

Women who smoke.

Approximately 6,000 Australian women die prematurely each year from tobacco caused illness.¹

Myth:
"I only smoke mild cigarettes"

Fact:
There is no safe cigarette and no safe level of consumption²

Some people try to make their smoking habit safer by smoking fewer cigarettes, but most find this hard to do. Some smokers think that switching from higher tar cigarettes to those with low-tar makes smoking safer, but this isn't true.³

A low-tar cigarette is just as harmful as other cigarettes. Also, smokers usually take deeper puffs, puff more frequently, or smoke the cigarettes to a shorter butt length.³ Even if you do switch to low-tar cigarettes and don't make these changes, the health benefits are very small when compared to the benefits of quitting.³

Myth:
"I only smoke socially and can quit at anytime"

Fact:
Anyone who smokes is at a risk of becoming addicted to nicotine³

As you continue to smoke, your body learns to depend on nicotine and you can smoke more and more.⁴ Just three cigarettes a day can trigger potentially fatal heart disease and women are particularly at risk.⁵

It is never too early for cigarettes to cause damage. It can start with the first cigarette.⁶ Damage is occurring to the cells in your body every time you inhale chemicals from a cigarette.

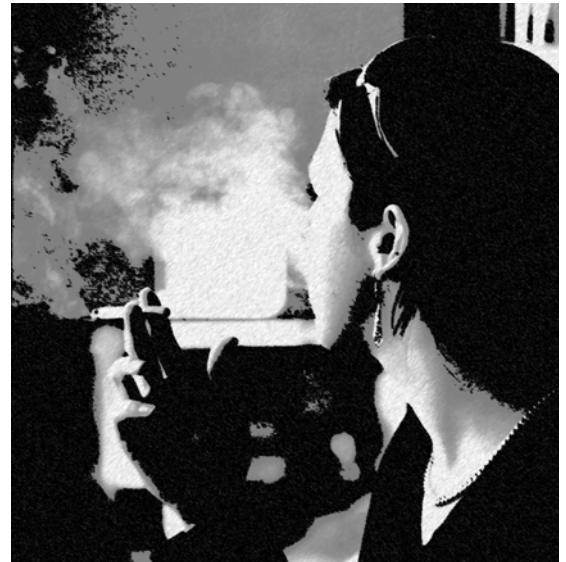
Myth:
"I smoke rollies because they have less chemicals"

Fact:
Roll-your-own tobacco contains the same poisons as manufactured cigarettes

While more research needs to be done on the dangers of smoking roll-your-own tobacco, it's a fallacy that rollies are less harmful than other cigarettes.²

Fact

There is no safe cigarette and no safe level of consumption. Some smokers think that switching from higher tar cigarettes to those with low-tar makes smoking safer, but this isn't true



Myth:
"I'm worried about putting on weight when I quit"

Fact:
Remaining a smoker is more of a health risk

Many women put off quitting smoking for fear of putting on weight. Although gaining weight after quitting smoking is a concern for many women, it is important to remember that remaining a smoker is more of a health risk.⁷

You can avoid weight gain after quitting by introducing exercise and healthy eating habits into your daily lifestyle.⁷

Quit Tips

If you've decided to stop smoking:

Call the Quitline and speak to a trained adviser (13 7848 local call cost)

Talk to your doctor or pharmacist and plan a quitting strategy. This may include using Nicotine replacement therapy

If your partner or friend smokes, encourage them to consider quitting too.

Make your car and home a smoke free zone.

Myth:

"I'm young - I don't think about getting sick from smoking"

Fact:

There are many short-term health effects of smoking

A major consequence is decreased lung function. This often leads to shortness of breath, constant cough and tiring easily during exercise. Smoking also diminishes the ability to smell and taste and causes premature ageing of skin.³

Often people don't realise that a smoking related disease could be developing for years before a diagnosis is made. A 'smokers cough' or shortness of breath are early signs of problems which can be fatal.⁸ The longer you smoke the greater your risk of developing a smoking related disease.²

For women, cigarette smoking increases the risk of a number of sex-specific health problems.² Women who smoke can experience irregular periods and secondary amenorrhoea, which is the absence of menstruation.² Smokers that are on the pill have a greater risk of heart attack, stroke and other cardiovascular disease.² What's more, stroke doesn't only affect elderly people. People in their 20s and 30s also die from strokes caused by smoking.⁹

Myth:

"When I smoke in the car I leave the window down so I don't breathe in the smoke"

Don't kid yourself – while opening the window might reduce your exposure to environmental tobacco smoke by a minimal amount, smoking is increasing your risk of developing emphysema, lung cancer, heart disease and many more fatal and disabling conditions.³

Myth:

"I'll quit when I get pregnant or when I turn 30"

Fact:

It is really important to quit smoking prior to pregnancy to reduce the risk for adverse reproductive outcomes¹⁰

Many young women regard their smoking as short term and don't believe they will develop the long term health effects of smoking.² Often there's a sense that you can just quit sometime in the future. However, your current smoking is doing you damage, and it won't be easier to quit at a later stage. The time to quit smoking is sooner rather than later.

In terms of pregnancy, women who smoke can experience difficulties during pregnancy and childbirth, including pregnancy complications, miscarriage and premature birth. There is greater risk of low birth weight infants, still birth and neonatal deaths and sudden infant death syndrome.

Women smokers are also at greater risk of sex specific cancers, with an increased risk of cervical and vulva cancer.²

References

- Ridolfo, B. & Stevenson, C. 2001. *The Quantification of Drug Related Mortality and Morbidity in Australia*, 1998, AIHW (Drug Statistics Series no. 7), Canberra.
- Winstanley, M., Woodward, S. and Walker, N. 1995. *Tobacco in Australia: Facts and Issues*. Victorian Smoking and Health Program.
- American Cancer Society. 2002. *Questions about smoking, tobacco and health*. Website: www.cancer.org/docroot/PED/content/PED_10_2x_Questions_About_Smoking_Tobacco_and_Health.asp
- US Department Health and Human Services. 1988. *The Health Consequences of Smoking: Nicotine Addiction. A report of the Surgeon General*. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health.
- Prescott, E., Osler, M. and Schnohr, P. 2002. Importance of light smoking and inhalation habits on risk of myocardial infarction and all cause mortality. *Journal of Epidemiology and Community Health*. Vol. 56, pp. 702-706.
- Walsh, R., Lowe, J. and Hopkins, P. 2001. Quitting smoking in pregnancy. *Medical Journal of Australia*. Vol. 175, pp. 320-23.
- Smoking and Health Program. 1999. *Women and smoking: facts and issues*. Public Health Division, Health Department of Western Australia.
- National Tobacco Campaign. *Questions and Answers for the National Tobacco Campaign*. Commonwealth Department of Health and Ageing.
- National Tobacco Campaign. 2002. *Damage – Stroke*. Website: www.quitnow.info.au/damage/damage.html
- National Tobacco Campaign. 2002. *Damage – Artery*. Website: www.quitnow.info.au/damage/damage.html