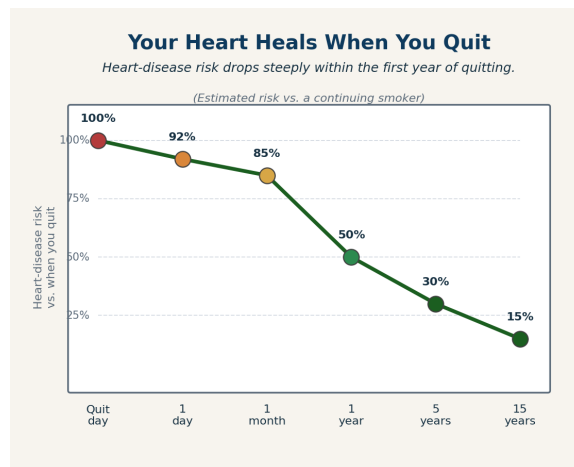


Smoking and the Heart

Tobacco, Vaping, Cannabis, and the Single Best Thing You Can Do for Your Heart

Smoking is the number-one preventable cause of heart disease and early death. Quitting is the single most powerful thing you can do to lower your risk - bigger than any one medicine.



Online: <https://go.riasalimd.com/smoking-heart-guide>

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

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Names & Terms You Will Hear

Term	Meaning
Cigarette Smoking	Burning tobacco and breathing in the smoke. The biggest preventable cause of heart disease and early death.
Tobacco Use	Any product made from tobacco - cigarettes, cigars, pipes, chew, snuff, hookah. All raise heart risk.
Nicotine	The drug in tobacco that causes addiction. It also narrows blood vessels and raises blood pressure and heart rate.
Vaping (E-Cigarette)	A battery-powered device that heats nicotine and flavored liquid into a mist. Not water vapor - and not a safe substitute for cigarettes.
EVALI	E-cigarette or Vaping product-use Associated Lung Injury. A serious lung illness first reported in 2019, often linked to vitamin-E acetate in THC vapes.
Cannabis / Marijuana	Smoked or vaped cannabis (THC) speeds up the heart and can trigger heart attacks - especially in the first hour after use.
Secondhand Smoke	The smoke you breathe in from someone else's cigarette. Raises your heart-disease risk by about 25 to 30 percent even if you do not smoke.
Thirdhand Smoke	The smoke residue that sticks to clothing, furniture, walls, and cars. Children and infants are most affected.
Smoking Cessation	The medical term for quitting smoking. Includes counseling, medication, and follow-up - not just willpower.
NRT (Nicotine Replacement Therapy)	Patches, gum, lozenges, inhalers, and nasal sprays that give you controlled nicotine without the smoke.
Varenicline (Chantix)	A prescription pill that blocks nicotine's effect in the brain. The single most effective stop-smoking medicine.
Bupropion SR (Zyban / Wellbutrin SR)	A prescription pill that helps with quitting and with depression. Lowers seizure threshold.



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Term	Meaning
Quitline (1-800-QUIT-NOW)	A free national phone-coaching service for quitting smoking. Florida residents can also call 1-877-U-CAN-NOW.

Three numbers to remember:

1. Smokers have **2 to 4 times** the risk of coronary heart disease.
2. Within **1 year of quitting**, that risk is cut in HALF.
3. Within **15 years**, it matches a person who never smoked.



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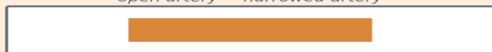
Smoking and the Heart?

- Smoking is the inhaling of smoke from burning tobacco. It is the single largest preventable cause of heart disease, stroke, lung disease, and early death in the United States.
- Tobacco smoke contains over 7,000 chemicals. About 70 of them cause cancer. Many more damage the heart and blood vessels directly.
- **Nicotine** is the drug that keeps people smoking. It narrows your arteries, raises your blood pressure, and speeds up your heart - putting extra strain on the heart muscle.
- **Carbon monoxide** is the second main problem. It binds to red blood cells in place of oxygen, so your blood carries LESS oxygen to your heart, brain, and muscles.
- Tobacco use is not limited to cigarettes. Cigars, pipes, hookah, smokeless tobacco (chew, snuff), e-cigarettes (vaping), and smoked cannabis all raise heart and blood-vessel risk.
- Quitting is the single most powerful thing you can do for your heart. It works at any age, and it works even if you have already had a heart attack or stent.
- Quitting is also one of the hardest things you will ever do. It almost always takes more than one try. Counseling plus medication doubles or triples your chance of success vs. willpower alone.

Four Ways Tobacco Smoke Hurts Your Heart

Squeezes your arteries

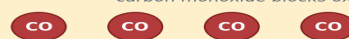
open artery → narrowed artery



Nicotine narrows blood vessels.
Less blood reaches the heart muscle.

Steals oxygen

carbon monoxide blocks oxygen



Carbon monoxide binds to red blood cells.
The heart has to work harder.

Makes blood sticky

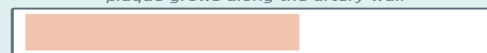
platelets clump → clot



Tobacco activates platelets.
Clots form more easily on plaque.

Speeds plaque buildup

plaque grows along the artery wall



Smoking damages artery linings.
Cholesterol plaque grows faster.

Four ways tobacco smoke hurts your heart. Nicotine narrows arteries. Carbon monoxide steals oxygen. The blood gets stickier and clots more easily. And plaque builds up faster along the artery walls. These effects start with the very first cigarette and add up over years.



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Why It Matters

- Smokers have **2 to 4 times** the risk of coronary heart disease compared with non-smokers.
- Smokers have about a **70 percent higher risk of stroke** than non-smokers.
- Smoking raises the risk of sudden cardiac death by **2 to 3 times**. It is the single most common preventable cause of heart attack in young and middle-aged adults.
- Smoking is a leading cause of **peripheral artery disease (PAD)** - narrowed arteries in the legs - and of abdominal aortic aneurysm.
- Even **light smoking** (1-4 cigarettes per day) nearly triples the risk of heart attack. There is no safe level of smoking.
- Within **1 year of quitting**, your risk of coronary heart disease falls by HALF.
- Within **5 years** your stroke risk falls back to that of a person who never smoked.
- Within **15 years** your coronary heart disease risk is the same as a non-smoker.
- Smoking cessation is a Class I recommendation in every major prevention guideline (ACC/AHA, ESC). It is the highest-impact lifestyle change in cardiology.
- If you have already had a heart attack or stent, quitting cuts your risk of a second heart attack or death by about a THIRD.

What Happens After You Quit Smoking

20 minutes	Heart rate and blood pressure drop toward normal.
12 hours	Carbon-monoxide level in your blood returns to normal.
2 weeks - 3 months	Circulation and lung function improve.
1 year	Your risk of coronary heart disease is HALF that of a smoker.
5 years	Stroke risk falls to that of a non-smoker.
10 years	Lung-cancer death rate is about half that of a smoker.
15 years	Coronary heart disease risk is the same as a non-smoker.

What happens after you quit smoking. Heart rate and blood pressure improve within minutes. Carbon monoxide is gone within 12 hours. Coronary heart disease risk is cut in half within a year, and matches a non-smoker within 15 years. Source: U.S. Surgeon General Reports on Smoking Cessation (2020) and Health Consequences of Smoking (2014).



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Quitting is the single most powerful CV intervention. No statin, no blood-pressure pill, no procedure matches the heart benefit of stopping smoking. Even after a heart attack or stent, quitting cuts your risk of a second event or death by about a **THIRD**.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Years smoked and packs per day	Risk goes up with both. Pack-years (packs per day x years smoked) predict heart attack, stroke, and lung-cancer risk.
Age you started	Starting before age 15 causes more lifelong damage to arteries than starting in adulthood.
Female sex on hormonal contraception	Smoking plus the birth-control pill raises the risk of heart attack, stroke, and blood clots much more than either alone - especially over age 35.
Already-known heart disease	If you have CAD, a prior heart attack, a stent, or a bypass, smoking doubles your risk of a second event. Quitting is urgent.
High blood pressure or diabetes	Smoking multiplies the damage from these conditions. The combination is much worse than the sum of the parts.
Family or roommate smokes	Living with a smoker is a strong predictor of relapse after quitting. Quitting together works better than quitting alone.
Mental-health conditions	Depression, anxiety, schizophrenia, and PTSD all raise smoking rates and make quitting harder. Cessation medication is safe in these patients (EAGLES trial).
Vaping or cannabis use	Daily vaping or cannabis use exposes the heart and blood vessels to many of the same harmful effects as smoking.

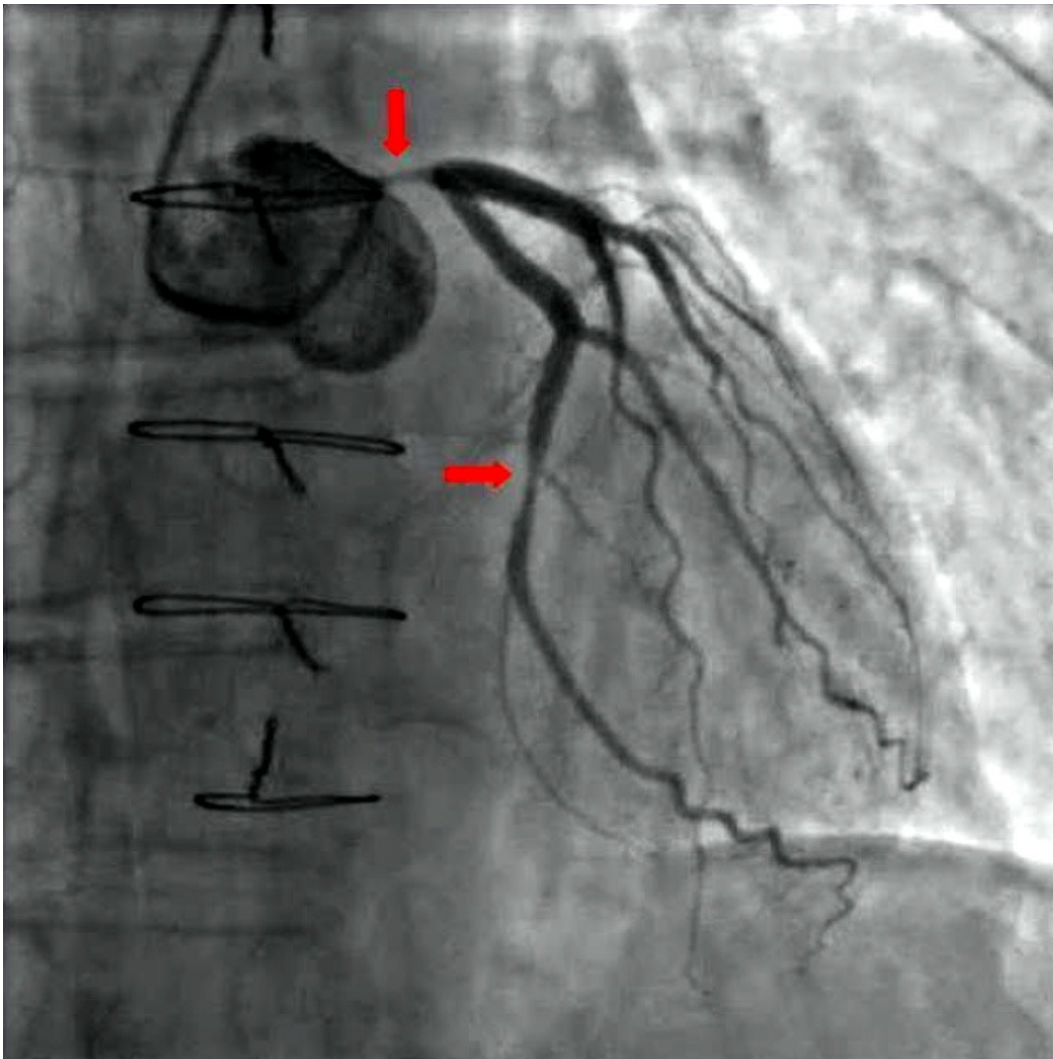


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A real coronary angiogram showing a high-grade narrowing (red arrows) in a heart artery. This image is not specific to a smoker, but it shows exactly the kind of plaque-narrowed artery that tobacco smoke speeds up - through vessel-lining damage, faster plaque growth, and stickier blood. Image: Pantaleo et al., BMC Cancer 2012, via Wikimedia Commons (CC BY 2.0).



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Treatment Options

- **Set a quit date** within the next 2 weeks. Tell your family, friends, and coworkers. Throw out cigarettes, lighters, and ashtrays the night before.
- **Combine medication with counseling.** The two together work much better than either alone. Most insurance plans cover both at no out-of-pocket cost.
- **Varenicline (Chantix)** is the most effective single medicine. It blocks nicotine's reward in the brain. Start 1 week BEFORE your quit date. Take for 12 weeks (longer if needed). Side effects: nausea, vivid dreams. The EAGLES trial showed it does NOT raise mental-health side effects.
- **Nicotine Replacement Therapy (NRT)** gives you controlled, lower-dose nicotine without smoke. **Combination NRT** (a 24-hour patch PLUS short-acting gum or lozenge for cravings) works best. Patches: 21 mg / 14 mg / 7 mg, stepped down over 8-12 weeks. Gum and lozenges: 2 mg or 4 mg as needed.
- **Bupropion SR (Zyban / Wellbutrin SR)** 150 mg twice a day. Start 1-2 weeks BEFORE your quit date. Helps with cravings and depression. Avoid if you have seizures or an eating disorder.
- **Combination therapy** - varenicline + NRT, or bupropion + NRT - is even more effective than any single drug. Ask your doctor.
- **Behavioral counseling** - phone, in-person, or text-based - doubles your quit rate. Free options include 1-800-QUIT-NOW (national), Florida Quit Your Way at 1-877-U-CAN-NOW, the AHA "Quit With" guide, and the smokefree.gov text and app programs.
- **Cardiac rehab** includes a structured tobacco-cessation program. If you have had a heart attack, stent, bypass, or new heart-failure diagnosis, ask us for a referral.
- **What to expect:** the first 1-2 weeks are the hardest. Cravings come in waves of 3-5 minutes. Sleep, mood, and appetite changes are normal and improve by week 4. Most relapses happen in the first 3 months - keep your medication going through that window.
- **Most people need more than one quit attempt.** Each try teaches you what works and what does not. Coming back to your doctor after a slip is a strength, not a failure.

Quit-Smoking Medicines at a Glance



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Medicine	How well it works	Common side effects	Best for
Varenicline (Chantix), 12 weeks	Most effective single medicine. Roughly TRIPLES quit rate vs. willpower alone (EAGLES).	Nausea, vivid dreams. Mood changes are uncommon (no excess vs placebo in EAGLES).	Heavy smokers, prior failed quit attempts, patients without seizure or pregnancy concerns.
Combination NRT (patch + gum or lozenge), 8-12 weeks	DOUBLES quit rate. Patch gives steady level; gum or lozenge treats break-through cravings.	Skin irritation from patch, jaw soreness or hiccups from gum, vivid dreams (remove patch at night if needed).	Almost anyone. Available over-the-counter. Safe in stable heart disease.
Bupropion SR (Zyban / Wellbutrin SR), 7-12 weeks	DOUBLES quit rate. Adds antidepressant benefit.	Dry mouth, insomnia, mild BP rise. Rare seizures (avoid if history of seizure or eating disorder).	Patients with depression or seasonal mood symptoms; those who want to limit weight gain.
Combination therapy (varenicline + NRT, or bupropion + NRT)	Higher quit rates than any single drug. Reserved for difficult cases.	Side effects of both drugs combined. Watch BP and mood.	Heavy smokers who failed single-drug quit attempts.
Counseling only (quitline, app, group)	Doubles quit rate compared with no help. Even more powerful when added to medication.	None. Time commitment only.	Anyone. Always recommended in addition to medication.



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The combo that works:

Medication + counseling + a quit date. Pick a date in the next 2 weeks. Start varenicline OR combination NRT a week before. Sign up for free coaching at **1-877-U-CAN-NOW** (Florida) or **1-800-QUIT-NOW**. Tell your family. Throw out cigarettes the night before. Show up to your first cigarette-free day with a plan for cravings: 4 Ds, water, walk, call a friend.



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- **Use the 4 Ds when a craving hits:** Delay 5 minutes (the craving will pass), Drink water, Deep breaths (in for 4, out for 6), Do something with your hands.
- **Identify your triggers.** Morning coffee, after meals, driving, alcohol, stress, and seeing other smokers are the top five. Plan a non-smoking response for each.
- **Avoid alcohol for the first 2-4 weeks.** Alcohol lowers your guard and is the single biggest cause of a slip back to smoking.
- **Move your body.** A 10-minute walk cuts a craving in half and improves mood. Exercise is also one of the few things that limits the weight gain that can come with quitting.
- **Eat regular meals.** Hunger feels like a craving. Keep healthy snacks - carrots, apples, almonds - on hand. Drink water through the day.
- **Get good sleep.** Poor sleep makes cravings worse. Cut caffeine after lunch. Many people sleep BETTER once nicotine is out of their system.
- **Tell people what you need.** Ask family not to smoke around you. Ask your boss for a short walk break instead of a smoke break. Most people will help.
- **Use a quit app or text program.** Smokefree.gov, QuitGuide, and quitSTART are free. Florida Quit Your Way also offers text coaching.
- **Reward yourself.** Put the money you would have spent on cigarettes into a jar. After 1 month, buy something nice. At a pack a day, that is over \$250 in 1 month and \$3,000 in a year.
- **Plan for weight.** The average smoker gains 5-10 pounds after quitting. Even at that weight, your heart benefit is far larger than the small risk from the weight gain. Walking and a Mediterranean-style plate limit it.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Quit smoking (any method)	Withdrawal: irritability, cravings, poor sleep, hunger, low mood for 1-4 weeks. Weight gain of 5-10 lb on average.	Within 1 year, coronary heart disease risk cut in half. Within 5 years, stroke risk back to non-smoker. Lower BP, better lung function, taste, and smell within weeks.	Continuing to smoke - 2 to 4 times higher heart-attack and stroke risk; shorter life expectancy by 10 years on average.
Varenicline (Chantix)	Nausea, vivid dreams, sleep changes. Rare mood changes (EAGLES trial: no excess vs placebo). Costs about \$300/month without insurance; covered by most plans.	The single most effective stop-smoking medicine. Roughly triples the quit rate vs. willpower alone.	NRT, bupropion, combination NRT, behavioral-only.
Combination NRT (patch + gum or lozenge)	Skin irritation from the patch. Hiccups or jaw soreness from gum. Vivid dreams if patch worn overnight.	Doubles the quit rate vs. willpower alone. Available over-the-counter. Safe in patients with stable heart disease.	Single-product NRT (less effective). Varenicline (more effective single agent).
Bupropion SR (Zyban / Wellbutrin SR)	Dry mouth, insomnia, headache. Rare seizures (avoid if seizure or eating-disorder history). May raise blood pressure - check after 2 weeks.	Doubles the quit rate. Also helps depression, so a good fit for patients with mood symptoms.	Varenicline, NRT, combination therapy.



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Option	Risks	Benefits	Alternatives
Switch to vaping / e-cigarettes	Vaping is NOT a safe substitute. Nicotine still raises BP, heart rate, and clot risk. Long-term lung effects (including EVALI) are still being studied. Many "switchers" end up using both products.	May help some adult smokers cut down or quit when other methods have failed - under medical guidance only. Not FDA-approved as a cessation tool.	FDA-approved medicines (varenicline, NRT, bupropion) and counseling - more effective and safer.



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Common Misconceptions

Myth	Reality
"Vaping is safe - it is just water vapor."	Vaping is NOT water vapor. The aerosol contains nicotine, fine particles, metals, and chemicals from flavorings. Nicotine still narrows arteries and raises blood pressure. EVALI (vaping-related lung injury) put thousands in the hospital. Vaping is not FDA-approved as a quit aid.
"Light or low-tar cigarettes are safer."	They are not. Smokers of "light" cigarettes inhale deeper or smoke more of them, ending up with the same exposure. The FDA banned the term "light" in 2010 for this reason.
"You have to quit cold turkey - medicines are cheating."	Cold turkey works for fewer than 1 in 20 people on the first try. Medicines plus counseling double or triple the quit rate. Asking for help is the smart play, not cheating.
"The damage is already done - why bother quitting now?"	Wrong. Within 1 year of quitting, coronary heart disease risk drops by HALF. Within 5 years, stroke risk is back to non-smoker. Quitting helps at every age - even after a heart attack or stent.
"Quitting will make me gain weight and that is worse for my heart."	The average weight gain after quitting is 5-10 pounds. Even with that gain, the heart benefit of quitting is far larger than the small risk of the weight. The math is clear: quit first, manage weight second.
"Cannabis is natural, so it does not hurt the heart."	Smoked or vaped cannabis (THC) speeds up the heart, raises blood pressure, and can trigger a heart attack - especially within 1 hour of use. Cannabis arteritis is a rare but real complication. "Natural" does not mean safe for the heart.



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Myth	Reality
"Secondhand smoke is just unpleasant, not dangerous."	Non-smokers exposed to secondhand smoke at home or work have a 25-30 percent higher risk of coronary heart disease. Children of smokers have more asthma, ear infections, and sudden infant death. There is no safe level of secondhand smoke.
"Hookah and cigars are safer because you do not inhale as much."	An hour of hookah delivers roughly the smoke of 100 cigarettes. Cigars and pipes still cause mouth, throat, and esophageal cancers and raise heart and stroke risk.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Coronary artery disease (CAD)	Smoking accelerates plaque buildup in the heart arteries. Smokers develop CAD 10 years earlier on average than non-smokers.
Heart attack	Tobacco doubles or quadruples the risk of acute coronary syndromes. It is the most common preventable cause of heart attack in young adults.
Stroke	Smokers have about 70 percent higher stroke risk. Includes both clot-type and bleeding-type strokes.
Sudden cardiac death	Smoking raises the risk of sudden cardiac arrest by 2 to 3 times - in part from arrhythmias triggered by nicotine and ischemia.
Peripheral artery disease (PAD)	Smoking is the strongest risk factor for narrowing of the leg arteries. Symptoms include leg pain with walking, slow-healing wounds, and amputation in advanced cases.
Abdominal aortic aneurysm	Smokers have 3-5 times the risk of an aneurysm - a weak, ballooning section of the main artery in the belly that can rupture.
Heart failure	Smoking damages the heart muscle through high BP, repeated heart attacks, and direct toxic effects. Worsens both HFrEF and HFpEF.
Lung disease (COPD)	Emphysema and chronic bronchitis lower oxygen levels and put extra strain on the right side of the heart.
Cancer	Smoking causes cancer of the lung, mouth, throat, esophagus, bladder, kidney, pancreas, stomach, colon, cervix, and blood (leukemia).



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Where / What	What Can Happen
Pregnancy and infant complications	Smoking during pregnancy raises the risk of preterm birth, low birth weight, stillbirth, and sudden infant death (SIDS).



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Vaping and E-Cigarettes - Not a Safe Alternative

- **What vaping is:** a battery-powered device heats a liquid into an aerosol you breathe in. The liquid contains nicotine, propylene glycol or glycerin, and flavoring chemicals. It is NOT water vapor.
- **Nicotine still hurts your heart.** Vape nicotine narrows arteries, raises blood pressure and heart rate, and makes blood stickier - the same mechanisms as cigarette smoke.
- **The aerosol carries more than nicotine.** Fine particles, metals (nickel, tin, lead), and flavoring chemicals reach the lungs and the bloodstream. Long-term cardiovascular effects are still being studied.
- **EVALI (vaping lung injury):** in 2019, thousands were hospitalized and dozens died from a vaping-related lung illness, mostly linked to vitamin-E acetate in THC vape cartridges. Less common now, but still reported.
- **Vaping is NOT FDA-approved as a quit-smoking tool.** Many adults who switch end up using BOTH cigarettes and vapes (dual use), which is worse than either alone.
- **Youth vaping:** nicotine harms the developing teen brain, raises the lifetime risk of addiction, and is a known gateway to cigarettes. Most adolescent vapers did not smoke before.

Cannabis (Marijuana) and the Heart

- **THC speeds up the heart.** Within minutes of smoking or vaping cannabis, heart rate rises by 20-50 percent and blood pressure goes up. These effects last 2-3 hours.
- **1-hour heart-attack window:** the risk of having a heart attack is about 4-5 times higher in the first HOUR after smoking cannabis. Risk returns to baseline after a few hours.
- **Cannabis arteritis:** a rare but serious narrowing of leg or arm arteries seen in heavy young cannabis users. Similar to Buerger disease seen with cigarettes.
- **Atrial fibrillation and other arrhythmias** have been reported with both smoked and edible cannabis - especially with high-THC products.
- **If you have CAD, prior heart attack, heart failure, or arrhythmia,** talk to us BEFORE using cannabis - smoked, vaped, or edible. "Natural" does not mean safe for your heart.
- **Edibles are not heart-safe either.** Late-onset effects (1-2 hours after eating) can be very strong and unpredictable.



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Secondhand and Thirdhand Smoke - Why a Smoke-Free Home Matters

- **Secondhand smoke** is the smoke breathed out by a smoker and the smoke from the burning end of a cigarette. There is no safe level of exposure.
- **Heart-disease risk goes up 25 to 30 percent** in non-smokers exposed at home or work. Stroke risk goes up about 20 to 30 percent.
- **Children of smokers** have more asthma attacks, ear infections, pneumonia, and sudden infant death (SIDS).
- **Thirdhand smoke** is the residue that sticks to clothes, hair, furniture, walls, and car interiors. It releases chemicals back into the air for months. Infants and toddlers - who put hands and toys in their mouths - get the highest exposure.
- **Smoking outside is not enough.** Smoke and residue follow you back indoors on clothes and hair. The only fully smoke-free home is one where no one smokes - and no one smokes in the car.
- **Quitting helps your whole household.** Children of parents who quit are less likely to start smoking themselves.

What Dr. Ali does at our office. We can prescribe varenicline, bupropion, or combination NRT at any visit and refer you to free phone-coaching with **Florida Quit Your Way (1-877-U-CAN-NOW)**. After a heart attack, stent, or bypass we include cessation in your cardiac-rehab plan. Bring your partner or family member to the visit if they smoke too - quitting together works better than quitting alone.



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Points to Know

If you remember nothing else, remember these key points.

- Smoking is the single biggest preventable cause of heart disease and early death. Quitting is the most powerful thing you can do for your heart.
- Within 1 year of quitting, your risk of heart attack is cut in HALF. Within 15 years, it matches a non-smoker.
- There is no safe level of smoking. Even 1-4 cigarettes per day nearly triples heart-attack risk.
- Vaping is not safe. Cannabis is not safe for the heart. Both still raise blood pressure, heart rate, and clot risk.
- Secondhand smoke raises non-smokers' heart-disease risk by 25-30 percent. Keep your home and car smoke-free.
- Medication PLUS counseling doubles or triples your chance of quitting. Willpower alone has the lowest success rate.
- Varenicline (Chantix) is the most effective single stop-smoking medicine. Combination NRT (patch + lozenge or gum) is the most effective over-the-counter approach.
- Most people need more than one quit attempt. Each try teaches you something. Come back to us after a slip - we will help you start again.
- Florida residents can call 1-877-U-CAN-NOW (Florida Quit Your Way) for free coaching. National: 1-800-QUIT-NOW.
- If you have had a heart attack, stent, or bypass, quitting cuts your risk of a second event or death by about a third. Ask us about a cardiac-rehab referral - it includes cessation support.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911** for chest pressure, sudden shortness of breath, weakness on one side, trouble speaking, sudden severe headache, or fainting. Smokers and former smokers have higher rates of heart attack and stroke - act fast.
- **Call our office (727-943-5200)** if you would like to set a quit date and start medication. We can prescribe varenicline, bupropion, or combination NRT and refer you to counseling at the same visit.
- **Call us if** you are taking varenicline or bupropion and notice new depression, mood changes, or thoughts of harming yourself. The EAGLES trial showed these are uncommon, but they deserve same-day evaluation.
- **Call us if** you have slipped or relapsed. This is not failure - it is data. We will adjust your plan and try again.
- **Call us if** you have chest pain, leg pain with walking, or a slow-healing wound on a foot. Smoking is the strongest risk factor for both heart and leg artery disease.
- **Call us if** you are pregnant or planning a pregnancy and still smoking or vaping. We will help you quit safely - the benefit to your baby and your heart is enormous.

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See also: our companion guides. For coronary disease, see go.riasalimd.com/cad-guide. For heart attacks and chest pain, see go.riasalimd.com/acs-guide. For stable angina, see go.riasalimd.com/stable-angina-guide. For leg-artery disease, see go.riasalimd.com/pad-guide. For cardiac rehab, see go.riasalimd.com/cardiac-rehab-guide. For diet, see go.riasalimd.com/heart-healthy-eating-guide.



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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Florida Quit Your Way \(1-877-U-CAN-NOW\)](#) - Free phone, text, and group coaching for Florida residents. Also ships free 2-week starter supplies of patches, gum, or lozenges.
- [1-800-QUIT-NOW \(National Quitline\)](#) - Free national quit-coaching line. Connects you to your state quitline. Open in English and Spanish.
- [smokefree.gov](#) - Federal site with quit plans, free text and app coaching (SmokefreeTXT, QuitGuide, quitSTART), and tools for women, veterans, teens, and Spanish-speakers.
- [AHA - Quit Smoking, Quit Vaping](#) - AHA patient hub: how smoking damages the heart, what works to quit, and support for caregivers.
- [CDC - Tips From Former Smokers](#) - Real stories from former smokers, quit guides, and the CDC's plain-English page on smoking and heart disease.
- [Cleveland Clinic - Smoking and Your Heart](#) - Plain-language patient overview, including the time-course of recovery after quitting.
- [Truth Initiative - This Is Quitting \(vaping\)](#) - Free text-message quit program designed for vapers, especially teens and young adults.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Smoking Cessation: A Report of the Surgeon General \(US DHHS, 2020\) \[Guideline\]](#)
Definitive federal document on smoking cessation effectiveness. Source for the 'CHD risk halves within 1 year of quitting; stroke risk back to baseline within 5-15 years' time-course data and the relative-risk numbers (2-4x CAD risk for smokers, 70 percent higher stroke risk).
- [The Health Consequences of Smoking — 50 Years of Progress: A Report of the Surgeon General \(US DHHS, 2014\) \[Guideline\]](#)
Foundational source quantifying CV mortality from smoking; cited for the 'smoking is the #1 modifiable cause of CV death' framing and pathophysiology (vasoconstriction, CO, endothelial dysfunction, thrombosis).
- [EAGLES Trial: Neuropsychiatric Safety and Efficacy of Varenicline, Bupropion, and Nicotine Patch in Smokers \(Anthenelli et al., Lancet 2016; PMID 27116918\) \[Clinical Trial\]](#)
Landmark head-to-head cessation pharmacotherapy trial. Source for the comparative efficacy of varenicline vs NRT vs bupropion, and the safety finding that varenicline does not increase neuropsychiatric events.
- [2018 AHA/ACC Multi-Society Cholesterol Guideline and 2019 ACC/AHA Primary Prevention Guideline \(Arnett et al., JACC 2019; PMID 30894318\) \[Guideline\]](#)
Tobacco-cessation is a Class I recommendation in primary prevention of ASCVD. Anchors the 'Why It Matters' section and the framing of smoking cessation as the single most impactful CV intervention.
- [Electronic Cigarettes and Cardiovascular Disease: An AHA Scientific Statement \(Bhatnagar et al., Circulation 2014/2019 update\) \[Scientific Statement\]](#)
AHA position on e-cigarettes and CV risk. Source for the vaping section: nicotine + propylene glycol aerosols, endothelial effects, EVALI background, 'not a safe alternative' framing.
- [Marijuana Use and Cardiovascular Disease: An AHA Scientific Statement \(Page et al., Circulation 2020; PMID 32752884\) \[Scientific Statement\]](#)
AHA position on cannabis and CV risk. Source for THC tachycardia, demand ischemia, 1-hour post-use MI risk window, and cannabis arteritis. Used in the cannabis subsection.
- [Secondhand Smoke and Coronary Heart Disease: Meta-analysis \(US DHHS, 2006 Surgeon General Report\) \[Guideline\]](#)
Source for the 25-30 percent increase in CHD risk among non-smokers exposed to secondhand smoke at home or work. Used in the secondhand-smoke section.
- [2008 PHS Clinical Practice Guideline: Treating Tobacco Use and Dependence \(Fiore et al., update\) \[Guideline\]](#)
Source for the combination NRT + behavioral counseling = highest quit rate; the 5 As framework; and quitline (1-800-QUIT-NOW) referral evidence.
- [CDC — Smoking and Cardiovascular Disease \(Patient Page\) \[Patient Education\]](#)
Plain-language CDC patient education on how smoking damages the heart and arteries. Cross-checked all 'how smoking hurts your heart' bullets against this page for reading-level alignment.
- [AHA — How Smoking and Nicotine Damage Your Body \(heart.org\) \[Patient Education\]](#)
AHA-authored patient page used as the plain-English anchor for the mechanisms section (vasoconstriction, CO displacement, accelerated atherosclerosis, thrombosis).



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- [Cleveland Clinic — Smoking and Your Heart](#) [Patient Education]
Patient-facing comparison used for the cessation timeline visual and the practical 'what works' framing.
- [Florida Quit Your Way / Tobacco Free Florida \(1-877-U-CAN-NOW\)](#) [Patient Education]
State-funded free cessation resource for Florida residents. Referred from this Holiday, FL practice as the primary local cessation resource.



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About This Guide

Rias KS Ali, MD FACC | Board Certified in Interventional Cardiology & Cardiovascular Disease

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Reviewer note: Reviewed AHA Quit Smoking pages (heart.org), Cleveland Clinic and Mayo Clinic patient pages on smoking and heart disease, and CDC Tips From Former Smokers. This guide adds: a quit-timeline visual using Surgeon General data, a 4-panel mechanism diagram (vasoconstriction, carbon monoxide, thrombosis, accelerated plaque), a cessation pharmacotherapy comparison table (varenicline, NRT, bupropion, combination), separate subsections on vaping and cannabis with named clinical effects (EVALI, cannabis arteritis, 1-hour MI window), secondhand-smoke quantification, and a local Florida cessation resource (Florida Quit Your Way, 1-877-U-CAN-NOW).

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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