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Reasons to Quit Smoking

No matter how old you are or how long you've smoked, quitting will help you live longer. People who stop smoking before age 50 cut their risk of dying in the next 15 years in half compared with those who continue to smoke. Ex-smokers enjoy a higher quality of life with fewer illnesses from cold and flu viruses, better self-reported health, and reduced rates of bronchitis and pneumonia.

For decades the Surgeon General has reported the health risks linked to smoking. In 1990, the Surgeon General concluded:

- Quitting smoking has major and immediate health benefits for men and women of all ages. Benefits apply to people with and without smoking-related disease.
- Former smokers live longer than people who keep smoking.
- Quitting smoking decreases the risk of lung cancer, other cancers, heart attack, stroke, and chronic lung disease.
- Women who stop smoking before pregnancy or during the first 3 to 4 months of pregnancy reduce their risk of having a low birth-weight baby to that of women who never smoked.
- The health benefits of quitting smoking are far greater than any risks from the small weight gain (usually less than 10 pounds) or any emotional or psychological problems that may follow quitting.

20 minutes after quitting: Your heart rate and blood pressure drops. (Effect of Smoking on Arterial Stiffness and Pulse Pressure Amplification, Mahmud, A, Feely, J. 2003. *Hypertension*:41:183.)

12 hours after quitting: The carbon monoxide level in your blood drops to normal. (*US Surgeon General's Report*, 1988, p. 202)

2 weeks to 3 months after quitting: Your circulation improves and your lung function increases. (*US Surgeon General's Report*, 1990, pp.193, 194,196, 285, 323)

1 to 9 months after quitting: Coughing and shortness of breath decrease; cilia (tiny hair-like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection. (*US Surgeon General's Report*, 1990, pp. 285-287, 304)

1 year after quitting: The excess risk of coronary heart disease is half that of a smoker's. (*US Surgeon General's Report*, 1990, p. vi)

5 years after quitting: Your stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting. (*US Surgeon General's Report*, 1990, p. vi)

10 years after quitting: The lung cancer death rate is about half that of a continuing smoker's. The risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decrease. (*US Surgeon General's Report*, 1990, pp. vi, 131, 148, 152, 155, 164,166)

15 years after quitting: The risk of coronary heart disease is that of a non-smoker's. (*US Surgeon General's Report*, 1990, p. vi)

Immediate Rewards of Quitting

Kicking the tobacco habit offers some benefits that you'll notice right away and some that will develop over time.

These rewards can improve your day-to-day life a great deal:

- your breath smells better
- stained teeth get whiter
- bad smelling clothes and hair go away
- your yellow fingers and fingernails disappear
- food tastes better
- your sense of smell returns to normal
- everyday activities no longer leave you out of breath (for example, climbing stairs or light housework).

Cost of Smoking

The prospect of better health is a major reason for quitting, but there are other reasons, too.

Smoking is expensive. It isn't hard to figure out how much you spend on smoking: multiply how much money you spend on tobacco every day by 365 (days per year). The amount may surprise you. Now multiply that by the number of years you have been using tobacco and that amount will probably shock you.

Multiply the cost per year by 10 (for the upcoming 10 years) and ask yourself what you would rather do with that much money.

And this doesn't include other possible costs, such as higher costs for health and life insurance, and likely health care costs due to tobacco-related problems.

Social Acceptance

Smoking is less socially acceptable now than it was in the past.

Almost all workplaces have some type of smoking rules. Some employers even prefer to hire non-smokers. Studies show smoking employees cost businesses more to employ because they are out sick more. Employees who are ill more often than others can raise an employer's need for expensive short-term replacement workers. They can increase insurance costs both for other employees and for the employer, who often pays part of the workers' insurance premiums. Smokers in a building also can increase the maintenance costs of keeping odors down, since residue from cigarette smoke clings to carpets, drapes, and other fabrics.

Landlords may choose not to rent to smokers since maintenance costs and insurance rates may rise when smokers occupy buildings.

Friends may ask you not to smoke in their homes or cars. Public buildings, concerts, and even sporting events are largely smoke-free. And more and more communities are restricting smoking in all public places, including restaurants and bars. Like it or not, finding a place to smoke can be a hassle.

Smokers may also find their prospects for dating or romantic involvement, including marriage, are largely limited to other smokers, who make up only about 21% of the adult population.

Setting an Example

If you have children, you probably want to set a good example for them. When asked, nearly all smokers say they don't want their children to smoke, but children whose parents smoke are more likely to start smoking themselves. You can become a good role model for them by quitting now.





Health of Others

Smoking not only harms your health but it hurts the health of those around you. Studies have shown that secondhand smoke causes thousands of deaths each year from lung cancer and heart disease in healthy non-smokers.

If a mother smokes, there is a higher risk of her baby developing asthma in childhood, especially if she smoked while she was pregnant. Smoking is also linked to sudden infant death syndrome (SIDS) and low birth-weight infants. Babies and children raised in a household where there is smoking have more ear infections, colds, bronchitis, and other lung and breathing problems than children from non-smoking families. Secondhand smoke can also cause eye irritation, headaches, nausea, and dizziness.

Secondhand Smoke

Secondhand smoke, also known as environmental tobacco smoke (ETS) or passive smoke, is a mixture of 2 forms of smoke from burning tobacco products:

- Sidestream smoke: smoke that comes from the end of a lighted cigarette, pipe, or cigar
- Mainstream smoke: smoke that is exhaled by a smoker.

When non-smokers are exposed to secondhand smoke it is called involuntary smoking or passive smoking. Non-smokers exposed to secondhand smoke absorb nicotine and other toxic chemicals just like smokers do. The more secondhand smoke you are exposed to, the higher the level of these harmful chemicals in your body.

Why Is Secondhand Smoke a Problem?

Secondhand smoke is classified as a "known human carcinogen" (cancer-causing agent) by the US Environmental Protection Agency (EPA), the US National Toxicology Program, and the International Agency for Research on Cancer (IARC), a branch of the World Health Organization. Tobacco smoke contains over 4,000 chemical compounds. More than 60 of these are known or suspected to cause cancer.

Secondhand smoke can be harmful in many ways. In the United States alone, each year it is responsible for:

- an estimated 35,000 deaths from heart disease in non-smokers who live with smokers
- about 3,400 lung cancer deaths in non-smoking adults
- breathing problems in non-smokers, including coughing, mucus, chest discomfort, and reduced lung function
- 150,000 to 300,000 lung infections (such as pneumonia and bronchitis) in children younger than 18 months of age, which result in 7,500 to 15,000 hospitalizations
- increases in the number and severity of asthma attacks in about 200,000 to 1 million children who have asthma
- more than 750,000 middle ear infections in children.

The 2006 US Surgeon General's report reached several important conclusions:

- Secondhand smoke causes premature death and disease in children and in adults who do not smoke.
- Children exposed to secondhand smoke are at an increased risk of sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes breathing (respiratory) symptoms and slows lung growth in their children.
- Secondhand smoke immediately affects the heart and blood circulation in a harmful way. It also causes heart disease and lung cancer.
- The scientific evidence shows that there is no "safe" level of exposure to secondhand smoke.
- Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite a great deal of progress in tobacco control.
- The only way to fully protect non-smokers from exposure to secondhand smoke indoors is to prevent all smoking in that indoor space or building. Separating smokers from non-smokers, cleaning the air, and ventilating buildings cannot keep non-smokers from being exposed to secondhand smoke.

Where Is Smoking a Problem?

The Workplace. The workplace is a major source of secondhand smoke exposure for adults. Secondhand smoke meets the criteria to be classified as a potential cancer-causing agent by the Occupational Safety and Health Administration (OSHA), the federal agency responsible for health and safety regulations in the workplace. The National Institute for Occupational Safety and Health (NIOSH), another federal agency, also recommends that secondhand smoke be considered a potential occupational carcinogen. Because there are no known safe levels, they recommend that exposures to secondhand smoke be reduced to the lowest possible levels.

Secondhand smoke exposure in the workplace has been linked to an increased risk for heart disease and lung cancer among adult non-smokers. The Surgeon General has concluded that smoke-free workplace policies are the only effective way to do away with secondhand smoke exposure in the workplace. Separating smokers from non-smokers, cleaning the air, and ventilating the building cannot prevent exposure if people smoke inside the building. Aside from protecting non-smokers, workplace smoking restrictions may also encourage smokers who wish to quit or reduce their use of tobacco products.

Public Places. Everyone can be exposed to secondhand smoke in public places, such as restaurants, shopping centers, public transportation, schools, and daycare centers. Although some businesses are reluctant to ban smoking, there is no credible evidence that going smoke-free is bad for business. Public places where children go are a special area of concern.

Your Home. Making your home smoke-free may be one of the most important things you can do for the health of your family. Any family member can develop health problems related to secondhand smoke. Children are especially sensitive. In the United States, 21 million, or 35% of children live in homes where residents or visitors smoke in the home on a regular basis. About 50% to 75% of children in the United States have detectable levels of cotinine, the breakdown product of nicotine, in their blood.

Think about it: we spend more time at home than anywhere else. A smoke-free home protects your family, your guests, and even your pets.

Why Is It So Hard to Quit Smoking?

Mark Twain said, "Quitting smoking is easy. I've done it a thousand times." Maybe you've tried to quit, too. Why is quitting and staying quit hard for so many people? The answer is **nicotine**.

Nicotine is a drug found naturally in tobacco. It is highly addictive -- as addictive as heroin or cocaine. Over time, a person becomes physically and emotionally addicted to, or dependent on, nicotine. Studies have shown that smokers must deal with both the physical and psychological dependence to be successful at quitting and staying quit.

When you inhale smoke, nicotine is carried deep into your lungs, where it is absorbed quickly into the bloodstream and carried throughout your body. Nicotine affects many parts of the body, including your heart and blood vessels, your hormonal system, your metabolism, and your brain. During pregnancy, nicotine freely crosses the placenta and has been found in amniotic fluid and the umbilical cord blood of newborn infants.

Several different factors can affect how long it takes the body to remove nicotine and its by-products. In general, a regular smoker will have nicotine or its by-products, such as cotinine, in the body for about 3 to 4 days after stopping.





When smokers try to cut back or quit, the lack of nicotine leads to withdrawal symptoms. Withdrawal is both physical and mental. Both physical and mental addiction must be addressed in order for the quitting process to work.

Nicotine produces pleasant feelings that make the smoker want to smoke more. It also acts as a kind of depressant by interfering with the flow of information between nerve cells. As the nervous system adapts to nicotine, smokers tend to increase the number of cigarettes they smoke, and therefore the amount of nicotine in their blood. After a while, the smoker develops a tolerance to the drug, which leads to an increase in smoking over time. Over time, the smoker reaches a certain nicotine level and then smokes to maintain this level of nicotine. In fact, nicotine, when inhaled in cigarette smoke, reaches the brain faster than drugs that enter the body intravenously (IV).

When smokers try to cut back or quit, the lack of nicotine leads to withdrawal symptoms. Withdrawal is both physical and mental. Physically, the body reacts to the absence of nicotine. Mentally, the smoker is faced with giving up a habit, which calls for a major change in behavior. Both must be addressed in order for the quitting process to work.

If a person has smoked regularly for a few weeks or longer and suddenly stops using tobacco or greatly reduces the amount smoked, they will have withdrawal symptoms. Symptoms usually start within a few hours of the last cigarette and peak about 2 to 3 days later. Withdrawal symptoms can last for a few days to up to several weeks.

Withdrawal symptoms can include any of the following:

- dizziness (which may only last 1-2 days after quitting)
- depression
- feelings of frustration, impatience, and anger
- anxiety
- irritability
- sleep disturbances
- trouble concentrating
- restlessness
- headaches
- tiredness
- increased appetite.

These symptoms can lead the smoker to start smoking cigarettes again to boost blood levels of nicotine back to a level where there are no symptoms.

How to Quit

Smokers often say, "Don't tell me why to quit, tell me how." There is no one right way to quit, but there are some key elements in quitting with success. **These 4 factors are key:**

1. making the decision to quit
2. setting a quit date and choosing a quit plan
3. dealing with withdrawal
4. staying quit (maintenance).

1. Making the Decision to Quit

The decision to quit smoking is one that only you can make. Others may want you to quit, but the real commitment must come from you. Researchers have looked into how and why people stop smoking. They have some ideas, or models, of how this happens.

The Health Belief Model says that you will be more likely to stop smoking if you:

- believe that you could get a smoking-related disease and this worries you
- believe that you can make an honest attempt at quitting smoking
- believe that the benefits of quitting outweigh the benefits of continuing to smoke
- know of someone who has had health problems as a result of their smoking.

The Stages of Change Model identifies the stages that a person goes through in making a change in behavior.

Here are the stages as they apply to quitting smoking:

Pre-contemplation: At this stage, the smoker is not seriously thinking about quitting.

Contemplation: The smoker is actively thinking about quitting but is not quite ready to make a serious attempt. This person may say, "Yes, I'm ready to quit, but the stress at work is too much," or "I don't want to gain weight," or "I'm not sure if I can do it."

Preparation: Smokers in the preparation stage seriously intend to quit in the next month and often have tried to quit in the past 12 months. They usually have a plan.

Action: This is the first 6 months when the smoker is actively quitting.

Maintenance: This is the period of 6 months to 5 years after quitting when the ex-smoker is aware of the danger of relapse and takes steps to avoid it.

Where do you fit in this model? If you are thinking about quitting, setting a date and deciding on a plan will move you into the preparation stage, the best place to start.



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2. Setting a Quit Date and Deciding on a Plan

Pick a Quit Day

Once you've decided to quit, you're ready to pick a quit date. This is a very important step. Pick a specific day within the next month as your Quit Day. Picking a date too far in the future allows you time to rationalize and change your mind. But do give yourself enough time to prepare and come up with a plan. You might choose a date with a special meaning like a birthday or anniversary, or the date of the Great American Smokeout (the third Thursday in November each year). Or you may want to just pick a random date. Circle the date on your calendar. Make a strong, personal commitment to quit on that day.

Prepare for Your Quit Day

There is no one right way to quit. Most smokers prefer to quit cold turkey -- they stop completely, all at once. They smoke until their Quit Day and then quit. Or they may smoke fewer cigarettes for 1 or 2 weeks before their Quit Day. Another way involves cutting down on the number of cigarettes you smoke each day. With this method, you slowly reduce the amount of nicotine in your body. You might cut out cigarettes smoked with a cup of coffee, or you might decide to smoke only at certain times of the day. While it sounds logical to cut down in order to quit gradually, in practice this method is difficult.



Quitting smoking is a lot like losing weight, it takes a strong commitment over a long time.

Quitting smoking is a lot like losing weight; it takes a strong commitment over a long time. Smokers may wish there was a magic bullet -- a pill or method that would make quitting painless and easy. But there is nothing like that. Nicotine substitutes can help reduce withdrawal symptoms, but they are most effective when used as part of a stop-smoking plan that addresses both the physical and psychological components of quitting smoking.

Here are some steps to help you prepare for your Quit Day:

- Pick the date and mark it on your calendar.
- Tell friends and family of your Quit Day.
- Get rid of all the cigarettes and ashtrays in your home, car, and place of work.
- Stock up on oral substitutes -- sugarless gum, carrot sticks, and/or hard candy.
- Decide on a plan. Will you use NRT or other medicines? Will you attend a stop-smoking class? If so, sign up now.
- Practice saying, "No thank you, I don't smoke."
- Set up a support system. This could be a group class, Nicotine Anonymous, or a friend or family member who has successfully quit and is willing to help you. Ask family and friends who still smoke not to smoke around you or leave cigarettes out where you can see them.
- Think back to your past attempts to quit. Try to figure out what worked and what did not work for you.

Successful quitting is a matter of planning and commitment, not luck. Decide now on your own plan. Some options include using nicotine replacement, joining a stop-smoking class, going to Nicotine Anonymous meetings, using self-help materials such as books and pamphlets, or any combination of these methods. For the best chance at success, your plan should include one or more of these options.

On your Quit Day, follow these suggestions:

- Do not smoke. This means at all -- not even one puff!
- Keep active -- try walking, exercising, or doing other activities or hobbies.
- Drink lots of water and juices.
- Begin using nicotine replacement if that is your choice.
- Attend stop-smoking class or start following a self-help plan.
- Avoid situations where the urge to smoke is strong.
- Reduce or avoid alcohol.
- Think about changing your routine. Use a different route to work, drink tea instead of coffee. Eat breakfast in a different place or eat different foods.

3. Dealing with Withdrawal

Withdrawal from nicotine has 2 parts -- the physical and the psychological. The physical symptoms, while annoying, are not life-threatening. Nicotine replacement can help reduce many of these physical symptoms. But most smokers find that the bigger challenge is the mental part of quitting.

If you have been smoking for any length of time, smoking has become linked with nearly everything you do -- waking up in the morning, eating, reading, watching TV, and drinking coffee, for example. It will take time to un-link smoking from these activities. That is why, even if you are using a nicotine replacement, you may still have strong urges to smoke. One way to overcome these urges or cravings is to identify rationalizations as they come up. A rationalization is a mistaken belief that seems to make sense at the time but is not based on facts.

If you have tried to quit before, you will probably recognize many of these common rationalizations:

- I'll just have one to get through this rough spot.
- Today is not a good day; I'll quit tomorrow.
- It's my only vice.
- How bad is smoking, really? Uncle Harry smoked all his life and he lived to be over 90.
- Air pollution is probably just as bad.
- You've got to die of something.
- Life is no fun without smoking.

You probably can add more to the list. As you go through the first few days without smoking, write down any rationalizations as they come up and recognize them for what they are: messages that can trap you into going back to smoking.

Use the ideas below to help you keep your commitment to quitting:

Avoid temptation. Stay away from people and places where you are tempted to smoke. Later on you will be able to handle these with more confidence.

Change your habits. Switch to juices or water instead of alcohol or coffee. Take a different route to work. Take a brisk walk instead of a coffee break.

Alternatives: Use oral substitutes such as sugarless gum or hard candy, raw vegetables such as carrot sticks, or sunflower seeds.

Activities: Do something to reduce your stress. Exercise or do hobbies that keep your hands busy, such as needlework or woodworking, which can help distract you from the urge to smoke. Take a hot bath, exercise, or read a book.

Deep breathing: When you were smoking, you breathed deeply as you inhaled the smoke. When the urge strikes now, breathe deeply and picture your lungs filling with fresh, clean air. Remind yourself of your reasons for quitting and the benefits you'll gain as an ex-smoker.

Delay: If you feel that you are about to light up, delay. Tell yourself you must wait at least 10 minutes. Often this simple trick will allow you to move beyond the strong urge to smoke.

Reward yourself: What you're doing is not easy, so you deserve a reward. Put the money you would have spent on tobacco in a jar every day and then buy yourself a weekly treat. Buy a magazine, go out to eat, call a friend long-distance. Or save the money for a major purchase. You can also reward yourself in ways that don't cost money: visit a park or the library, develop a new hobby, or take a yoga class.

4. Staying Quit (Maintenance)

Remember the quotation by Mark Twain? Maybe you, too, have quit many times before. So you know that staying quit is the final, and most important, stage of the process. You can use the same methods to stay quit as you did to help you through withdrawal. Think ahead to those times when you may be tempted to smoke, and plan on how you will use alternatives and activities to cope with these situations.

More dangerous, perhaps, are the unexpected strong desires to smoke that happen sometimes months, or even years after you've quit.



Staying quit is the final and most important stage of the process. You can use the same methods to stay quit as you did to help you get through withdrawal.

To get through these without relapse, try the following:

- Review your reasons for quitting and think of all the benefits to your health, your finances, and your family.
- Remind yourself that there is no such thing as just one cigarette -- or even one puff.
- Ride out the desire to smoke. It will go away, but do not fool yourself into thinking you can have just one.
- Avoid alcohol. Drinking lowers your chance of success.
- If you are worried about gaining weight, put some energy into eating a healthy diet and staying active with exercise.

What if you do smoke? The difference between a slip and a relapse is within your control. A slip is a one-time mistake that is quickly corrected, whereas a relapse is going back to smoking. You can use the slip as an excuse to go back to smoking, or you can look at what went wrong and renew your commitment to staying away from smoking for good.

Even if you do relapse, try not to get too discouraged. Very few people are able to quit for good on the first try. In fact, it takes most people many attempts before quitting for good. What's important is figuring out what helped you when you tried to quit and what worked against you. You can then use this information to make a stronger attempt at quitting the next time.

Additional Resources

Desktop Helpers

[Smokeout Countdown Clock and Craving Stopper](#)

Payroll Stuffer

[It's Never Too Late to Quit . . . / Nunca es demasiado tarde para dejar de fumar . . .](#) [PDF]

Posters

[Thinking about quitting smoking? / ¿Está pensando dejar de fumar?](#) [PDF]

[Join the Great American Smokeout](#) [PDF]

[Be a part of Great American Smokeout](#) [PDF]

Fact Sheets and Resources

[When smokers quit](#) [PDF]

[Clearing the Air](#) [jpg]

[Facts About Secondhand Smoke](#) [PDF]

[Smoke-free Policies Improve Workers' Health](#) [PDF]

Stickers

[Be Smoke-free . . . Just Like Me!](#) [PDF]

[Be Patient. Non Smoker in Progress](#) [PDF]

T-shirt Transfer

[I'm a Born Non-Smoker](#) [PDF]

Kits

[Great American Smokeout Employer Toolkit](#) [PDF]

[Great American Smokeout School Implementation Ideas](#) [PDF]