

TOBACCO: ADVICE FOR SMOKERS ON HEALTH EFFECTS

1. Introduction

The harmful effects of smoking tobacco are well documented, both for the smokers themselves, and those passively exposed to cigarette smoke (environmental tobacco smoke, also called second-hand smoke). The inhalation of a cocktail of over 4000 chemicals, which includes well-known poisons such as carbon monoxide, arsenic and hydrogen cyanide, increases the risk of heart disease, lung disease and cancer. Approximately half of all long-term smokers will die prematurely, due to a condition directly caused by these toxicants.

In the European Union (EU), over half a million deaths per year are estimated to relate to smoking [1], and many more lives are directly affected by chronic diseases such as angina, heart attack, stroke, and chronic obstructive pulmonary disease. Exposure to cigarette smoke is also implicated in a wide range of less well-recognised health problems including impotence, infertility, low birth weight, sudden infant death, stomach ulcers, and poor post-operative healing.



In order to protect non-smokers at work and to encourage smokers to quit smoking, recent European recommendations have been made to promote smoke-free environments in the workplace. The level of uptake has so far varied between EU countries, with some adopting a complete smoking ban in all workplaces [2]. There is already some evidence that this approach is working, as the number of people having a heart attack fell since the indoor smoking ban was introduced [3].

This e-fact is designed to highlight the wide-ranging benefits of smoking cessation both for individual workers and employers. It will also provide ideas on how employers can support their employees in making this change.

2. The health effects of smoking

Tobacco smoking may harm many parts of the human body and cause a broad range of diseases, many of which could be fatal. Smoking can also aggravate many other illnesses [4]. While some individuals die early due to the consequences of smoking, for those who survive, many more will suffer from long-term poor health [5]. In the EU-25 every second smoker will be killed by the consequences of his/her habit [6]. Tobacco smoking is one of the behaviours that results in fatal and disabling diseases in Europe, and which is highly preventable [7]. Some of the effects of smoking are discussed below.

2.1. *Respiratory diseases caused by smoking*

It is established that smokers have a higher risk of suffering from respiratory diseases than non-smokers. The risk of dying from any respiratory disease is three times higher for smokers and nearly five times higher for heavy smokers than for never-smokers [8].

Tobacco smoke can cause significant diseases within the nose and sinuses [9]. In the lungs of susceptible smokers, tobacco smoke severely and irreversibly damages the tissues. Most significant is chronic obstructive pulmonary disease (COPD), which results in sustained inflammation and narrowing of the airways; as well as emphysema, where holes form within the lung tissues. This is the cause of the smokers' cough due to chronic bronchitis. COPD often causes shortness of breath and

loss of fitness as the lungs are unable to supply the body with enough oxygen. At least 85% of COPD and emphysema cases are attributable to smoking [10]. In susceptible smokers the otherwise normal age-related slow decrease in the breathing function of the lung may be accelerated by over 50% [11] [12], and the more one smokes, the higher is the decline rate [13]. Smokers experience also more lung infections such as bronchitis and pneumonia [14].

2.2. Vascular diseases and tobacco smoking

Tobacco smoking is a very strong risk factor for vascular diseases including angina, heart attack, stroke and peripheral vascular disease. It causes blood vessels to narrow and become blocked resulting in reduced function. If this happens acutely, it may result in a heart attack (myocardial infarction) or stroke. Longer-term reduction in blood flow may cause leg pain when walking, foot ulcers, and even impotence [4]. The risk of dying from heart disease is around twice higher for cigarette smokers compared to those who have never smoked [8]. This increase is more pronounced in heavy smokers and in smokers under the age of 50, where the risk of heart attack may be fivefold [15].

Aortic aneurysm, which is an enlargement of the body's main artery, may result in death if it ruptures, and is over five times more common in smokers than in non-smokers [16] [17]. Women who smoke and take oral contraceptive pills are at an increased risk of leg deep vein thrombosis [18]. The risk of stroke is two to fourfold in active smokers compared to those who have never smoked [19]. Moreover, smokers using contraceptives are at a further elevated risk of stroke [20].

Smoking is also among the top causes of insufficient blood flow in the legs: more than 90% of patients with lower limb amputation are cigarette smokers [21].

2.3. Cancers caused by smoking

Tobacco smoke contains around 70 chemicals that are known to cause cancer, and thereby is associated with a significantly increased risk. This may be particularly relevant to individuals exposed to other carcinogens such as asbestos or radon. There are scientifically proven causal links between tobacco smoking and cancers of:

- lung (risk increased 20 times);
- oral cavity (including lip and tongue; risk increased 3 times);
- pharynx, larynx (risk increased more than 10 times);
- oesophagus;
- pancreas (risk increased 3 times);
- urinary bladder;
- nasal cavities and sinuses;
- stomach;
- liver;
- kidney;
- uterine cervix and;
- leukaemia [22].

2.4. Smoking effects on reproduction, pregnancy and children's health

Smoking reduces female fertility [23], and toxic substances in tobacco smoke may have deleterious effects on the developing foetus. The most frequent problems caused are miscarriage, growth retardation and disorders of the placenta (which feeds the embryo) [24]. Affected babies can be up to

200 g lighter and 1 cm shorter. The risk of death around birth is increased by 25-56% and the risk of sudden infant death is substantially higher [25].

2.5. The effects of environmental tobacco smoke (ETS) on non-smokers

The effects of smoking are not limited to the smoker as environmental tobacco smoke (ETS) also contains dangerous substances. While the final composition of ETS is different, the overall effects are similar to active smoking [26]. The smoker therefore risks the health of his/her surrounding colleagues, customers, friends and family.

2.5.1. Respiratory effects

ETS can produce acute irritation of the nose, throat and lower airways, odour annoyance, shortness of breath, coughing and wheezing [27]. It can also worsen the symptoms of bronchitis and provoke asthma attacks in persons already affected by asthma [28].

2.5.2. Vascular effects

There is evidence of a clear link between exposure to second-hand tobacco smoke and increased risks of coronary heart disease and cardiac death among both men and women [29]. The risk of an acute coronary event is increased by 25–35% and ETS also increases the risk of stroke [30].

2.5.3. Cancer risk

ETS also contains a multitude of substances that can cause cancer [22] [31]. Following dilution in the air, the dose of these substances is lower than for the active smoker. The cancer risk is therefore lower, but still present as there is no safe level for a carcinogenic exposure. In fact, the risk of lung cancer is increased by 20-30% in passive smokers [29]. Breast cancer and cancers of nasal sinuses and the upper pharynx may also be linked to ETS [9] [32].

2.6. Miscellaneous health effects of smoking

Smoking may cause eye diseases that lead to blindness such as cataract (clouding of the lens) and macular degeneration (resulting in loss of sharp vision) [33]. The risk of macular degeneration is two to three times higher in smokers [34], but can return to normal with smoking cessation [35].

Smoking has a major impact on oral hygiene. Smoking alters taste and smell [36], is associated with bad breath [37], and increases the risk of tooth loss by up to threefold in heavy smokers; the risk can revert following cessation [38].

Light and intermittent smoking are not safer than smoking daily. The risk of cardiovascular disease is the same; while respiratory symptoms, infections and the risk of lung (and other) cancers are still substantial. Bone loss, poor healing of musculoskeletal injury and compromised reproductive health are also associated with such habits [44].

3. Positive consequences of smoking cessation for the individual

Given the wide range of toxicants in cigarette smoke, stopping smoking is good for your health, appearance and general wellbeing. It is never too late to stop smoking, but it is better to quit before health problems develop. Although you may know a healthy life-long smoker, this does not guarantee that you will be as lucky.

Below is a summary of some of the main long-term benefits to you and your family from quitting smoking:

- live longer – 1 in every 2 smokers die early, losing around 16 years of life;
- halve your risk of heart attack within five years of stopping;
- halve the risk of lung cancer within 10 years of stopping;
- improve your fertility and reduce your risk of erectile dysfunction;
- reduce the risk of lung cancer and heart disease for your family and friends from your second-hand smoke;
- set a good example to your children, so they never start smoking;
- help your children avoid asthma attacks and chest infections;
- save money to spend on other things for you and your family;
- improve your breathing and general level of fitness;
- have less wrinkles, whiter teeth and enjoy the taste of food more;
- improve the smell and appearance of your home and reduce the fire risk;
- improve your social interactions with non-smokers.



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4. Positive consequences of smoking cessation for employment

In addition to the direct health benefits for you and your family, there are also potential benefits to you as an employee from stopping smoking [40]. Some of these are listed below:

- reduce the costs to your employer from health and fire insurance, as well as maintenance costs, or the provision of separate smoking areas;
- reduce your levels of sickness absence and lost productivity due to smoking-related illnesses;
- improve your productivity and concentration by not needing regular cigarette breaks outside of the workplace;
- help improve your company image for potential customers, by improving the smell and appearance of your workplace;
- maintain or even improve your general fitness to carry out any manual tasks needed at work;
- avoid loss of income from smoking-related diseases which make it difficult or unsafe for you to do your job, e.g.
 - chronic cough from bronchitis in telephonists or lecturers;
 - exerted breathlessness from COPD in manual workers such as labourers;

- angina from ischaemic heart disease in e.g. commercial divers and emergency services;
- neurological weakness or visual loss from a stroke in drivers, machine or computer operators;
- improve your work and social interactions with non-smokers in the workplace;
- avoid harming fellow workers from your second-hand smoke.

Therefore, employees should not be afraid to raise this issue with the employer and discuss together how the workplace could support smokers in their efforts to quit smoking.



5. What stops smokers quitting?

So far, this e-fact has summarised the many benefits of stopping smoking including improvement of health, appearance, employment status, social and family life. There are therefore many good reasons to stop smoking, yet millions of people continue to smoke. Cigarettes contain a chemical called nicotine, which is highly addictive, and smokers start to feel unwell once levels fall in the bloodstream. Smokers therefore start to crave another cigarette in less than an hour from the last one, which is why many smoke 15-20 of these a day. Smoking is also a learned habit, which may be repeated on a daily basis for many years and is associated by the smoker with other pleasurable experiences such as having a cigarette after food or during social interactions with other smokers.

Although the risks of smoking are widely known, many smokers will attempt to explain why they would not get such problems:

- 'I'm not a heavy smoker';
- 'I don't smoke as much as I used to';
- 'I only smoke low tar cigarettes';
- 'I never inhale';
- 'I am only a social smoker';
- 'My grandfather smoked all his life and never had problems';
- 'Nobody ever told me I should stop';
- 'I've always smoked and it's too late for me to stop';
- 'I'll stop, if I start to feel ill';
- 'I'd gain weight, if I stopped smoking';
- 'I am so stressed and only smoking relaxes me';
- 'My husband/wife smokes too'.

None of these statements however, are based on any sound scientific evidence. **There is no safe level of smoking and there are benefits of stopping smoking at any age.**

6. What is the process of stopping smoking?

Helping to understand the process of stopping smoking may be useful to smokers and those trying to support them at each stage [41].

1. Firstly, a smoker starts to become unhappy about being a smoker. This may occur for a number of health or social reasons;

2. Next, a smoker needs to want to become a non-smoker;
3. This is followed by the smoker attempting to stop smoking;
4. A smoker then has to cope with the withdrawal and any relapses;
5. Finally, this leads to successful long-term abstinence.

Most smokers find it difficult to quit smoking and on average will take 4-5 attempts before they succeed.

7. What can employers do to help workers stop smoking?

As well as the health costs involved, smoking costs industry billions of euros in lost productivity, higher sickness absence and fire damage. Although employers are under no legal obligation to help smokers to stop smoking, it may make simple economic sense to provide smoking cessation services. Workplaces are well suited to this as they may have access to large numbers of young smokers who are otherwise difficult to reach. Providing a smoke-free workplace will encourage smokers to quit and workers can provide each other with support. Employers can help smokers to stop in a number of ways, depending on the size of the workforce:

- consider letting workers have paid time off to attend smoking cessation support groups;
- employers may be able to provide smoking cessation services in the workplace including lunchtime seminars [42];
- employers may provide information leaflets or access to internet-based smoking cessation programs [43];
- occupational health services can provide opportunistic smoking cessation advice during routine work consultations, in particular providing guidelines as to how best to plan a quit attempt, the different methods of nicotine replacement and how to cope with relapses.

8. Conclusions

There is good evidence that smoking in the workplace is not only harmful to the smoker, but also to non-smoking work colleagues. Stopping smoking has a wide range of benefits for smokers, but it is not easy due to the addictive chemicals in cigarettes. Employers and employees should work together in encouraging and supporting smokers in stopping smoking, in order to achieve a healthier and smoke-free workplace.

On-line tools are now available for employers to calculate the cost-effectiveness of providing smoking cessation in the workplace [44].

9. More information

European Agency for Safety and Health at Work, Preventing a negative impact of tobacco smoke in the workplace

<http://osha.europa.eu/en/topics/whp>

European Commission, "HELP – For a life without tobacco" campaign

<http://www.help-eu.com/>

European Network for Smoking and Tobacco Prevention

<http://www.ensp.org/>

Guide to a smoke-free workplace- a plan of action for employees

<http://www.gaspforair.org/gasp/gedc/pdf/Smoke-FreeWorkplaceGuide.pdf>

Smoking cessation help and advice

www.helpguide.org/mental/quit_smoking_cessation.htm

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Annex 1 - Helpful links on workplace health promotion (WHP) and ETS exposure from EU Member States

AT

Betriebliche Gesundheitsförderung

<http://www.netzwerk-bgf.at>

BE

BeSWIC: Belgisch kenniscentrum over welzijn op het werk

<http://www.beswic.be/>

BG

Насърчаване на здравето на работното място

http://osha.europa.eu/bg/topics/whp/index_html

CY

Αντικαρκινικός Σύλλογος Κύπρου - Όχι στο Κάπνισμα (The Cyprus Anti-Cancer Society – Not smoking)

<http://www.anticancersociety.org.cy/anticancer1/page.php?pageID=50>

CZ

Česká koalice proti tabáku (Czech Coalition Against Tobacco)

<http://www.dokurte.cz>

DE

Deutschen Netzwerk für Betriebliche Gesundheitsförderung DNBGF

<http://www.dnbgf.de>

DK

Egenomsorg – en litteraturbaseret udredning af begrebet

<http://www.si-folkesundhed.dk/>

EE

Tervise Arengu Instituut – Tubakas (National Institute for Health Development - Tobacco)

<http://www.tai.ee/?id=2465>

EL

Nosmoke.gr

<http://www.nosmoke.gr/>

ES

Ministerio de Sanidad, Política Social e Igualdad - Espacio sin humo

<http://www.msps.es/novedades/sinHumo/home.htm>

FI

Ministry of Social Affairs and Health

<http://www.tyohyvinvointifoorumi.fi>

FR

Travailler Mieux

<http://www.travailler-mieux.gouv.fr/>

HU

OEFI Dohányzás Fókuszpont (*Anti-smoking Focal Point of the Institute of Health Promotion*)

<http://color.oefi.hu/index.html>

IE

Report on the health effects of environmental tobacco smoke (ets) in the workplace

http://www.medicine.tcd.ie/public_health_primary_care/assets/pdf/reports/ETS_Report.pdf

Workplace Health Partnership

<http://www.workplacehealth.ie/>

IT

Istituto Superiore di Sanità – Fumo (ISS - Smoking)

<http://www.iss.it/fumo/index.php?lang=1>

Fumo.it

<http://www.fumo.it/nonfumatore/>

LV

No smoking!

<http://www.nosmoking.times.lv/>

Par tabakas izstrādājumu ražošanas, realizācijas, reklāmas un smēķēšanas ierobežošanu LV, 3/4 718/719

<http://www.likumi.lv/doc.php?id=41774>

Par tabakas izstrādājumu realizācijas, reklāmas un lietošanas ierobežošanu - On Restrictions Regarding Sale, Advertising and Use of Tobacco Products

<http://osha.europa.eu/data/links/par-tabakas-izstradajumu-realizacijas-reklamas-un-lietosanas-ierobezosanu-on-restrictions-regarding-sale-advertising-and-use-of-tobacco-products/view>

LT

Nacionalinė tabako ir alkoholio kontrolės koalicija (The National Tobacco and Alcohol Control Coalition)

http://koalicija.org/index.php?option=com_content&task=view&id=44&Itemid=65

LU

A la Une

<http://www.itm.lu/>

MT

Ministry of Health, the Elderly and Community Care – Health Promotion Unit

https://ehealth.gov.mt/HealthPortal/health_promotion/legislation.aspx

PL

Ministerstwo Zdrowia

<http://www.mz.gov.pl/>

PT

Confederação Portuguesa de Prevenção do Tabagismo – COPPT (Portugal Confederation of Tobacco Prevention)

<http://www.coppt.pt/>

RO

Controlul tutunului (*Tobacco control*, Ministry of Health)

<http://www.ms.ro/?pag=138>

STOPfumatul.ro

<http://www.stopfumatul.ro/pagini/index.php>

SE

Arbetsmiljöverket

<http://www.av.se/>

Prevent - Arbetsmiljö i samverkan

<http://www.prevent.se/>

SL

Slovenska zveza za tobačno kontrolo in javno zdravje (*Slovenian Coalition for Tobacco Control and Public Health*)

<http://www.tobak-zveza.si/>

SK

Stop fajčenui (Stop Smoking)

<http://www.stopfajcenui.sk>

UK

Environmental Tobacco Smoke

<http://www.laia.ac.uk/factsheets/993.pdf>

Tobacco smoke pollution: the hard facts

<http://bookshop.rcplondon.ac.uk/contents/6ea5fa51-577e-4c86-af10-f639938dbfb9.pdf>

Health, Work and Well-being

<http://www.dwp.gov.uk/health-work-and-well-being/>