

# MAKE SMOKING HISTORY<sup>®</sup>

## Challenge Your Excuses to Smoke

The majority of smokers are unhappy about their smoking and plan to quit someday - *just not right now*. Many people use excuses to justify their smoking to themselves and others. Ultimately excuses only serve to delay quitting and further increase the risk of serious smoking-related illness. Some of the common excuses are outlined below:

### **"It's my choice to smoke."**

Most people don't make an informed adult decision to smoke, in fact over 90% of Australian smokers started as teenagers.<sup>1</sup> By the time people better understand the consequences, they're hooked. You may feel it's your choice to smoke but do you really choose to increase your risk of illness and death? Why not choose a better life and make the decision to quit.

### **"You've got to die of something."**

Yes, but smokers are at a significantly increased risk of dying early. On average smokers die about 10 years younger than non-smokers.<sup>2</sup> And death is not the only consequence to consider. Smoking-related illness can cause years of pain and suffering, seriously reducing quality of life.

### **"I knew someone who smoked all their life and lived until a ripe old age!"**

Half of all regular smokers will die as a result of smoking.<sup>2</sup> The person who smokes their way into old age is a rare exception. There is a far lower smoking prevalence in the oldest age groups. This is because most people in this group have quit - or died, quite possibly from smoking.

### **"More lung cancers are caused by air pollution than by smoking."**

Not true. Cigarette smoking is by far the main risk factor for lung cancer, with 90% of cases in men and 65% in women caused by smoking.<sup>3</sup> Primarily a preventable disease, lung cancer is best avoided by not smoking. The good news for those who quit, even if well into middle age, is that most of the subsequent risk of lung cancer is avoided.<sup>4</sup>

### **"But I can't go more than a few hours without a cigarette."**

Smokers are physically dependent on nicotine in cigarettes, a drug that reinforces and strengthens the desire to smoke and keeps users smoking.<sup>5</sup> Although quitting can be difficult, it *is* achievable. There are many health professionals, quitting services and pharmaceutical products that can aid quitting. And there are now more than 450,000 ex-smokers in WA<sup>6</sup> - proof that you can overcome nicotine addiction.

### **"I tried to quit and put on weight."**

Some smokers may gain a small amount of weight when they quit, usually about 2 to 3 kilograms. However, remaining a smoker is far more of a health risk than minor weight gain. It can be helpful to accept a small increase in weight in the short term so you can concentrate your efforts on quitting. Later, it will be easier to focus on a healthy diet and regular exercise to control your weight.

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## “Everything causes cancer these days.”

This belief takes the view that “life’s a jungle” - focusing on the inherent dangers of living.<sup>7</sup> Thinking everything causes cancer is not only inaccurate, it also reinforces the misconception that nothing can be done to prevent this disease. In fact, there are many things you can do to reduce your risks and avoiding tobacco is high on the list. Smoking is a known cause of many cancers, cardiovascular disease, and respiratory and other illnesses. In fact, smoking harms nearly every organ in your body.<sup>8</sup>

## “I’m only a social smoker.”

Anyone who smokes can become addicted to nicotine and “social” smoking can quickly become regular smoking. Over time the body gets used to nicotine, reducing its effect, which can lead people to increase the amount they smoke.<sup>5</sup> Lower levels of smoking are not a safe option - research has shown that even just one to four cigarettes a day can almost triple the risk of dying from lung cancer or heart disease in the long term.<sup>9</sup>

## “It’s too late for me, the damage is done.”

Longer term smokers may feel that it’s too late to quit. However, stopping smoking has major and immediate health benefits for men and women, whatever your age - even for those who already have smoking-related illness.<sup>10</sup> There is every reason to quit smoking now and start enjoying a healthier life.

## “I don’t think I can quit.”

You may avoid quitting, thinking it’s just too hard. It’s understandable to be nervous, particularly if you’ve tried before. But rest assured, many smokers need to make several attempts before they finally quit. The best advice is to keep trying and learn from past attempts. You can quit successfully with careful planning and preparation. And you don’t need to do it alone, there is support available.

For help to quit smoking, call the **Quitline on 13 7848** which offers free information and confidential counselling. The Cancer Council Western Australia’s *Fresh Start* courses are run in workplaces and the community. If you are interested in attending a course, call the Quitline, or the Cancer Council Helpline 13 11 20, to find out where courses are running. You can also access information at [www.cancerwa.asn.au/prevention/tobacco](http://www.cancerwa.asn.au/prevention/tobacco).

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<sup>1</sup> Hill D, Borland R. Adults’ accounts of onset of regular smoking: influences of school, work and other settings. *Public Health Reports*. 1991;109:181-5.

<sup>2</sup> Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years’ observations on male British doctors. *BMJ*. 2004;328(7455):1519-27.

<sup>3</sup> Ridolfo B, Stevenson C. The quantification of drug-caused morbidity and mortality in Australia, 1998. Canberra: Australian Institute of Health and Welfare (AIHW); 2001.

<sup>4</sup> Peto R, Darby S, Deo H, Silcocks P, Whitley E, Doll R. Smoking, smoking cessation, and lung cancer in the UK since 1950: combination of national statistics with two case-control studies. *BMJ*. 2000;321(7257):323-329.

<sup>5</sup> US Department of Health and Human Services. *The Health Consequences of Smoking: Nicotine Addiction*. A report of the Surgeon General. US Department of Health and Human Services, Public Health Service, Centres for Disease Control, Centre for Health Promotion and Education, Office of Smoking and Health; 1998.

<sup>6</sup> AIHW. 2004 National Drug Strategy Household Survey: State and territory supplement. AIHW cat. no. PHE 61. Canberra: AIHW; 2005.

<sup>7</sup> Oakes W, Chapman S, Borland R, Balmford J, Trotter L. Bulletproof skeptics in life’s jungle: which self-exempting beliefs about smoking most predict lack of progression towards quitting? *Preventive Medicine*. 2004;39:776-82.

<sup>8</sup> US Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General*. US Department of Health and Human Services, Centres for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.

<sup>9</sup> Bjartveit K, Tverdal A. Health consequences of smoking 1-4 cigarettes per day. *Tobacco Control*. 2005;14:315-20.

<sup>10</sup> US Department of Health and Human Services. *The health benefits of smoking cessation: a report of the Surgeon General*. US Department of Health and Human Services, Public Health Service, Centres for Disease Control, Centre for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health; 1990.