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Stopping smoking: the benefits and aids to quitting

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The desire to stop smoking

Many smokers continue smoking not through free choice but because they are addicted to cigarettes. A large part of this addiction arises from dependence on the nicotine delivered rapidly to the brain with each inhalation. A report by the Royal College of Physicians found that nicotine complied with the established criteria for defining an addictive substance.¹ For further information see [ASH Fact Sheet: Nicotine and addiction](#).

Addiction does not make it impossible to stop doing something, it just means that there are powerful urges and needs that have to be overcome in order to do so. Anything that can strengthen the resolve to resist these urges and needs or reduce their frequency or intensity can help in overcoming the addiction.

The large majority of smokers report that they want to stop.² In 2007, 74% of current smokers in Great Britain reported that they wanted to quit, with a quarter saying they would very much like to give up and a further 24% saying they wanted to stop "quite a lot". Eighty-six per cent of respondents gave at least one health reason for wanting to stop smoking. The cost of smoking was the next most common reason people gave for wanting to quit.²

Approximately half of all smokers make at least one attempt to stop in a given year but only about 2-3% of smokers succeed long term.³ It is not clear why some attempts to stop succeed and others do not, though smoking fewer cigarettes per day, not needing to smoke first thing in the morning and not suffering from mental health problems or other addictions are favourable factors for success.

Beneficial health changes when you stop smoking

Stopping smoking is always urgent but it is never too late to benefit from doing so. Every cigarette smoked damages the lungs in a way that may not show up until later in life. After the age of 35-40 years, for every year of continued smoking a person loses 3 months of life expectancy.⁴ Many smokers think that they will be more miserable when they stop but the evidence is that they will have better mental health⁵ and be happier.⁶

Some of the health benefits from stopping smoking can occur quite quickly as the table below shows. Other health improvements may take many years, depending on how long a person has smoked.⁷

Beneficial health changes when you stop smoking (continued)

Time since quitting	Beneficial health changes that take place
8 hours	Nicotine and carbon monoxide levels in blood reduce by half, oxygen levels return to normal. Circulation improves.
24 hours	Carbon monoxide and nicotine eliminated from the body.
48 hours	The ability to taste and smell improves.
1 month	Appearance improves – skin loses its greyish pallor and becomes less wrinkled.
3 - 9 months	Coughing and wheezing declines.
1 year	Risk of a heart attack reduces by half compared to that of a smoker.
10 years	Risk of lung cancer falls to about 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:⁸

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. Weight gain is often progressive for a period of at least a year and, on average, ex-smokers will gain around 5kg in weight.⁸ 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 [guide](#) to a healthy body while stopping smoking for further advice.

Pipes and Some smokers switch to pipes or cigars in the belief that this is a less

cigars 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.⁹

For further information on pipes and cigars see [ASH Fact Sheet: Pipes and Cigars](#). Similarly, waterpipes (shisha or hookah pipes) are potentially just as hazardous as smoking other forms of tobacco. For further information see the [ASH Fact Sheet: Waterpipes](#).

Smoking cessation aids

The chances of success of a given quit attempt are unfortunately very low, which is why it is vital to keep trying. Most ex-smokers had to try many times before they succeeded. Fortunately there are many things that smokers can do to improve the odds. These fall into two categories, medications and psychological support.

Medications

Medications aim to help smokers to stop by reducing the chemically-driven need to smoke without providing the same satisfaction as smoking and so not becoming the object of dependence. The assumption is that all the time that the smoker is not taking in nicotine from cigarettes the brain is gradually getting back to normal so that when the course of medication is completed, most smokers will be able to deal with the motivation to smoke without help.

Nicotine replacement therapies (NRT)

Nicotine replacement therapies (NRT) usually taken for 8 to 12 weeks, these include nicotine chewing gum, skin patch, lozenge, nasal spray or 'inhalator'. They can be bought from pharmacists or some shops or obtained on prescription. They are designed to reduce the chemical need to smoke but not to provide the same satisfaction as smoking and so are much easier to come off. Clinical trials have consistently found NRT helps between 1 in 10 and 1 in 20 quit attempts to succeed above those that would have succeeded anyway. Thus the effect is small but very valuable.¹⁰

Bupropion (Zyban)

Bupropion (Zyban) is only available on prescription as a course of tablets lasting around 8 weeks. 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. Clinical trials have found that Zyban helps about 1 in 10 quit attempts where it is used to succeed over and above those that would have succeeded anyway.¹¹

Varenicline (Champix)

Varenicline (Champix) comes as a course of tablets lasting 12 weeks, sometimes with the option of a further 12 weeks for those that are not smoking at the end of the initial treatment. Like NRT and Zyban, it works by reducing the need to smoke caused when the blood level of nicotine falls in a smoker who has quit, and also makes cigarettes less satisfying. It was launched in the UK in December 2006 and is available on prescription. Clinical trials have found varenicline to be more effective in helping people stop smoking than either bupropion or placebo. The initial course helps an estimated 1 in 7 quit attempts to succeed over and above those that would have succeeded anyway and a further 12 week course helps another 1 in 20 to achieve long-term success. A Cochrane review of varenicline trials concluded that the drug increased the chances of successfully quitting approximately threefold compared to unassisted quitting.¹²

The National Institute for Clinical Excellence issued [Guidance for prescribing varenicline](#) in July 2007. ASH released [Background information and draft guidance](#) with the initial launch of varenicline onto the UK market.

- Psychological support** Psychological support aims to strengthen the smoker's motivation not to smoke and advise on ways on avoiding, escaping from or minimising urges to smoke with simple practical strategies.
- Stop smoking groups** Most GP surgeries either run or can refer smokers to free NHS specialist-facilitated stop smoking groups. Although many smokers may be put off by the idea of groups, people who attend them report that they are enjoyable social occasions in which they learn a lot from each other about how to tackle problems associated with stopping smoking and their resolve not to smoke is strengthened by not wanting to let the group down. Clinical trials have found that such groups help about 1 in 20 quit attempts to succeed over and above those that would have succeeded anyway.¹³ Most smokers attending these groups will also use medication to maximise their chances of success.
- Individual face-to-face support** All GP surgeries should be able to provide or refer smokers to a stop smoking advisor to help with stopping smoking. This may be provided by a fully trained specialist who is employed by the NHS for this role or a practice nurse, pharmacist or other health professional who has received training and does this as well as their other activities. The idea is to give practical advice and support in a non-judgmental manner. The effectiveness of this support probably varies with the advisor but clinical trials have found that when given by fully trained specialists it can help about 1 in 20 quit attempts to succeed in addition to those that would have succeeded anyway.¹⁴ Most smokers seeing an advisor will also use medication to maximise their chances of success.
- Telephone support** Some NHS stop smoking services (accessible through GPs) provide psychological support over the telephone. [QUIT](#) is a national charity that has a free-phone number where smokers can get telephone support. This is very similar to the kind of support offered by stop smoking advisors attached to GP surgeries but obviously without the need to travel to appointments. Clinical trials have found that this kind of support has a similar level of effectiveness to face-to-face support.¹⁵
- QUIT's helpline number is 0800 00 22 00.** There is also an **NHS helpline** which does not provide support directly but can tell smokers how to get support locally: **0800 169 0169**.
- Unproven aids to cessation** All of the above approaches have been evaluated in controlled clinical trials in which success rates in smokers using the aid have been compared with similar smokers using a placebo, nothing or something else. There are a number of commercial companies selling materials, devices and treatments, often claiming higher levels of effectiveness, which have not be evaluated in this way. Success at stopping smoking is somewhat unpredictable and many people will report having succeeded after using one of these treatments but unless the aid has been subjected to comparative trials that are either independent of the company or audited by an independent agency, smokers would be advised to treat claims of effectiveness with caution.

References

- 1 Nicotine Addiction in Britain. A report of the Royal College of Physicians, February 2000 [\[View report\]](#)
- 2 Statistics on smoking: England, 2008. The Information Centre for Health and Social Care. Oct. 2008 <http://www.ic.nhs.uk/pubs/smoking08>
- 3 West R (2006) Background smoking cessation rates in England: [\[View report\]](#)
- 4 Doll R, Peto R, Wheatley K, Gray R, Sutherland I. Mortality in relation to smoking: 40 years' observations on male British doctors. *BMJ* 1994; 309: 901-911 [\[Abstract/\]](#)
- 5 West R, Jarvis M. Tobacco smoking and mental disorder. *Italian Journal of Psychiatry and Behavioural Science* 2005;15:10-17.
- 6 West R (2006) Does stopping smoking make any difference to happiness? Cancer Research UK Press Release [\[View\]](#)
- 7 The Health Benefits of Smoking Cessation: A report of the Surgeon General. US DHHS, 1990; American Lung Association.
- 8 West, R. and Shiffman, S. Smoking cessation. Fast Facts. Oxford, Health Press, 2004
- 9 Cigars: Health effects and trends. National Cancer Institute, 1998
- 10 Nicotine replacement therapy for smoking cessation. The Cochrane Library, Issue 3, May 2001 [\[View document\]](#)
- 11 Bupropion to aid smoking cessation. *Drug and Therapeutics Bulletin*. Vol 38 no.10 Oct. 2000
- 12 Cahill K, Stead L, Lancaster, T. Nicotine receptor partial agonists for smoking cessation. (Review) The Cochrane Collaboration. 2007 Art. No: CD006103. DOI: 10.1002/14651858.CD006103.pub2. [View abstract](#)
- 13 Stead LF, Lancaster T. Group behaviour therapy programmes for smoking cessation. *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD001007. DOI: 10.1002/14651858.CD001007.pub2.
- 14 Lancaster T, Stead LF. Physician advice for smoking cessation. *Cochrane Database of Systematic Reviews* 2004, Issue 4. Art. No.: CD000165. DOI: 10.1002/14651858.CD000165.pub2.
- 15 Stead LF, Perera R, Lancaster T. Telephone counselling for smoking cessation. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD002850. DOI: 10.1002/14651858.CD002850.pub2.