Why is it so hard to quit smoking?

Nearly five million people in Canada smoke. The majority of them want to quit, but quitting can be hard. In fact, most smokers try to quit 5-7 times before they finally succeed. Every year, nearly 2 million Canadians try to quit but don’t succeed.

Why is quitting so hard? Because smoking is more than a habit—it’s an addiction to nicotine. Nicotine binds to receptors in the brain and causes chemical reactions that affect how a person feels and acts. One of these chemical reactions is the release of dopamine, which is associated with creating feelings of pleasure and reinforcing reward-seeking behaviour. Dopamine is released naturally during experiences such as eating food or sexual activity, but when you smoke, nicotine increases the release of dopamine which is associated with a feeling of pleasure.

When a smoker stops smoking, the amount of dopamine in their body drops and they experience nicotine withdrawal symptoms. These withdrawal symptoms include depressed mood, craving, irritability, frustration or anger, anxiety and difficulty concentrating.

Nicotine withdrawal symptoms are the main reason why most smokers fail to quit. Withdrawal symptoms may happen whether a smoker quits cold turkey or with the help of medication. However, these symptoms are temporary and can be managed by taking positive actions when they occur.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Ways to manage it</th>
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| Increased appetite | Eat balanced meals  
|                  | Snack on healthy, low-fat foods  
|                  | Drink plenty of water  |
| Craving for nicotine | Drink a glass of water  
|                    | Eat a healthy snack  
|                    | Suck on a candy or chew on gum  
|                    | Distract oneself until it passes  
|                    | Take a walk  
|                    | Avoid smoking triggers  |
| Depression        | Use positive self-talk—Encourage oneself by saying, “I am doing a great job.” or “Look how far I have made it.”  
|                  | Speak to friends or family  
|                  | See the doctor if depression is intense and will not go away  |
| Restlessness      | Exercise  
|                  | Take a walk  
|                  | Use relaxation techniques  |
| Poor concentration | Avoid additional stress  
|                    | Go for a brisk walk  
|                    | Take regular work breaks  
|                    | Split large projects into smaller tasks  |
| Irritability/aggression | Go for a walk  
|                       | Take deep breaths  
|                       | Practice relaxation techniques  |
| Sleep disturbance | Take a hot bath or do relaxation exercises before bed  
|                   | Avoid caffeine  
|                   | Do not nap during the day  |
| Lightheadedness   | Sit or lie down until it passes  |
Even though most smokers do not want to tell anyone they’re trying to quit, friends or family can be a great source of information and support. They can help smokers by monitoring the changes in mood and behaviour and informing them of ways to cope with withdrawal. If symptoms persist, smokers should be encouraged to talk to their doctor.

What is the health impact of smoking?

We all know that smoking is bad for our health. Over 45,000 Canadians die from tobacco-related illnesses annually and 50% of current smokers will die from smoking-related diseases if they do not quit.

Cigarette smoke contains about 4,000 chemicals, some of which are known to cause cancer. Smoking accounts for 85% of all new cases of lung cancer and contributes to many other kinds of cancer. Smoking is responsible for 80 to 90% of chronic pulmonary disease, including emphysema and chronic bronchitis. It also increases the risk of cardiovascular disease including coronary heart disease and stroke.

Women who smoke and take the pill have an increased risk of heart attack. Men who smoke are twice as likely as non-smokers to experience erectile dysfunction.

Smoking can also affect the health of non-smokers. Parents who smoke increase the chances that their children will develop asthma. A person who lives with a smoker has a greater risk of developing lung cancer and heart disease.

The sad truth is that smoking is the number one preventable cause of death in Canada: 22% of all deaths in Canada are attributable to smoking. More than 1,000 non-smoking Canadians die every year from exposure to second-hand smoke.

What are the benefits of quitting?

Regardless of how long a person has been smoking, the physical benefits of quitting smoking start immediately.

**Within 8 hours of quitting:** Carbon monoxide levels drop, oxygen levels return to normal.
**Within 48 hours of quitting:** The chance of having a heart attack begins to decrease; taste and smell begin to improve.
**Within 72 hours of quitting:** Bronchial tubes relax, which makes breathing easier, and lung capacity increases.
**Within 2 weeks to 3 months of quitting:** Blood circulation gets better and lung function improves by as much as 30%.
**Within 6 months of quitting:** Coughing, tiredness, sinus congestion and shortness of breath all decrease.
**Within 1 year of quitting:** The risk of heart attack due to smoking falls to half that of someone who smokes.
**Within 10 years of quitting:** The risk of dying from lung cancer falls to half that of someone who smokes.
**Within 15 years of quitting:** The risk of dying from a heart attack is the same as for someone who has never smoked.

Thanks to all these health benefits, quitting smoking increases life expectancy.

There are also financial benefits to quitting. On average, smokers spend $41.50 per week on cigarettes. In one year, a smoker who succeeds in quitting could save over $2,000.
What smoking cessation treatments are available?

Behavioural therapy such as group therapy, individual therapy and self-help programs improve quitting success. In fact, even brief counselling (5-10 minutes) can motivate smokers to quit.\(^2\),\(^11\),\(^14\)

In group therapy, smokers are provided with counselling as well as a social support network. Group therapy creates an environment where smokers support each others’ attempts to quit.\(^2\),\(^22\)

The benefit of individual therapy is that smokers are offered personalized support from their therapist that might not be available in a group setting.\(^22\)

Self-help programs, such as booklets, videotapes, audiotapes and telephone quitlines have all been shown to be effective at increasing quitting success.\(^22\)

Nicotine replacement therapy helps with managing withdrawal symptoms because it acts in the same way as nicotine. This therapy includes nicotine gum, patches, inhalers and lozenges.\(^22\)

The antidepressant, bupropion is a non-nicotine aid for smoking cessation, and can be prescribed to ease withdrawal symptoms. It is not yet known exactly how this drug works.\(^22\)

The nicotine receptor partial agonist\(^22\), varenicline, reduces cravings and decreases the pleasurable effects of tobacco products. Varenicline binds to the same receptor in the brain as nicotine, thereby blocking nicotine from reaching the receptor.\(^9\)

Smoking cessation services that offer group or individual support and counselling are known to work. Combining counselling with medication can increase a smoker’s chances of successfully quitting by up to 6 times.\(^2\) Additional information on support services is available at: [http://morethanmedication.ca/en/find_support/](http://morethanmedication.ca/en/find_support/)

Speak to your doctor to learn more about the available treatment options and to help decide which one may be right for you.

Can a physician help someone to stop smoking?

Yes. Support from as many people as possible increases a smoker’s likelihood of quitting successfully. Many smokers say that advice from their healthcare professional was key to motivating a quit attempt.\(^2\),\(^14\)

Physicians can help a smoker understand the relationship between tobacco use and their current health issues, remind them of the social and economic costs, and explain the effect on children and other loved ones in the home. A physician is also there to help the smoker overcome his or her resistance to treatment and reassure him or her that their support is always there.\(^11\),\(^14\)

Physicians can also offer the appropriate drug-therapy and make referrals for more intensive treatment. Physicians, pharmacists and other healthcare professionals can follow-up with the smoker, review circumstances of relapse, nurture recommitment to quitting again and congratulate success.\(^11\),\(^14\)
Pharmacists are also a great source of information and support. They counsel smokers and provide information on smoking cessation medications. Pharmacists can refer smokers to physicians so they get the treatment they need.\(^4\)

**What can I do to help someone who is quitting smoking?**

You can support and motivate. People attempting to quit smoking may become overwhelmed by their nicotine withdrawal symptoms.\(^4,11\) You can help by offering ideas on ways they can cope with their symptoms, then join them in a coping activity (go for a brisk walk with them).\(^11,12\) If you see that their nicotine withdrawal symptoms are severe or persistent, you can suggest that they talk to their doctor.\(^4\)

Understand that quitting smoking is a difficult journey.\(^2,25\) Most smokers will try to quit five to seven times before they succeed.\(^2\) If someone you know starts smoking after a failed attempt, don’t express disappointment or make them feel ashamed of their relapse. Instead, remind them that although they may be smoking again now, the important thing is that they keep trying to quit. Your help, encouragement and positive attitude will make all the difference in their eventual success in quitting.\(^2,14\)

**Where can I turn to for help?**

For more information, visit the Get Support section on the More than Medications website at [www.morethanmedication.ca](http://www.morethanmedication.ca).

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<tr>
<th>Location</th>
<th>Websites</th>
<th>Toll-free Quitlines</th>
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<tr>
<td>National</td>
<td><a href="http://www.gosmokefree.ca">www.gosmokefree.ca</a></td>
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<td><a href="http://www.smokershelplineworks.ca">www.smokershelplineworks.ca</a></td>
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<td><a href="http://www.itscanadastime.ca">www.itscanadastime.ca</a></td>
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<td>British Columbia</td>
<td><a href="http://www.quitnow.ca">www.quitnow.ca</a></td>
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<td><a href="http://www.albertaquits.ca">www.albertaquits.ca</a></td>
<td>1-866-332-AADAC (2322)</td>
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<td><a href="http://www.smokershelpline.ca">www.smokershelpline.ca</a></td>
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<td>Quebec</td>
<td><a href="http://www.teleassistancepourfumeurs.ca">www.teleassistancepourfumeurs.ca</a></td>
<td>1-866-JARRETE (1-866-527-7383)</td>
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<td>Newfoundland &amp; Labrador</td>
<td><a href="http://www.smokershelp.net">www.smokershelp.net</a></td>
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<td>Nova Scotia</td>
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<td>Prince Edward Island</td>
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The organizations and websites listed are provided for informational purposes only. The listing does not indicate the existence of any partnership, affiliation, product endorsement, or sponsorship relationship of any party.
You can also get information, help and advice from the resources below:

**References:**


   Available at: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/body-corps/index_e.html.

   Available at: http://www.americanheart.org/presenter.jhtml?identifier=539.


    Available at: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/quit-cesser/ready-pret/reward-gratifiant_e.html.


23. Gonzales D et al. Varenicline, an α4β2 nicotinic acetylcholine receptor partial agonist, vs sustained-release
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24. Jorenby DE et al. Efficacy of varenicline, an α4β2 nicotinic acetylcholine receptor partial agonist, vs placebo or
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25. Celli BR et al. Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS