When it comes to smoking, be a “quitter”

Smoking cessation
By now we are all aware that smoking is an unhealthy habit. According to the Surgeon General, quitting smoking is the most important thing smokers can do to improve the length and quality of their lives. Yet roughly one of every five American adults is a current smoker. Why are so many of us compelled to do something that is so bad for our bodies?

You’re not weak, you’re addicted
Many smokers feel ashamed after repeated attempts at kicking the habit. If you’ve tried to stop smoking and always seem to pick it up again, you’re not alone. Nicotine, which is found in tobacco, is as addictive as heroin or cocaine, and inhaled nicotine reaches the brain more quickly than drugs taken intravenously. It affects the heart and blood vessels, your hormones, your respiratory system, your metabolism and your brain. And if you are a woman who is pregnant, nicotine passes through the placenta and affects your baby in the same ways.

When a smoker tries to quit, he or she faces up to several weeks of withdrawal. In addition to the physical addiction, which is in full force after just a few weeks of smoking, there is a psychological addiction — a habit that has to be broken. Research shows that both the physical and psychological addictions must be overcome if a smoker is to successfully quit for good. Unfortunately, nicotine withdrawal symptoms are uncomfortable enough that many people begin smoking again. Symptoms include:

- Dizziness (for the first day or two)
- Depression
- Irritability, frustration and anger
- Restlessness and difficulty concentrating
- Fatigue
- Headache
- Insomnia and nightmares

Timeline for withdrawal
Quitting smoking is hard, but it is worthwhile. Withdrawal symptoms typically show up within a few hours of the last cigarette, are at their worst on the second or third day, and gradually taper off over the next couple of weeks. But while you’re cranky, tired and depressed, good things are happening to your body.

Within minutes: Your blood pressure drops.
Within 12 hours: The level of carbon monoxide in your blood returns to normal.
Within four days: All nicotine and nicotine by-products have left your body.
Within three months: Your circulation and lung function improve.
One to nine months after quitting: Coughing and shortness of breath decrease; cilia (tiny hair-like structures that move mucus out of the lungs) regain normal function, increasing the ability to clean the lungs, and reducing the risk of infection.

One year after quitting: Your heart disease risk is reduced.
Five years after quitting: Your stroke risk is reduced.
Ten years after quitting: The likelihood that you will die of lung cancer, and your risk of having cancer of the mouth, throat, esophagus, bladder, cervix and pancreas decreases.
Fifteen years after quitting: You have no more risk of heart disease than if you had never smoked.
Making it through the cravings

With all the unpleasant withdrawal symptoms in addition to the challenge of breaking a habit, it’s no wonder many smokers have to quit several times before it really takes. Here are some ways to cope with the ordeal of quitting smoking:

Take a brisk walk. Even a five- or 10-minute walk can help you through your cigarette craving, reduce your withdrawal symptoms, and can triple the amount of time it takes for your next craving to hit.²

Spend time in places where smoking is not allowed. Try the library, museums, bookstores and malls. Make it a point to check out some places you’ve never been before.

Change other habits too. If you previously smoked when you watched TV, unplug the TV set. If you had to smoke with your morning coffee, have tea instead. Make plans to do something you enjoy when you otherwise would have been smoking your favorite cigarettes of the day – listen to a new CD, take a walk outdoors, call a friend, or take a bath. Changing your routine will lessen the feeling that something is missing. List your reasons. Make a list of all your reasons for quitting, and keep copies of it in your wallet, at your desk at work, and on the refrigerator at home. Refer to it when you are tempted to smoke.

Don’t be fooled. Remember, there is no “just one” cigarette or puff. Remind yourself that the strong desire to smoke will eventually pass. The short-term discomfort is well worth the long-term gains.

Stall. If you feel like you are about to give in, tell yourself you have to wait at least 10 minutes. This will often allow you to move beyond the strong urge to smoke.

Reward yourself. Save the money you would have spent on tobacco, either for a small daily or weekly treat, or for a major purchase. But be aware of all the money you are saving, and put it toward something that you want.

Getting help

Your doctor will be able to advise you on what will work best for you, but there are a number of products, as well as counseling programs, aimed at helping people kick the habit.

Nicotine Anonymous (nicotine-anonymous.org) and smokefree.gov offer telephone and Internet meetings in addition to in-person meetings in many cities. You can call 800-QUIT-NOW (784-8669) and 800-ACS-2345 (227-2345) for toll-free smoking cessation support lines. Receiving counseling and support can double your chances of successfully quitting for good.

Drug treatments, both prescribed and over the counter, are also very successful in helping people to quit. One-quarter to one-third of smokers who use medications to assist them in quitting smoking are able to remain smoke-free for at least six months. Nicotine replacement therapy provides nicotine through gums, patches, sprays, lozenges or inhalers, without the other dangerous chemicals in tobacco. This way you can focus on breaking the habit of smoking before you have to go through the physical withdrawal. There are also prescription drugs that reduce the symptoms of withdrawal or change the way your body reacts to nicotine – speak with your doctor about whether one of these methods may be helpful for you.

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