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Smoking and how to give up



As a leading provider of Group Risk policies for employers, Legal & General is pleased to support this booklet. For information on Group Risk at Legal & General, please call 01737 376 140 or email group.risk@LandG.com

Smoking kills 120,000 people prematurely and is responsible for many diseases, including cancers, heart disease and stroke. By giving up smoking, you will reduce your risk of getting most of these diseases.

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Coronary heart disease and smoking

Coronary heart disease is the single most common cause of death in the UK. It is also the single most common cause of death under the age of 65.

Smoking is one of the major risk factors for coronary heart disease (a risk factor is something that increases the chance of getting the disease). The other major risk factors include high blood pressure, high blood cholesterol and inactivity, obesity, diabetes and a strong family history of getting coronary heart disease. Up to 20 in every 100 deaths from coronary heart disease are associated with smoking.

The risk of a heart attack is greater if you smoke. In general, people who smoke cigarettes have about twice as great a risk of a heart attack as people who do not. However, this increased risk is particularly large in smokers aged under 50 – their heart attack death rates are up to 10 times greater than the rates for non-smokers of the same age. The more you smoke and the younger you started, the greater your risk. Every cigarette counts. Smoking just three to six cigarettes a day doubles your chance of having a heart attack. Stopping smoking is the single most important thing you can do to avoid a heart attack. It's never too late to stop. However, no matter how long you've been smoking and how heavily, it's always beneficial to stop.

The effects of smoking on the arteries and the heart

Smoking has other harmful effects on the heart. Atheroma is the fatty material that can build up within the walls of the arteries. Research has shown that smokers have more atheroma in their arteries than non-smokers. This build-up of atheroma can cause the inside lining of the artery to rupture, leading to a clot. If the clot blocks the flow of blood to the heart, the heart muscle is starved of vital oxygen and this can lead to a heart attack. Some research suggests that smoking increases the amount of LDL cholesterol that the artery wall takes up, allowing atheroma to build up more easily. So overall, there is a clear link between smoking and permanent damage to the arteries.

Carbon monoxide joins onto the red protein called haemoglobin, in blood cells, making them less able to carry oxygen to the heart and all other parts of the body. In some smokers, up to half of the blood can be carrying carbon monoxide instead of oxygen. This deprives the heart of vital oxygen. **Nicotine** stimulates the body to produce adrenaline which makes the heart beat faster, raises the blood pressure causing the heart to work harder, and can increase the risk of irregular heart rhythms.

It is the **tar** in cigarettes that causes cancer. However, if a cigarette is low in tar it does not necessarily mean that it has less nicotine and carbon monoxide. So low-tar cigarettes can be just as harmful to your heart. Also, people who smoke low-tar cigarettes tend to compensate by taking more puffs and inhaling more deeply. Just three or four extra puffs on a cigarette can transform a low-tar cigarette into a regular-strength cigarette.

What is second-hand smoking?

Second-hand smoking, or passive smoking, is where non-smokers inhale other people's smoke. You may be aware of some of the unpleasant effects of being in a smoky environment: smarting eyes, a sore throat or headaches. You may not realise that second-hand smoking can have a harmful effect on your heart. Research shows that non-smokers living with smokers have an increased risk of heart disease of around 30%.

If you have angina or coronary heart disease, second-hand smoking is particularly harmful to you. You should avoid breathing in other people's smoke as much as possible.

Even if you don't have angina or heart disease, second-hand smoking is still harmful to you, and you should still avoid breathing in other people's smoke.



Women and smoking

Overall, coronary heart disease is the single most common cause of death in women, although women tend to develop coronary heart disease about 10 years later than men. Like men, women who smoke greatly increase their chances of developing coronary heart disease, cancer and chronic bronchitis. Women who take the contraceptive pill, and smoke as well, have a much greater risk of coronary heart disease and stroke. And the risks grow even greater as they get older.

Pregnant women who smoke are more likely to have an underweight baby, or have a stillbirth, or lose their baby by early death. The children of mothers who smoked during pregnancy are more likely to suffer delay in their physical and mental development up to the age of 11, compared with the children of non-smoking mothers.

Low-tar cigarettes can be just as harmful to your heart as regular-strength cigarettes.

Stopping smoking – tips and advice

Most smokers want to stop smoking. It's the single most important thing a smoker can do to live longer and in better health. At any one time, about one in six smokers are trying to quit. It's not easy but more than 12 million people in Britain are now successful ex-smokers. Most of those who stop do so by themselves. Being determined is the vital ingredient. There is no quick and easy way and nothing can **make** you stop – but, if you really want to, there are ways you can increase your chances of kicking the habit.

Methods and products

There are many different methods and products on the market – so many that it may seem that people are simply after your money. Or you may feel so desperate that you will try anything. It is important to check whether the product is **safe and effective** before you spend your time, energy and money on it. The aim of this booklet is to provide you with a guide to the known facts about the different ways to help you stop smoking (these are sometimes called smoking cessation aids). However, if you are in any doubt as to whether it is safe for you to use a product or method, check first with your pharmacist.

What to believe

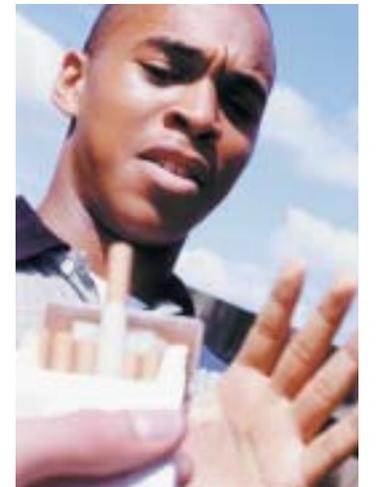
Some manufacturers claim very high success rates for their products, promising between 80% and 90% effortless success. Yet there is no magic solution. To be certain that a product or method works it has to be put through proper tests, called clinical trials. If the product has an effect, it can then be compared to the effect achieved with another product. Not all the products available have been tested in this way.

A smoking cessation aid can:

- ease nicotine withdrawal
- boost your confidence and morale
- the urge to smoke.

A smoking cessation aid cannot:

- do the quitting for you
 - make you **want** to stop
 - make it painless and easy.
-



At any one time, about one in six smokers are trying to quit.

If you decide to use a smoking cessation product it's important to know that there are two main types of products – those that contain nicotine and those that do not. This guide gives the most up-to-date results of clinical trials for both types.

Whatever method you choose to help you quit smoking, it is important to think it through in advance and prepare yourself as best you can for the difficulties ahead. If you want help with preparation, have a query about a particular product or any aspect of stopping, or want support and encouragement, especially during the difficult times, then Quitline® is there to help. Quitline® is a free telephone helpline staffed by trained smoking cessation counsellors who will do their best to help you. (See **Smoking helplines** opposite.)

Independent research published in *Tobacco Control Magazine* states that Quitline® appeared to be “very successful in helping callers to stop smoking.”



Smoking helplines

The NHS Smoking Helpline 0800 169 0 169

Or visit: www.givingupsmoking.co.uk

Can offer information on stopping smoking, and support for people who are finding it hard to stop.

Quitline® 0800 00 22 00

Or visit: www.quit.org.uk

Quitline® is a free telephone helpline staffed by trained smoking cessation counsellors. It offers help and advice about stopping smoking.

The following helplines in different languages are available:

Bengali 0800 00 22 44

(Mondays 1pm to 9pm)

Gujarati 0800 00 22 55

(Tuesdays 1pm to 9pm)

Hindi 0800 00 22 66

(Wednesdays 1pm to 9pm)

Punjabi 0800 00 22 77

(Thursdays 1pm to 9pm)

Urdu 0800 00 22 88

(Sundays 1pm to 9pm)

Turkish and Kurdish 0800 00 22 99

(Thursdays and Sundays 1pm to 9pm)

Arabic 0800 16 91 300

(Saturdays 1pm to 9pm)

Nicotine replacement therapy can double your chances of successfully stopping smoking.

Stop smoking clinics and support groups

Specialist smokers' clinics, often using nicotine replacement products or bupropion (which we describe on page 11), can improve your chances of stopping by up to four times.

Going to a group can help you to feel less alone in your attempt to quit. Being with other people who are also stopping can provide all-important mutual support, a sense of being understood and a sense of friendly competition!

Groups are usually run over a period of about six weeks and take you through the different stages of stopping. There are a growing number of NHS specialist clinics and support groups, which are available free of charge in your local community. To find out where your nearest local smoking cessation clinic or support group is, ask your GP, or ring the **NHS Smoking Helpline** on 0800 169 0 169 or **Quitline®** on 0800 00 22 00.

Nicotine replacement therapy (NRT)

These products replace some of the nicotine that you used to get from smoking. Nicotine replacement is used to wean you off nicotine by replacing the very high concentrations of

nicotine you get from smoking with lower doses delivered more slowly. It is a means of delivering nicotine without the tar, chemicals and other harmful elements of tobacco smoke. NRT reduces the cravings for cigarettes and the withdrawal symptoms associated with quitting. NRT is the most thoroughly researched method and tests have shown that, used correctly, it will double your chance of success – which is good news for those who have found withdrawal very hard on previous attempts. If you are in the habit of smoking your first cigarette within 30 minutes of waking, then you are more likely to benefit from NRT.

To check you are using NRT properly, always follow the manufacturer's instructions. If you are not sure, ask your pharmacist or doctor. NRT is much safer than smoking but if you have a medical condition, any health worries or are pregnant, it is important that you talk to your pharmacist or doctor first.

If you have a history of heart disease and have had difficulty giving up smoking, NRT can normally be recommended. However, if you have had a heart attack or other cardiovascular event within the past four weeks, or if you have unstable angina, you must ask your consultant whether you should use NRT. Make sure that you do not take more than the manufacturer's recommendations. And if you start smoking again, you **must** stop using NRT.

There are several forms of nicotine replacement available – patches, gum, lozenges, nasal spray, inhalator and sublingual (under the tongue) tablets. All these products are available on NHS prescription. You can also buy them from pharmacists without a prescription and some are available from supermarkets and other retail outlets. Many of these products offer programmes of support to help smokers through the quitting process.

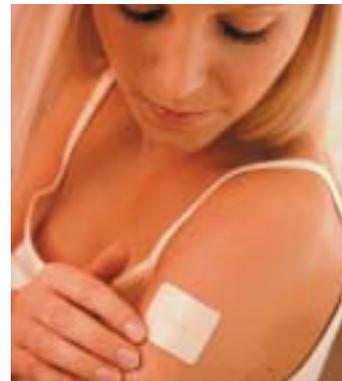
You can choose the product that suits you best. The patch gives you a continual supply of nicotine at a low dose while you are wearing it – so you can't respond quickly to a craving or a stressful moment. The gum and the spray deliver a higher dose quickly so you can respond to a craving with a 'quick fix', as with cigarettes. If you usually smoke steadily through the day, the patch may suit you better. If you generally smoke mainly in response to cravings or stress, the gum or spray might be more flexible for you. One research study has compared the effectiveness of gum, patch, spray and inhalator and found that they are similarly effective.

Patches

A nicotine skin patch looks like a sticking plaster and is applied to dry non-hairy skin, for example on the upper arm. A patch lasts either 16 or 24 hours. Patches come in three strengths, delivering different amounts of nicotine, which is absorbed

slowly through the skin. You are recommended to use the patches for 8-12 weeks, starting off with the highest strength patch. Patches are easy to use and your nicotine levels build up slowly during the day to help keep the cravings and other withdrawal symptoms away. Although you may still get urges to smoke, they are not as strong as before. The main side effects are itching or redness of the skin. To help stop this happening, vary the position of the patch when you put a new one on. Some people may have problems with sleeping.

The usefulness of patches has been well researched. They can improve your chance of quitting by more than 50%. They are particularly helpful for people who smoke moderately (10-20 a day) and regularly through the day. If you think you are very dependent on nicotine, then another form of nicotine replacement may suit you better. If in doubt ask your pharmacist or GP for advice.



If you usually smoke steadily through the day, the patch may suit you better.

Gum

This can give you a peppery or tingling sensation in your mouth, especially to begin with, so you may have to persevere in using it. It is important to chew it properly to get the full benefit from using it. You should use about one piece an hour (say 15 pieces a day). You should chew the gum slowly and then rest it between your gum and the side of your mouth, repeatedly, for about 30 minutes. The nicotine is slowly absorbed through the lining of your mouth. The gum comes in two strengths – low (2mg) and full (4mg) – and in a choice of flavours. If the urges to smoke are not relieved enough with the low dose gum, you may need to use the full strength one. If you smoke heavily (20 or more a day) then you may need the full strength version. Gum is available without prescription from your local pharmacist. The recommended period of use is three months. The main side effect is irritation of the mouth and throat, but this lessens with use. The gum is difficult to use if you wear dentures and may irritate your stomach if you chew too vigorously.

Clinical trials have shown that the gum is successful for more than half of all people who use it.

A small number of ex-smokers find it hard to stop using the gum after the three-month period. However this is a negligible health risk and the need to use it usually decreases with time. Remember that the gum is far safer than cigarette smoking.

If you generally smoke mainly in response to cravings or stress, the gum or spray might be more flexible for you.



Nasal spray

The nicotine nasal spray comes in a bottle with a nozzle that delivers a dose of a fine spray of nicotine squirted into each nostril. It can be used up to 32 times a day (64 squirts per day). The nicotine is quickly absorbed through the lining of the nose. It closely mimics cigarettes by giving a relatively fast effect. It should be used for three months, although a small number of ex-smokers continue to use it beyond this time period. Clinical trials show that it can double your likelihood of quitting, especially if you smoke 20 or more cigarettes a day. It is particularly suitable for highly dependent smokers for whom the other products may not have such an immediate impact.

Many people find that the spray irritates the nose and throat for the first few days. It is very important you persevere with it so your nose can adjust to these sensations. After a few days' regular use you should not get any more irritation.

Tablets and lozenges

A number of tablets and lozenges containing nicotine are available. The microtab and lozenge each deliver an amount of nicotine similar to 2mg of gum. Like the gum, the nicotine is absorbed through the lining of the mouth.

Inhalator

The inhalator looks like a cigarette holder, inside which you place a cartridge containing nicotine. When you get a craving, you hold the inhalator in your hand, taking shallow puffs (as with a pipe) or deep puffs (as with a cigarette). Nicotine is taken into the mouth and the back of the throat but not into the lungs. Clinically proven to double your chances of quitting, the inhalator is helpful if your body craves the nicotine and your hands miss the cigarette.

Clinical trials show that nasal sprays can double your likelihood of quitting.



Non-nicotine treatment

Effective non-nicotine treatment – bupropion (Zyban)

Bupropion is a non-nicotine treatment to help smokers who are motivated to quit. It is available on NHS prescription from a GP. Bupropion works in the brain to help break the addiction to nicotine. It differs from nicotine replacement therapies in that it does not substitute one source of nicotine with another. Bupropion reduces the cravings for cigarettes and the withdrawal symptoms associated with quitting. Clinical trials have demonstrated that bupropion doubles your chances of success.

Bupropion comes in tablet form. You take it as a two-month course of treatment and it costs the price of a prescription. Smokers should start taking bupropion while they are still smoking and set a date for quitting during the second week of treatment – for example, on day eight of taking the tablets. Tablets are usually taken once a day for the first three days, then twice a day for the remainder of the two-month treatment course.

As with any medicine, some people may get side effects while taking bupropion. The most common ones are difficulty sleeping, dry mouth and headache. These are usually mild and generally disappear within the first few weeks.

Many of these effects can also be due to stopping smoking itself as your body adjusts to being without nicotine.

You should not take bupropion if you suffer or have ever suffered from seizures (fits) or eating disorders. It is not suitable for pregnant or breastfeeding women. Your GP can check your medical history and advise you if bupropion is suitable for you.

Everyone who is prescribed bupropion is offered motivational support from the Right Time™ Programme, which is a personalised programme designed to encourage and support people throughout their quit attempt. It provides tips and advice on giving up, access to specially trained QUIT® counsellors through a dedicated telephone helpline, a stop smoking action plan, and motivational letters timed to arrive at key stages in the quitting process.

If you are taking bupropion you will also have access to advice and support 24 hours a day through the Right Time™ Programme website. The site offers week-by-week advice, a support calendar and an action plan, as well as an opportunity to contact a nominated 'Stop Buddy' who can provide encouragement by email.



Glucose

There is now a small amount of evidence that glucose tablets reduce cravings and may help people to stop smoking.

Other non-nicotine products

These are many and varied. They are easily available through mail-order, newsagents, health shops or chemists. Often they do not need a licence under the Medicines Act. There is **not** enough good scientific evidence to say how effective they are. Be wary of claims of very high success rates.

Capsules

There are capsules containing menthyl valerate, quinine, camphor and eucalyptus oil, which aim to improve breathing and control withdrawal symptoms. The manufacturers recommend taking 1 or 2 a day for 28 days. There is no evidence of their long-term efficacy, but they are not thought to be harmful. Pregnant women should not use them.

Dummy cigarettes

A dummy cigarette is a plastic look-alike that provides the hand-to-mouth stimulation of smoking. Each one lasts between one and three months. Dummy cigarettes do not help with the physical withdrawal symptoms. They are of no proven benefit, but they are not shown to be harmful.



Herbal cigarettes

Again these provide the activity of smoking without the nicotine, so they do not help with withdrawal symptoms. They still contain tar and poisonous carbon monoxide gas which are found in ordinary cigarettes and which cause considerable damage to your health. The idea is that you eliminate nicotine from your system while still having the behaviour of smoking the herbal cigarette, and you cut down on them over a three-month period. **There is no proven evidence that they are effective.**

Filters

Put on the end of a cigarette, filters are designed to remove some of the tar and nicotine before you inhale. However, smokers tend to compensate by puffing longer and harder or even covering up the filter to stop it working so well. **They are meant to help you adjust to less nicotine – but as with cutting down they have not been shown to work.**



Mouthwash

Mouthwash is supposed to work by making cigarettes taste unpleasant. The product recommends you gargle with it for about 15 seconds whenever you feel a strong desire to smoke. It affects the taste of cigarettes for three to four hours, but it also adversely affects the taste of food for about half an hour. **The product is not clinically proven and pregnant women are advised to check with their doctor before using it.**

Alternative therapies

Some people claim to be helped by alternative therapies. However, their effectiveness remains unproven. The two most popular forms are hypnotherapy and acupuncture. If you decide to try alternative therapy, it is important to find a registered practitioner. Contact:

The Institute of Complementary Medicine,
PO Box 194,
London SE16 7QZ.

Phone: 020 7237 5165

Website: www.icmedicine.co.uk

or:

The British Complementary Medicine Association,
Kensington House,
33 Imperial Square,
Cheltenham GL50 1QZ.

Phone: 0845 345 5977

Website: www.bcma.co.uk

Both of these organisations can supply further information on the services available and details of local practitioners.

We will not accept responsibility for referrals or advice offered by either of these bodies. You are strongly advised to satisfy yourself about the competence, registration, insurance and background of any complementary therapists.



Cutting down is much less likely to work than simply stopping outright.

Diet and exercise

Many people who want to give up smoking are concerned about the possibility of putting on weight. The majority of smokers will gain weight once they quit smoking, but the long-term weight gain is on average only 6 to 8 pounds (about 3 to 4 kilos) for each smoker who quits. Compared with the risk of continuing to smoke, this is a minor health risk.

However, if you continue to eat exactly what you ate before you stopped smoking then you should not put on much weight. If you both change what you eat so that you don't take in so much energy (calories), and also increase how much exercise you take, you will lose weight. Also, improved lung function and some of the other health benefits of giving up smoking are likely to make exercise both easier and more beneficial.

Both diet and exercise have an important effect on your body. Stopping smoking is a major change for the body to adapt to. Following a healthy diet and doing regular exercise suitable to your level of fitness may help your body cope with withdrawal and boost your sense of self-confidence and well being.

Cutting down or stopping outright?

All our experience tells us that cutting down is much less likely to work than simply stopping outright. Once you get down to six to ten cigarettes a day, you'll find it very hard to give up completely and you will probably puff longer and harder on them so there is no real health gain. Unfortunately, even if you do manage to cut down, the numbers tend to creep back up again. So once you have planned ahead and chosen your date, it is better to stop outright.

Following a healthy diet and doing regular exercise may help your body cope with withdrawal and boost your sense of well being.

Are you a taxpayer?

Gift Aid means the BHF can reclaim tax that you have paid and add it to your gifts. It is worth 28p for every £1 you donate. It costs you nothing and all you have to do is tick and date the Gift Aid Declaration below.

Gift Aid Declaration

Please treat all donations I have made to the
GA1 British Heart Foundation (BHF) since 6th April
2000 and all donations I make hereafter, as
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Please write in today's date _____

Please tick here if you are not currently a UK taxpayer
GA2 (This is so that we don't write to you about Gift Aid again.)

You must pay an amount of UK income tax or capital gains tax at least equal to the amount we reclaim from the Inland Revenue. Please make sure that cheques from a joint account are signed by the taxpayer.

You may cancel this Declaration at any time, and should do so if you stop being a UK taxpayer, by notifying us at: Supporter Services, British Heart Foundation, 14 Fitzhardinge Street, London W1H 6DH. Please also notify us if you change your name and address. If you pay by CAF card then it is not possible to Gift Aid your donation to the BHF.

There are many other ways of helping...

Tick the boxes to find out more about anything that interests you.

- Regular giving by Direct Debit
- Joining a local group
- Sponsored events
- Christmas cards and gifts
- Becoming a volunteer in a British Heart Foundation shop

What happens to your personal information

The British Heart Foundation (BHF) values your support. We will use the information you have given us for administration and marketing purposes. We may contact you by post or occasionally by phone or email. This may include passing on news and information on our charitable work (for example how we spend our money, and heart health information), BHF events, and related products and services from our subsidiary companies such as Christmas gift catalogues. Please tick the box if you do NOT want to hear from us at all. s

Occasionally we may pass on your details to other carefully-selected organisations we are working with. They may send you information on their events, products and services. Please tick the box if you do NOT want your details passed on in this way. MP02

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For more information

How the British Heart Foundation can help

British Heart Foundation
14 Fitzhardinge Street, London W1H 6DH
Phone: 020 7935 0185 Website: bhf.org.uk

Access our website for information on quitting smoking www.bhf.org.uk/smoking

Heart Information Line: 0845 0 70 80 70
A helpline service for the public and health professionals, providing information on a wide range of issues relating to heart conditions.

Publications and videos

The British Heart Foundation produces a range of publications and videos on healthy living and heart conditions. You can download our booklets from our website, or order them through the website at www.bhf.org.uk/publications

Smoking

- *Smoking and your heart* (a Heart Information Series booklet)

Physical Activity

- *Get active!*
- *Put your heart into walking*
- *Physical activity and your heart* (a Heart Information Series booklet)

Healthy eating

- *So you want to lose weight ... for good*
- *Cut the saturated fat from your diet*
- *Guide to food labelling*
- *Food should be fun ... and healthy!*

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Email: ds-bhf@mail.dataforce.co.uk

Have your say

We would welcome your comments to help us produce the best information, for you, our audience. Why not let us know what you think? Contact us via our website www.bhf.org.uk/yoursay

The NHS Smoking Helpline 0800 169 0 169

www.givingupsmoking.co.uk
Can offer information on stopping smoking, and support for people who are finding it hard to stop.

QUIT®

211 Old Street
London EC1V 9NR
Quitline: 0800 00 22 00
Website: www.quit.org.uk
QUIT also produces a booklet called *How to quit smoking without putting on weight*.

ASH (Action on Smoking and Health)

102 Clifton Street
London EC2A 4HW
Phone: 020 7739 5902
Website: www.ash.org.uk