

THE NEW
QUIT® GUIDE
TO POPULAR
SMOKING
MYTHS

SO YOU WANT THE TRUTH




QUIT®
Saves Lives

0800 00 22 00

WHY READ THIS GUIDE?

Contents

The Truth about Smoking and Health	2
The Truth about Stopping Smoking	10
The Truth about Nicotine Addiction	12
The Truth about Smoking and Pregnancy	17

We all know that smoking is bad for us. But sometimes it is easier to believe the various myths and half-truths that surround smoking than to accept that it is time to quit.

Here we expose some of those myths and give you the true facts about smoking and quitting.

On the following pages, you will find myths and facts about stopping smoking, smoking and health as well as nicotine addiction.

If you would like to talk about your smoking concerns, QUIT® counsellors can help, ring the Quitline® 0800 00 22 00 or email stopsmoking@quit.org.uk

This guide has been produced by QUIT, the UK charity that has helped over 2 million smokers.



THE TRUTH ABOUT SMOKING AND HEALTH

MYTH – Smoking relieves stress and helps me feel calm and relaxed.

FACT – Once you have stopped smoking, evidence clearly shows you will be calmer and happier. Ex-smokers and non-smokers feel less anxious, less depressed and less stressed than smokers.⁽¹⁾
In the long term, nicotine depresses the ability of the brain to experience pleasure.⁽²⁾

MYTH – I am unlikely to get a smoking related disease.

FACT – About half of regular smokers will eventually be killed by their addiction.⁽³⁾



MYTH – My smoking doesn't harm anyone else, passive smoking is not a problem.

FACT – Second hand smoke is a very real danger. Since summer 2007 smoking has been banned in all enclosed public places across the UK.

Non-smokers have between a 20% and 30% risk of contracting lung cancer from exposure to other people's smoke. It is also a cause of respiratory disease, cot death, middle ear infections and asthma attacks in children.⁽⁴⁾

Non-smokers who are exposed to passive smoking in the home have a 25% increased risk of heart disease and lung cancer.⁽⁵⁾



MYTH – Smoking does not harm my looks.

FACT – Smoking ages the skin by dehydrating it, depleting it of essential nutrients and depriving it of oxygen. The more a person smokes, the greater the risk of premature wrinkling as it increases production of an enzyme that breaks down collagen in the skin. Smokers in their 40s often have as many facial wrinkles as non-smokers in their 60s.⁽⁶⁾
Smoking also stains your teeth and makes them yellow.⁽⁷⁾

MYTH – Smoking helps me stay thin and fit.

FACT – It is true that most people put on weight when they stop smoking. Smoking is more damaging to your health than being slightly overweight. You would have a BMI of 35 or more to have the same risks as smoking.⁽⁸⁾ Smoking certainly does not keep you fit, it reduces physical fitness and endurance by cutting down the amount of oxygen available in the body and forcing the heart to work harder. It also increases fatigue during and after exercise.⁽⁹⁾



MYTH – I only smoke cigars, not cigarettes so I am not at any health risk.

FACT – Cigars and pipes are just as dangerous a form of smoking as cigarettes if the smoker inhales.⁽¹⁰⁾

MYTH – Smoking is not harmful for me as I never smoke cigarettes, but only use a hookah (also known as shisha, hubble-bubble pipe and waterpipe).

FACT – Inhaling tobacco smoke from anything is extremely dangerous. It contains high concentrations of toxins and cancer-causing chemicals.⁽¹¹⁾

MYTH – Herbal cigarettes are tobacco-free and nicotine-free so they must be risk-free.

FACT – Herbal cigarettes are far from risk free. The herbs they contain are harmful once they are set on fire. According to a report by the US Federal Trade Commission herbal cigarettes produce the same toxins found in tobacco smoke including tar and carbon monoxide.⁽¹²⁾ In April 2000, the commission ordered herbal cigarette manufacturers to add the following warning to all packages:
“Herbal cigarettes are dangerous to your health. They produce tar and carbon monoxide.”



MYTH – Smoking “smooth” brands will protect my health.

FACT – “Smooth” cigarettes are just as harmful as regular brands.⁽¹³⁾ When smoking “smooth” brands, smokers puff and inhale more and block the ventilation holes that would otherwise dilute the smoke.⁽¹⁴⁾

MYTH – I exercise regularly and eat healthily so it is okay to smoke.

FACT – Eating lots of fruit is good for your health and even moderate amounts of exercise are beneficial. But these protective effects are very small compared to the damaging effects of smoking. If you are a smoker, then keeping fit and eating healthily is not going to cancel out your increased risk of cancer or other smoking-related diseases.⁽¹⁵⁾



MYTH – I am okay because I roll my own cigarettes.

FACT – Roll-ups are just as unhealthy as manufactured cigarettes.⁽¹⁵⁾

MYTH – I only smoke occasionally, so that doesn't cause any health risks.

FACT – Occasional smoking is also dangerous, the risk of lung cancer is more than doubled and the risk of heart attack is increased by 50%.⁽¹⁶⁾ People who smoke just 1 to 4 cigarettes a day have much greater risks of dying from lung cancer or heart disease than non-smokers.⁽¹⁷⁾ Even occasional smokers, who have never smoked daily, have higher risks of most cancers, and double the risk of bladder cancer.⁽¹⁸⁾



MYTH – It doesn't matter if smoking gives me wrinkles, as I can always have a facelift when I get older.

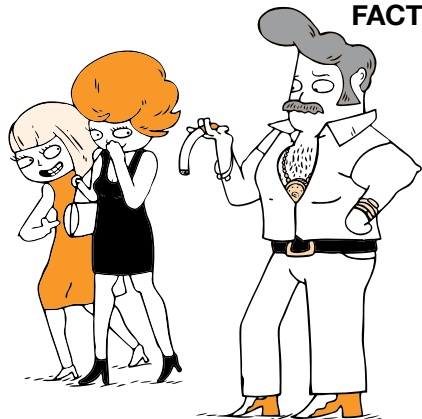
FACT – A facelift may not be the answer as any form of plastic surgery is not so successful in women who smoke. Smoking results in impaired wound healing and poor surgical results.⁽¹⁹⁾

MYTH – Smoking makes you sexy.

FACT – Male smokers are twice as likely as non-smokers to suffer impotence. Around 120,000 men in their 30s and 40s are impotent in the UK as a result of smoking.⁽²⁰⁾ Women who smoke take longer to conceive. Among smokers, the chance of conceiving falls by up to 40% per cycle.⁽²¹⁾

MYTH – Starting smoking in your early teens does no long term damage so long as you quit in your thirties.

FACT – Teenage smoking stops your lungs growing correctly, you grow up but your lungs don't. For a girl, her lungs stop growing at 18 and if she smokes before this age her lungs will never develop properly. For a boy, it is even worse as his lungs aren't fully developed until he is 24 and any smoking before this age causes permanent damage.⁽²²⁾

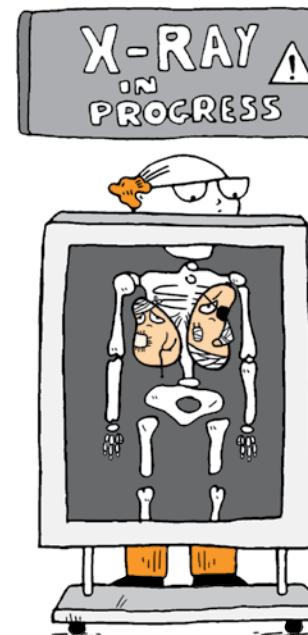


MYTH – Whenever you stop smoking your lungs will repair themselves.

FACT – If you stop smoking when you are still in your 30s you can expect your lung function to improve. Stopping smoking before the age of 30 avoids more than 90% of the risk of lung damage attributable to smoking.⁽²³⁾ However for older people, if your lungs have already been damaged by smoking, improvement is not possible although quitting will slow down further deterioration.⁽²⁴⁾

MYTH – Coughing is normal for a smoker.

FACT – So called smoker's cough is often the first sign that something is seriously wrong with your lungs. You should go to the doctor and get your lungs tested.⁽²⁵⁾



If you are concerned about any of these facts, contact a QUIT counsellor on 0800 00 22 00 or email stopsmoking@quit.org.uk

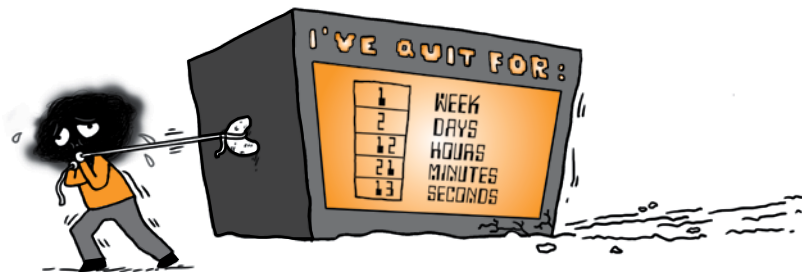
THE TRUTH ABOUT STOPPING SMOKING

MYTH – It is best to rely on willpower alone when trying to stop smoking.

FACT – Willpower alone gives you the lowest chance of success of any method. Nicotine Replacement Therapy (NRT) and prescription medications improve your chances of stopping as does joining a stop smoking group and talking to a QUIT counsellor on 0800 00 22 00. If you use medication and support you can quadruple your chances of success.⁽²⁶⁾

MYTH – I have been smoking for so long it is not worth giving up.

FACT – No matter how long you have been smoking it is worth quitting. Within a year, the risk of heart attack reduces and the risk of cancer is frozen at the level it was when you stopped.⁽²⁷⁾ Every year that stopping smoking is postponed after the age of 40, life expectancy is reduced by 3 months.⁽²⁸⁾ People who stop smoking before age 50 cut their risk of dying in the next 15 years in half compared with those who keep smoking.⁽²⁹⁾



MYTH – I already have emphysema so there is no point in quitting smoking, the damage has been done.

FACT – Although stopping smoking will not cure emphysema, it will stop the disease from getting any worse and those who quit smoking while still young can expect their lung function to improve.⁽³⁰⁾

MYTH – I can smoke one cigarette and still maintain my quit programme.

FACT – If only this were true. Unfortunately, all the evidence shows that one cigarette leads to another and before you know it you are back to smoking regularly again.⁽³¹⁾

MYTH – I would never be able to cope with the withdrawal symptoms, they are so awful.

FACT – The withdrawal symptoms, which include mood disturbance, difficulty concentrating and increased appetite, can be controlled with nicotine patches, gum, or other medications such as Varenicline.⁽³²⁾



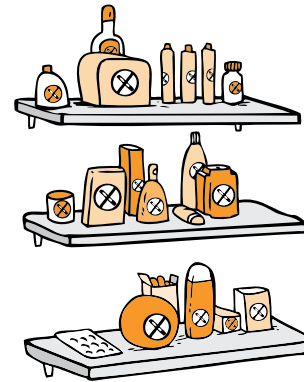
THE TRUTH ABOUT NICOTINE ADDICTION

MYTH – Nicotine replacement products are bad for you as they still put nicotine into your body.

FACT – Nicotine does not cause cancer. It is the tar, carbon monoxide and other 4,000 toxic chemicals found in cigarettes that damage your health not the nicotine.⁽³³⁾

MYTH – I will get addicted to nicotine patches.

FACT – Nicotine from patches is absorbed at a much slower rate into the body than from a cigarette, and there is little evidence that people can become addicted to them.⁽³⁴⁾

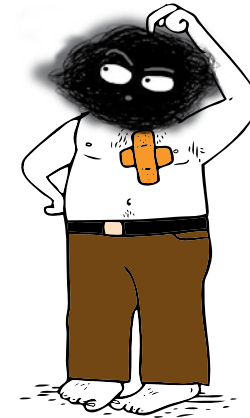


MYTH – It is dangerous to use more than one nicotine replacement product at a time.

FACT – Using more than one product often increases the likelihood of success especially if you have previously tried and failed using the patch alone. The patch provides background nicotine replacement while nasal sprays, inhalators, chewing gum, tablets that dissolve under the tongue and lozenges, are all forms that can be used if you get a sudden cigarette craving.⁽³⁵⁾

MYTH – I've had a heart attack so I can't use stop smoking products.

FACT – Nicotine Replacement Therapy is suitable for most people but because nicotine can increase the heart rate and blood pressure, people with a history of heart attack or heart problems (such as angina or irregular heartbeats) should take care when using nicotine patches and check with their doctor first.⁽³⁶⁾



MYTH – I can't use stop smoking products because I have diabetes.

FACT – Nicotine Replacement Therapy is suitable for most people but you should discuss the situation with your doctor first and monitor your blood sugar levels more closely when you start using NRT.⁽³⁷⁾

MYTH – Non-NRT products such as Bupropion and Varenicline are unsafe as users become depressed and suicidal.

FACT – For most people these drugs are perfectly safe if taken correctly. Your GP will advise you if these forms of treatments are safe for you.⁽³⁸⁾

MYTH – If I cut the patch in half it will be better for me.

FACT – All NRT patches provide a controlled amount of nicotine to help protect you from cravings and withdrawal symptoms when you stop smoking. They come in a wide range of strengths, with doses starting at 25 milligrams, 21mg and 15mg. If you are unsure which strength is right for you, ring 0800 00 22 00 or email stopsmoking@quit.org.uk to get expert advice from a QUIT counsellor. When you feel you need less nicotine, step down to a lower strength.⁽³⁹⁾

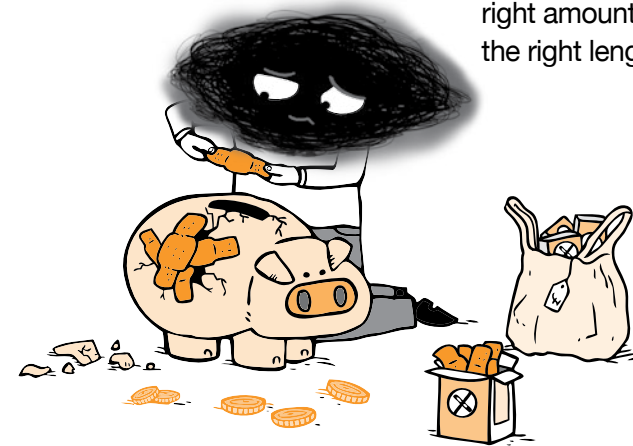


MYTH – If I use nicotine replacement it will stop me from wanting to smoke.

FACT – Nicotine Replacement Therapy reduces cravings and withdrawal symptoms but it does not make them go away completely. You will still need a lot of willpower.⁽⁴⁰⁾

MYTH – I can save money by only using my nicotine replacement products occasionally when I feel a particular urge to smoke.

FACT – Don't try to save money by seeing how long you can last between gum or puffs on your inhalator, by cutting patches in half or by stopping use of NRT early. Irregular use means your nicotine levels won't be steady, which could make your cravings come back or even get worse. It's important to complete the whole course to ensure you are properly weaned off nicotine. For the best results you need to use the right amount of the right NRT product for the right length of time.⁽⁴¹⁾



THE TRUTH ABOUT SMOKING AND PREGNANCY

MYTH – Nicotine Replacement Therapy is too expensive.

FACT – You can get NRT on prescription through your GP or NHS Stop Smoking Services. If you don't have a prescription then a week's supply of patches or gum will cost between £13 and £20 depending on the brand and strength, which is still a lot cheaper than smoking for many smokers.⁽⁴¹⁾



MYTH – I've been smoking as I didn't know I was pregnant, so I might as well carry on.

FACT – It's never too late to stop smoking. Every time you smoke a cigarette, it makes your baby's heart beat faster, so once you stop, you and your baby will feel the difference immediately.⁽⁴²⁾ Smoking in the last four to five months of pregnancy is particularly harmful to the growth and health of your baby.

MYTH – My mum smoked and I'm fine, so there's no problem with me smoking.

FACT – Over the years, our knowledge and awareness of the dangers of smoking has grown considerably. Support to help mums-to-be quit was not available in the way it is today. For help and advice, contact the NHS Pregnancy Smoking Helpline on 0800 169 9 169.



MYTH – The stress of quitting is worse for my baby than carrying on smoking.

FACT – Smoking is far more damaging for your health and your baby’s health than any stress that comes from quitting. You might be feeling stressed from time to time and you may feel that smoking helps you cope, but non-smokers usually have lower stress levels. Stopping smoking while you’re pregnant is the most important step you can take to benefit the health of your baby.⁽⁴³⁾

MYTH – Using Nicotine Replacement Therapy is just as dangerous as smoking during pregnancy.

FACT – The nicotine used in NRT is less harmful than the chemicals in cigarettes, so if it is going to help you quit, NRT is a much better option than continuing to smoke.⁽⁴⁴⁾ There are several options which are safe for pregnant women. Patches, gum, inhalators, nasal spray, lozenges and microtabs are all available for mums-to-be. If you are concerned about what medicines to use during pregnancy speak to your midwife, GP or the NHS Pregnancy Smoking Helpline.



MYTH – The womb provides a protective bubble for the baby.

FACT – When you smoke a cigarette, the smoke passes through your lungs into your bloodstream, which is shared by your baby. The blood then moves around your body and through the placenta and umbilical cord. Carbon monoxide in cigarettes restricts oxygen supply, meaning your baby gets less of the oxygen it needs to grow, which can affect its development.⁽⁴⁵⁾

MYTH – Smoking will make giving birth easier as my baby will be smaller.

FACT – Being under-size as a baby is linked to serious illnesses all through life. Being small does not help with the birth either because the size of the head is the same.⁽⁴⁶⁾ In addition, smoking during pregnancy increases the chances of miscarriage,⁽⁴⁷⁾ and raises the risk of premature birth.⁽⁴⁸⁾



REFERENCES

- 1 West R. Defining and assessing nicotine dependence in humans. In: Corrigan WA, ed. Understanding nicotine and tobacco addiction. London: Wiley, 2006:36-63.
- 2 WHO Technical Report Series no 407, Geneva, 1969.
- 3 Action on Smoking and Health Smoking Statistics February 2009
- 4 UK's Scientific Committee on Tobacco and Health (SCOTH) 1998 <http://www.archive.official-documents.co.uk/document/doh/tobacco/contents.htm>
- 5 Law MR et al. Environmental tobacco smoke exposure and ischaemic heart disease: an evaluation of the evidence. *BMJ* 1997; 315: 973-80
- 6 Action on Smoking and Health. Essential information on how smoking affects the way you look August 2007 http://www.ash.org.uk/files/documents/ASH_115.pdf
- 7 WHO The smoker's body. Creating Health. Geneva 2002.
- 8 Sturm, R and Wells, KB. Does obesity contribute as much to morbidity as poverty or smoking? *Public Health* 2001 115: 229-235. <http://jama.ama-assn.org/cgi/content/full/289/2/229>
- 9 The Non-Smokers' Movement of Australia NSW Quit Campaign – fact sheet 5 Smoking and Fitness <http://www.nsm.org.au/facts/fitness.htm>
- 10 Cigars: Health effects and trends. National Cancer Institute, 1998
- 11 Waterpipe tobacco smoking: Health effects, research needs and recommended actions by regulators. WHO study group on tobacco regulation. WHO, 2005
- 12 US Federal Trade Commission (FTC), accepts Settlements of Charge that "Alternative Cigarette Ads Are Deceptive" (April 27, 2000)
- 13 Jarvis, M., and C. Bates. Why low tar cigarettes don't work and how the tobacco industry has fooled the smoking public. 1999
- 14 Russell, M., et al., Relation of nicotine yield of cigarettes to blood nicotine concentrations in smokers. *Br Med J*, 1980. 280: p. 972-6; Benowitz, N., et al., Smokers of low-yield cigarettes do not consume less nicotine. *N Engl J Med*, 1983. 309: p. 139-42; Hammond, D., et al., Smoking Topography, Brand Switching, and Nicotine Delivery: Results from an In vivo Study. *Cancer Epidemiol Biomarkers Prev*, 2005. 14(6): p. 1370-5.
- 15 Cancer Research UK, Healthy Living, Smoking and Tobacco July 2008 http://info.cancerresearchuk.org/healthyliving/smokingandtobacco/commonquestions/?a=5441#faq_194110
- 16 US Department of Health and Human Services. Preventing tobacco use among young people: a report of the Surgeon-General. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Atlanta, GA: USDHHS, 1994.
- 17 Bjartveit, K. and A. Tverdal. Health consequences of smoking 1-4 cigarettes per day. *Tob Control*, 2005. 14(5): p. 315-20.
- 18 Bjerregaard, B.K., et al., The effect of occasional smoking on smoking-related cancers: In the European Prospective Investigation into Cancer and Nutrition (EPIC). *Cancer Causes Control*, 2006. 17(10): p. 1305-1309.
- 19 LD Chang, G Buncke, S Slezak, HJ Buncke Cigarette smoking, plastic surgery, and microsurgery. *Journal of reconstructive microsurgery*, 1996 Oct;12(7):467-74. ncbi.nlm.nih.gov
- 20 Dorey G Is smoking the cause of erectile dysfunction? A literature review. *British Journal of Nursing* 2001 10: 455 - 65
- 21 Curtis KM, Savitz DA & Arbuckle TE Effects of cigarette smoking, caffeine consumption, and alcohol intake on fecundability. *Am J Epidemiol* 1997 146: 32-41
- 22 Teen Smoking, Field Cancerization, and a "Critical Period" Hypothesis for Lung Cancer Susceptibility. John K. Wiencke and Karl T. Kelsey. *Environ Health Perspect* 110:555-558 (2002) www.ehponline.org/docs/2002/110p555-558wiencke/abstract.html
- 23 Peto R et al. Smoking, smoking cessation, and lung cancer in the UK since 1950. *BMJ* 2000; 321: 323-329
- 24 Pelkonen M et al. Pulmonary Function, smoking cessation and 30 year mortality in middle aged Finnish men. *Thorax* 2000; 55: 746 – 75
- 25 The Health Consequences of Smoking: Report of the Surgeon General, US Department of Health and Human Services, National Centre for Chronic Disease Prevention and Promotion, Office on Smoking and Health 2004. www.cdc.gov/tobacco/sgr/sgr_2004/
- 26 NICE guidance on smoking cessation services February 2008 <http://www.nice.org.uk/nicemedia/pdf/PH010guidance.pdf>
- 27 The Health Benefits of Smoking Cessation: A report of the Surgeon General. US DHHS, 1990; American Lung Association
- 28 Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 2004;328:1519.
- 29 American Cancer Society Guide to Quitting Smoking http://www.cancer.org/docroot/PED/content/PED_10_13X_Guide_for_Quitting_Smoking.asp
- 30 Pelkonen M et al. Pulmonary Function, smoking cessation and 30 year mortality in middle aged Finnish men. *Thorax* 2000; 55: 746 - 750
- 31 Health Promotion Unit, Government of Yukon, Canada. <http://www.hss.gov.yk.ca/downloads/qpnews0407.pdf>
- 32 West, R. and Shiffman, S. Smoking cessation. Fast Facts. Oxford, Health Press, 2004
- 33 NHS Choices, Smokefree <http://smokefree.nhs.uk>
- 34 Henningfield JE. Nicotine medications for smoking cessation. *New England Journal Med* 333:1196–1203, 1995; Ref: Silagy C, Lancaster T, Stead L et al. Nicotine replacement therapy for smoking cessation. *Cochrane review. Cochrane Library Issue 3 2002*
- 35 Nicotine Replacement Therapy for Smoking Cessation. Silagy C, Lancaster T, Stead L, Mant D, Fowler G. *Cochrane Database Syst Rev* 2004;(3):CD000146.
- 36 British National Formulary, 2002; NHS Choices, Smokefree <http://smokefree.nhs.uk>
- 37 National Institute for Clinical Excellence. Technology appraisal guidance No.39 - Guidance on the use of NRT for smoking cessation.
- 38 MRHA Safety Information Stop Smoking Treatments, March 2009 <http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Adviceandinformationforconsumers/Stopsmokingtreatments/CON2031590>
- 39 QUIT. www.quitbecause.org.uk
- 40 Action on Smoking and Health, Scotland. <http://www.ashscotland.org.uk>
- 41 No Smoking Day health campaign <http://www.nosmokingday.org.uk/smokers/nrt.htm>
- 42 Dempsey, DA and Benowitz, NL. Risks and Benefits of Nicotine to aid Smoking Cessation in Pregnancy. *Drug Safety* 24,290. 2001
- 43 Royal College of Physicians Nicotine Addiction in Britain. 2000
- 44 MHRA report of the Committee of Safety of Medicines working group on Nicotine Replacement Therapy. 2006
- 45 Nash JE and Persaud TVN, *Experimental Pathology* 33:65-73: Embryopathic risks of cigarette smoking. 1998
- 46 Larsen, LG et al. Stereologic examination of placentas from mothers who smoke during pregnancy. *Am J Obstet & Gynecol*. 2002; 186: 531-537
- 47 Smoking and Reproductive Health. *BMA*, 2004 www.bma.org.uk/ap.nsf/Content/SmokingReproductiveLife
- 48 Kyrklund-Blomberg NB, Granath F and Cnattingius S. Maternal smoking and causes of very preterm birth. *Acta Obstet Gynecol Scand*. 2005; 84 (6): 572-7



For more information about
QUIT, please contact us at:
info@quit.org.uk

Quitline:
0800 00 22 00

Asian Quitline:
0800 00 22 66

Email Counselling Service:
stopsmoking@quit.org.uk

Website:
www.quit.org.uk



QUIT is a Company Limited by
Guarantee Registered in England
and Wales
Co. Reg. No. 2886660
Registered Charity No. 1042482

QUIT has editorial control
over all copy.

This guide is supported by
an educational grant from -



www.nicorette.co.uk

Thanks to Robert West,
Professor of Health Psychology
and Director of Tobacco Studies
at the Cancer Research UK Health
Behaviour Unit, University College
London, for his help and advice in
producing this guide.