What if life was better



Women and cigarettes



Smoking and...

• putting on weight4
• cancer
• cardiovascular disease9
• the pill11
• pregnancy12
• breast-feeding
• children13
• the menopause
• ageing
• light cigarettes15
• dependency16
• etroce 19

Quitting and...

•	new found freedom
•	short, medium and long term benefits
•	nicotine substitutes22
•	varenicline and bupropion23
•	some friendly advice24
•	websites
•	consultations

Are you a smoker? If so this brochure may interest you. It was especially designed for women who would like more information on the consequences of cigarette smoking.

In this brochure you will not only find information on the health risks of smoking, but also on the benefits of quitting.

Our motto? It's by becoming aware of the risks of smoking that we find the motivation to finish with cigarettes once and for all. And where dependence ends, freedom begins!

The following information is based on the latest scientific knowledge. It also reflects the experiences of those most affected: the smokers and former smokers who participated in our investigations and programs designed to assist in quitting.

"I'm worried I'll put on weight"

For the vast majority of women this is THE big fear and it is largely fueled by advertising. By offering long, slim cigarettes, tobacco companies are passing a message that is as perverse as it is dangerous: "Smoke, you'll be slender - and consequently - attractive". Contrary to popular belief, putting on weight when quitting smoking is not inescapable. It is quite possible to limit weight gain with some simple precautions. We need to remember three basic things: to get help with a nicotine substitute, to get a minimum amount of exercise and to eat a balanced diet.



Cigarettes, the scales and us...

Nicotine is the key to the phenomenon of weight gain after smoking cessation. By stimulating the sympathetic nervous system - which is the motor of body activity - nicotine has **an appetite-suppressing effect**. As a result, when someone is weaning themselves off cigarettes, they tend to eat a little more than usual (200 or 300 extra calories a day). This phenomenon is accentuated if they tend to offset the oral side of cigarettes by keeping the mouth busy with high-calorie sweets or foods...

Furthermore, nicotine inhibits fat storage and artificially increases calorie consumption. A heavy smoker burns about 200 calories more per day than

a nonsmoker. That is the equivalent of the calories found in one and a half croissants.

Some figures:

Due to the effects of nicotine on the body, smokers weigh on average 4 kilos less than nonsmokers.

- After quitting, ex-smokers put this weight back on. Weight gain after stopping smoking remains moderate (4 kg on average for women). Minus 4 kilos when you smoke, plus 4 kilos when you stop: the average weight of former smokers remains **the same** as women who have never smoked. In other words, any possible "weight gain" on quitting is actually a return to normal.
- Don't forget that these 4 kilos represent an average weight gain: it is possible to put on more, but it's also possible to put on less or none at all.

Smoking is a dangerous way of controlling your weight.

You don't necessarily put on weight when you stop smoking.

"If I stop smoking, I'll gain weight ..." is a well-known cry that can become an obsession among woman who consider becoming nonsmokers. Yet putting on weight is not inevitable: some 30% of people who quit smoking do not put on a gram! With an appropriate anti-weight gain strategy it is perfectly possible to reduce this to the strict minimum.

Our first recommendation is: opt for vegetables, fruit and proteins and cut down on sweets and fat.

Our second recommendation is: effort pays off, so **exercise**. But there's no need to break any records. The equivalent of half an hour of physical activity per day even cut into 10-minute sessions, already allows you to burn an extra 1000 calories a week. Climbing the stairs, walking the dog, gardening, walking at a brisker pace, cleaning the windows, shoveling snow, playing with the children: the most innocuous, or fun, occupations influence the organism positively, provided they are repeated daily.

Nicotine replacement therapy, whether by patch, chewing-gum, lozenges, microtabs or inhaler is a very effective weapon for combating weight gain as it defers the problem by maintaining nicotine delivery. If any weight is put on,

it will happen at the end of this treatment, about 3 months after giving up smoking. The smoking cessation drug **bupropion** also limits the weight gain after quitting.

Remember: all these drugs are used so that issues can be dealt with one at a time: first quitting smoking and then weight gain. Once the problem of dependency has been sorted out, you'll be better able to develop a strategy aimed at limiting weight gain.

Avoid strict diets

Going on a strict diet is a miscalculation, for the simple reason that when we lose weight we burn fewer calories. So it is better to go slowly and give up, for example, a portion of French fries each day, rather than denying yourself everything. Weight is generally stable six months after stopping smoking. However, despite our best efforts, quitting sometimes ends in weight gain. Even if it's hard to accept, hang in there! And remember: by giving up cigarettes, you win across the board. No more hair and clothes reeking of cold smoke, gone the bad breath, the yellow stains on fingers and teeth, and the greyish complexion. Tobacco-free charm inspired the now famous slogan "Kiss a nonsmoker; enjoy the difference."

Summarizing:

As weight gain is largely due to the cessation of nicotine consumption, it is possible to delay it by using nicotine replacement therapy. Bupropion also delays weight gain.

- Remember that when you quit smoking, you will regain the average **normal** weight for nonsmokers of your age. This puts a potential weight gain into perspective and should reinforce your decision to give up cigarettes.
- Do one thing at a time: first stop smoking and then address, in a reasonable way, any possible weight gain issue.
- To limit weight gain, avoid sugar and fat.
- Don't hesitate to ask a dietician for advice.
- Getting some exercise or doing sports is an effective way to avoid gaining weight. It also increases your chances of successfully quitting smoking as physical activity also has a very positive effect on self-esteem.

Weight gain after quitting smoking tends to diminish with time.

All the right reasons for giving up cigarettes

Coughing, bad breath, the cost, smelling like cold ashes, feeling tired, wrinkled skin, being fed up of dependence... Yes, but we always have lots of bad 'good reasons' for continuing to poison ourselves. Yet the facts are there, as unavoidable as they are worrying. For two decades, women have been swelling the ranks of lung cancer victims.



An epidemic among women

It's a sad fact that in developed countries the number of women addicted to tobacco is rapidly catching up with that of men.

Before the emancipation of women, smoking was specifically a male domain. A few decades later, we see this trend being reversed.

In some countries, like Switzerland, there is already evidence that more young women than young men are starting to smoke. What do the figures say? In Switzerland, 23% of women smoke regularly. The proportion of smokers among teenage girls and young women has increased at an alarming rate in recent years. It is estimated that 27% of girls and 23% of boys aged 16 smoke regularly.

Worse than breast cancer!

In Switzerland, because of the tobacco addiction epidemic, soon more women will die prematurely of lung cancer than of breast cancer! This is difficult to accept when you know that breast cancer already affects nearly 10% of the female population here (but recovery from breast cancer is more frequent than from lung cancer).

Smoking kills women too

It is both mathematical and dramatic. The number of women who smoke has steadily increased in recent decades. With the result that the proportion of premature female deaths caused by smoking (from lung cancer, cardiovascular disease, lung disease, etc.) is constantly increasing, while among men this proportion is down slightly. Women who smoke like men, die like men.

In Switzerland, smoking is the cause of 5% of all female deaths and 20% of all male deaths. Why is there a difference? Because women began smoking much later than men. Many women began to smoke at the time of female emancipation in the 1960s. As serious health problems usually appear after 20 to 30 years of smoking, deaths from tobacco were exclusively male until the early 1980s.

But this male "superiority" will not last. Today, girls are more likely to smoke than boys and a sharp increase in female mortality is to be expected in the coming years, mainly due to lung cancer, cardiovascular diseases and lung diseases.

Other more common cancers

In addition to causing lung cancer, smoking also increases the risk of developing other types of cancer.

- The risk of **cervical cancer** is twice as high among smokers as it is among nonsmokers. This cancer is primarily caused by the presence of the Papillomavirus (HPV), in this case tobacco acts as an activating (inducing) factor. Studies show that 34% of women diagnosed with cervical cancer today will be dead in 5 years.
- The risk of **breast cancer** is twice as high among women who smoke before reaching menopause.

Bad news for hearts

Contrary to popular belief, heart attacks don't only affect men. All too often people are unaware that cardiovascular diseases are the leading cause of death among women. The causes of these diseases include age, smoking, diet, physical inactivity, hypertension and diabetes mellitus.

- Inhaling carbon monoxide reduces the blood's capacity to absorb oxygen. Consequently, the heart's ability to cope during effort is diminished. As any sportsman who smokes knows.
- Smoking also damages the inner walls of the arteries and fosters the buildup of fat there. Eventually the walls of the blood vessels thicken; this is the first stage of atherosclerosis.
- In addition, **smoking increases the risk of thrombosis** (blocked arteries) and there is a very real risk of having a heart attack or a stroke.
- Note also that the risk of myocardial infarction (a heart attack) increases with the number of cigarettes smoked, even with "light" cigarettes.



Smoker's cough

Coughing and chronic bronchitis are often the smoker's lot, as smoking inhibits an essential task of the organism: the self-cleaning of the bronchi, which is assured by a sort of conveyor belt system. This clever mechanism is first paralyzed and then destroyed by tobacco smoke. There follows an accumulation of mucus caused by the smoke residue. This has the effect of narrowing the smaller airways and eventually clogging them. As a result smokers often develop a chronic cough in an attempt to eliminate these mucus plugs. The mucus also becomes a breeding ground for infections, which are in turn a source of inflammation. In the medium term, chronic bronchitis may be developed.

Destroyed lungs

After years of abusing their lungs, smokers are often faced with **pulmonary emphysema**. This is a partial and irreversible destruction of the lungs. At this stage, the smoker's health is very seriously threatened.

Smoking interferes with another natural cleaning system assumed by specialized cells called macrophages. As a result the smoker eliminates less germs and pollutants and may develop **lung infections**.

Proof from a handkerchief...

- Smoke a cigarette through a white handkerchief to see the residue to which you expose your lungs. This residue contains many carcinogens and irritants.
- Cigarette paper is impregnated with toxic chemicals. Burn a cigarette paper and inhale it's smoke, you will see how highly irritating these products are.

Menstrual irregularities

Smokers have low estrogen (female hormones) levels. The two reasons for this are: first, smoking leads to decreased estrogen secretion and, second, it affects the liver, causing accelerated destruction of these hormones.

As a consequence, smokers frequently suffer from **menstrual cycle disorders** (irregular cycles, pain). The shortage of estrogen also has a negative effect on the breasts, uterus and fetus.

Risks related to the pill

The pill and tobacco do not go at all well together. Smokers who take the contraceptive pill are putting their health at risk, especially those over 35 years old. Among women in this age group, the risk of **thrombosis** (a blood clot that clogs the veins), of **cardiac incidents** (myocardial infarction) or **cerebral accidents** (stroke) is greatly increased. These risks diminish, but are not completely eliminated, with low dose pills that contain little estrogen.

In addition, the risk of complications during pregnancy is much greater among smokers who took the pill before getting pregnant.

It is strongly recommended that you do not smoke when taking the contraceptive pill.



Smoking for two...

Smoking during pregnancy is harmful to the fetus. The consequences of this passive smoking *in utero* are numerous:

- Smokers take longer (50% longer) to become pregnant than nonsmokers.
- Smokers are twice as likely to miscarry.

Nicotine passes through the placenta and is consequently absorbed by the fetus.

An expectant mother who smokes partially deprives the fetus of oxygen. How? Carbon monoxide enters the bloodstream of the fetus and may cause fetal hypoxia (the fetus does not receive enough oxygen).

It is never too late...

Quitting smoking is always worthwhile, even if you're already pregnant. Giving up cigarettes significantly decreases the risks to both mother and child.

- For each cigarette smoked daily throughout pregnancy, fetal weight is reduced by 15 grams. On average, **children born to smokers weigh 200 grams less than children born to nonsmokers.** The risk of giving birth to an extremely small baby, weighing less than 2.5 kg, is twice as high among smokers. Newborn babies with low birth weight are exposed to complications.
- The risk of prematurity is doubled if the mother smokes. As opposed to infants born at full term, premature babies are more likely to develop complications.

The risk of sudden infant death is tripled if the mother smokes during pregnancy or after birth.

Breast-feeding in smokers

There are two reasons for not smoking during lactation: smokers produce less milk than non-smoking mothers (about one quarter less) and nicotine passes into the breast milk.

However, it is better to breast-feed even if you smoke. Why? A number of substances which are important for the physical development of the baby are only found in breast milk. It contains valuable antibodies that will protect the infant against infections. In addition, breast-fed babies are less at risk of developing allergies. Finally, breast-feeding encourages bonding, which is beneficial to the relationship between mother and child.

Breast-feeding in spite of everything

Nicotine passes rapidly into breast milk. To limit the damage, mothers who smoke should do so after feeding their babies. Second precaution: always smoke far from the baby, in another room.

Parents who smoke = children who cough

Children who grow up in a smoky environment are the first victims of passive smoking. So what are the risks? They suffer more from respiratory problems during the first years of their life:

- In children and teenagers from 5 to 16 years old who regularly breathe in smoke, we can observe various forms of respiratory irritation: coughing, expectorating, wheezing from respiratory impairment. These youngsters also frequently suffer from ear infections and tonsillitis.
- Passive smoking in children and adolescents increases the risk of developing asthma.
- The risk that children of smokers become smokers themselves is multiplied by two, compared to children of nonsmokers.

Early menopause

As we saw earlier, smoking has an influence on the hormonal system of women. The menopause is not immune to the phenomenon:

- Menopause occurs **one to two years earlier in smokers** than in non-smokers.
- Disorders associated with the menopause (hot flushes, impaired memory, etc.) are worse in smokers than in nonsmokers.
- In postmenopausal women, smoking increases the risk of **osteoporosis** (weakening of the bones), a disease that causes pain and fractures, especially at the neck of the femur, wrist and vertebrae.



Faster ageing process

Smoking is not good for the complexion. For several minutes after smoking, the peripheral blood vessels that nourish the skin contract. Circulation and blood oxygenation are not as efficient. The skin is less well nourished and in the end it loses its elasticity, it ages faster and wrinkles more, especially around the mouth. Stretch marks appear more easily. To complete this rather depressing picture, tobacco causes bad

breath, yellow teeth and a smell that permeates clothing and other fabrics like no perfume does.

When we smoke, we don't breathe as easily. If breathing capacity is 100% at age 20, it is 60% at age 70 among nonsmokers, but only 40% in smokers of the same age.

The "mild," "light" and "ultra light" cigarettes trap

Contrary to popular belief, smoking mild, light or ultra light cigarettes is not less dangerous. Cigarette manufacturers are experts in the art of playing on our dependency. Not only are "Light" cigarettes just as harmful as regular cigarettes, but **they induce a different kind of lung cancer** (adenocarcinoma) which has an equally unfavorable prognosis.

To satisfy the craving for nicotine, a smoker of light cigarettes tends to smoke more, and also to increase the number and intensity of their puffs. Remember: it's the pharmacological addiction to nicotine that makes a smoker inhale ever more deeply.

This compensatory behavior is not without danger: it exposes the alveoli and bronchi to the high levels of toxic substances which are in the smoke, with the risk of encouraging the formation of a malignant, adenocarcinoma type of tumor in the peripheral regions of the lungs.

Beware - mislabeling!

The nicotine and tar yields written on cigarette packs do not correspond to reality. The truth is that the figures indicate the levels in the smoke, not those which are in the tobacco. You should be aware that the measuring of the nicotine and tar is performed by machines and does not take into account the way that humans smoke.

- A study conducted on cigarettes sold in France shows that they emit up to 12 times more nicotine and tar than the numbers on the packs would have us believe.
- According to a U.S. survey, nearly half the consumers of "light" cigarettes are unaware that filter cigarettes are provided with ventilation pores. These pores are largely blocked by the smoker's fingers, which greatly increases the amounts of tar and nicotine consumed from these cigarettes.

Unbelievable but true!

All cigarettes, including 'light' cigarettes, contain roughly the same amount of nicotine! Internal documents from the tobacco industry, which were made public thanks to recent U.S. trials, revealed that tobacco companies manipulate the tests by manufacturing "elastic cigarettes". Translation: cigarettes which emit a lot of nicotine to smokers, but only little to the machine responsible for determining concentrations in the smoke. Cunning knows no bounds.



Hooked on cigarettes? Affirmative

A fact that is often underestimated: cigarettes generate a strong physical dependency. That's why smokers continue to smoke. By lighting up a fresh cigarette, they immediately calm their need. Let's remember that we are talking about addiction, a state where control over the substance used is lost, and absorption is continued despite the negative consequences of this consumption. Tobacco addiction corresponds perfectly to this definition.

Nicotine from cigarettes reaches the brain at breakneck speed (less than 7 seconds), creating a real "rush", also called "impact" or positive reinforcement. It is this nicotine "peak" that is the source of pleasure in smoking and therefore of dependency. Every cigarette smoked feeds and strengthens this addiction and eventually enslaves people.

- Quitting smoking is like being released from the prison of addiction.
- Smoking is an addiction that can be tough to fight, but it is possible to break free from it.
- A significant number of former smokers have stated that freeing themselves from this addiction was less difficult than they had feared. And that had they known, they would have stopped smoking sooner.

Cigarettes - treacherous friends

Why do women smoke? Because they are addicted to tobacco and they seek the pleasure, albeit fleeting, that cigarette smoking provides...It can also "support" them by giving them the impression of being more resistant to the stress of daily life and better able to fight feelings of depression. But make no mistake: if smoking seems to have a calming effect it is primarily because it provides the nicotine that the dependent body perceives as missing.

Dangerous self-medication

Depressed people are often addicted to cigarettes. This dependency can be seen as an attempt, whether conscious or not, at self-medication. By stimulating the production of dopamine, which is a neurotransmitter, tobacco has a stimulating effect on mood, the scale of which can be measured when trying to quit. Irritability, anxiety and feeling depressed are all symptoms which are commonly seen upon the discontinuation of smoking.

Women often say that smoking helps them to cope with loneliness, sadness, pain, anger and frustration. Which is why those who have successfully overcome their addiction may begin again when faced with a new tension or a negative event; hence the importance of finding other methods, such as relaxation or psychotherapy, to learn to cope with difficulties without resorting to smoking.



The short term 'support' of a cigarette carries a high price tag for our health.

Smoking is stressful!

Many smokers feel that cigarettes help them to cope with stress. But it's not so simple. In fact, smoking itself is a stress factor. Just think of the symptoms of nicotine withdrawal: irritability, anxiety, depression, cravings... A recent study stresses the point yet again: smoking causes anxiety, not vice versa. Smoking multiplies by 16 the risk of a panic attack because of the anxiogenic effect of nicotine and related respiratory problems.

Long live freedom!

Whatever your age and the number of years you have been smoking, freeing yourself from the grip of cigarettes is always good for your health. And good for your wallet... After a year, those who smoked a pack of cigarettes a day have saved no less than 2,700 francs!



The benefits of smoke-free living in the short, medium and long-term

After.

 The oxygenation of the blood returns to normal. • The risk of myocardial infarction already begins to decline. 24 hours Carbon monoxide has been eliminated from the Your breath smells better. Mucus and tar start to clear from the lungs. The risk of respiratory infections, such bronchitis and pneumonia, already begins to decline. 48 hours • Nicotine is no longer detectable in the blood. 1 week The senses of taste and smell improve. 3-9 months • Breathing improves (less coughing, not so short of breath). • Lung function is increased by 5 to 10%. 1 year The risk of heart disease (e.g. infarction) is reduced by half. 5 years The risk of cancer of the mouth, esophagus or bladder is reduced by half. 10 years The risk of lung cancer is reduced by half. • The risk of a stroke is similar to that of nonsmokers. 15 years • The risk of heart disease (e.g. infarction) is the same as for nonsmokers. Mortality (all causes) in long-term ex-smokers is virtually that of people who have never smoked.

8 hours

Learn to stop

Quitting smoking is not easy: it takes on average four to five attempts before succeeding. But these attempts followed by a relapse should not be interpreted as failures. On the contrary, they correspond to steps in learning to stop smoking. In other words, each new attempt improves a person's skills and increases the chances of success the next time.

What are the benefits for women in particular?

- For those who quit smoking before the age of 50 **the risk of dying** within the next 15 years is reduced by half compared to those who continue smoking.
- The risk of developing cervical cancer decreases too.
- The risk of cardiovascular disease (heart attack, stroke) and respiratory infections (bronchitis, pneumonia) decrease too.
- Stomach ulcers heal more quickly when you stop smoking.
- Those who quit smoking before pregnancy give birth to children of the same weight as those born to non-smoking women.





Nicotine replacement products are reliable allies

Why not give yourself every chance of succeeding? Nicotine replacement therapy can help. And above all, keep in mind that giving up cigarettes is possible! You can do it just as well as anyone else.

The advantages of taking nicotine replacements:

Nicotine patches, gums, lozenges, tablets and inhalers all reduce or even eliminate the problems caused by the lack of nicotine (cravings, anxiety, irritability, frustration, depression, insomnia, difficulty concentrating, increased appetite and weight gain). These products make stopping smoking easier and more comfortable.

- These products **double the chances of a successful** attempt to quit.
- They delay weight gain after smoking cessation.
- They are especially useful if you smoke more than five cigarettes per day, if you smoke your first cigarette within an hour after waking, or if you experienced withdrawal symptoms during a previous attempt to quit smoking.

- Less nicotine is absorbed when using these products than when smoking. Among ex-smokers who use these products, the blood nicotine level is half that observed in the same individuals when they smoked. Moreover, the toxicity of smoke is due to products other than nicotine (carbon monoxide, irritant gases and tar).
- Nicotine replacement therapy has **few side effects**, and these effects are trivial.
- In Switzerland, nicotine replacement therapy (patch, chewing-gum, lozenges...) is on sale over the counter in pharmacies.
- More Information on www.stop-tabac.ch.

The use of nicotine replacement therapy is justified in pregnant women who are experiencing great difficulty quitting. Explanation: nicotine in the form of medication only partially replaces that of cigarettes and it avoids exposing the mother and fetus to other toxic substances found in tobacco smoke.

Nicotine replacement products are NOT dangerous. Nicotine does not cause cancer. We strongly recommend using these products to stop smoking.

Smoking when wearing a patch

It is no more dangerous to smoke while using nicotine replacements than it is to smoke when not using them. Indeed, the toxicity of tobacco smoke for the heart and vessels is not primarily due to the nicotine, but to other components of the tobacco smoke, like monoxide carbon.

Two new drugs to help you give up cigarettes: varenicline and bupropion

The new drug varenicline has properties very similar to those of nicotine. It is quite effective for smoking cessation. Bupropion is initially an antidepressant and has more recently been approved for use during smoking cessation, even among smokers who are not depressed. These two new medicines double the chances of quitting successfully.

Varenicline and bupropion do not contain nicotine, but they act on the same areas of the brain as nicotine. Requiring medical supervision because of their side effects, varenicline and bupropion are available only on prescription. This implies having had a discussion, beforehand, with your doctor about a specific plan for stopping smoking and future monitoring. Treatment lasts two months.

Quitting smoking is possible!

Around 440,000 Swiss women and 3.7 million French women are now ex-smokers. You can quit too!

Some tips to guide you on the path to success:

- Reducing your consumption of cigarettes is not a solution. Even among smokers of 1-10 cigarettes per day, the risks of smoking during pregnancy and are greatly increased, compared to that of nonsmokers, as are cardiovascular risks.
- Smoking light cigarettes is not a solution. Smokers of light cigarettes inhale the smoke more deeply. Therefore, exposure to toxic substances is similar in smokers of light and regular cigarettes.
- It will not be any easier to quit later than it is now. The ideal time to stop does not exist. Set a date now for your next attempt at quitting.
- You do not need cigarettes to live!
- If you have ever suffered from depression, consult a doctor before stopping smoking.

What about complementary medicine?

It has been demonstrated that acupuncture, laser acupuncture, homeopathy, hypnosis and silver acetate products are not effective in helping smoking cessation. The attentive listening and advice given by practitioners of alternative medicine can be useful and provide some support, but some of these practitioners recommend that people avoid using effective smoking cessation medications, thus decreasing a person's chances of success.

- Don't hesitate to call a specialist in smoking cessation (see below).
- You can get personalized advice on how to quit smoking based on your responses to a questionnaire. Ask for the free questionnaire at: Program Stop-tabac.ch, IMSP-CMU, 1 rue Michel-Servet 1211 Geneva 4. Fax 022 379 04 52. You can get this material free on the Internet: www.stop-tabac.ch.
- At the same address, you can order free brochures specially written for female smokers, ex-smokers and people who have started smoking again.
- A scientific study conducted at the University of Geneva on 3000 smokers has shown the Stop-tabac.ch program multiplies by 2.6 the chances of quitting smoking.



This document was produced by the Institute of Social and Preventive Medicine at the Faculty of Medicine of the University of Geneva.

Authors: **Jean-François Etter**, PhD, Senior Lecturer, program manager Stop-tabac.ch, and **Suzy Soumaille**, medical journalist.

English translation: Pamela Berthoud

Drawings: **Simon**

September 2001 - June 2011

Internet

www.stop-tabac.ch

(coach, discussion forum, FAQ, testimonials):

Help-EU.com

(European Union website)

QuitNet.com

(community, expert support)

Quitsmoking.about.com

GivingUpSmoking.co.uk

StopSmokingCenter.net

SmokeFree.gov

In Switzerland

Smoking cessation clinic: Hôpital Cantonal de Genève

Rue Gabrielle Perret-Gentil 4

Tel: 022.372.95.49

Weekly discussion group on smoking cessation, managed by

a specialist nurse: CIPRET-Genève

Carrefour Prévention

Rue Henri-Christiné 5

Case postale 567

1211 Genève 4

Tel: 022.321.00.11 www.prevention.ch

Smoking cessation clinic:

Policlinique Médicale Universitaire.

Rue du Bugnon 44 1011 Lausanne

Tél: 021.314.66.66

CIPRET-Fribourg.

Route de Beaumont 2.

CP 75. 1709 Fribourg.

Tél: 026.425.54.10. www.cipretfribourg.ch.

info@cipretfribourg.ch

CIPRET-Valais:

Rue des Condémines 14.

CP 888. 1950 Sion

Tél: 027.329.04.15

lvpp@vtx.ch

Vivre sans fumer. Centre

neuchâtelois d'information pour

la prévention du tabagisme:

Faubourg du Lac 17

2000 Neuchâtel Tél: 032.724.12.06

rsb@vivre-sans-fumer.ch

www.vivre-sans-fumer.ch

Swiss Association for Smoking Prevention (www.at-suisse.ch)

After reading this booklet, do not throw it away, but give it to a smoker.

You can order this booklet free of charge at:

IMSP – CMU – Faculté de Médecine - 1, rue Michel-Servet, CH-1211 Genève 4, Suisse Fax 022.379.04.52

Or directly on Stop-tabac.ch

Stop-tabac.ch

UNIVERSITY OF GENEVA Faculty of Medicine Institute of Social And Preventive Medicine STOP-TABAC.CH Supported by the Tobacco Prevention Fund (Swiss Federal Office of Public Health), and by the République et canton de Genève (Département des Affaires Régionales, de l'Economie et de la Santé)