



SMOKING, SHISHA AND CHEWING TOBACCO – HOW TO STOP

BEATING HEART DISEASE TOGETHER

ABOUT THIS BOOKLET

People who were born in South Asia and who now live in the UK – Indians, Bangladeshis, Pakistanis and Sri Lankans – have a particularly high risk of developing coronary heart disease (angina and heart attacks). They also have a higher risk of dying prematurely from the disease compared with the rest of the UK population.¹

Smoking is one of the main risk factors for coronary heart disease. (A risk factor is something that increases the risk of getting a disease.) Smoking can also cause cancer and many other diseases.

This booklet:

- **explains the health risks of smoking cigarettes or pipe tobacco**
- **gives some information on smokeless tobacco (chewing tobacco and snuff) and shisha smoking**
- **explains the benefits of stopping smoking**
- **gives advice on how you can stop smoking, and**
- **explains where to go if you need extra help.**

The information in this booklet is not a substitute for the advice your doctor may give you based on his or her knowledge of your condition.

This booklet is available in **Bengali, Gujarati, Hindi, Punjabi** and **Urdu**. This English version has been produced to help relatives, carers and health professionals who do not read these languages.

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TOP TIPS

- ✓ **Think positive. Tell yourself – you CAN stop smoking!**
- ✓ **Ask your doctor, pharmacist or local stop smoking service for advice about products to help you stop smoking.** Using nicotine replacement therapy (NRT), or a medication such as bupropion (Zyban) or varenicline (Champix), can more than double your chance of stopping smoking successfully.² We explain more about all these things on page 26.
- ✓ **For practical help and advice on stopping smoking, call the Asian Quitline or the NHS Asian Tobacco Helpline. They will be able to talk to you in Bengali, Gujarati, Hindi, Punjabi or Urdu.**

Asian Quitline®

Bengali: 0800 00 22 44
Mondays 1pm to 9pm

Gujarati: 0800 00 22 55
Tuesdays 1pm to 9pm

Hindi: 0800 00 22 66
Wednesdays 1pm to 9pm

Punjabi: 0800 00 22 77
Thursdays 1pm to 9pm

Urdu: 0800 00 22 88
Sundays 1pm to 9pm

English: 0800 00 22 00
www.quit.org.uk

NHS Asian Tobacco Helpline

The following helplines are open on Tuesdays from 1pm to 9pm:

Bengali: 0800 169 0 885

Gujarati: 0800 169 0 884

Hindi: 0800 169 0 883

Punjabi: 0800 169 0 882

Urdu: 0800 169 0 881

- ✓ Pick a quit date that will be stress-free and stick to it.
- ✓ Avoid situations and people that might tempt you to smoke.
- ✓ Avoid temptation. There's no such thing as having 'just one' cigarette.
- ✓ Plan ahead to help you cope with stressful situations.
- ✓ Pair up with someone else who wants to stop smoking, and support each other.
- ✓ Smokeless tobacco and shisha smoking are also harmful to your health, so don't use these as ways to help you stop smoking cigarettes or a pipe.
- ✓ Spend some of the money you're saving on a well deserved treat.
- ✓ Take it one day at a time and congratulate yourself every day.



WHY IS SMOKING SO DANGEROUS?

Cigarettes and pipe smoking

Tobacco smoke contains tar, carbon monoxide, nicotine and over 4,000 chemicals.³ Every time you inhale, this deadly cocktail enters your lungs and goes straight into your bloodstream and body tissues.

Chemicals

The chemicals in tobacco smoke are known to damage the lining of the coronary arteries (the arteries that supply the heart muscle with oxygen-rich blood). This damage leads to atheroma – the build-up of fatty material within the arteries, which in turn causes **coronary heart disease**. Tobacco smoke also makes the small particles in the blood – called platelets – more sticky, which means that the blood is more likely to form clots.

Cigarette smoke contains over 60 chemicals that are known to cause various **cancers**.³

Carbon monoxide

Carbon monoxide is a poisonous gas and is fatal in high concentrations. It binds onto the red blood cells, reducing their ability to carry oxygen around the body and depriving the heart and body tissues of vital oxygen. Having carbon monoxide in your blood greatly increases the risk of heart disease.

Tar

The tar in cigarette smoke can cause cancer (most commonly lung cancer), and other serious diseases related to the lungs and airways.⁴ When you inhale, about 70 per cent of the tar stays in your lungs. 'Low-tar' cigarettes are not safer. People who smoke 'light' or 'mild' brands are likely to inhale as much tar as smokers of regular brands. Misleading descriptions like these are now banned on cigarette packaging across Europe. There is no such thing as a 'safe cigarette'.

Nicotine

Most people who smoke become dependent on the nicotine they get from tobacco. Nicotine can raise the heart rate and blood pressure and speed up the smoker's metabolism.

Second-hand smoke

Second-hand smoke – or 'passive smoking' – is when someone inhales other people's smoke. Research shows that people who are exposed to second-hand smoke can experience:

- irritation of the eyes, nose and throat
- headaches, dizziness and sickness, and
- worsening of their asthma and allergies.

Long-term exposure to second-hand smoke can also increase the risk of getting lung cancer, coronary heart disease, and problems with the lungs and airways.

If you want to live a longer and healthier life, stopping smoking is the single most important thing you can do.

Smokeless tobacco

Smokeless tobacco comes in three main forms:

- dry chewing tobacco
- moist oral tobacco or tobacco paste, which you suck, and
- nasal snuff, which you inhale through your nose.

The most popular forms of smokeless tobacco are naswar, gutka, qiwam and minpuri.

What is in smokeless tobacco?

Most types of smokeless tobacco contain at least 28 different chemicals that can cause cancer.⁵ Smokeless tobacco also contains nicotine, a highly addictive chemical (see below).

Health risks and problems

Smokeless tobacco is **not** a healthier alternative to smoking. We know it can be very harmful.

- Using smokeless tobacco increases the risk of mouth cancer, throat cancer and cancer of the oesophagus.
- Smokeless tobacco can also cause other mouth diseases and gum disease. Chewing any tobacco products can make your teeth more vulnerable to tooth decay and can cause tooth loss. Shisha smoking can cause gum disease.
- Some research studies suggest that people who use smokeless tobacco have a higher risk of dying from cardiovascular diseases (such as coronary heart disease or stroke).
- The nicotine in smokeless tobacco products is very addictive. It contributes to adverse health effects and can raise the heart rate and blood pressure, which makes the heart work harder.

It is important not to use smokeless tobacco to help you stop smoking, as smokeless tobacco has its own health risks and is highly addictive.

You can ask your GP or practice nurse for help and advice on stopping using smokeless tobacco.

Shisha

Shisha smoking – also called hookah or waterpipe smoking – is a method of smoking tobacco or other flavoured molasses through a bowl and hose. The hose ends in a mouthpiece from which the smoker inhales smoke into the lungs.

Chemicals

Shisha smoking is also harmful. Recent research has shown that shisha smoke contains large quantities of the chemicals that can lead to heart disease, lung cancer and other cancers, and addiction.

The toxins in shisha smoke can also cause respiratory diseases, and in pregnant women shisha smoking can harm the unborn child. People who use shisha also appear to have a greater risk of getting mouth and gum disease.

Shisha smoking also delivers nicotine. Although the water does absorb some of the nicotine, shisha smokers are still exposed to enough nicotine to cause addiction.

One shisha smoking session may expose the smoker to more smoke over a longer period of time than occurs when smoking a cigarette. In a single 20 to 80 minute smoking session, a shisha smoker may inhale as much smoke as a cigarette smoker would inhale if they smoked 100 or more cigarettes.

Using shisha to smoke tobacco is not a safe alternative to smoking cigarettes, and there is no evidence to suggest that any accessory or device makes shisha smoke safe.

Second-hand smoke

Second-hand smoke from shisha poses a risk to non-smokers as well. This includes both the smoke exhaled by the smoker and the smoke from the fuel used to heat the pipe.

WHY IT IS WORTH STOPPING SMOKING

Facts ¹

- Smoking is one of the major risk factors for coronary heart disease. (A risk factor is something that increases your risk of getting a disease.)
- Smokers have nearly twice the risk of having a heart attack compared with people who have never smoked.
- 30,000 smokers have fatal heart attacks each year in the UK.
- People born in South Asia (Indians, Bangladeshis, Pakistanis and Sri Lankans) and now living in the UK have a higher risk of dying prematurely from coronary heart disease than the rest of the UK population.
- The death rate from coronary heart disease is falling in the UK, but it is falling more slowly among South Asian people than in the rest of the population.
- Smokers die, on average, about ten years younger than non-smokers.
- More than eight in every ten cases of lung cancer are caused by smoking.



The health benefits of stopping smoking

The box below shows how your body will benefit from stopping smoking, even if some damage has already been done.

TIME STOPPED	BENEFITS
8 hours	The levels of nicotine and carbon monoxide in the blood reduce by half and oxygen levels return to normal. The circulation improves.
24 hours	Carbon monoxide and nicotine leave the body.
48 hours	The ability to taste and smell improves.
3 to 9 months	Coughing and wheezing decline.
1 year	The risk of having a heart attack reduces by half compared to that of a smoker.
10 years	The risk of lung cancer falls to about half that of a smoker.
15 years	The risk of having a heart attack falls to the same as someone who has never smoked.

Source: See reference 6.



HOW MUCH DO YOU SPEND ON SMOKING?

Find out how much you have spent supporting your smoking habit. You might be in for a big surprise.

How much does one week's supply of tobacco cost?

£

Multiply this weekly amount by 52 to get the cost for a year.

In a year I will spend this amount on tobacco:

£

The total amount of money I've spent on tobacco in my lifetime is probably:

£

If you stop smoking now, what else could you spend this money on? *For example: a family holiday, a car, or the mortgage.*

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STOP-SMOKING SERVICES – HELPING YOU TO QUIT

If you need extra advice on stopping smoking, you can try:

- contacting a helpline
- visiting a website
- going to a stop-smoking group, or
- having one-to-one support from a professional.

Helplines

If you need extra help, you can call the Asian Quitline® or the NHS Asian Tobacco Helpline. These helplines can offer information and advice on stopping smoking, and support for people who are finding it hard to stop.

Calls to these helplines are free from a land line, but not from a mobile phone.

Asian Quitline®

Bengali: 0800 00 22 44
Mondays 1pm to 9pm

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Tuesdays 1pm to 9pm

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Punjabi: 0800 169 0 882

Urdu: 0800 169 0 881

NHS Free Smoking Helpline

English: 0800 022 4 332

Lines are open daily, from 7am to 11pm, with specialist advisers available from 10am to 1pm.

www.smokefree.nhs.uk

Stop-smoking groups and one-to-one support

Research shows that getting professional help – for example, in a stop-smoking group, or one-to-one with a stop-smoking adviser – doubles your chance of quitting.

There is a comprehensive network of free NHS Stop Smoking Services providing counselling and support to anyone who wants to quit smoking. You can go to group support sessions or, in some areas of the UK, you can have one-to-one support. In some parts of the UK these services may be available in Bengali, Gujarati, Hindi, Punjabi or Urdu. To find your nearest service, call the free Asian Quitline®. Their phone number is on page 16.



PREPARING TO BECOME SMOKE-FREE

It is likely that you will have many daily routines and habits associated with using tobacco. Stopping will be easier if you take the time to work out different ways to cope with these 'triggers'. Here we help you analyse the different times when, and the reasons why, you smoke.

Below are some common prompts to lighting up. Tick which ones apply to you.

- At work breaks
- While watching television
- At social events, parties or meals out
- When working under pressure

Others

-
-

Now decide on some different things you could do at these times. And try to practise them before your quit date.

Possible replacements for lighting up

- Go for a short walk.
- Call a friend for a chat.
- Sip some water.
- Use a strong mouthwash.

Your ideas

-
-

Preparing yourself for possible withdrawal symptoms

One of the main reasons why stopping smoking is difficult is because the body craves the nicotine it used to get from cigarettes. The strong feelings caused when your body isn't getting the nicotine can make people feel irritable and anxious. It's important to be prepared for the withdrawal symptoms and understand how to manage them. Using a stop-smoking treatment will greatly reduce the withdrawal symptoms and double your chance of successfully stopping smoking. (For information on these treatments, see page 26.)

When you stop smoking, it is likely that you will experience some strong **physical, emotional and psychological changes**. They are positive signals that your body is starting to repair itself and that the recovery process has begun. On the next page we describe and explain some of the symptoms caused by nicotine leaving the body, and suggest some ways of coping with them.

Withdrawal symptom	How it feels and what causes it	Ways to cope Try these simple practical tips.
Craving	An intense desire to smoke, which becomes less frequent over the first four weeks. The craving is mainly caused by the withdrawal of nicotine.	<ul style="list-style-type: none"> • Take a few long, slow, deep breaths. • Drink a glass of water. • Glucose tablets can help too.
Coughing	This is often worse when you first stop smoking. It is caused by the body clearing out the tar from your respiratory tract.	<ul style="list-style-type: none"> • A warm drink can ease the cough. • Remind yourself that a cough is a good sign, as it shows that your lungs are recovering.
Hunger	You may feel extremely hungry. This is due to changes in your metabolism, and the fact that food tastes better once you have stopped smoking.	<ul style="list-style-type: none"> • Keep a 'survival kit' of fruit, healthy snacks or chewing gum with you. • Drink extra water.
Changes in bowel movement	You may get constipation or diarrhoea.	<ul style="list-style-type: none"> • Drink more clear fluids. • Be more physically active. • If you get constipated, change your diet to include more fruit and fibre. • See your GP if you're concerned.

Withdrawal symptom	How it feels and what causes it	Ways to cope Try these simple practical tips.
Disturbed sleep	You may find that your normal sleeping pattern is disturbed. It should get back to normal within a month. The sleep disturbance is caused by the nicotine leaving your body. However, some people find that they sleep much better after stopping smoking.	<ul style="list-style-type: none"> • Doing more physical activity may help you to sleep better. • Try to get some exercise in the fresh air. • Cut down on stimulants such as coffee, tea or cola drinks.
Dizziness	You may occasionally feel dizzy in the first few days after stopping smoking. This happens when more oxygen starts getting to your brain instead of carbon monoxide. This is a positive sign. Your body will soon adjust and the dizziness usually passes after a few days.	<ul style="list-style-type: none"> • If you have a dizzy spell, sit down and drink some water.
Mood swings, inability to concentrate, or feeling irritable	These are emotional signs of nicotine withdrawal, and show that your body is missing the chemicals and stimulation of smoking.	<ul style="list-style-type: none"> • Try to work out some coping mechanisms that work for you. • Warn your family and friends that you might get these withdrawal symptoms, and ask for their support.

Diet and exercise

Will I put on weight?

Many people who want to stop smoking are concerned about the possibility of putting on weight. Most smokers will put on some weight when they quit smoking. However, compared with the risk of continuing to smoke, putting on some extra weight is a very minor health risk.

Some people put off the decision to quit smoking because they worry about gaining weight. But the single biggest danger to your future health comes undoubtedly from carrying on smoking.

Why people can put on weight when they stop smoking

- Nicotine use has suppressed their natural appetite and increased their metabolism.
- They find that food tastes better after they quit smoking, and so they eat more.
- They replace cigarettes with snacks and sweets, or eat more than they used to.

To avoid putting on weight after you stop smoking, try to keep to your normal diet and avoid high-calorie or fried foods. You are less likely to put on weight if you eat a balanced diet from the beginning and avoid starting new habits.

If you eat healthily and keep physically active, you are unlikely to put on too much extra weight. Once you have stopped smoking for a while, hopefully you will find it easier to lose any extra weight.

Tip

To avoid putting on extra weight, imagine yourself at your ideal weight. Each time you are choosing what to eat, ask yourself “Will eating this help or hinder me in keeping to my current weight?” Keep a range of healthy snacks within reach so that, when the desire to eat strikes, you can grab something tasty that won’t cause weight gain.





Can exercise help?

Stopping smoking can slow down your body's metabolism, so it's very important to do some form of regular physical activity. Exercise has also been shown to reduce the body's cravings for nicotine and has the additional benefits of reducing stress and low moods and improving your fitness.

Thirty minutes' moderate-intensity activity a day will help to keep the extra pounds off and improve your fitness level. (Moderate-intensity activity means working hard enough to make you breathe more heavily than normal and become slightly warmer than usual.) If you're not used to doing much exercise, phase it in slowly – for example, by having two 15-minute walks.

You don't have to join a gym to get the benefits. Building exercise into your everyday life, such as walking, will be as effective. Add variety to your route and, as you get used to this level of activity, try to walk more.

Walking is a great exercise. It will clear your mind and help you feel more positive. However, if you have a heart condition or high blood pressure, or if you are taking medication for these conditions, check with your doctor before you start any new activity.

For more information on physical activity, see our booklet *Looking after your heart*.

PRODUCTS TO HELP YOU STOP SMOKING

If you have tried to stop smoking before and have started smoking again, it is vital to keep trying. Many people are not successful the first time. Fortunately there are several products that can increase your chances of becoming an ex-smoker.

There are two types of licensed medical products which can help people stop smoking:

- **Nicotine replacement therapy** – or NRT for short. There are several forms of nicotine replacement available – gum, patches, microtabs, lozenges, nasal spray and inhalator. These products are all available on prescription. You can also buy them over the counter from pharmacists, and many types are available from supermarkets and retail outlets.
- **Non-nicotine treatments.** These are medicines that do not contain nicotine. They include bupropion (trade name Zyban) and varenicline (trade name Champix). These are only available on prescription.

These products have been proven to greatly reduce the withdrawal symptoms. Ask your doctor, pharmacist or local stop-smoking service for information on which type will best suit you and your medical condition.

Nicotine replacement therapy (NRT)

How does nicotine replacement therapy (NRT) work?

Nicotine replacement therapy acts by providing a 'clean' alternative source of nicotine that the smoker would otherwise have received from tobacco. NRT provides nicotine in a slower and less satisfying – but safer and less addictive – way than cigarettes. It has been shown to double a person's chance of successfully stopping smoking.² Unlike tobacco smoke, NRT does not contain tar or carbon monoxide.

Most people, including those who have a history of heart disease, can normally use NRT products safely. However, if you have had a heart attack or stroke within the past few weeks, or if you have unstable angina, or if you are taking medication for a problem with your heart or circulation, you must ask your GP or cardiologist (heart specialist) about when you can start using NRT. Pregnant women can also use NRT, but you should check with your GP or pharmacist before starting it.

All forms of NRT are equally as effective as each other, so you can decide yourself which one to use.





It is important to follow the manufacturer's recommendations. For your best chance of success, make sure you take the full course, and don't try to under-dose yourself.

Nicotine gum

Comes in 2mg and 4mg doses.

Nicotine is absorbed through the lining of your mouth when you chew the gum. A chew-rest-chew technique is best, because any nicotine you swallow is wasted. Leave the gum in your cheek between chews. People who smoke more than 20 cigarettes a day should start on the 4mg dose. People who smoke less than 10 cigarettes a day should start on the 2mg dose. You can use up to 15 pieces of gum a day.

Nicotine patches

Comes in 16-hour and 24-hour patches. A 12-week course.

Nicotine patches give you a constant supply of nicotine while you wear them. Apply one new patch each day to any non-hairy part of the body. To help prevent any skin irritation, put the patch on a different place each day. Patches are suitable for people who smoke more than 10 cigarettes a day. People who smoke within half an hour of waking up should use the 24-hour patches. The patches come in several strengths – from 25mg to 5mg – so that you can gradually reduce the dose over the 12-week course.

Microtabs

2mg nicotine-based sub-lingual tablet ('Sub-lingual' means under the tongue.)

You place the microtab under your tongue, where it slowly dissolves, and the nicotine is absorbed through the lining of your mouth. You should not suck, chew or swallow the microtab, as this will reduce the amount of nicotine you get from it. You can use up to one microtab per hour. (However, if your craving to smoke is very strong, you can use two tablets at a time to start with, and reduce this to one tablet as the craving becomes less strong.) You should use no more than 20 tablets in any one day.



Nicotine lozenges

The nicotine lozenge is like a sweet that you suck slowly. As it dissolves, it releases nicotine. You must not crunch or chew it, but instead allow it to dissolve slowly in your mouth. Any nicotine that you swallow is wasted and can cause some indigestion. You should use no more than 15 lozenges in any one day.

Nicotine nasal spray

A 12-week course

Nicotine nasal spray is the strongest form of NRT available. Nicotine taken in this way gets absorbed fast, so the nasal spray is especially suitable for people who are heavy smokers. It also helps people who get severe withdrawal symptoms. The spray can irritate the nose at first, but this passes after a day or two. For this reason, don't use the spray while you're driving or operating heavy machinery. You can use up to two doses an hour. (One spray is one dose.) The amount used is normally reduced over the 12-week course.

Nicotine inhalator

The nicotine inhalator is a plastic device, shaped like a cigarette holder, into which a nicotine cartridge is fitted. Sucking on the mouthpiece releases a nicotine vapour, which gets absorbed through your mouth and throat. Inhalators are preferred by people who miss the hand-to-mouth action of smoking. You should suck on the inhalator for 20 minutes each hour. After three 20-minute sessions, the cartridge will need to be changed. An average smoker uses three to six cartridges a day.

Nicotine replacement therapy (NRT) – Questions and answers

Aren't NRT products as dangerous as smoking cigarettes?

Compared with smoking, NRT products are very safe. They don't cause cancer or heart disease. Damage to the health of a smoker is caused by the tar, carbon monoxide, and chemical compounds found in tobacco smoke and you get none of these if you use NRT. There is no evidence that NRT increases the risk of heart attacks. Ask your GP for advice on which is the best nicotine replacement product for you to use.

Can I use NRT to cut down on smoking rather than to stop altogether?

Smokers who are not ready to stop completely can use nicotine gum, microtabs, lozenges, nasal spray, or the inhalator (but not nicotine patches) to help them cut down their cigarette consumption. Research shows that using NRT in this way can increase people's confidence to stop smoking altogether.

Won't using NRT just keep me craving nicotine?

No. The amount of nicotine that you get from NRT is just enough to beat the craving to smoke, but not enough to keep you addicted. By following the step-down plan that the manufacturers recommend, your body learns to reduce your nicotine intake until you no longer need it. NRT is not a replacement for will power, but it helps you manage the physical changes that are going on in your body. The best way to use NRT is to combine it with help and support – the sort that you may be able to get from your local NHS Stop Smoking Service (see page 17).

I have recently had a heart attack. Can I use NRT?

It is advisable not to use NRT for the first month after a heart attack. You can then use it, but you should check with your GP or cardiologist (heart specialist) before you start using it.

Is it OK to use two NRT products together?

Yes. You can use more than one form of NRT at the same time. For example, you might want to wear a nicotine patch to provide a steady delivery of nicotine, and combine this with an oral product, such as the nicotine gum, microtab, lozenge or inhalator. Using a combination of two NRT products in this way can give relief from any breakthrough urges or cravings that may arise during the day.

I'm worried about putting on weight. Will NRT help?

People can put on weight when they stop smoking, because nicotine suppresses your natural appetite and makes your body burn calories faster. NRT products provide you with some nicotine, so this will help you to keep your weight under control while you're taking the NRT. For more on controlling your weight, see page 22.

Non-nicotine treatments

There are two medicines which do not contain nicotine and which have been licensed to help people stop smoking. They are:

- **bupropion** – trade name Zyban, and
- **varenicline** – trade name Champix.

Using one of these medications can more than double your chance of stopping smoking.

Bupropion (Zyban)

A two-month course

Bupropion is a non-nicotine treatment licensed to help smokers who are motivated to quit. Bupropion works directly on the brain to help reduce the cravings for cigarettes and the withdrawal symptoms associated with quitting.

Bupropion is only available on prescription. It comes in tablet form and a full course lasts two months. Smokers should start taking bupropion while they are still smoking, and set a date for quitting during the second week of treatment – for example, on day 8 of taking the tablets. Tablets are usually taken once a day for the first six days, and then twice a day – one in the morning and one in the evening – for the rest of the two-month treatment course.

As with any medicine, some people may get side effects while taking bupropion. The most common ones are difficulty sleeping, a dry mouth and headache. These side effects are usually mild and generally disappear within the first few weeks. Many of these effects can also be due to your body adjusting to being without nicotine.

Bupropion is not suitable for some people. You should not take it if you suffer or have ever suffered from seizures (fits) or eating disorders. Before starting on bupropion, your doctor will need to check your full medical history. Bupropion is a safe medication when it is prescribed appropriately.

Varenicline (Champix)

Usually taken as a 12-week course

Varenicline is a prescription-only tablet, specifically developed as a stop-smoking medication. People usually take it as a 12-week treatment course, but if you feel vulnerable to relapse you can take it for longer. The most common side effect is mild or moderate nausea, which subsides over time. If you are taking varenicline, you should not drive until you are sure that it does not affect your driving ability.

You can't use varenicline if you are pregnant or if you are under 18. If you have suffered from mental illness in the past, you should discuss with your GP whether you should start taking this medication. Varenicline use has been linked to depression and suicidal thoughts. You should stop taking varenicline immediately if you or your family or friends notice that you become agitated or depressed, or if there are changes in your behaviour that are of concern to you or your family or friends.

PREPARING FOR YOUR QUIT DATE

When you stop smoking, it is really important to have a clear plan of action. If you know what you are going to do from the beginning, you are less likely to get caught out.

Record your ideas and plans here.

My quit date is:

I have chosen it because:

If I get tempted to smoke I will distract myself by:

See page 18.

.....

I am going to tackle my withdrawal symptoms by:

See page 20.

.....

These are the rewards or treats I will give myself: :

After 1 week

After 1 month

After 3 months

At my 1 year anniversary

Tip for success

Saying NO to cigarettes

During the first week you will be aware of your decision to stop smoking on almost an hour-by-hour basis. You may also have to battle against any 'little ideas' that pop into your head about how nice it might be to smoke again and how just one couldn't hurt. This takes will power. It is really important to recognise that, even if you have 'just one' cigarette, this feeds the nicotine addiction and within a few hours you will be back in the same place, except that this time you will be smoking. You have set a goal to stop smoking. You can do it. In the days ahead it will get easier, but if you give in at this stage, you will have to go right back to the beginning and start again.

If I get the urge to smoke, I will respond to the urge by telling myself:

See page 39 for ideas.
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TIPS ON MANAGING THE FIRST WEEK

When you stop using tobacco, be prepared to make changes in both the way you think and the way you act.

Tick those changes that you will be able to make.

Remove as many temptations as possible:

- Don't keep any cigarettes, chewing tobacco or loose tobacco near you.
- Get rid of all 'smoke reminders' such as ashtrays and lighters.

Get support from people around you:

- Talk to a friend or family member about stopping. Explain how important it is to you.
- Find a friend or relative who also wants to quit and support each other.

Change your usual routine:

- Keep yourself busy. Begin a project, or finish something you have been putting off.
- Get outside and take a walk in the fresh air as often as you can.

Coping with the urge to smoke:

- Remember that each craving to smoke will pass in a few minutes.
- Try to sit still for a few moments and take slow breaths in and out.

Change the way you think about smoking:

- Recognise that smoking 'just one' cigarette will undo all your work.
- Remind yourself why you decided to stop and the amazing benefits.
- Remember that you are choosing not to smoke. No-one is making you do anything.

Develop healthy habits:

- Limit or avoid coffee and alcoholic drinks.
- Drink lots of water each day, to help remove the toxins from your system.
- Avoid sugary sweets or snacks. Choose fruit or sugarless gum instead.



WHAT IF I GET TEMPTED TO SMOKE?

Some people find it difficult to be successful in stopping smoking for good. Even with all the expert help and support on offer, there may be times when you feel really tempted to use tobacco again.

Here are some of the most common reasons people have given for their relapse:

- They were not aware of their 'triggers' for smoking and got caught out.
- They didn't have an alternative strategy when they got tempted to smoke.
- They didn't seek professional advice to help them stop.
- They didn't find an alternative means of handling pressure.
- They thought they could have 'just one' cigarette.
- They went through a 'bad patch' and smoking seemed the answer.
- They found it difficult to cope with weight gain.
- They still thought of themselves as smokers.

You may have already learnt a great deal from your past attempts to stop smoking. If so, this will make it easier to spot situations which could make you relapse. There are some obvious 'danger' situations. You know yourself better than anyone else. So think ahead about which situations are likely to tempt you. Fill in the chart below, and be realistic about your answers.

Situations that are likely to tempt me	What I will do immediately if I light up or if I am tempted to light up

My main reason for stopping smoking is:

.....

.....

Remember that stopping smoking will:

- reduce your chances of developing cancer and coronary heart disease
- increase the oxygen supply to your heart and help you breathe more easily
- help you cope better with sudden exertion, like running for a bus, and
- **increase your chances of living a longer and healthier life.¹**

Prevention strategies

Most smokers are well aware of their tobacco ‘hot spots’ – the times when they feel most tempted to smoke. Sometimes, people look for an excuse to start again, especially if staying stopped is becoming difficult. People who smoke are famous for ‘setting up’ a situation to give them a ‘good excuse’ to light up. The next exercise will help you assess your chances of relapse and help you avoid any self-sabotaging thoughts.

Answer the following questions honestly.

- What would I gain from starting smoking again?
- What concerns do I have about stopping smoking?
- How can I plan to deal with these concerns?
- Whom can I ask to help me, and how can they help?
- What do I need to say to myself if I ever consider smoking again?

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How to get back on track if you start smoking again

Learning any new skill can take practice. If you do light up and smoke, try following these steps:

1 Remind yourself why you wanted to stop.

- Speak to someone you trust, to help you get back on track.
- Change your surroundings to leave the situation.
- Go outside for a brisk walk.
- Throw away any remaining tobacco or cigarettes.

2 Think about the experience.

- What happened that led up to this lapse?
- Where were you?
- Who were you with?
- What were you doing? ... feeling? ... thinking?

3 Think about how you felt when you lapsed.

- What was it like when you smoked again?
- Did it match your expectations?
- Did you feel better, or worse?
- Did it make the problem go away?
- Can you now find another way to cope?

4 Decide!

- Think of all your reasons for not smoking and imagine yourself handling this situation again, but this time without a cigarette. If the same situation arises again, how will you handle the problem?

5 Don't feel guilty!

- Learn from the lapse and let it go. People make mistakes. Don't let a mistake lead you to give up trying. Remember that you haven't failed. You just need more time to succeed. You can do it!

For extra support, contact one of the helplines on page 16.

FOR MORE INFORMATION

BRITISH HEART FOUNDATION WEBSITE

bhf.org.uk

For up-to-date information on coronary heart disease, the British Heart Foundation (BHF) and its services.

HEART HELPLINE

0300 330 3311

A local rate number.

For information and support on anything relating to heart health. This service is available in English only.

BOOKLETS

The following booklets are available in Bengali, Gujarati, Hindi, Punjabi and Urdu:

- **Blood pressure – and how to control it**
- **Cholesterol – and what you can do about it**
- **Diabetes – and how it affects your heart**
- **Heart failure**
- **Living with angina and heart disease**
- **Looking after your heart**
- **Taking medicines for your heart**

The following booklets are available in English only:

- **Eating for your heart**
- **Healthy meals, healthy heart**
- **Physical activity and your heart**
- **So you want to lose weight ... for good**

DVDS

The following DVDs are available in Urdu, Hindi, Gujarati, Punjabi and Bengali. They are free, but a donation of £5 per DVD would be welcome.

- **Living to prevent heart disease**
- **Get fit, keep fit – prevent heart disease**
- **Cardiac surgery**
- **Cardiac rehabilitation**
- **Affairs of the heart**

MAGAZINES AND SERVICES

Heart & soul is a glossy lifestyle magazine aimed at the South Asian community. This free magazine is packed full of information on leading a healthy lifestyle and features celebrities talking about their own health, delicious recipes and real-life stories. To receive your free copy call **0870 600 6566**. Available in English only.

Heart Matters is a **free** service designed for anyone who has, or is at risk of developing, a heart condition, and for anyone who cares for someone with a heart problem. Members receive personalised information, and can get specialist support from cardiac nurses or heart health advisers, either by phone or email. They also get regular issues of **Heart health** magazine, which includes updates on treatment and research and looks at issues related to heart health. To join Heart Matters, either register at our website **bhf.org.uk/heartmatters** or call **0300 330 3300** (a local rate number). This service is available in English only.

HOW TO ORDER

The British Heart Foundation also produces other educational materials that may be of interest. To find out about these, to order a *Heart health catalogue*, or to order publications, please call the BHF Orderline on **0870 600 6566**, go to **bhf.org.uk/publications** or email **orderline@bhf.org.uk**. You can download many of our publications from **bhf.org.uk/publications**

Our publications are free of charge, but we would welcome a donation.

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- 5 National Institutes of Health (NIH), National Cancer Institute (NCI) (1992) *Smoking and Tobacco Control Monograph 2: Smokeless Tobacco or Health: An International Perspective*. Bethesda (Maryland): NCI.
- 6 Action on Smoking and Health (2007) *Essential Information on Stopping Smoking: The Benefits and Aids to Quitting*. London: ASH. Accessed from www.ash.org.uk

TECHNICAL TERMS

atheroma Fatty material that can build up within the walls of the arteries.

carbon monoxide A chemical found in tobacco smoke.

coronary heart disease When the coronary arteries become narrowed by a gradual build-up of fatty material called atheroma.

nicotine A chemical found in tobacco smoke.

nicotine replacement products Stop-smoking aids which contain nicotine.

passive smoking When non-smokers breathe in other people's smoke.

second-hand smoking See 'passive smoking'.

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HAVE YOUR SAY

We would welcome your comments to help us produce the best information for you. Why not let us know what you think? Contact us through our website at [bhf.org.uk/contact](https://www.bhf.org.uk/contact). Or, write to us at the address on the back cover.

The **British Heart Foundation** is the nation's heart charity, saving lives through pioneering research, patient care and information. We rely on donations to continue our vital work. If you would like to make a donation to the British Heart Foundation, please ring our **donation hotline** on **0300 330 3322** or contact us through our website at **bhf.org.uk/donate** or send it to us at the address below.

This booklet is available in **Bengali, Gujarati, Hindi, Punjabi** and **Urdu**. This English version has been produced to help relatives, carers and health professionals who do not read these languages.

To order further copies, please call the BHF Orderline on **0870 600 6566**.

HEART HELPLINE

For information and support on anything heart-related

 **0300 330 3311** |  **bhf.org.uk**
local rate number

Phone lines open 9am to 6pm Monday to Friday

This service is available in English only.



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