

Smoking

Smoking is one of the greatest causes of illness and premature death in the UK. It can create a number of problems not only for the smoker, but also for the people around them. Second hand smoke often leads to ill health in adults and can also harm young children and babies, increasing their risk of intense coughing, wheezing and asthmatic symptoms.

In July 2007, smoking was banned in the workplace and enclosed public spaces. This law is part of the Health Act 2006, which was established to introduce smoke-free environments for the benefit of all. With research showing that smoking accounts for more than one third of respiratory deaths and around one quarter of cancer deaths, the aim of this law is to benefit the life of the smoker and their colleagues in the workplace, with the goal of stopping smoking altogether.

It can be difficult to stop smoking, but the benefits are numerous. After one month of giving up your skin will seem clearer, after three to nine months your breathing will have improved and after one year the risk of a heart attack or heart disease will have fallen dramatically.

The NHS and other organisations have promoted quit smoking campaigns such as ‘Stoptober’ and ‘Go Smokefree’ to aid smokers in their fight to stop smoking. Other types of therapy, including counselling, have also proven successful when it comes to helping a smoker understand the effects of smoking on themselves, their family and their friends with the ultimate goal of stopping for good.

We often associate smoking with the physical side effects, however this overview will also explore the social, financial and emotional effects that it can have.

On this page

- [Facts about smoking](#)
- [Why do people smoke?](#)
- [Effects of smoking](#)
- [Why should you stop smoking?](#)

- [Help to stop smoking](#)
- [Coping with your cravings](#)
- [What should I be looking for in a counsellor or psychotherapist?](#)
- [Further help](#)

Facts about smoking

According to statistics gathered by the public health charity Action on Smoking and Health (ASH):

- There are around 10 million smokers in Great Britain.

- Around 60% of smokers say they would find it hard to last the entire day without smoking.
- Tobacco smoke comprises of over 4,000 chemical compounds.
- There are approximately 100,000 deaths a year in the UK that are directly linked to smoking related diseases.
- For a long-term smoker, the life expectancy is 10 years less than that of a non-smoker.
- Half of all regular smokers die of smoking-related diseases.
- Smoking accounts for over one third of respiratory deaths, over one quarter of cancer deaths, and about one seventh of cardiovascular disease deaths.

Why do people smoke?

For quite some time a major effort has been underway to curb the world's smoking habit. Laws are in place to prohibit smoking in certain areas, taxes on tobacco products continue to skyrocket and research highlighting the link between smoking and serious health issues continues to grow, yet still millions continue to smoke - but why? Below, we explore some of the reasons an individual might pick up their first cigarette:

Boredom

Boredom can trigger a wide range of behaviours and habits, including smoking. The amount of excitement and novelty we require differs for each individual, which relates to how easily a person becomes bored.

Imitating parents

Habits of parents can influence their children. Research suggests a child is three times more likely to take up smoking if both parents smoke.

Self-expression

Smoking can start off as a form of self-expression and then develop into a habit. You might start smoking to stand out from the crowd, but the longer you continue the easier it is to become addicted.

Social acceptance

Social acceptance is a key factor why people start smoking from a young age. If you are the only non-smoker among your friends, it can be hard to resist as you feel the pressure to join in.

Stress

Most adults quote stress as one of the main reasons they started or continue to smoke.

If you are a smoker, think back to when you first bought a packet of cigarettes. Did you know the effect that smoking addiction could have on you and the people around you? Were you aware that cigarettes could cause addiction?

For new smokers, information on the effects of smoking is easily available with smoking cessation services and therapy being more accessible than ever before.

Effects of smoking

According to NHS Choices, smoking increases the chance of you developing more than 50 health conditions. Here are a number of serious health conditions that can develop as a result of smoking:

Heart disease

Around one in six people develop heart disease due to smoking. It's the biggest killer in the UK, causing approximately 120,000 deaths each year.

Chronic obstructive pulmonary disease (COPD)

Approximately 25,000 people in the UK die each year from COPD. Around eight in 10 of these deaths are linked to smoking. This disease causes people to be extremely ill for several years before they pass away.

Lung cancer

In the UK, around 30,000 people die from lung cancer every year. Smoking causes eight out of 10 of these deaths.

Other cancers

Smokers also develop other cancers including cancer of the throat, mouth, larynx, nose, oesophagus, kidney, blood (leukaemia), and bladder.

Sexual problems

Smoking can lead to impotency and other [sexual problems](#) in middle life.

Fertility

Long-term smoking harms fertility in both males and females.

Circulation

Smoking increases the risk of hardening of the arteries, which is also known as atheroma. Atheroma is one of the primary causes of strokes and heart disease.

Rheumatoid arthritis

Smoking causes around one in five cases of rheumatoid arthritis, which causes inflammation of the joints.

Premature ageing

Smokers often develop more lines on their face at an early age, which can make them appear older than they actually are.

Menopause

Women who smoke start the menopause an average of two years before a non-smoker.

Other problems

Smoking can worsen the symptoms of the following conditions: asthma, chest infections, tuberculosis, chronic rhinitis, diabetic retinopathy, Crohn's disease and multiple sclerosis. It also increases the risk of developing a number other conditions including: osteoporosis, dementia, pulmonary fibrosis, optic neuropathy, psoriasis, gum disease and tooth loss.

Why should you stop smoking?

Stopping smoking can make a big difference to your overall health. The sooner you give up, the better you will feel.

If you have been smoking since you were a young adult and stop before the age of 35, your life expectancy is only marginally less than a non-smoker. If you were to stop before you hit 50, the chance of you developing a smoking-related disease is halved.

Reduced risk of heart attacks and lung cancer

After one year being smoke free, the risk of having a heart attack decreases to half that of a smoker. After 10 years, the risk of lung cancer also decreases to half that of a smoker. After 15 years, the risk of having a heart attack falls to the same level as a non-smoker.

Helps to stop premature ageing

When you stop smoking, your facial ageing slows which delays the development of wrinkles. Ex-smokers also benefit from fresher breath, whiter teeth and are less likely to develop gum disease and lose their teeth prematurely.

Increased lung capacity

Within nine months of stopping smoking, you gain 10% of your lung capacity back. This may not necessarily be noticeable until you take part in an intensive sport or you go for a run.

Reduced stress levels

There is a common misconception that smoking decreases stress. The truth is, it only decreases stress when smoking the cigarette and for a short time afterwards. Between cigarettes, stress can actually be heightened due to cravings for the next fix. Removing this craving from your daily life helps to reduce stress, as you will no longer need to rely on smoking for instant relief.

Improved taste and smell

Another change many smokers will notice when they quit is a heightened sense of taste and smell. Around 4,000 chemical compounds in cigarettes dull your sense of taste, which will gradually return when you give up.

Stronger defence against cold and flu

After two weeks you will feel more energised as your circulation improves. It will be easier to fight off colds and flu, you will feel less tired and will even be less likely to suffer from headaches.

Improving the lives of others

As well as improving your own life, smoking cessation improves the lives of the people you live with. Children who live with smokers are three times more likely to develop lung cancer later in life, in comparison to children who live with non-smokers. So when you stop, the chances of the people you live with getting lung cancer and other smoking-related diseases dramatically drops.

The financial impact

If you smoke 20 cigarettes a day, you could save in excess of £2,000 a year when you give up.

The emotional impact

The emotional impact of smoking is often overlooked. There is always that constant nagging feeling that you need to stop, either from within or from increasing pressure from society.

A non-smoker may think that it's an easy habit to kick. The reality however is very different and many smokers find it incredibly difficult and often need support.

Help to stop smoking

On average, two in three smokers want to stop. This can be done in a variety of ways including individual behavioural counselling, group behavioural therapy, telephone counselling and quit helplines.

Behavioural therapy

[Behavioural therapy](#) is based on the way you behave and/or the way you think. The objective of these therapies is to positively change your behaviours and thoughts to overcome problems i.e. smoking.

Group behaviour therapy

Group behavioural therapy makes use of the [group dynamic](#) to change the way in which you behave. Having therapy in this way gives you the support of a group who have similar concerns to you.

Telephone counselling and quit helplines

[Telephone counselling](#) is accessible, affordable and can also be anonymous. It's becoming much more popular due to the increase in video conferencing software available on the Internet.

One of the most important aspects that will help you succeed is support from others (both professional and personal).

Coping with your cravings

You may find it easier to quit smoking if you are in control of your cravings. Research has suggested that using sheer willpower alone might be too much of a task for some, so using a mixture of behavioural therapy and stop smoking medicines is often recommended to help you in the fight to give up.

A craving occurs when your body misses the regular hit of nicotine. Here are some examples:

- The constant feeling in the back of your mind that you need a cigarette. This will decrease after the first few months of quitting.
- Sudden urges that you need to smoke. These can be triggered by a cue. For example, if you always have a cigarette after dinner, as soon as you finish dinner you will get a craving. Other examples could be when you're stressed, angry or sad and you use a cigarette to relieve the stress of the situation.

You can tackle your cravings using nicotine replacement therapy, prescribed stop smoking medicine and behavioural changes.

Nicotine replacement therapy (NRT)

Nicotine replacement therapy (NRT) satisfies the nicotine cravings without the side effects you get with smoking a cigarette. This won't give you the quick hit a cigarette does, but it can soothe these feelings you are having.

Stop smoking medicine

Prescription tablets are available that work on your brain to reduce the cravings rather than replacing the nicotine in your system.

Ask your doctor or stop-smoking counsellor to advise you on what medicines are available.

Behavioural changes

Smoking cessation behavioural changes aim to help you quit smoking for good, with the help of NRT and/or stop smoking medicines.

Counseling and Support

Smokers who want to quit can meet a counselor in person (alone or in a group with other smokers) or talk over the phone. The counselor, also known as a coach, can give you good advice on ways to quit and support you while you are trying to quit. The more often you meet, the more likely you will be able to quit. Talking with a counselor and using quit medicines can give you the best chance of quitting (see "[Combination Methods](#)").

To increase your chances of quitting, your counselor should talk to you about:

- **Setting a date to quit.**
You will have a better chance of quitting if you pick a date when you will start your quit.
- **Recognizing danger situations.**
Identify events, feelings, or activities that increase your desire to smoke or going back to smoking once you have quit.
Examples: Being around other smokers, having an alcoholic drink, or having a cup of coffee first thing in the morning.
- **Developing coping skills.**
Identify and practice ways to control your urges to smoke. These are called "coping or problem solving skills."
Example: Learning to cope with smoking urges by distracting yourself or changing your lifestyle to reduce stress.
- **Staying informed.**
Get basic information about smoking and successful quitting.
Example: Nicotine leaves your body within 3 days of quitting smoking, and your body begins to adjust within 1-3 weeks after quitting.
- **Tobacco-proofing you home and car.**
Remove cigarettes, lighters, matches, and ashtrays so there are no reminders of smoking. This can help reduce your urges to smoke.

- **Building your social support.**

Ask for support from family and friends. Talk with others about your concerns and the quitting process.

Example: Talk with people who believe you can quit.

Start small

Tedeschi recommends that counselors use the “five A’s” to discuss smoking with clients. In this approach, a practitioner should:

- Ask each client about his or her tobacco use
- Advise all tobacco users to quit
- Assess whether the client is ready to quit
- Assist the client with a quit plan
- Arrange follow-up contact to mitigate relapse

Each of these steps is important, but providing support and follow-up as the client begins to quit is particularly critical, Tedeschi says.

“The first week of quitting is the hardest. If [a counselor] waits for a week to talk to the client, you could lose about 60 percent of people back to relapse,” he says. “If someone is able to quit for two weeks, their risk of relapse drops dramatically.”

If clients resist the idea of quitting or do not feel ready to quit entirely, Tedeschi suggests that counselors work with them to stop smoking for one day or even just an afternoon. During this time, have clients monitor how they felt: How was their anxiety level? What were their cravings like? This technique can introduce the idea of stopping and prepare clients for the quitting process, he says.

Brooks recommends using motivational interviewing to help clients make the life change to quit smoking. “Nicotine is a drug, and it’s no different than if [clients] were to say they want to stop drinking. Work with their motivation to identify what they can possibly do for that,” he says.

Part of the quitting process involves clients going through an identity shift, Tedeschi notes. Clients can be *behaving* as nonsmokers — abstaining from cigarettes — long before they make the mental leap that they *are no longer* smokers, he says. It is important for clients to make that mental shift from “a smoker who is not smoking” to a “nonsmoker,” Tedeschi says. Counselors need to work with these clients to identify as and accept the nonsmoker label. “As long as someone calls [himself or herself] a smoker, they will be open to turning back to cigarettes,” he explains.

Kicking the habit

Counselors can use the following tips and techniques to better equip clients to meet the challenge to stop smoking.

Set a quit date. This is an important step, but one that clients must take the lead on and choose for themselves, Tedeschi says. Research shows that simply cutting back without setting a quit date isn't very effective, he adds. The behavioral patterns that often accompany smoking (for example, smoking after eating or taking smoke breaks at work) make it very hard to keep tobacco use at a low level. Setting a quit date creates accountability and is a "sign of seriousness," he says. At the same time, be flexible. "For some people, it's just too hard to think about [sticking to a quit date]," Tedeschi says. "For some — especially those who are struggling with other substances — they need to take one day at a time."

Be aware of psychotropic medications. Counselors should be aware that if clients are taking prescription medicines for anxiety, depression, bipolar disorder or other mental illnesses, their dosages might need to be adjusted as they quit smoking. Nicotine is a stimulant, so it speeds up a person's metabolism. This means a person who smokes will burn through psychotropic medications faster than someone who doesn't smoke, Harms explains. Counselors should be certain to talk this through with clients and work with their doctors to modify their dosages, he says. "This is especially noticeable with mood stabilizers. It's acute with bipolar disorder," Harms says.

The same holds true with caffeine, Tedeschi notes. After they quit smoking, clients may notice that they get jittery from caffeine and may need to cut back on their coffee intake.

Use cognitive strategies. Counselors can help clients create a list of personal reasons why they want to stop smoking — beyond the health implications, Tedeschi says. The list doesn't need to be long, but the reasons need to be compelling and motivating enough to carry clients through a nicotine craving. For example, one of Tedeschi's clients wanted to quit because his young grandson asked him to. As a reminder, the client kept a toy car that belonged to his grandson in his pocket. "When he had a craving [for a cigarette], he would pull [the toy car] out of his pocket, look at it, hold it and squeeze it," Tedeschi says. "It helped."

Turn over a new leaf. As they quit smoking, encourage clients to organize, clean and purge their homes and cars of smoking-related materials such as ashtrays, advises ACA member Pari Sharif, an LPC with a practice in Franklin Lakes, New Jersey. That action will help clients turn a new page mentally and start fresh, she says. Sharif also encourages clients to air out their homes and clean their closets so their clothes and furniture no longer smell like smoke.

On a similar note, if clients have a certain mug that they always use to drink coffee while smoking, Harms suggests that they get a new mug. Or if they always stopped at a certain gas station to buy cigarettes, he suggests that they now change where they buy gas.

When cravings strike, breathe. Sharif, a certified tobacco treatment specialist, introduces breathing techniques to all of her smoking cessation clients. She asks these clients to take measured breaths for roughly two minutes, inhaling while slowly counting to four, then exhaling for four counts.

"Instead of the reflex habit to grab a cigarette, take a moment to stop and ask why. Be more in control of yourself and your mind," she tells clients. "Pause to do breathing and body scanning

from head to toe. Ask yourself, ‘What am I doing? Why do I need this [cigarette] to calm down?’ ... [Through breathing exercises,] your breath becomes deeper and deeper. Close your eyes. Your body starts relaxing and your anxiety level goes down.”

Sharif also recommends that clients download a meditation app for their smartphones and use a journal to record how they’re feeling when cigarette cravings strike. This helps them log and identify which situations and emotions are triggering their need for nicotine, she explains.

Get to the root of it. Asking clients about the circumstances that first caused them to start smoking can help in identifying what triggers their nicotine use and the bigger issues that may need to be addressed through counseling, Sharif says. In some cases, a specific traumatic event or stressor caused the person to start smoking. In other instances, it was a learned behavior because everyone in the household smoked as the client was growing up. “Find out when they started smoking and why,” Sharif says. “Gradually, when they become more aware of themselves, they quit.”

Change social patterns. Cigarettes are often used as a coping mechanism when people experience anxiety in social situations, Harms says, so clients may need to focus on social skills as they start the process of quitting smoking.

“[Cigarettes] are their way to socialize and get out and meet people. If you have social anxiety, you can still go up to someone and ask for a cigarette or ask for a light. It’s programmed socialization,” Harms explains. “It gives you an excuse to be close to people, feel more sociable. If you take away their cigarettes, you’ve got to replace that.”

Brooks agrees, noting that clients who smoke likely have friends who are also smokers. For example, he says, it is not uncommon to see people smoking and talking together outside of Alcoholics Anonymous meetings. Counselors can help clients prepare to avoid situations where smoking is expected and practice asking people not to smoke around them, Brooks says. Counselors can also support clients in creating social networks of people who don’t smoke, including support groups for ex-smokers, he adds.

Break behavioral habits. Similarly, Brooks says, counselors can help clients change the behavioral habits they connect to smoking, such as starting the morning by reading the paper, drinking coffee and smoking a cigarette. Counselors can suggest activities and new rituals to replace the old ones, such as taking a daily walk, he says.

Harms encourages clients to replace their former smoke breaks with “clean air breaks.” They can still take their normal time outside, but instead of smoking, he suggests that they walk around the block, sit and read a book, eat an apple or use their smartphones outdoors. If they had a favorite smoking spot outside, he urges them to find a new place to go instead.

Find comforting substitutes. “The whole ritual of lighting up a cigarette — tapping the pack to pull out a cigarette and flicking the lighter — the behaviors that go with [smoking] can be very

comforting,” Harms says. “Sometimes that’s what’s so hard to break — the behaviors that go with it.”

Tedeschi recommends that counselors work with clients to have comforting alternatives ready to go even before the clients attempt to quit smoking. It is hard for people to figure out alternatives in the heat of the moment when a craving strikes, he explains. Tedeschi offers several possible substitutes for consideration: sugar-free gum, beef jerky, cinnamon sticks and even drinking straws cut into cigarette-sized lengths through which clients can inhale and exhale.

If clients are comforted by having something in their hands, Brooks suggests keeping a pen, stress ball or prayer beads nearby. Staying hydrated and carrying a water bottle can also help these clients, Tedeschi adds. Most of all, counselors should work toward the idea of replenishment and filling in where clients feel they are losing something, he says.

Don’t dismiss pharmacotherapy. A wide variety of quitting aids are available, from nicotine patches, lozenges and gum, to prescription pills such as Chantix. The counselors interviewed for this article agree that these stop-smoking aids can be helpful when used alongside counseling. However, Tedeschi says, counselors should work with their clients’ physicians when such medications are being used, or make sure that clients are talking with their physicians. Counselors should also be aware of the potential side effects that these medications can have, such as aggressive behavior.

Brooks notes that none of these options is a magic solution to quit smoking. For example, nicotine gum and other medications can be prohibitively expensive, and some clients can continue to smoke even while using nicotine patches or gum. As for electronic cigarettes, Sharif and Harms agree that they are not a recommended alternative. Electronic cigarettes are carcinogenic, addictive and mimic the “puffing” behavior of regular smoking, Harms notes.

Connect clients with other supports. Counselors should equip clients with resources they can turn to outside of counseling sessions, such as local support groups for ex-smokers or the phone number for their state’s tobacco quitline, Brooks suggests. Nicotine Anonymous (nicotine-anonymous.org) is an ideal resource for clients who are trying to stop smoking, Brooks says. The 12-step method at Alcoholics Anonymous (AA) can also be applied to tobacco use for clients who attend AA meetings already or who don’t have a Nicotine Anonymous support group in their local area, he adds.

Sharif suggests that counselors keep brochures and other information about quitting smoking alongside the materials they might have about depression or suicide prevention in their offices or waiting rooms. It is better for counselors to distribute information that they have vetted themselves rather than having clients search the internet for information on their own, she notes.

Try and try again

On average, it takes a smoker 10-12 attempts to fully quit cigarettes, according to Tedeschi. For that reason, it is imperative that practitioners not give up on clients after their first, second or even 10th try, he stresses.

Quitting smoking is hard, Tedeschi acknowledges, but possible with perseverance. “Don’t be discouraged as a clinician if your client relapses. [Quitting] is definitely not a one-time event; it’s a process. ... Relapse prevention is important, but it’s equally important to be ready for the relapse,” he says. “One of the best things a counselor can give a client is that reassurance. Any attempt to quit for any length of time is a success rather than a failure. That’s just the reality of this addiction. As long as they keep trying, they’ll get there. The only failure is to stop trying. The most important message a counselor can give a client is to never give up.

Statistics: Smoking and mental health

- Roughly 50 percent of people with behavioral health disorders smoke, compared with 23 percent of the general population.
- People with mental illnesses and addictions smoke half of all cigarettes consumed in the U.S. and are only half as likely as other smokers to quit.
- Smoking-related illnesses cause half of all deaths among people with behavioral health disorders.
- Approximately 30-35 percent of the behavioral health care workforce smokes (versus 1.7 percent of primary care physicians).