The enormous influence of Rabbanim on the lives of Yeshiva students cannot be exaggerated. If a student’s respected Rosh Yeshiva would make it crystal clear that it is improper to smoke, there is a good chance that that student will not begin to smoke.

In some Yeshivas, Rabbanim have succeeded in forbidding their students from bringing cell phones to school. Imagine the tremendous impact if Rabbanim would take a similar, very strong stand against smoking!

In some Yeshivas, smoking is already banned in the Bet Medrash; perhaps this ban could be expanded to prohibit smoking anywhere inside or outside the facility. How about forbidding new chasanim from celebrating their simcha by distributing cigarettes to their friends in the Yeshiva?

Junior high school and high school principals can invite local physicians, dentists, or social workers to speak to their students, or they can call the American Cancer Society (800-227-2345) for guest speakers, educational pamphlets and videos. One school recently featured a very effective presentation by a very ill, former smoker who was dying of lung cancer.

A Call to Action

In 120 years, we will all have to answer not only for our actions, but also for our inactions. It would be wonderful if the mechanchim, rabbanim, and magidai shiurim who
have the potential to influence young Yeshiva students positively, would use their power to sway our students away from tobacco.

These respected educators could work aggressively toward stopping their students from ever considering smoking in the first place, or by helping them, even demanding of them, that they make tobacco cessation a priority.

If a person saves one life in Yisrael, the Torah considers it as if he saved an entire world.

(\textit{Dr. Jeffrey Galler is a general dentist practicing in Brooklyn, New York. He has authored many articles in various Dental Journals, and lectures frequently at dental meetings throughout the United States. He is the Chairman of the Peer Review and Quality Assurance Committee of the Second District Dental Society.})

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