

# SECTION ONE

# GETTING STARTED

COUNSELING INFORMATION  
ADDRESSING YOUR CONCERNS  
HANDLING DIFFICULT QUESTIONS  
GETTING SUPPORT  
HEALTH EFFECTS OF SMOKING  
INGREDIENTS FOUND IN CIGARETTES

## ADDRESSING YOUR CONCERNS ABOUT COUNSELING WOMEN WHO SMOKE<sup>1</sup>

### Can I really make a difference?

- YES. Quit rates increase by 30 – 70 percent when pregnant smokers are counseled by health care providers and provided with self-help materials.<sup>2 3</sup>
- Seventy-five percent of women smokers report wanting to quit.
- Pharmacotherapy has been shown to increase cessation rates and should be considered as part of smoking cessation treatment for non-pregnant smokers.
- You have a special opportunity and the privilege to make a difference. Research shows that women expect and want their providers to address the smoking issue and to support them while quitting.

### Can providers who smoke or have smoked counsel effectively?

- If you've never smoked, be ready to answer the challenge that you do not know how hard it is to quit. Be prepared to share other ex-smokers' experiences. It can also be helpful for providers to share their own experiences with addictive behaviors (e.g., eating).
- If you are an ex-smoker, you may be able to help by sharing your experiences.
- If you are a smoker, you may be less effective. Smokers may not see providers who smoke as credible sources of information on this issue. By continuing to smoke you send an inconsistent message to the patients whom you counsel to quit smoking.<sup>5</sup>

### It's hard to find time to counsel smokers.

- Counseling sessions as brief as 3 minutes or less can increase cessation rates for non-pregnant smokers.
- Counseling sessions as brief as 5 to 15 minutes can be effective with pregnant women.<sup>2 3 4</sup>
- This guide will suggest specific opportunities and ways to counsel women, including pregnant women, who smoke in the time you currently spend with them.
- At every visit, ask about her smoking status and provide clear and direct advice to quit; each interaction has an impact on the smoker.

### Who should do this counseling?

- Counseling delivered by a variety of clinician types, including physicians and non-physicians increases quit rates. All clinicians should provide smoking cessation counseling interventions.
- Counseling provided by more than one type of clinician is more effective.
- The most effective approach is using a combination of smoking cessation counseling and self-help materials.
- Smokers cite a physician's advice to quit as an important motivator for attempting to stop smoking.

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#### What if I'm not the only provider this woman sees?

- This guide provides a standard counseling format for all providers to follow.
- When each provider asks about and documents the woman's current smoking status, and documents his or her counseling activities, then subsequent providers will know where to begin.

#### I don't have time to learn.

- The methods and instructional materials in this guide and the accompanying video will give you enough information so you will feel knowledgeable and comfortable counseling women who smoke.
- This guide provides information on how to counsel women who smoke in a clear, concise, and easy-to-follow format.

#### What if the smoker has other unhealthy behaviors?

- Give her all of the appropriate health information and help her set her own priorities.
- If needed, refer her to alcohol or drug treatment. Call the North Carolina Family Health Resource Line at **1-800-367-2229 (1-800-FOR-BABY)** for assistance making an appropriate referral in North Carolina.

#### Where do I begin?

- Right here and right now. Read this counseling guide. It provides you with the information you need to counsel women who smoke.
- Create a smoke-free workplace for both staff and visitors to reinforce that smoking and exposure to secondhand smoke is harmful.
- Assess who among your staff should provide counseling or be trained to provide counseling.
- Include as many staff as possible in your smoking cessation program. Staff can help assess tobacco use status, provide advice to quit, provide support, make follow-up calls, counsel women, etc.
- Obtain smoking cessation educational materials to give to your patients, their partners, and family members. Refer to Section VIII – Resources for more information on patient educational materials.

## SECTION ONE COUNSELING INFORMATION

### KEY POINTS FOR COUNSELING WOMEN WHO SMOKE

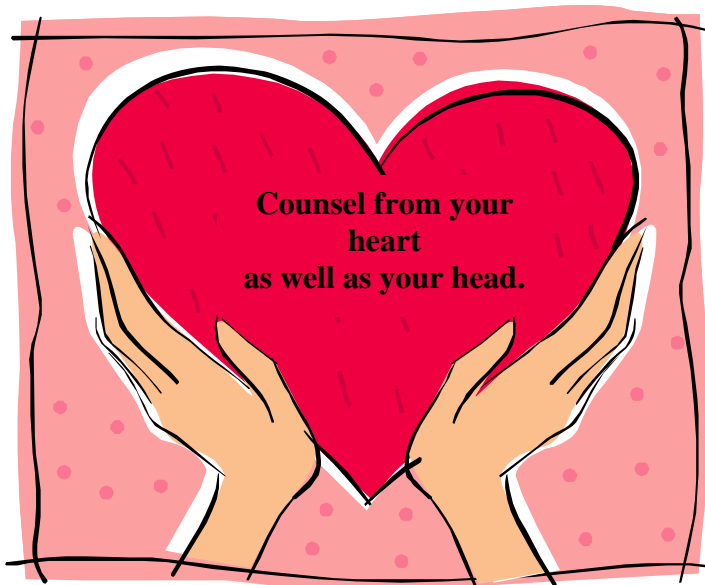
1. Counseling is most effective when you join with the woman as her partner to develop a personalized plan to quit smoking. Having a plan is the critical component to quit successfully.
2. Nicotine dependence, developed over many years, is the strongest determinant of success in quitting. Therefore, the sooner you provide smoking cessation counseling, the more successful she may be in quitting.
3. Assess how ready each woman is to quit and tailor your counseling accordingly. It is essential to the success of her quitting that you start where she is in the quitting process.
4. Problem-solve together to break down each woman's barrier to quitting. Listen well. Give her the opportunity to come up with her own answers rather than imposing your ideas.
5. Quitting is a process that may occur after many attempts to quit. View these attempts as practice where she learns what her triggers are and what coping strategies work or don't work for her. Refer to Section VII – Providing Support for information on withdrawal symptoms.
6. Women are most likely to succeed when they believe they can successfully quit or cut down. Your confidence in each woman's ability to quit successfully will increase her confidence in herself.
7. Most women know that smoking is bad for them and they need support to help them quit.
8. It is important to take time to develop rapport and put each woman at ease. Use a conversational tone of voice, establish eye contact, sit next to her, and smile.
9. Women who lack support or who live with a smoker may have the most difficulty quitting.
10. Regardless of whether a woman is pregnant, a new mother, or thinking about pregnancy, there are health benefits for both her and her baby when she quits smoking.

## SECTION ONE COUNSELING INFORMATION

### POINTS TO PONDER BEFORE YOU BEGIN TO COUNSEL

Pregnancy is the ideal time to counsel smokers to quit. Women are often motivated to quit to protect the health of their unborn babies. However, it is important to address the benefits of quitting for both the woman and her baby. Otherwise, the woman may be able to quit during pregnancy but is likely to resume smoking after the baby is born.

Some women who smoked during an earlier pregnancy may already have a healthy child or may have friends who smoke during their pregnancies and have healthy babies. Since all pregnancies are different, emphasize that she increases her chances of having a healthy baby this time if she stops smoking.



1. **Take time to build rapport.** Be warm, friendly, and caring. Show respect for the woman and what she says and feels. Find out what she values and needs. Be concrete and specific in your responses. This does not take much time at all.
2. **Be positive and non-judgmental.** Some women fear you may criticize and lecture them about smoking. Acknowledge that it is not easy to quit but encourage her that she will be able to quit smoking and that you have confidence in her ability to do this. Suggest she talk to ex-smokers about how they will be able to quit. If she has tried to quit before, focus on the positive aspects of her previous “practice” quit attempts rather than on her feeling of failure.
3. **Focus on other positive lifestyle changes she has made (e.g., getting prenatal care, wearing a seatbelt, exercising, eating healthy, etc.) to build her confidence.** Smokers who believe they can quit are the ones who succeed.

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4. **Focus on the woman's feelings and behavior.** Every pregnant woman has some worries about her pregnancy, her bodily changes, and fatigue. Allow her to discuss her concerns and reassure her that such feelings are normal.
5. **Remember that a stressful situation in a woman's home or work life (financial issues, violence, harassment, etc.) may contribute to why she smokes or why she finds it hard to quit.**
6. **Encourage support from others.** Ask her to identify family members and friends who can help her stop smoking. Together, brainstorm ways to ask for help. Discuss whether her partner or close friends smoke. If they do, talk about things they can do to help her, like not smoking around her or quitting also. If she has no other support, you may want to offer yourself as a support person or another staff person.

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<sup>1</sup> Unless otherwise noted, the information in this section was obtained from Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, Maryland: U.S. Department of Health and Human Services. Public Health Service. June 2000.

<sup>2</sup> The American College of Obstetricians and Gynecologists. *Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking*. Washington, DC: ACOG, 2002.

<sup>3</sup> The American College of Obstetricians and Gynecologists. *Smoking Cessation During Pregnancy*. ACOG Educational Bulletin No. 260. Washington, DC: ACOG, September 2000.

<sup>4</sup> Melvin CL, Dolan-Mullen P, Windsor RA, Whiteside HP, Goldenberg RL. Recommended cessation counseling for pregnant women who smoke: a review of the evidence. *Tobacco Control* 2000; 9(Suppl III): iii80-iii84.

<sup>5</sup> Centers for Disease Control and Prevention. Tobacco Use and Cessation Counseling – Global Health Professionals Survey Pilot Study, 10 Countries, 2005. *MMWR* 2005; 54:504-509. Available at: <http://www.cdc.gov/mmwr/PDF/wk/mm5420.pdf>

## SECTION ONE HANDLING DIFFICULT QUESTIONS

### QUESTIONS AND RESPONSES

One of the most difficult parts of counseling women who smoke is responding to their objections to quitting. It's important to acknowledge their concerns and let them know it is normal to have mixed feelings about quitting. The best way to build your confidence in answering her objections is to become familiar with the following typical questions and possible responses. Remember that most smokers really want to quit but do not feel they will be able to do it. Your job is to help them believe they can quit for good. Patient educational materials can also help to answer your patient's questions. Refer to Section VIII – Resources for information on provider and patient educational materials.

QUESTIONS AND RESPONSES		
1)	<b>Question:</b>	<b>Don't some women smoke during pregnancy and have healthy babies?</b>
	<b>Response:</b>	When a woman smokes during pregnancy, she takes a big risk with her baby's health. The more you smoke the greater the chance of harm. All pregnancies are different and it is impossible to predict which baby will be affected or how. The best thing you can do for your health and your baby's health is to quit smoking.
2)	<b>Question:</b>	<b>You're asking me to do too many things at once. Can't I wait until later to quit smoking?</b>
	<b>Response:</b>	I know it's hard to change habits that you've had for a long time. But if you can make one change, it will encourage you to make another. The sooner you quit the better, for your health and your baby's health. I know you can do it.
3)	<b>Question:</b>	<b>Since smokers often have smaller babies, won't it be easier for me to deliver a smaller baby?</b>
	<b>Response:</b>	A smaller baby may be easier to deliver, but it is dangerous for the baby to be small and dangerous for the mother because of the risk of complications. Not only do you risk having a baby that weighs too little; your baby may be born premature (<37 weeks gestation) with many health problems. Smaller babies are more likely to need special care, stay longer in the hospital, or die at birth or before the age of one, than babies born at a normal weight.
4)	<b>Question:</b>	<b>Last time I quit, I felt really sad and depressed. Why did I feel this way?</b>
	<b>Response:</b>	Those are normal feelings because nicotine is an addictive drug that affects your brain. Smoking was an important part of your life that you did along with your daily activities.

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<b>QUESTIONS AND RESPONSES</b>		
<b>5)</b>	<b>Question:</b>	<b>Will I gain weight if I quit smoking?</b>
	<b>Response:</b>	Most smokers do gain weight once they quit smoking, but usually no more than ten pounds. <sup>1</sup> I know weight is important to you, and that you don't want to gain a lot of weight. However, temporarily - just until you are confident that you have quit smoking for good - let's focus on strategies to get you healthy rather than on weight. Think about eating plenty of fruits and vegetables, drinking plenty of water, getting regular exercise, getting enough sleep, and not eating a lot of fats. Right now, this is probably the best thing you can do for both your weight and your effort to quit smoking. <sup>1</sup>
<b>6)</b>	<b>Question:</b>	<b>Will I gain extra weight if I quit smoking during pregnancy?</b>
	<b>Response:</b>	Weight gain during pregnancy is normal. The average weight gain after quitting smoking is generally no more than ten pounds. <sup>1</sup> The weight you gain is far less harmful than the risk you take by continuing to smoke. Once you quit smoking, we can work on strategies to help you maintain a healthy weight. Think about eating plenty of fruits and vegetables, drinking plenty of water, getting regular exercise, getting enough sleep, and not eating a lot of fats. Right now, this is the best thing you can do for your health and your baby's health.
<b>7)</b>	<b>Question:</b>	<b>How about cutting down on cigarettes rather than quitting for good?</b>
	<b>Response:</b>	While your goal should be to quit for good for your health and your baby's health, cutting down is better than smoking at your normal rate. Smoking a small number of cigarettes is associated with lower infant birth weight. While smoking fewer than five cigarettes a day may reduce risk, quitting is the best thing a woman can do for herself and her baby. <sup>2</sup>
<b>8)</b>	<b>Question:</b>	<b>Will switching to low-tar cigarettes be less harmful?</b>
	<b>Response:</b>	No. There is no such thing as a safe cigarette. Low-tar cigarettes have not been proven to be less harmful. They are not a substitute for quitting. Smoking low-tar cigarettes does not make it easier to quit.

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<b>QUESTIONS AND RESPONSES</b>		
<b>9)</b>	<b>Question:</b>	<b>Does it matter when I quit smoking during pregnancy?</b>
	<b>Response:</b>	The sooner you quit the better. Quitting during the first three or four months can lower your baby's chance of being born too small with many health problems. Even quitting during the last three months of your pregnancy gives your baby the chance to grow better and be healthier. It is also very important to stay quit after the baby is born for your baby's health and your own health.
<b>10)</b>	<b>Question:</b>	<b>What are the benefits of quitting for me, not just for my baby?</b>
	<b>Response:</b>	No matter how long you've smoked, you will experience many health benefits after you quit. You will feel better, have more energy and breathe easier. Your circulation and lung function will improve, and walking becomes easier. Your risk of having a heart attack decreases within 24 hours of quitting. Your risk of lung cancer and stroke decreases within five years of quitting. Also, think about all the money that you'll save that you can spend on yourself and your family.
<b>11)</b>	<b>Question:</b>	<b>What if I get a really strong craving for a cigarette?</b>
	<b>Response:</b>	The key to success is to plan ahead. The urge to smoke will go away in three to five minutes whether you smoke or not. When possible, avoid situations where you'll be tempted to smoke or decide ahead of time how you will handle possible urges. Change your routine - after meals try brushing your teeth. Try to do something else to get past the urge - take a walk, talk to a friend, drink water, chew gum, knit, listen to music, suck on a popsicle, etc.
<b>12)</b>	<b>Question:</b>	<b>I'll be so stressed. How can I relax without a cigarette?</b>
	<b>Response:</b>	Smoking has given you temporary relief from the tension caused by your body's need for nicotine, but it actually increases your heartbeat and blood pressure. I can help you learn to relax in ways (we can think of ways for you to relax) that are much better for you - like deep breathing exercises, taking a bath, or taking a walk.
<b>13)</b>	<b>Question:</b>	<b>Smoking is a part of my life. What will I do without it?</b>
	<b>Response:</b>	The key is to learn new ways of dealing with the situations that make you want to smoke, such as stress or boredom. Find something fulfilling to do, like a hobby or other activity. It will help you adjust to your new smoke-free lifestyle.

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<b>QUESTIONS AND RESPONSES</b>		
<b>14)</b>	<b>Question:</b>	<b>Most of my friends smoke and I know I'll want to smoke if I see them smoking. How can I keep from smoking?</b>
	<b>Response:</b>	It is difficult when people close to you smoke. Ask your friends not to smoke around you. Not only is it hard for you to be around them because you have quit, but also let them know that secondhand smoke is harmful for you and your baby. You may have to avoid them or social situations where people are smoking. Go to places where smoking is not allowed, spend time with non-smokers, and talk to ex-smokers about how they handled this situation.
<b>15)</b>	<b>Question:</b>	<b>Is there any danger to my baby or me if other people smoke around me?</b>
	<b>Response:</b>	Yes. Exposure to secondhand smoke during and after pregnancy harms your baby. Secondhand smoke exposure also poses health risks to you. You have a greater chance of having a baby that weighs too little, develops respiratory diseases, and develops asthma. The risk of sudden infant death syndrome (SIDS) is 2.5 times greater for babies that are exposed to secondhand smoke. <sup>3</sup>
<b>16)</b>	<b>Question:</b>	<b>Can I go back to smoking after the baby is born?</b>
	<b>Response:</b>	<p>If you've been able to quit during pregnancy, it is very important that you don't start smoking again after the baby is born, for your and your baby's health. Babies exposed to secondhand smoke have more trouble breathing; get more ear infections, pneumonia, bronchitis, and colds; and have a greater risk of dying from sudden infant death syndrome (SIDS).<sup>4 5</sup></p> <p>If you plan to breastfeed your baby, smoking can cause problems. Nicotine interferes with the "let-down" response and may reduce your milk supply.<sup>6</sup></p> <p>Your child is more likely to become a smoker when they grow up if you or your partner smokes.</p>
<b>17)</b>	<b>Question:</b>	<b>How can you know how I feel if you've never smoked?</b>
	<b>Response:</b>	I don't know exactly how you feel but I think I can understand how hard this must be for you. I have had the opportunity to help other smokers quit and I hope I can help you too. I do have personal experience with making other behavior changes like...

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<b>QUESTIONS AND RESPONSES</b>		
<b>18)</b>	<b>Question:</b>	<b>The last time I tried, I failed. How do I get past thinking that I just can't quit?</b>
	<b>Response:</b>	Most people try several times before they quit for good. Think of your previous attempts as "practice" for the real thing. Think of the things that helped, and the things that didn't. Your experience actually gives you an edge. It makes you more likely to quit for good this time.
<b>19)</b>	<b>Question:</b>	<b>Will nicotine replacement therapy (gum, patch, etc.) help me quit?</b>
	<b>Response:</b>	<p><b>For pregnant or breastfeeding women:</b></p> <p>I encourage you to first try to quit without using nicotine replacement therapy. There is a risk to your baby's health when you use nicotine replacement therapy during pregnancy. However, nicotine replacement has been shown to be effective for pregnant smokers and, thus is recommended for use.<sup>7</sup></p> <p>If you are unable to quit, the risks of using nicotine replacement therapy may be less than the risk of continued smoking, depending upon the amount you currently smoke. If you do choose to use nicotine replacement therapy, then we will need to closely monitor your blood levels of nicotine. Nicotine replacement therapy can be safely used by breastfeeding women. Minimal amounts of nicotine are excreted into breast milk.<sup>8</sup></p> <p><b>For women who are not pregnant:</b></p> <p>Nicotine replacement therapy can relieve some of the physical withdrawal symptoms and may help you during the quitting process. Quitting does involve overcoming the addiction to nicotine and your dependence (habits) - physical and psychological (emotional).</p> <p>While nicotine replacement therapy can reduce physical withdrawal symptoms, it does not address the psychological dependency (emotional habit) that tobacco use has become for you. While you are changing your habits associated with tobacco use and overcoming nicotine addiction, you will still need to develop an action plan for quitting and you will need to have support.</p> <p>If you use a nicotine replacement therapy, then you must eliminate <b>all</b> tobacco products.</p>

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<sup>1</sup> Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, Maryland: U.S. Department of Health and Human Services. Public Health Service. June 2000.

<sup>2</sup> U.S. Department of Health and Human Services. *Women and Smoking: A Report of the Surgeon General*. Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001.  
Available at [http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2001/highlight\\_use.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/highlight_use.htm)

<sup>3</sup> Ibid.

<sup>4</sup> Action on Smoking and Health, Asthma and Smoking. June 2002. Available at:  
<http://www.ash.org.uk/html/passive/html/asthma.html>

<sup>5</sup> U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006. Available at: <http://www.surgeongeneral.gov/library/secondhandsmoke/report>

<sup>6</sup> U.S. Department of Health and Human Services. *Women and Smoking: A Report of the Surgeon General*. Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001.

<sup>7</sup> U.S. Department of Health and Human Services. *Women and Smoking: A Report of the Surgeon General*. Rockville, Maryland: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001.  
Available at [http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2001/highlight\\_use.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2001/highlight_use.htm)

<sup>8</sup> Dempsey DA, Benowitz NL. Risks and benefits of nicotine to aid smoking cessation in pregnancy. *Drug Safety* 2001; 24(4): 277-322.

## SECTION ONE GETTING SUPPORT

### LETTING OTHERS KNOW HOW THEY CAN HELP

Among the people who can help and support a woman during the quitting process are her spouse/partner, family members, friends, co-workers, persons she identified for support, and her health care provider(s).

1. Let your support person know what specific things they can do to help you stay away from cigarettes.
  - Do you want them to ask you how you're doing every day or will that bother you?
  - Do you want encouragement and praise?
2. Remind your support person that you need their encouragement and full confidence. No nagging or preaching. You need to know that they care about you whether or not you quit.
3. Ask your support person to do things with you that will help you deal with the urge to smoke.
  - Take a walk with you
  - Go to non-smoking places
  - Encourage you to leave places where you feel tempted to smoke
4. Identify a non-smoker or ex-smoker as your support person. But, if your support person smokes, they should not smoke around you. You may want your healthcare provider to meet with your support person to talk about how to help in your efforts to quit. If your support person does smoke and you find that this deters your efforts, you may want to designate another support person.
5. If there are smokers in your household (spouse/partner, family members, friends), you should ask them to:
  - Not smoke around you
  - Not smoke in your home (go outside)
  - Not smoke in your car
  - Not smoke in your home and car after the baby is born
6. Remind your support person that quitting is a process. It takes time and patience. Let them know that the quitting process is not over just because they don't see you actually smoking after the first couple of weeks. Often the three-month, six-month, and one-year anniversaries are very hard. In the course of your first year, you will usually have experienced every situation, circumstance, and challenge without smoking.

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### HEALTH EFFECTS OF CIGARETTE SMOKING

Since the first Surgeon General's report on smoking and health in 1964, there have been 28 more reports for the Surgeon General on tobacco use. The consensus of each report is that tobacco use causes disability and death.<sup>1</sup>

Smoking harms nearly every organ of the body; causing many diseases and reducing the health of smokers in general.<sup>2</sup> The adverse health effects from cigarette smoking account for an estimated 438,000 deaths, or nearly 1 of every 5 deaths, each year in the United States.<sup>3,4</sup> More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.<sup>2,5</sup>

### HEALTH EFFECTS OF CIGARETTE SMOKING

#### **Respiratory Disease and Other Effects**

- Cigarette smoking is associated with a tenfold increase in the risk of dying from chronic obstructive lung disease.<sup>7</sup> About 90% of all deaths from chronic obstructive lung diseases are attributable to cigarette smoking.<sup>1</sup>
- Cigarette smoking has many adverse reproductive and early childhood effects, including an increased risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS).<sup>1</sup>
- Postmenopausal women who smoke have lower bone density than women who never smoked. Women who smoke have an increased risk for hip fracture than never smokers.<sup>6,10</sup>

**Your risk for cancer increases with the number of cigarettes you smoke and the number of years you smoke.**

#### **Cancer**

- Cancer is the second leading cause of death and was among the first diseases casually linked to smoking.<sup>7</sup>
- Smoking causes about 90% of lung cancer deaths in women and almost 80% of lung cancer deaths in men. The risk of dying from lung cancer is more than 23 times higher among men who smoke cigarettes, and about 13 times higher among women who smoke cigarettes compared with never smokers.<sup>1</sup>
- Smoking causes cancers of the bladder, oral cavity, pharynx, larynx (voice box), esophagus, cervix, kidney, lung, pancreas, and stomach, and causes acute myeloid leukemia.<sup>1</sup>
- Rates of cancers related to cigarette smoking vary widely among members of racial/ethnic groups, but are generally highest in African-American men.<sup>8</sup>

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### HEALTH EFFECTS OF CIGARETTE SMOKING

#### Cardiovascular Disease

- Smoking causes coronary heart disease, the leading cause of death in the United States.<sup>1</sup> Cigarette smokers are 2–4 times more likely to develop coronary heart disease than nonsmokers.<sup>9</sup>
- Cigarette smoking approximately doubles a person's risk for stroke.<sup>10, 11</sup>
- Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries). Smokers are more than 10 times as likely as nonsmokers to develop peripheral vascular disease.<sup>12</sup>
- Smoking causes abdominal aortic aneurysm.<sup>1</sup>

From: [http://www.cdc.gov/tobacco/data\\_statistics/Factsheets/health\\_effects.htm](http://www.cdc.gov/tobacco/data_statistics/Factsheets/health_effects.htm)

#### THE GOOD NEWS:

Nearly 70% of the more than 45.4 million American adults who smoke cigarettes want to quit.<sup>13</sup>



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**HEALTH EFFECTS OF CIGARETTE SMOKING**

**WITHIN 20 MINUTES** of quitting smoking, your body begins a series of changes that continue for years.

**20 Minutes After Quitting**

Your heart rate drops.

**12 hours After Quitting**

Carbon monoxide level in your blood drops to normal.

**2 Weeks to 3 Months After Quitting**

Your heart attack risk begins to drop.  
Your lung function begins to improve.

**1 to 9 Months After Quitting**

Your coughing and shortness of breath decrease.

**1 Year After Quitting**

Your added risk of coronary heart disease is half that of a smoker's.

**5 Years After Quitting**

Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

**10 Years After Quitting**

Your lung cancer death rate is about half that of a smoker's.  
Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.

**15 Years After Quitting**

Your risk of coronary heart disease is back to that of a nonsmoker's.

[http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2004/posters/20mins.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/posters/20mins.htm)

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## SECTION ONE INGREDIENTS FOUND IN CIGARETTES

### THE FACTS

Your body gets more than nicotine when you smoke. There are more than 4,000 chemicals in cigarette smoke. Some of them are also in wood varnish, the insect poison DDT, arsenic, nail polish remover, and rat poison. The ashes, tar, gases, and other poisons in cigarettes harm your body over time. They damage your heart and lungs. They also make it harder for you to taste and smell things, and fight infections.

**Source:** U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Centers for Disease Control and Prevention, 2000.

The Federal Trade Commission tested the smoke that comes from burning cigarettes and they found more than 4,000 chemicals in cigarette smoke. More than 40 of those cigarette ingredients are known to be human carcinogens - that means they cause cancer. Below is a partial list of the ingredients.

- Acetic Acid (Vinegar)
- Acetone (Nail Polish Remover)
- Aluminum (Metal)
- Ammonia (Floor/Toilet Cleaner)
- Ammonium Hydroxide
- Arsenic (Rat Poison)
- Ascorbic Acid
- Benzoin Resin
- Bergamot Oil
- Beryllium (Metal)
- Butane (Lighter Fluid)
- Butyl Acetate
- Cadmium (NiCad Batteries)
- Caffeine
- Caramel Color
- Carbon Dioxide
- Carbon Monoxide (Car Exhaust Fumes)
- Citronella Oil
- Coffee
- Ethyl Alcohol
- Formaldehyde (Preserver of bodies, tissue, and fabric)
- Glycerol
- Gold (Metal)
- Isobutyl Acetate
- Isobutyl Alcohol
- Lactic Acid
- Lavender Oil
- Lead (Metal)
- Lemon Oil and Extract
- Magnesium (Metal)
- Magnesium Carbonate
- Malic Acid
- Menthol
- Mercury (Metal)
- Methane (Swamp Gas)
- Methanol (Rocket Fuel)
- Napthalene (Moth Balls)
- Nicotine (Insecticide, Drug - more addictive than Heroin)
- Nitrobenzene (Gasoline Additive)
- Nitrous Oxide Phenols (Disinfectant)
- Pine Needle Oil Pine Oil Scotch
- Propylene Glycol
- Rum
- Silicon (Metal)
- Silver (Metal)
- Sodium Bicarbonate
- Sodium Hydroxide
- Stearic Acid (Candle Wax)
- Sugars
- Tagetes Oil
- Tannic Acid
- Tobacco Extracts
- Tolulene (Industrial Solvent)
- Urea
- Vinegar
- Vinyl Chloride (Makes PVC)
- Yeast
- Zinc (Metal)