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# Smoking - The Facts

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Cigarette smoking is the greatest single cause of illness and premature death in the UK. This leaflet gives reasons why smoking is so harmful. It also lists the benefits of stopping, and where to go for help.

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## Some initial facts and figures

About 100,000 people in the UK die each year due to smoking. Smoking-related deaths are mainly due to cancers, chronic obstructive pulmonary disease (COPD) and heart disease.

About half of all smokers die from smoking-related diseases. If you are a long-term smoker, on average, your life expectancy is about 10 years less than a non-smoker. Put another way, in the UK about 8 in 10 non-smokers live past the age of 70 but only about half of long-term smokers live past 70. The younger you are when you start smoking, the more likely you are to smoke for longer and to die early from smoking.

Many smoking-related deaths are not quick deaths. For example, if you develop COPD you can expect several years of illness and distressing symptoms before you die.

Smoking increases the risk of developing a number of other diseases (listed below). Many of these may not be fatal but they can cause years of unpleasant symptoms.

### The good news is:

- Stopping smoking can make a big difference to your health. It is never too late to stop smoking to greatly benefit your health. For example, if you stop smoking in middle age, before having cancer or some other serious disease, you avoid most of the increased risk of death due to smoking.
- Many people have given up smoking. In 1972 just under half of adults in the UK were smokers. By 1990 this had fallen to just under a third. At present, about a sixth of UK adults are smokers.
- Help is available if you want to stop smoking but are finding it difficult.

## Cigarette smoke contains the following

### Nicotine

Nicotine is a substance that stimulates the brain. If you are a regular smoker, when the blood level of nicotine falls, you usually develop withdrawal symptoms, such as:

- Craving.
- Anxiety.
- Restlessness.
- Headaches.
- Irritability.
- Hunger.
- Difficulty with concentration.
- Just feeling awful.

These symptoms are relieved by the next cigarette.

So, most smokers need to smoke regularly to feel normal and to prevent nicotine withdrawal symptoms.

## Tar which contains many chemicals

These deposit in the lungs and can get into the blood vessels and be carried to other parts of the body. Cigarette smoke contains over 4,000 chemicals, including over 50 known causes of cancer (carcinogens) and other poisons.

## Carbon monoxide

This chemical affects the oxygen-carrying capacity of the blood. In particular, in pregnant women who smoke, this causes a reduced amount of oxygen to get to the growing baby. This is thought to be the most important cause for the bad effects of smoking on the growing baby.

## Which diseases are caused or made worse by smoking?

- **Lung cancer.** About 30,000 people in the UK die from lung cancer each year. More than 8 in 10 cases are directly related to smoking.
- **COPD.** About 25,000 people in the UK die each year from this serious lung disease. More than 8 in 10 of these deaths are directly linked to smoking. People who die of COPD are usually quite unwell for several years before they die.
- **Heart disease.** This is the biggest killer illness in the UK. About 120,000 people in the UK die each year from heart disease. About 1 in 6 of these is due to smoking.
- **Other cancers** - of the mouth, nose, throat, larynx, gullet (oesophagus), pancreas, bladder, neck of the womb (cervix), blood (leukaemia) and kidney are all more common in smokers.
- **Circulation.** The chemicals in tobacco can damage the lining of the blood vessels and affect the level of fats (lipids) in the bloodstream. This increases the risk of atheroma forming (sometimes called hardening of the arteries). Atheroma is the main cause of heart disease, strokes, poor circulation in the legs (peripheral vascular disease) and swollen arteries which can burst causing internal bleeding (aneurysms). All these atheroma-related diseases are more common in smokers.
- **Sexual problems.** Smokers are more likely than non-smokers to have erection problems (impotence) or have difficulty in maintaining an erection in middle life. This is thought to be due to smoking-related damage of the blood vessels to the penis.
- **Rheumatoid arthritis.** Smoking is known to be a risk factor for developing rheumatoid arthritis. One research study estimated that smoking is responsible for about 1 in 5 cases of rheumatoid arthritis.
- **Ageing.** Smokers tend to develop more lines on their face at an earlier age than non-smokers. This often makes smokers look older than they really are.
- **Fertility** is reduced in smokers (both male and female).
- **Menopause.** On average, women who smoke have a menopause nearly two years earlier than non-smokers.
- **Other conditions where smoking often causes worse symptoms.** These include:
  - Asthma.
  - Colds.
  - Flu (influenza).
  - Chest infections.
  - Tuberculosis infection of the lungs.
  - Long-term inflammation of the nose (chronic rhinitis).
  - Eye damage due to diabetes (diabetic retinopathy).
  - An overactive thyroid (hyperthyroidism).
  - A disorder of the brain and spinal cord (multiple sclerosis).
  - Inflammation of the optic nerve (optic neuritis).
  - A condition causing inflammation of the gut (Crohn's disease).
- **Smoking increases the risk of developing various other conditions.** These include:
  - Dementia.
  - Optic neuropathy - this is a condition affecting the nerve supplying the eye.
  - Cataracts.
  - A breakdown of the tissue at the back of the eye (macular degeneration).
  - Pulmonary fibrosis.
  - A skin condition called psoriasis.
  - Gum disease.
  - Tooth loss.
  - 'Thinning' of the bones (osteoporosis).
  - Raynaud's phenomenon - in this condition, fingers turn white or blue when exposed to cold.

## Smoking in pregnancy

Smoking in pregnancy increases the risk of:

- Miscarriage.
- Complications of pregnancy, including bleeding during pregnancy, detachment of the placenta, premature birth, and ectopic pregnancy.
- Low birth weight. Babies born to women who smoke are on average 200 grams (8 oz) lighter than babies born to comparable non-smoking mothers. Premature and low-birth-weight babies are more prone to illness and infections.
- Congenital defects in the baby - such as cleft palate.
- Stillbirth or death within the first week of life - the risk is increased by about one-third.
- Poorer growth, development and health of the child. On average, compared with children born to non-smokers, children born to smokers are smaller, have lower achievements in reading and maths and an increased risk of developing asthma.

See separate leaflet called [Pregnancy and Smoking](#) for more details.

## How does smoking affect other people?

### Children

Children and babies who live in a home where there is a smoker:

- Are more prone to asthma and ear, nose and chest infections. About 17,000 children under 5 years old in England and Wales are admitted to hospital each year due to illnesses caused by their parents' smoking.
- Have an increased risk of dying from cot death (sudden infant death syndrome).
- Are more likely than average to become smokers themselves when older.
- On average, do less well at reading and reasoning skills compared with children in smoke-free homes, even at low levels of smoke exposure.
- Are at increased risk of developing COPD and cancer as adults.

### Passive smoking of adults

You have an increased risk of lung cancer and heart disease if you are exposed to other people smoking for long periods of time. Tobacco smoke is also an irritant and can make asthma and other conditions worse.

See separate leaflet called [Smoking and Others \(Passive Smoking\)](#) for more details.

## Other problems with smoking

- Your breath, clothes, hair, skin, and home smell of stale tobacco. You do not notice the smell if you smoke, but to non-smokers the smell is obvious and unpleasant.
- Your sense of taste and smell are dulled. Enjoyment of food may be reduced.
- Smoking is expensive.
- Life insurance is more expensive.
- Finding a job may be more difficult as employers know that smokers are more likely than non-smokers to have sick leave. More than 34 million working days (1% of total) are lost each year because of smoking-related sick leave.
- Potential friendships and romances may be at risk.

## What are the benefits of stopping smoking?

The benefits begin straightaway. You reduce your risk of getting serious disease no matter what age you give up. However, the sooner you stop, the greater the reduction in your risk.

If you have smoked since being a teenager or young adult:

- If you stop smoking before the age of about 35, your life expectancy is only slightly less than that of people who have never smoked.
- If you stop smoking before the age of 50, you decrease the risk of dying from smoking-related diseases by 50%.

But, it is never too late to stop smoking to gain health benefits. Even if you already have COPD or heart disease, your outlook (prognosis) is much improved if you stop smoking.

### Timeline of health benefits after stopping smoking

After	Health Benefit
72 hours	Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.
1 month	Skin appearance improves, owing to improved skin perfusion.
3-9 months	Cough, wheezing, and breathing problems improve and lung function increases by up to 10%.
1 year	Risk of a heart attack falls to about half that of a smoker.
10 years	Risk of lung cancer falls to about half that of a smoker.
15 years	Risk of heart attack falls to the same level that it would be for someone who has never smoked.

Other benefits of stopping smoking include the following:

- Chest infections and colds become less frequent.
- The smell of stale tobacco goes from your breath, clothes, hair and face.
- Foods and drinks taste and smell much better.
- Finances improve. You will save well over £1,000 per year if you smoked 20 a day.
- You are likely to feel good about yourself.

See separate leaflets called [The Benefits of Stopping Smoking](#) for more details.

## How can I stop smoking?

About 2 in 3 smokers want to stop smoking. Some people can give up easily. Willpower and determination are the most important aspects when giving up smoking. However, nicotine is a drug of addiction and many people find giving up a struggle. Help is available:

- GPs, practice nurses or pharmacists can provide information, encouragement, and tips on stopping smoking. Also, throughout the country there are specialist NHS Stop Smoking Clinics which have a good success in helping people to stop smoking. Your doctor may refer you to one if you are keen to stop smoking.
- Various medicines can increase your chance of quitting. These include nicotine replacement therapy (NRT) which comes as gums, sprays, patches, tablets, lozenges and inhalers. You can buy NRT without a prescription. Also, medicines called bupropion (trade name Zyban®) and varenicline (trade name Champix®) can help. These are available on prescription. See separate leaflets called [Nicotine Replacement Therapy](#), [Bupropion \(Zyban®\)](#) and [Varenicline \(Champix®\)](#) for more details.

See also separate leaflet called [Tips to Help You Stop Smoking](#).

## Further help & information

### ASH - Action on Smoking and Health

6th floor, Suites 59-63, New House, 67-68 Hatton Garden, London, EC1N 8JY

Tel: 0207 404 0242

Web: [www.ash.org.uk](http://www.ash.org.uk)

## QUIT

4 Sovereign Close, St Katharine's and Wapping, London, E1W 3HW

Tel: 0207 553 2100

Web: [www.quit.org.uk](http://www.quit.org.uk)

## Smokefree - NHS Choices

Web: [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

## Further reading & references

- **Tobacco: harm-reduction approaches to smoking**; NICE Public Health Guidance, June 2013
- **Smoking cessation**; NICE CKS, October 2012 (UK access only)
- **Wu J, Sin DD**; Improved patient outcome with smoking cessation: when is it too late? *Int J Chron Obstruct Pulmon Dis.* 2011;6:259-67. doi: 10.2147/COPD.S10771. Epub 2011 May 2.
- **Braun J, Sieper J, Zink A**; The risks of smoking in patients with spondyloarthritis. *Ann Rheum Dis.* 2012 Jun;71(6):791-2. doi: 10.1136/annrheumdis-2011-200954. Epub 2012 Feb 13.

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