

September 2006

The toxins in cigarette smoke cause disease in nearly every organ of the body. Stopping smoking at any age has immediate and long-term health benefits. There are effective support services to help you quit.

Key messages

The toxins in cigarette smoke go everywhere the blood flows, causing disease in nearly every organ of the body, at every stage of life.¹

If you smoke – you put at risk your own health and the health of others around you.^{1,2}

Stopping smoking has immediate as well as long-term benefits, reducing your risk of disease and improving your health in general – regardless of age and even if you have already developed an illness through smoking.^{1,3}

The good news is that there is support for those who need it – you don't have to go it alone. And help is only a phone call away – **137 848**.

The Cancer Council Australia recommends:

- choose a method that is safe, effective and suits you;
- be sceptical of methods that seem too good to be true – they usually are;
- nicotine is highly addictive and, while various products can assist a person to quit smoking, there is no easy fix;
- if you are taking medications, are pregnant, or have suffered from depression, anxiety or other mental illness, speak to your doctor before quitting;
- don't be shy about getting help with quitting – it can improve your chance of quitting successfully;
- if you are a heavily addicted smoker*, your chances of quitting successfully may be greater if you combine counselling support and stop-smoking medications;
- quitting takes practice – those who succeed are those who keep trying.

* 'Heavily addicted smoker' is generally defined as someone who smokes more than 15 cigarettes a day, smokes within 30 minutes of waking and/or suffered withdrawals during previous quit attempts.

Approaches to quitting

There are different methods for quitting smoking and products you can use to help you cope with cravings for a cigarette. Choose something that is safe and suits you. Stick with the tried and tested approaches and be very wary of methods or products that seem too good to be true.

No matter what method you use, get the support you need and **always** plan and prepare for your quit attempt. This will improve your chances of success.

The Quitline: 137 848

The Quitline provides access to self-help resources, advice, support, and confidential telephone counselling for smokers who want to quit. Quitline staff can help you to understand why you smoke, assist you in making a plan to quit, and provide you with encouragement and information to help you stick with quitting. You can also ask to use the Quitline call-back counselling service: meaning you can ask staff to make follow-up calls, at convenient times, to see how you are going with quitting.

The Quitline is answered 24 hours a day. Counselling is provided by trained and experienced professional telephone counsellors/advisors. Research has found that using this kind of service can increase the chances of quitting successfully.⁴

Do-it-yourself

Making an attempt to quit by yourself is a good way to start and there are resources, such as the national Quit booklet, available to increase your chances of success. Self-help materials are available to help people to understand why they smoke and offer advice and practical strategies on stopping smoking and staying stopped.

Gradual approaches

Gradual approaches are not recommended unless they are part of a well-structured program.⁵

Some people think that switching to low tar cigarettes will reduce their health risks from smoking and make it easier for them to give up. There is no evidence that this is the case. It has been shown that lung cancer risk is similar for people who smoke medium-tar cigarettes, low-tar cigarettes or very low-tar cigarettes.⁶

Courses

If you have tried to quit a number of times before without success, you may find it useful to attend a course. Courses offer extra support for those who need help in getting ready to quit and staying stopped.

Research on properly evaluated courses show that:⁷

- around 70% of people who complete the course will be non-smokers at the end of the course;
- at least 15% of people who complete the course will still be non-smokers after 12 months.

Effective, quality courses generally:

- provide details of the course when asked, such as number and length of sessions, or type of information provided and costs;
- have trained experienced staff conducting the courses.

Be very wary of courses that:

- make exaggerated claims of likely rate of success;
- charge costs that appear high given the length of the program, skills of the staff and resources provided;
- do not offer or provide follow-up advice or support after the course ends.

Alternative methods

You may be interested in acupuncture, hypnotherapy, herbal and homeopathic preparations. While there is currently insufficient evidence of the effectiveness of such methods to recommend their use as an aid to quitting, the counselling that may accompany them can be helpful.⁸

Nicotine replacement therapy (NRT)

Nicotine replacement therapy (NRT) products can assist highly dependent smokers who are motivated to quit. They are designed to reduce nicotine withdrawal symptoms while the person quitting concentrates on breaking the habit.

It is important if you choose to use NRT that you read and follow the instructions on how to use these products in order to maximise their effectiveness.

There are several different forms of NRT, including patches, gum, inhalers, lozenges and tablets. A doctor or pharmacist can help determine the best NRT for you and explain how to use the products. Research shows that nicotine replacement products are most helpful for people who smoke more than 15 cigarettes per day.⁹

Other drug therapies

The drug bupropion, sold under the brand name Zyban, is available only on prescription, and is approved by the PBS. Its active ingredient is bupropion hydrochloride, which is also present in certain anti-depressant medicines. The tablets do not contain nicotine. This drug must be prescribed by a doctor, as it is not suitable for all people. Using bupropion can reduce some nicotine withdrawal symptoms and, together with counselling, can increase your chances of quitting successfully.^{10,11,12}

If you are taking medications, are pregnant, or have suffered from depression, anxiety or other mental illness, speak to your doctor before commencing any drug therapy for quitting smoking.

Talking to your local health professionals

Doctors, pharmacists, nurses, and other health professionals can be a good source of advice and information to help smokers to quit. Your GP or pharmacist is best-placed to advise on whether NRT or other drug therapies are suitable for you.

Further help or information on quitting smoking:

Call the Quitline – 137 848 (available 24 hours a day, 7 days a week).

Contact your State Quit Campaign or Cancer Council, and ask about resources or courses they may offer for smokers wanting help to quit, or training for health professionals on supporting their clients to quit.

- NSW Health – www.health.nsw.gov.au/public-health/health-promotion/tobacco/index.html
- Queensland Cancer Fund – www.qldcancer.com.au/reduce_risk/prevention/tobacco.asp
- Quit SA – www.quitsa.org.au
- Quit Tas – www.quittas.org.au
- Quit Victoria – www.quit.org.au
- The Cancer Council WA – www.cancerwa.asn.au

© The Cancer Council Australia, August 2006

The Cancer Council Australia gratefully acknowledges the assistance of Quit Victoria in the development of this statement, which is based on Quit Victoria publications.

The criteria for selecting smoking cessation courses are adapted from guidelines developed jointly by the Australian Medical Association (WA) and the Australian Council on Smoking and Health.

Published: September 2006

Review date: September 2008

References

-
- ¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.
 - ² U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
 - ³ Doll R, Peto R, Wheatley K, Gray R, Sutherland I. Mortality in relation to smoking: 40 years' observations on male British doctors. *British Medical Journal*. 1994;309:901-11.
 - ⁴ Stead LF, Lancaster T, Perera R. Telephone counselling for smoking cessation (Cochrane Review). In: *The Cochrane Library*, Issue 2; 2003. Oxford: Update Software.
 - ⁵ Cheong Y, Yong H, Borland R, Does how you quit affect success? A Comparison between abrupt and gradual methods using data from the International Tobacco Control Policy Evaluation Study (Unpublished – under review for journal *Nicotine and Tobacco Research*).
 - ⁶ Harris JE, Thun MJ, Mondul AM, Calle EE. Cigarette tar yields in relation to mortality from lung cancer in the cancer prevention study II prospective cohort, 1982-8. *BMJ*. 2004;328:72-5.
 - ⁷ Mullins R, Borland R, Gibbs A. Evaluation of the Fresh Start workplace and community courses in 1990 and 1991. *Quit Evaluation Studies 7*. Victoria: Anti-Cancer Council of Victoria; 1995.
 - ⁸ Miller M, Wood L. Smoking Cessation Interventions: Review of Evidence and Implications for Best Practice in Health Care Settings. National Tobacco Strategy 1999 to 2002-03. Canberra: Commonwealth Department of Health and Ageing; 2001.
 - ⁹ Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation (Cochrane Review). In: *The Cochrane Library*, Issue 3; 2001. Oxford: Update Software.
 - ¹⁰ Jorenby DE, Scott JL, Mitchell AN, et al. A controlled trial of sustained-release bupropion, a nicotine patch, or both for smoking cessation. *N Engl J Med*. 1999;340(9):685-91.
 - ¹¹ Hurt R, Sachs D, Glover, E, et al. A comparison of sustained-release bupropion and placebo for smoking cessation. *N Engl J Med*. 1997;337(17):1195-202.
 - ¹² Shiffman S, Johnston J, Khayrallah M, et al. The effect of bupropion on nicotine craving and withdrawal. *Psychopharmacology*. 2000;148:33-40.