What Happens AFTER You Quit?

20 minutes
• Your blood pressure drops to a normal rate for you.
• The temperature of your hands and feet increases to normal.

8 hours
• The carbon monoxide level in your blood drops to normal.
• The oxygen level in your blood goes up to normal.

24 hours
• Your chance of a heart attack goes down.

48 hours
• Nerve endings start to re-grow.
• Ability to smell and taste begins to improve.

2 weeks to 3 months
• Your circulation improves.
• Walking gets easier.
• Your lungs perform up to 30 percent better.

1 to 9 months
• There’s less coughing, sinus congestion, tiredness, and shortness of breath.
• Cilia (tiny hairs) re-grow in your lungs to better handle mucous, clean your lungs and reduce infection.

1 year
• Your risk of coronary heart disease is half that of a smoker’s.

5 to 15 years
• Your stroke risk goes down to that of a non-smoker.

10 years
• The lung cancer death rate is about half that of a person who still smokes.
• Your risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas goes down.

15 years
• Your risk of coronary heart disease is that of a non-smoker’s.

The 4 D’s of Quitting:

1. Drink water—go get a drink before anything else

2. Do something else—have a goodie bag handy of other things to do

3. Delay—set a time limit before you decide to smoke

4. Deep breathing—take at least 10 deep breaths

AFTER you quit - cont.

The National Institute of Health says:
Your personal risk factors for dying early, and your chance of developing and dying from cancer due to cigarettes, depend on a few things:
• How many years you smoked.
• How many cigarettes you smoked each day.
• The age you began smoking.
• Whether or not you have cancer or another illness when you quit.

Other benefits:
As you can see from the list above, ex-smokers generally have better health than those who smoke. Ask your quit line specialist (1-800-QUIT-NOW) about the other health benefits for you and your family when you quit smoking or chewing tobacco.
How Can I Get Support and Encouragement?

Tell your family and friends what kind of help you need. Their support will make it easier for you to stop smoking. Also, ask your family doctor to help you develop a plan for stopping smoking. He or she can give you information on telephone hotlines or self-help materials that can be very helpful. Your doctor can also recommend a stop-smoking program. These programs are often held at local hospitals or health centers.

Give yourself rewards for stopping smoking. For example, with the money you save by not smoking, buy yourself something special.

Stressed Out? Try Deep Breathing...

Here’s how:

1. Breathe in through your nose on a slow count of three.
2. Push your stomach out as you breathe in.
3. Breathe out through your mouth on a slow count of six.
4. Repeat two more times.

Tips:

1. If you feel light-headed, slow your breathing more.
2. Practice three times a day so you can remember the steps when you are stressed out.

Smoking and Osteoporosis

Cigarette smoking was first identified as a risk factor for osteoporosis more than 20 years ago. Recent studies have shown a direct relationship between tobacco use and decreased bone density. Analyzing the impact of cigarette smoking on bone health is complicated. It is hard to determine whether a decrease in bone density is due to smoking itself or to other risk factors common among smokers. For example, in many cases smokers are thinner than non-smokers, tend to drink more alcohol, may be less physically active, and have poor diets. Women who smoke tend to enter menopause earlier. These factors place many smokers at an increased risk for osteoporosis apart from their tobacco use. In addition, most studies on the effects of smoking suggest that smoking increases the risk of having a fracture. Not all studies have supported these findings, but the evidence is mounting. For example:

- The longer you smoke and the more cigarettes you consume, the greater your risk of fracture in old age.
- Smokers who fracture may take longer to heal than non-smokers and may experience more complications during the healing process.
- Significant bone loss has been found in older women and men who smoke.
- At least one study suggests that exposure to secondhand smoke during youth and early adulthood may increase the risk of developing low bone mass.
- Women who smoke, often produce less estrogen (a sex hormone) and tend to experience menopause earlier than non-smokers, which may lead to increased bone loss.

Quitting smoking appears to reduce the risk of low bone mass and fractures. However, it may take several years to lower a former smoker’s risk.
Smoking and Pregnancy Q & A

“What’s wrong with smoking during pregnancy?”
Smoking throughout your pregnancy is harmful for you and the baby.
- Poor health for the mother
  - Miscarriage
  - Increased Bleeding
  - Nausea
- Poor health for the baby:
  - Small for Gestational Age
  - Premature birth
  - Stillbirth
  - Increased risk of Sudden Infant Death Syndrome
  - Chest infections and asthma. These ailments last a lifetime and can sometimes cause death

“How does smoking affect unborn babies?”
Oxygen helps babies grow and be healthy. Babies who don’t get enough oxygen can be born small and weak. When you inhale smoke you put over 4,000 chemicals, including carbon monoxide (a poisonous gas) into your body. The poison gets into your bloodstream; taking away oxygen meant for your baby.

“I’m already pregnant, isn’t the damage done?”
The good news is when you stop smoking your baby benefits immediately. When your lungs become smoke-free, the carbon monoxide and chemicals clear from your body and your oxygen levels return to normal.

“What if my partner, friends or family smoke?”
If a pregnant woman smokes, or breathes in the cigarette smoke of her family and friends, the baby is not protected. Cigarettes contain an amazing cocktail of drugs and poisons and a home full of smoke will really harm the baby’s chances for a healthy body.

Reward Yourself!
Here are some ideas for rewarding yourself by using the money you’re saving by not smoking.

- Go see a movie.
- Buy an issue of your favorite magazine.
- Get a new article of clothing.
- Go out to eat.
- Get a new CD.
- Buy a gift for your kids.
- Get a manicure or pedicure.
- Get a massage.
- Professionally detail your car.
- Treat yourself to a new book.
- Buy something relaxing (candles, lotion, bubble bath, aromatherapy).

Washington State Tobacco Quit Line:
The Washington State Department of Health’s confidential and toll-free Tobacco Quit Line is an excellent resource. By calling the Quit Line at 1-800-QUIT-NOW, you will be put in touch with cessation specialists who will provide you with:
- Private counseling and continued support.
- A quit plan designed especially for you.
- Skills to help you succeed in quitting.
- Information on other resources such as additional programs available in your area.
- A Tobacco Quit Kit sent to you by mail.
There is a growing body of evidence to suggest that smoking is an independent risk factor for diabetes and that among people with diabetes, smoking aggravates the risk of serious disease and premature death.

In the US Nurses’ Health Study, 114,247 women were followed for 8 years and 2,333 cases of type 2 diabetes were confirmed. After controlling for multiple risk factors, the relative risk of diabetes was 1.42 among women who smoked 25 or more cigarettes a day compared with non-smokers, suggesting a moderate association between smoking and the subsequent development of diabetes.

A similar study of 41,810 middle aged men found that those who smoked more than 25 cigarettes daily had a relative risk of diabetes of 1.94 compared with non-smokers. A prospective study of Japanese men concluded that age of smoking initiation and number of cigarettes smoked were major risk factors for developing diabetes. Similarly, data from the US Cancer Prevention Study found that as smoking increased so did the rate of diabetes for both men and women.

People with diabetes already have an increased risk of heart disease, which is further elevated if they smoke. Diabetes acts in several ways to damage the heart: high glucose levels affect the walls of the arteries making them more likely to develop fatty deposits which in turn makes it more difficult for the blood to circulate. People with diabetes are more likely to have high blood pressure and high levels of fats such as triglycerides. They are also more likely to have lower levels of the protective HDL cholesterol.