

Checklist



Session time:
30 minutes

You will need

- Training card 10
- Visual card 10



- Summary sheet 10

USB



- How smoking affects your body

USB



Session 10

Stopping smoking

The aim of the session is to understand:

- ✓ The impact of smoking on your heart.
- ✓ The impact of shisha smoking and chewing tobacco on your health.
- ✓ Practical tips for quitting.

The information you need to get across is:

 10 minutes

How does smoking damage your heart and circulation?

If you're a smoker, stopping smoking is the single most important step you can take to reduce your risk of having a heart attack – and to live longer. Smokers are almost twice as likely to have a heart attack as people who have never smoked¹.

Smokers also cause damage to the health of their families, who have to inhale their smoke. This is known as second-hand or passive smoking, which is also harmful. Research shows that non-smokers who live with smokers have a greater risk of heart disease than those who don't live with smokers¹.

Smoking damages the lining of the arteries. This can lead to the build-up of **atheroma** (fatty material) in the artery walls, which restricts blood flow.

The **carbon monoxide** in tobacco smoke reduces the amount of oxygen that the blood carries to the heart and around the body.

The **nicotine** in cigarettes stimulates the body to produce adrenaline, which increases the heart rate and raises blood pressure, making the heart work harder.

Smoking may also increase the tendency of the blood to clot.

All of these things increase the risk of developing coronary heart disease or of having a heart attack or a stroke.

Is shisha smoking and chewing tobacco harmful?

Besides smoking cigarettes, cigars or a pipe, there are other ways that people smoke or take tobacco.

Shisha smoking

The shisha originated in India. It is a water pipe with a long, flexible stem, arranged so that the smoke is cooled by being passed through water. It is also called a hookah or nargile. It can be multi-stemmed, is often glass-based and can be used for smoking many substances, such as tobacco soaked in fruit shavings.

Recent research has shown that shisha smoke contains large quantities of the chemicals that can lead to addiction, heart disease and cancer in cigarette smokers¹¹.

And shisha smoking has three further health risks:

- Shisha smokers inhale up to 200 times more smoke in a one-hour shisha session than they would from smoking a cigarette.
- The flavoured tobacco is smoked over coals, and the coal fumes add new toxins to the already dangerous smoke. Although some people use electric shishas, which don't use coals, smoking using an electric shisha is still harmful to health.
- People at a shisha smoking session inhale high levels of highly dangerous 'second-hand smoke', even if they don't smoke shisha themselves. So shisha smokers and those around them are put at greater risk¹².

Chewing tobacco (smokeless tobacco)

Chewing tobacco is also known as smokeless tobacco or tobacco for oral use.

Some people believe that smokeless tobacco is a harmless alternative to smoking cigarettes. However, anyone who chews tobacco, even if they don't smoke, is at risk, because smokeless tobacco contains as much, if not more, nicotine than smoked tobacco products. And, like cigarettes, it is highly addictive¹³.

People who chew tobacco are also more likely to develop mouth cancers¹⁴.

Are there any practical tips to help you stop smoking?

Quitting smoking has huge health benefits and it's never too late to give up. Most smokers want to stop smoking. Some people find it hard to give up, but around 11 million people in the UK have successfully given up for good¹⁵. Being determined is essential, but there are also ways of increasing your chances of getting smoke-free for good.

Make a date to give up. And stick to it! Throw away all your cigarettes or tobacco, lighters and ashtrays.

Make a plan. Think about what method/s could help you stop smoking – such as nicotine replacement therapy – and have it/them ready before your quit date.

Keep busy. It'll help take your mind off smoking. Try and change your routine, and avoid the shop where you usually buy cigarettes or tobacco.

Get support. Talking to friends and relatives who have stopped can be helpful. Ask your doctor or nurse for advice on ways to stop smoking. These may include:

- using nicotine replacement products
- taking medication
- having counselling
- joining a support clinic or group
- calling a helpline – QUIT and the NHS Smoking Helpline both offer confidential help and support. Asian Quitline provides confidential help and advice in five South Asian languages.

Treat yourself. Use the money you are saving by not smoking to buy yourself something special.

Pre-session preparation

Print out *Summary sheet 10* and the *How smoking affects your body* poster 

Activities

Key activity: Smoking discussion
(whole group)



Discuss with the group why they think people smoke? (5 minutes)

There are many personal reasons why people smoke including:

- Smoking is addictive. Once people start they find it very difficult to stop.
- Although there is now very little cigarette advertising, people are still influenced by images of celebrities smoking on TV and in magazines.
- Many people claim that smoking helps them cope with stress.

Show the group the *How smoking affects your body* poster. Ask them to answer some of the following questions (**15 minutes**):

1. What are the triggers/hooks that make people continue to smoke?

Triggers/hooks can be social and/or personal:

- Cigarettes are associated with sitting down with friends for a drink.
- Reaching for a cigarette is associated with reacting to stress.
- Cigarettes are used as a social 'prop' – 'something to do with your hands' in conversation.
- Having a cigarette is associated with a break during work hours.

2. Why is it difficult to give up?

- Nicotine is an addictive drug that causes both physical and psychological dependence.
- Smokers often continue smoking because they experience unpleasant withdrawal effects when they stop.
- Smoking is also a habit – it becomes associated with various emotional occasions and events. For some people, the psychological dependence can be even harder to break than the physical addiction.

3. What makes young people/children want to start smoking?

- Adolescents are four times as likely to smoke if both their parents smoke¹⁶.
- Most young smokers are influenced by their friends' and older siblings' smoking habits.
- Young people are influenced by seeing celebrities smoking in magazines and on TV.

4. Do you think that other forms of smoking, such as shisha, are seen as acceptable? Give reasons why.

- It is seen as less harmful because the tobacco is smoked over water and people think this is a better filter.
- It is seen as a social activity.
- Fruit-flavoured tobacco is seen as less harmful and people don't understand the harmful effect of hot coals/charcoal and chemicals.

5. Apart from the damage to your heart, what effect does smoking have on the rest of your body?

It can cause:

- lung disease
- mouth cancers
- throat cancer
- stomach ulcers and cancer
- skin damage and wrinkles
- fertility problems
- weak and brittle bones.

At the end of the session

Hand out *Summary sheet 10* (USB)

Background information

Although you now have all the basic information you need to deliver Session 10, here's some more detail you might find useful.

How smoking damages the heart

Atheroma is the fatty material that can build up in the walls of the arteries. Research has shown that smokers have more atheroma in their arteries than non-smokers. This build-up of atheroma can cause the inside lining of the artery to rupture, leading to a clot. If the clot blocks the flow of blood to the heart, the heart muscle is starved of vital oxygen and this can lead to a heart attack.

Some research suggests that smoking increases the amount of LDL (low-density lipoprotein), the harmful type of cholesterol, the artery wall absorbs, allowing atheroma to build up more easily. So overall, there is a clear link between smoking and permanent damage to the arteries.

Carbon monoxide from cigarettes joins onto the red protein, called haemoglobin, in blood cells, making them less able to carry oxygen to the heart and the rest of the body. In some smokers, up to half of the haemoglobin in their blood can be carrying carbon monoxide instead of oxygen. This deprives the heart and other organs of vital oxygen.

Nicotine stimulates the body to produce adrenaline which makes the heart beat faster, making the heart work harder. It can increase the risk of irregular heart rhythms which could be life threatening.

Although it's the tar in cigarettes that causes cancer, just because a cigarette is low in tar does not necessarily mean that it has less nicotine and carbon monoxide. So low-tar cigarettes can be just as harmful to your heart. Also, people who smoke low-tar cigarettes tend to compensate by taking more puffs and inhaling more deeply. Just three or four extra puffs on a cigarette can transform a low-tar cigarette into a regular-strength cigarette.

Giving up smoking

Cigarette cravings, when you're trying to give up, come from two sources, physical and psychological:

- **Physical withdrawal** happens when your brain realises that your body does not have nicotine in its system.
- **Psychological withdrawal** is your body trying to act on a habit it has developed over the years.

But there are products to help you stop smoking, which include:

- **Nicotine replacement therapy (NRT)**

These products replace some of the nicotine that you get from smoking. Nicotine replacement is used to wean people off nicotine, by replacing the very high concentrations of nicotine you get from smoking with lower doses delivered more slowly. It is a means of delivering nicotine without the tar, chemicals and other harmful elements of tobacco smoke. NRT reduces the cravings for cigarettes and the withdrawal symptoms associated with quitting.

There are several forms of nicotine replacement available – patches, gum, lozenges, nasal sprays, inhalators and sublingual (under the tongue) tablets. All these products are available on NHS prescription. You can also buy them from pharmacists without a prescription and some are available from supermarkets and other retail outlets.

- **Effective non-nicotine treatment**

- **Bupropion** is a non-nicotine treatment. It is available on NHS prescription from your GP. Bupropion works in the brain to help break the addiction to nicotine. It differs from nicotine replacement therapies in that it does not substitute one source of nicotine with another. Bupropion reduces the cravings for

cigarettes and the withdrawal symptoms associated with quitting. Clinical trials have demonstrated that bupropion doubles your chances of success.

- **Varenicline** is a medicine to help people stop smoking that is only available on prescription. Varenicline works by reducing the craving for cigarettes and by reducing the effects people feel if they have a cigarette. You set a date to stop smoking, and start taking tablets one or two weeks before this date. Treatment normally lasts for 11 to 12 weeks.

Currently Bupropion is marketed as Zyban and Varenicline as Champix. Once these products are no longer under patent, there will be more non-nicotine replacement products to choose from.

Different types of smokeless tobacco

Most smokeless tobacco products in the UK are used by South Asian communities. In these communities, dry chewing tobacco is often used as part of a 'betel quid' or 'paan'. These consist of a mixture of betel nut (or areca nut), slaked lime and various herbs and spices, wrapped in a betel leaf.

Betel nut itself can cause cancer, so chewing betel quids can cause mouth cancer, even if no tobacco is added.

Can smokeless tobacco help you quit smoking?

Smokeless tobacco is highly addictive¹⁷ and can also cause cancer. The current medical advice is that you should not use smokeless tobacco to help you quit smoking.

For more information

bhf.org.uk

BHF services:

Sign up for free 'quit smoking' email support at **bhf.org.uk/heartmatters**
website: **bhf.org.uk/smoking**

BHF booklets:

Stop smoking (in English)

Smoking and your heart (in English)

Looking after your heart (aimed at South Asians, in English and five South Asian languages)

Smoking, shisha and chewing tobacco – how to stop (aimed at South Asians, in English and five South Asian languages)

BHF DVDs:

Risking it (English soundtrack and subtitles)

To order these free resources, call the **BHF Orderline** on **0870 600 6566**.

Other organisations:

NHS Smoking Helpline phone: **0800 022 4332**

ASH (Action on Smoking and Health) phone: **020 7739 5902**

QUIT Quitline: **0800 00 22 00** website **www.quit.org.uk**

QUIT also has helplines in different languages:

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)