factsheet no:11

Stopping smoking: The benefits and aids to quitting

Action on Smoking and Health – November 2005

The desire to stop smoking

Many smokers continue smoking not through free choice but because they are addicted to the nicotine in cigarettes. A report by the Royal College of Physicians found that nicotine complied with the established criteria for defining an addictive substance. The report states: "On present evidence, it is reasonable to conclude that nicotine delivered through tobacco smoke should be regarded as an addictive drug, and tobacco use as the means of nicotine self-administration." [1]

Surveys have consistently shown that at least 70% of adult smokers would like to stop smoking and of those who express a desire to quit, more than a third are very keen to stop. [2]. Almost nine out of ten (88%) of smokers state that they want to quit because of a health concern. After health reasons, the next most common reason given for wanting to give up is a financial one. 2 The most important element of the cessation process is the smoker's decision to quit, with the aid or method of secondary importance. However, those who use aids such as nicotine replacement therapy double their chances of successfully quitting. [3] Smokers wishing to quit may find it helpful to telephone the national helpline on 0800 169 0169. Pregnant women seeking help in stopping smoking should call 0800 169 9169 where specialist counsellors are available from 1pm to 9pm, 7 days a week, to give advice. QUIT also operates specialist advice lines in the main Asian languages and in Turkish and Kurdish.

Beneficial health changes when you stop smoking

Stop smoking and the body will begin to repair the damage done almost immediately, kick-starting a series of beneficial health changes that continue for years. [4]

Time since quitting	Beneficial health changes that take place	
20 minutes	Blood pressure and pulse rate return to normal.	
8 hours	Nicotine and carbon monoxide levels in blood reduce by half, oxygen levels return to normal.	
24 hours	Carbon monoxide will be eliminated from the body. Lungs start to clear out mucus and other smoking debris.	
48 hours	There is no nicotine left in the body. Ability to taste and smell is greatly improved.	
72 hours	Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.	
2 - 12 weeks	Circulation improves.	
3 - 9 months	Coughs, wheezing and breathing problems improve as lung function is increased by up to 10%.	
1 year	Risk of a heart attack falls to about half that of a smoker.	
10 years	Risk of lung cancer falls to half that of a smoker.	
15 years	Risk of heart attack falls to the same as someone who has never smoked.	

Withdrawal symptoms

Withdrawal symptoms are the physical and mental changes that occur following interruption or termination of drug use. They are normally temporary and are a product of the physical or psychological adaptation to long-term drug use, requiring a period of re-adjustment when the drug is no longer ingested. In the case of smoking, some of these are: [5]

Withdrawal symptom	Duration	Proportion of those trying to quit who are affected
Irritability / aggression	Less than 4 weeks	50%
Depression	Less than 4 weeks	60%
Restlessness	Less than 4 weeks	60%
Poor concentration	Less than 2 weeks	60%
Increased appetite	Greater than 10 weeks	70%
Light-headedness	Less than 48 hours	10%
Night-time awakenings	Less than 1 week	25%
Craving	Greater than 2 weeks	70%

Weight gain

The possibility of weight gain is often of particular concern to those who want to give up smoking. More than 80% of smokers will gain weight once they quit smoking but the long-term weight gain is on average only 6-8lbs for each smoker who quits. [6] However, this is the weight gain made without recourse to any special attempts at dieting or exercise and it presents a minor health risk when compared to the risk of continued smoking. In addition, improved lung function and some of the other health benefits of giving up smoking are likely to make exercise both easier and more beneficial. See QUIT's <u>quide</u> to stopping smoking without putting on weight for further advice.

Pipes & cigars

Some smokers switch to pipes or cigars in the belief that this is a less dangerous form of smoking. However, such smokers may incur the same risks and may even increase them, especially if they inhale the pipe or cigar smoke. [7]

Smoking cessation aids

There are two proven pharmaceutical aids to stopping smoking: nicotine replacement therapy and bupropion, known by its tradename, Zyban. Nicotine replacement therapies (NRT), such as chewing gum, skin patch, tablet, nasal spray or inhaler, are designed to help the smoker to break the habit while providing a reduced dose of nicotine to overcome withdrawal symptoms such as craving and mood changes. Studies have shown that NRT roughly doubles the chances of a smoker successfully quitting compared to someone using no therapy. [8]

Bupropion, (**Zyban**) works by de-sensitising the brain's nicotine receptors and has similar success rates to NRT. The course of treatment lasts around 8 weeks. It is only available on prescription under medical supervision. Zyban is safe for most healthy adults but there are side effects, the most serious of which is the risk of seizures (fits). This risk is estimated to be less than 1 in 1000 but other less serious side effects such as insomnia, dry mouth and headaches are more common. An independent review by the Consumers' Association concluded that "when used in a specialist setting and in conjunction with regular counselling, bupropion is at least twice as effective as placebo in helping patients to stop smoking". [9]

Other cessation aids

Acupuncture and hypnosis. A review of alternative stop smoking aids found little evidence to support the effectiveness of either acupuncture or hypnosis as a means of stopping smoking but such methods may suit some smokers. [10]

Herbal cigarettes. These are not recommended as an aid to giving up smoking because they produce both tar and carbon monoxide. Some brands have a tar content equivalent to tobacco cigarettes. In addition, the use of herbal cigarettes reinforces the habit of smoking which smokers need to overcome.

Clinics and self-help groups. Smokers who are motivated to quit the habit may benefit from cessation clinics or self-help groups, although smokers should be cautious about claims of high success rates made by some private

clinics. A review of smoking cessation products and services found that smokers are up to four times more likely to stop smoking by attending specialist smokers' clinics than by using willpower alone. [11] Free stop smoking clinics are now available across the UK. Validated results for the English services show that around one third of those attending are able to quit after 4 weeks.[12]

New stop smoking medications. New medications are being developed to help people stop smoking. These include verenicline, a drug that stops nicotine reaching the nicotinic receptors in the brain, thereby removing the satisfaction that smokers get from smoking. Other drugs having a similar effect include rimonabant and a nicotine vaccine. It will be some years before these products are made available in the UK. [13]

References

- 11 Nicotine Addiction in Britain. A report of the Royal College of Physicians, February 2000 [View report]
- [2] Lader, D & Goddard, E. Smoking-related behaviour and attitudes, 2004. London, ONS, 2005
- [3] Smoking cessation guidelines and their cost effectiveness.. Thorax 1998; vol 53: S5 (part 2) S11-S16 [Viewpdf]
- [4] The Health Benefits of Smoking Cessation: A report of the Surgeon General. US DHHS, 1990.
- [5] West, R. Tobacco withdrawal symptoms. St. George's Hospital Medical School, 1996.
- [6] West, R. Tobacco withdrawal symptoms. St. George's Hospital Medical School, 1996
- [7] Cigars: Health effects and trends. National Cancer Institute, 1998
- [8] Nicotine replacement therapy for smoking cessation. The Cochrane Library, Issue 3, May 2001 [View abstract]
- [9] Bupropion to aid smoking cessation. Drug and Therapeutics Bulletin. Vol 38 no.10 Oct. 2000
- [10] Abstracts of the Cochrane review. The Cochrane Library, Issue 3, 2001 [View abstracts]
- [11] West, R. Getting serious about stopping smoking a review of products, services and techniques. 1997.
- [12] Statistics on NHS stop smoking services in England, April 2004 to March 2005. NHS Health and Social Care Information Centre. Statistical Bulletin 2005/03/HSCIC October 2005. (View report)
- [13] West, R and Shiffman, S. Smoking cessation. Fast Facts. Oxford, Health Press, 2004