



The impacts of smoking and the benefits of quitting

People give different reasons for smoking. They might say they smoke because they enjoy it, or because their friends and family smoke. Others say they feel it helps them deal with stress, or it's just something they do to pass the time. Regardless of why they say they smoke, many people are prompted to make a quit attempt when they think of the benefits this will bring.

This information sheet describes the negative impacts of smoking and the benefits of quitting. Stopping smoking is one of the best things a person can do to improve their health, finances and general wellbeing.

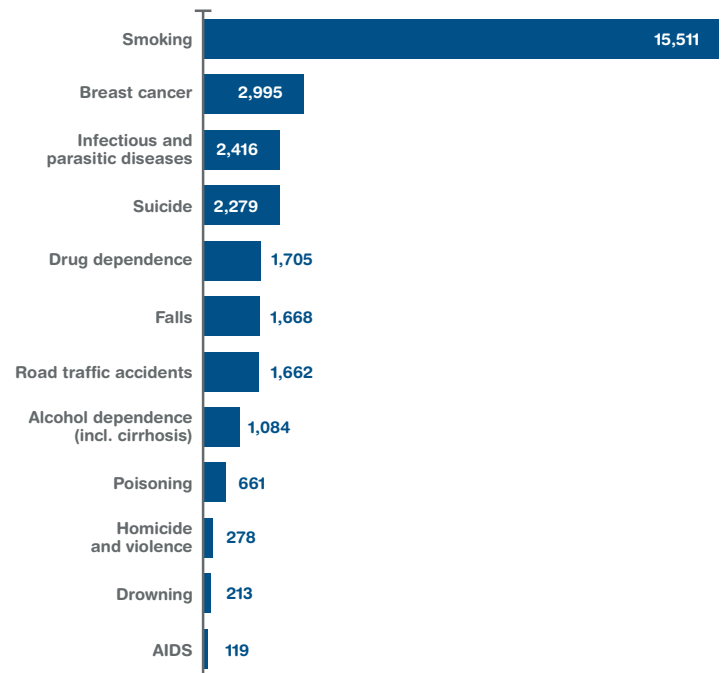
The impacts of smoking

Smoking not only affects a person's health, it affects their material wellbeing, their personal life and the health of people around them.

The health effects of smoking

Smoking is the leading cause of preventable death, illness and disability in Australia. It kills over 15,000 people each year, outweighing the total deaths from many other causes.¹

Tobacco-related deaths within Australia compared with other causes – 2003



Smokers have high rates of many diseases, including:²

- Cancer, including lung, throat, pancreas, mouth, and bladder cancer
- Stroke and heart disease (cardiovascular disease)
- Emphysema and other respiratory diseases
- Impotence and infertility.

Tobacco smoking kills two in three long term users.³ This means 1.8 million Australians will die if they continue to smoke.

Smoking can also contribute to mental health problems such as depression and anxiety.^{4,5} People who give up feel less stress and anxiety in the longer term.⁵ Smoking also makes you less fit, causes wheezing and coughing, gives you poor skin and bad teeth and makes your breath, hair and clothes smell.²

The health effects of passive smoking

Smoking not only affects the health of the smoker; it also affects the health of those around them including babies and children.

For babies and children, exposure to smoke increases the chances of ear infections, asthma, bronchitis and Sudden Infant Death Syndrome (SIDS).^{2,6} It also increases the risk of learning and behavioural problems such as Attention-Deficit Hyperactivity Disorder (ADHD), which can disrupt schooling and life generally.^{7,8}

The financial costs of smoking

- Smoking can create a tremendous financial burden for smokers and their families. Smoking a pack of cigarettes a day costs more than \$175 a week or \$10,000 a year. It's not surprising that research shows smoking increases financial stress and reduces material wellbeing.
- Spending on cigarettes means less money for essentials like food, clothing and housing.^{9,10}
- Smokers are twice as likely to report severe financial stress, going without meals or being unable to heat the home.¹¹
- Children in smoking households are twice as likely to experience food insecurity (experiencing periods during which they skip meals, are hungry, going for a day or longer without eating) than children in non-smoking households, and three times as likely to experience severe food insecurity.¹²
- Smokers have more illness and disability which reduces employment opportunities and income.¹³

These impacts are greater for disadvantaged smokers because they spend a larger proportion of income on cigarettes than other smokers.¹⁰

- 42% of low income smokers report spending money on cigarettes rather than on essentials like food.¹³
- Smoking households experience severe financial stress at twice the rate of non-smoking households.

Giving up smoking reduces financial stress and improves standards of living. Those who quit smoking report less financial hardship and greater wellbeing compared to continuing smokers.¹⁵

Smoking can have a devastating effect on your quality of life. Professor of public health, Simon Chapman recalls a 52 year old woman who told him:¹⁶

"Give the 'smoking kills' line a rest. I've smoked for thirty years. I have emphysema. I am virtually housebound. I get exhausted walking more than a few metres. I have urinary incontinence, and because I can't move quickly to the toilet, I wet myself and smell. I can't bear the embarrassment, so I stay isolated at home. Smoking has ruined my life. You should start telling people about the living hell smoking causes while you're still alive, not just that it kills you!"

Social and personal impacts of smoking

While for some, smoking can be a way to socialise and connect with others, it definitely has its drawbacks.

- Social stigma and isolation – some smokers feel that they are being looked down on. As smoking rates decline, many people do not want to be exposed to other peoples' smoke and are intolerant of smoking. This social unacceptance is likely to increase as the number of smokers continues to drop.
- Lack of freedom – having to worry about where you can go and whether you can smoke. This will intensify as smoking restrictions increase.
- Feeling that you're not in control of your life – having to organise daily living around smoking. This might include spending more money than you can afford on cigarettes; feeling unwell and unclean; and not being fit as you would like to be.

Because they tend to have higher smoking rates, the negative consequences of smoking have a greater impact on already vulnerable groups such as those on very low incomes, people experiencing homelessness and people with severe mental illness.



The benefits of quitting

The good news is that there are great benefits from quitting smoking, with both immediate and long term gains.

Financial benefits

Quitting smoking is one of the best ways to improve your finances. The money you save can be used for lots of things – life essentials (food, housing, clothing) or other items for you or your family.

Imagine what you could do with the money you used to spend on smoking:

Time Out	Money saved	How you could spend it
2 days	\$50	<ul style="list-style-type: none"> ■ Go to the movies ■ Take the kids to the local pool
7 days	\$175	<ul style="list-style-type: none"> ■ Buy some new shoes ■ Buy trolley of groceries
1 month	\$700	<ul style="list-style-type: none"> ■ Have a weekend away ■ Pay off some bills
2 months	\$1,400	<ul style="list-style-type: none"> ■ Buy a new TV or games console ■ New clothes for the kids
6 months	\$4,300	<ul style="list-style-type: none"> ■ Have a family holiday ■ Bond for a new place ■ Buy a computer
1 year	\$10,000	<ul style="list-style-type: none"> ■ Get a second hand car ■ Buy new furniture

Personal benefits:

- You will have improved fitness (greater energy levels and be less out of breath).
- You will look better (smell fresher, have healthier skin and whiter teeth).
- You will feel better (have less coughs and colds and feel more in control of things).

Social benefits:

- You will feel less isolated – quitting means you can go anywhere, not just where you can smoke.
- You will be more productive – you don't have to keep stopping what you are doing to have a smoke.
- You will be able to mix with all sorts of people – you don't have to restrict yourself to talking to other smokers and it's healthier for everyone to be around you (including children).

Health benefits:

The health benefits of quitting start immediately and last a lifetime.^{17,18}

Time since quitting	Beneficial health changes that take place
Within 20 minutes	Your body begins a series of changes that continue for years. Your heart rate drops.
4 hours	The nicotine level in your blood is reduced by half.
12 hours	The carbon monoxide level in your blood drops to normal and the oxygen level increases.
1–2 days	Nicotine by-products are removed from your blood.
2–3 days	Taste buds revive, and your ability to taste and smell improves.
2–12 weeks	Your heart attack risk begins to drop. Circulation improves. Exercise is easier. Lung function improves.
Within 3 months	Coughing, sinus congestion and shortness of breath decrease.
1 year	Your added risk of coronary heart disease is reduced by half compared to a smoker.
5 years	Your risk of cancer of the mouth, throat and oesophagus is halved and your risk of stroke is dramatically reduced.
10 years	Your risk of lung cancer falls to about half that of a smoker and your risk of cancers of the mouth, throat, oesophagus, bladder, kidney and pancreas also decreases.
15 years	Your risk of coronary heart disease and risk of death fall to about the same as someone who has never smoked.

How to go about quitting

Giving up smoking is one of the best things anybody can do for their health, finances and personal wellbeing. While quitting can be hard, the results are more than worth it. The benefits start right away and last a lifetime. Quitting adds years of life.

Methods for stopping smoking vary. Most people go “cold turkey”, quitting abruptly without using medicines. Cutting down to quit can work too – but people need to be honest with themselves about whether they are cutting down to quit, or to avoid quitting! Cutting down works better if nicotine products such as gum are used to replace cigarettes. Switching to light cigarettes doesn’t work because people simply suck harder and faster.

Medicines increase people’s chances of quitting, although they by no means guarantee it. Nicotine patches are now also subsidised via a doctor’s prescription. The prescription medications bupropion (Burpopion, Prexaton) and varenicline (Champix) are also subsidised by the Pharmaceutical Benefits Scheme (PBS). Nicotine gum, lozenges, mini-lozenges, inhalers, and tablets are not available on the PBS, but using them is cheaper than smoking when averaged out day by day. Smaller packets of nicotine products are now available that cost less up front than a pack of cigarettes. Nicotine patches can be combined with oral nicotine products like gum to increase the chance of quitting.

Professional advice and support increases smokers’ chances of stopping. People often require several attempts to succeed. It is important to encourage smokers to keep trying and not to wait for a “perfect moment” as there generally isn’t one. Suddenly deciding to quit can work as well as planning. People with mental health problems should tell their doctor they are quitting.

For personal and confidential quit smoking support from an experienced advisor, ring Quitline on 13 7848 (13 QUIT). The Quitline website www.icanquit.org.au offers online support and advice.

References:

- 1 Beggs S, Vos T, Barker B, Stevenson C, Stanley L, Lopez A. The burden of disease and injury in Australia 2003. Canberra: Australian Institute of Health and Welfare; 2007
- 2 US Department of Health and Human Services. The health consequences of smoking: what it means to you. Atlanta GA: US Department of Human Services, Centers for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004
- 3 Banks E, Joshy F, Weber M, Liu B, Grenfell R, Egger S, et al. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Medicine* 13(38). 2015.
- 4 Pasco J, Williams L, Jacka F, Ng F, Henry M, Nicholson G, Kotowicz M. Tobacco smoking as a risk factor for major depressive disorder: a population-based study. *British Journal of Psychiatry* 2008; 193: 322-326
- 5 Ragg M, Ahmed T. Smoke and Mirrors: a review of the literature on smoking and mental illness. Tackling Tobacco Program Research Series No. 1. Sydney: Cancer Council NSW; 2008
- 6 The Cancer Council NSW. ETS and Kids Fact Sheet. Part of the presentation manual for the Environmental Tobacco Smoke (ETS) and Children Project. Woolloomooloo: Cancer Council NSW; 2006
- 7 Olds D. Tobacco exposure and impaired development: a review of the evidence. *Mental, Retardation and Developmental Disabilities Research Reviews* 1997; 3: 257-269
- 8 Herrmann M, King K, Weitzman M. Prenatal tobacco smoke and postnatal second-hand smoke exposure and child neurodevelopment. *Current Opinion in Pediatrics* 2008;20:184-190
- 9 Graham H. When life’s a drag: Women, Smoking and Disadvantage. London: UK Department of Health;1993
- 10 Siahpush M. Socioeconomic status and tobacco expenditure among Australian households: Results from the 1998-99 Household Expenditure Survey. *Journal of Epidemiology and Community health* 2003; 57: 798-801
- 11 Siahpush M, Borland R, Scollo M. Smoking and financial stress. *Tobacco Control* 2003; 12: 60-66
- 12 Cutler-Triggs C, Fryer G, Miyoshi T, Weitzman M. Increased rates and severity of child and adult food insecurity in households with adult smokers. *Arch Pediatr Adolesc Med* 2008; 162: 1056-1062
- 13 Siahpush M, Borland R, Yong H. Socio-demographic and psychosocial correlates of smoking-induced deprivation and its effect on quitting: Findings from the International Tobacco Control Policy Evaluation Survey. Paper presented at the 13th World Conference on Tobacco; July 12-15, 2006 Washington D.C., USA
- 14 Junor W, Collins D, Lapsley H. The macroeconomic and distributional effects of reduced smoking prevalence in New South Wales. Sydney: The Cancer Council NSW.; 2004
- 15 Siahpush M, Spittal M, Singh G. Smoking Cessation and Financial Stress. *Journal of Public Health* 2007; 29 (4): 338-342
- 16 Chapman S. Public Health Advocacy and Tobacco Control: Making Smoking History, Blackwell Publishing: Sydney; 2007
- 17 NSW Health. Benefits of Quitting, Tobacco and health fact sheet. Accessed at <http://www.health.nsw.gov.au/tobacco/Pages/benefits-of-quitting.aspx>
- 18 US Department of Health and Human Services. The health benefits of smoking cessation: a report of the Surgeon General. Atlanta, Georgia: Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1990. Available from: http://www.cdc.gov/tobacco/data_statistics/sgp/pre_1994/index.htm