



SMOKING OR VAPING WITH CROHN'S OR COLITIS

This information is for anyone who wants to know how smoking or vaping may affect [Crohn's Disease](#), [Ulcerative Colitis](#) or [Microscopic Colitis](#).

There is not much evidence to know how other tobacco products, like shisha or snus, affect Crohn's or Colitis. You can find out about the health risks of other tobacco products on the [NHS website](#).

Everyone with Crohn's or Colitis is advised to stop smoking. This information will help you to:

- Understand how smoking affects Crohn's and Colitis
- Be aware of early research on vaping with Crohn's and Ulcerative Colitis
- Recognise how passive smoking affects Crohn's and Ulcerative Colitis
- Find support to stop smoking

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KEY FACTS ABOUT SMOKING

- Everyone with Crohn's, Ulcerative Colitis or Microscopic Colitis is advised not to smoke.
- Smoking increases your risk of developing Crohn's. Smoking can also make Crohn's worse.
- You are less likely to develop Ulcerative Colitis if you smoke. If you already have Ulcerative Colitis, it is not clear whether smoking makes it better or worse.
- Smoking increases your risk of developing Microscopic Colitis.
- Cigarette smoke contains over 5,000 chemicals. Around 100 of these are known to be toxic or cause cancer.
- Smoking can affect the choice of medicines available to you. Generally, medicines like filgotinib, tofacitinib and upadacitinib should not be given to people who smoke.
- If you're having surgery for Crohn's or Colitis, your IBD team will recommend you stop smoking. This is to reduce the risk of complications.
- It can be difficult to stop smoking. But you're more likely to stop if you get support. The NHS offers local stop smoking services to help you stop successfully.



SMOKING AND CROHN'S

- Smoking increases your risk of developing Crohn's.
- Smoking makes Crohn's worse.

The impact of smoking on Crohn's

Cigarette smoke contains over 5,000 chemicals. Around 100 of these are known to be toxic or cause cancer.

Smoking in Crohn's has been linked to:

- More severe disease and complications. This includes strictures and perianal disease. A stricture is a narrowing in the bowel that can cause a dangerous blockage. Perianal disease is Crohn's around your bottom.
- More [flare-ups](#).
- Needing more [treatment](#) with steroids, immunosuppressants and anti-TNF medicines.
- Needing your first [surgery](#) and then needing further surgery.
- Crohn's flaring-up again after surgery.
- Developing complications outside of the gut. These include [weak bones](#) and [joint problems](#).
- An increased risk of developing [bowel cancer](#).



"I had been a smoker since age 12. My partner hated smoking, so I decided to stop. It was difficult and I did have the occasional cigarette from time to time. When COVID-19 hit, the occasional cigarettes became more frequent and my Crohn's erupted like an active volcano. I went to A&E where they examined me and told me I was going straight to surgery first thing in the morning. One-third of my bowel was removed. I vowed never to smoke again. That's coming up to five years now, and I can easily say that I have not had a single cigarette since then. The cravings are practically non-existent. It also helps that they are far too expensive now."

AARON
LIVING WITH CROHN'S

Why smoking affects Crohn's

We do not know exactly what it is about smoking that affects Crohn's. Not everyone who smokes will develop Crohn's. And not everyone with Crohn's will have smoked.

Smoking could affect Crohn's by:

- Changing the bacteria that live in your gut.
- Changing the way your genes work.
- Changing your immune system.



- Making the lining of your gut more leaky. This could make it easier for bacteria or other foreign substances to enter your blood and cause an immune response.

The risk of developing Crohn's if you smoke may be linked to your ethnic background. Smoking seems to increase the risk of developing Crohn's if you are White. It does not seem to be as big a risk factor for Asian, Jewish and Latin American people. But more research is needed to know for sure. This includes more research on how Black people might be affected.

Should I stop smoking?

UK guidelines strongly advise that people with Crohn's do not smoke.

Giving up smoking is important for people with Crohn's. It's never too late to quit. If you stop smoking, your risk factors return to that of someone who has never smoked, so that:

- Your risk of a flare-up is the same as a non-smoker.
- Your risk of needing surgery, or Crohn's flaring-up again after surgery is the same as a non-smoker.
- Your risk of getting complications outside the gut is the same as a non-smoker.



"I always told people that the stress of not smoking was worse for my Crohn's than the effects of smoking. How wrong I was. I cannot stress enough how much my health improved after stopping smoking. It may have taken a few weeks to feel the benefits but honestly, it has had such a positive impact on my health."

DAVE
LIVING WITH CROHN'S

Stopping smoking can be difficult. You're more likely to stop if you get support. See the section on Getting help to stop smoking below.

SMOKING AND ULCERATIVE COLITIS

- You are less likely to develop Ulcerative Colitis if you smoke.
- If you already have Ulcerative Colitis, it's not clear what effect smoking has on it.
- There is no advantage to using nicotine to get Ulcerative Colitis under control, compared to standard medicines.

The impact of smoking on Ulcerative Colitis

If you already have Ulcerative Colitis

It's not clear how smoking affects Ulcerative Colitis in people who already have it.



Some studies find no difference between smokers and non-smokers with Ulcerative Colitis. This includes no difference in:

- The number of flare-ups or hospital admissions
- The need for steroids
- The need for surgery.

But other studies link smoking with Ulcerative Colitis to:

- Reduced gut inflammation and improved gut healing
- Fewer flare-ups and hospital admissions
- Less of a need for steroids

It can be confusing when different studies show different things. Many studies that show smoking might help Ulcerative Colitis are older. They also look at smaller groups of people. The studies that show smoking have no effect are newer and bigger but still have weaknesses and a risk of bias.

All in all, at the moment we are not sure how smoking affects people's Ulcerative Colitis.

Risk of colectomy

A colectomy is surgery to remove the colon. The risk of needing a colectomy is the same in smokers and non-smokers with Ulcerative Colitis. But compared to non-smokers, ex-smokers have a slightly bigger risk of needing a colectomy.

If you do not have Ulcerative Colitis

- Smoking makes you less likely to develop Ulcerative Colitis.
- Stopping smoking increases your risk of developing Ulcerative Colitis.

This appears to be the same for all ethnicities. But you should not start smoking to reduce your risk of developing Ulcerative Colitis. Smoking causes many serious health problems and is the biggest cause of early death in the UK.



"I was diagnosed with Ulcerative Colitis in 2013 when I was 43. I had symptoms for about 2 years after I gave up smoking in 2009. There seems to be similar stories about people giving up smoking and then getting Colitis. I'm still glad I gave up though, as otherwise I may have developed a smoking related disease."

KATHY
LIVING WITH ULCERATIVE COLITIS

Why smoking affects Ulcerative Colitis

We do not know exactly how or why smoking affects Ulcerative Colitis. Cigarette smoke contains over 5,000 chemicals. Around 100 of these are known to be toxic or cause cancer. Smoking could affect Ulcerative Colitis by:

- Changing the bacteria that live in your gut
- Changing the way your genes work
- Changing your immune system
- Increasing mucus production in your colon

The role of nicotine

Nicotine is an addictive chemical found in tobacco cigarettes. Some scientists think nicotine is the chemical in cigarettes that affects Ulcerative Colitis. Researchers cannot do a clinical trial to see if smoking helps Ulcerative Colitis. This is because of the harm cigarettes cause to the body. But as nicotine is not toxic, researchers have studied the effects of nicotine.



Some small studies showed a positive effect of nicotine on Ulcerative Colitis. But other studies found it was not an effective treatment and caused lots of side effects. At the moment, nicotine is not routinely recommended for treatment of Ulcerative Colitis.

Should I stop smoking?

UK guidelines strongly advise that people with Ulcerative Colitis do not smoke. Smoking is the biggest cause of early death and preventable illness in the UK.

Learning that smoking might have a positive effect on Ulcerative Colitis is confusing. It might make you unsure whether you should quit smoking. It's important to remember the many other harmful effects of smoking. These include:

- Increased risk of cancer. In the UK, smoking is responsible for almost every 1 in 5 cancers.
- Increased risk of heart attacks.
- Increased risk of strokes.
- Increased risk of dementia.
- Increased risk of blood clots. People with Ulcerative Colitis are already at higher risk of developing blood clots.
- Complications in pregnancy. This includes miscarriage, still-birth and pre-term birth. People who smoke with Crohn's or Ulcerative Colitis also have an increased risk of needing a Caesarian.
- Increased risk of developing weak bones, known as osteoporosis. This risk is already increased if you take steroids.

The negative health effects of smoking outweigh any possible benefit for Ulcerative Colitis.



"I ended up in hospital with a severe flare around 4 months after quitting smoking. This is when I was diagnosed, and the consultant said it may have been stopping smoking that started the flare. I'm very happy I quit smoking even though it's likely that was the cause of my flare. I have not considered smoking again and have no desire to. I do vape but plan to quit this year. This does make me anxious as to whether it could cause a flare but now I'm diagnosed and under an IBD team it can be managed better if there are any issues."

REBECCA
LIVING WITH ULCERATIVE COLITIS

Cancer Research UK has produced a video about [Brian](#) and his experience of trying to stop smoking.

Managing flare-ups

You may be at risk of having a flare-up when you stop smoking. But there are lots of other health benefits to stopping smoking. Your IBD team will work with you to come up with a treatment plan before you stop smoking. This might include an increase in medication or closer monitoring. This way you can feel more confident in controlling your symptoms if needed.

Stopping smoking can be difficult. You're more likely to stop if you get support. See the section on Getting help to stop smoking below.



VAPING WITH CROHN'S OR ULCERATIVE COLITIS

- Vapes can be helpful for people who are quitting smoking. Vapes are not recommended for non-smokers.
- Vaping is less harmful than smoking but is not harm-free. We do not fully understand the long-term effects of vaping.
- Early research shows smoking vapes does not seem to make Crohn's or Ulcerative Colitis worse. But more research is needed to know for sure.

Vapes, also called electronic cigarettes or e-cigarettes, can help people quit smoking. Vapes are not recommended for non-smokers.

Vapes are less harmful than smoking tobacco cigarettes. Some potentially harmful substances are produced by vapes, but these are in much lower levels than cigarettes. Tar and carbon monoxide are two of the most harmful substances in cigarettes. Vapes do not produce tar or carbon monoxide.

Although vaping is less harmful than smoking, it is not harm-free.

Early research shows vaping does not seem to make Crohn's or Ulcerative Colitis worse. But much more research is needed to confirm this.

The NHS has more information on [using vapes to stop smoking](#).



"I used to rely on vaping to ease the fatigue and mental stress brought on by Crohn's. It helped control my anxiety and boosted my energy levels. Quitting was really hard – I missed the familiar ritual, the distraction and the brief relief it provided. But when I stopped the positive changes in my health made quitting worth it."

AKSHAY, LIVING WITH CROHN'S

SMOKING AND MICROSCOPIC COLITIS

- Smoking increases the risk of developing Microscopic Colitis.
- There is not enough evidence to know for sure how smoking affects Microscopic Colitis in people who already have the condition.

How smoking affects Microscopic Colitis

If you already have Microscopic Colitis

It's not clear how smoking affects Microscopic Colitis in people who already have it. This is because there is not enough evidence. The available evidence suggests smoking does not affect symptoms. It may also not affect remission rates or the need for medicines.

If you do not have Microscopic Colitis

- Current smokers and ex-smokers have an increased risk of developing Microscopic Colitis.



- Smokers tend to develop Microscopic Colitis at a younger age than non-smokers or ex-smokers.

Should I stop smoking?

Everyone is advised not to smoke. Smoking is the biggest cause of early death and preventable illness in the UK.

Stopping smoking can be difficult. But there are lots of health benefits to stopping smoking. You're more likely to stop if you get support. See the section on Getting help to stop smoking below.

SMOKING AND SURGERY

- Smoking increases the risk of complications after bowel surgery for Crohn's or Colitis. This includes complications such as wound infections, pneumonia and sepsis.
- After surgery, you have a higher risk of developing blood clots in the legs or lungs. Smoking also increases the risk of developing blood clots. People with Crohn's or Ulcerative Colitis are already at higher risk of developing blood clots.
- Smokers with Crohn's are twice as likely to experience recurrence after surgery. Recurrence is when Crohn's comes back, after previously being undetectable.
- If you are having surgery for Crohn's or Ulcerative Colitis your IBD team will recommend you stop smoking.



SMOKING AND PREGNANCY

- Smoking during pregnancy carries risks to you and your baby. Pregnant people with Crohn's or Colitis should not smoke during pregnancy.
- It's not clear if smoking during pregnancy affects the risk of your child developing Crohn's or Ulcerative Colitis.

Some research suggests smoking during pregnancy increases your child's risk of developing Crohn's or Ulcerative Colitis. But the evidence is not strong enough to say this for sure. Some research suggests a link to maternal smoking and developing Crohn's. There is less research that suggests a similar link for Ulcerative Colitis.

Smoking or passive smoking during pregnancy carries other risks to you and your baby. See the NHS website for more on the [benefits of stopping smoking during pregnancy](#).

PASSIVE SMOKING AND CROHN'S OR ULCERATIVE COLITIS

- Passive smoking is breathing in someone else's cigarette smoke. It's also known as second-hand smoke.
- It's not clear if passive smoking affects Crohn's or Ulcerative Colitis.

Some research suggests passive smoking increases the risk of developing Crohn's as a child. Other research finds no link between passive smoking in childhood and developing Crohn's or Ulcerative Colitis.

There is less research into the effect of childhood passive smoking on Ulcerative Colitis.



YOUNG PEOPLE AND VAPING OR SMOKING

Teenagers and young people with Crohn's or Colitis may experiment with smoking or vapes. Nearly 1 in 4 (25%) of all teenagers have tried vaping and 1 in 10 (10%) have tried smoking.

Young people's lungs and brains are still developing. This means they are more sensitive to the effects of vaping.

The NHS has more information on [young people and vaping](#). Frank also provides honest information for young people about [vaping](#) and [nicotine](#).

GETTING HELP TO STOP SMOKING

The NHS offers support to help you stop smoking. You're three times more likely to stop smoking if you get expert support and use stop smoking treatments. Find the services that are local to you:

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)



"There were a few reasons I decided to give up for good. Firstly, for my health in general and to see if it would stop the amount of times I was going to the toilet every day. Secondly, I was starting to take up exercise and was fed up with being out of breath when walking small distances. And thirdly, for my children, so I could spend as many years as possible with them and so they don't see me smoking and think it's the normal thing to do."

DAVE
LIVING WITH CROHN'S

Stopping smoking can be difficult. You might find it even harder to stop smoking if those around you smoke. But there are many advantages to quitting smoking:

- After 48 hours your lungs are clearing out mucus. Your senses of taste and smell are also improving.
- After 3 days breathing can feel easier, and your energy will increase.
- After 2 weeks blood will be pumping through to your heart and muscles much better.
- After 1 year, compared to a smoker, your risk of heart attack is halved.
- After 10 years your risk of dying from lung cancer is half that of someone who still smokes.

Some people tell us that they smoke to help with low mood, or fatigue. If you are trying to quit smoking, it might help to find other coping mechanisms. Our information on [fatigue](#) and [mental health](#) can help provide top tips.



Your IBD team, GP or other healthcare professionals can support you to stop smoking. Some pharmacists, private health insurers and employers also offer programmes to help you stop smoking.

If you have Ulcerative Colitis, you may be at risk of having a flare-up when you stop smoking. Your IBD team will work with you to come up with a treatment plan before you stop smoking.

Stop smoking treatments

- Stop smoking treatments are safe to take if you have Crohn's or Colitis.

Treatments available on the NHS are:

- Nicotine replacement therapy (NRT). This includes patches, chewing gum, lozenges, inhalers, nose and mouth sprays and tablets.
- A medicine called bupropion (Zyban).
- A medicine called varenicline.
- A medicine called cytisinicline.

Vapes can also help you stop smoking. But unlike NRT or medicines, vapes are not available on prescription from the NHS.

The [NHS website](#) has more information on stop smoking treatments, including:

- How to get stop smoking treatments
- Who they are suitable for
- Side effects of stop smoking treatments

CANNABIS

Some people have told us they smoke cannabis to help with their Crohn's or Colitis. This resource does not cover smoking cannabis. This is because medical cannabis



cannot be prescribed for Inflammatory Bowel Disease on the NHS.

Some private clinics might be able to prescribe cannabis treatments.

Use of cannabis from non-medical sources is illegal in the UK.

OTHER ORGANISATIONS

England

Better Health - Quit smoking

www.nhs.uk/better-health/quit-smoking/

Northern Ireland

Stop smoking – Helping you to quit

www.stopsmokingni.info

Scotland

Quit Your Way

www.nhsinform.scot/quit-your-way-scotland

Helpline: 0800 84 84 84

Wales

Help Me Quit

www.helpmequit.wales

Helpline: 0800 085 2219

HELP AND SUPPORT FROM CROHN'S & COLITIS UK

We're here for you. Our information covers a wide range of topics. From treatment options to symptoms, relationship concerns to employment issues, our information can help you manage your condition. We'll help you find answers, access support and take control.



All information is available on our [website](#).

Helpline service

Our helpline team provides up-to-date, evidence-based information. You can find out more on our [helpline web page](#). Our team can support you to live well with Crohn's or Colitis.

Our Helpline team can provide support by:

- Providing information about Crohn's and Colitis
- Listening and talking through your situation
- Helping you to find support from others in the Crohn's and Colitis community
- Providing details of other specialist organisations

You can call the Helpline on **0300 222 5700**. Or visit our [LiveChat service](#). You can read our information on [when the Helpline](#) is open for more details..

You can email helpline@crohnsandcolitis.org.uk at any time. The Helpline will aim to respond to your email within three working days.

Our helpline also offers a language interpretation service, which allows us to speak to callers in their preferred language.

Virtual Social Events

We offer people affected by Crohn's or Colitis the chance to join a virtual social event with others across the UK. The events will be a chance to chat, share experiences and potentially learn from others. Each event may have a specific topic but the overall discussion will be driven by what those attending wish to talk about.

Family, friends and colleagues are more than welcome to attend.

Visit our [Virtual Social Events](#) page to find out what is available.



Crohn's & Colitis UK Forum

This closed-group Facebook community is for anyone affected by Crohn's or Colitis. You can share your experiences and receive support from others. Find out more about the [Crohn's & Colitis UK Forum](#).

Help with toilet access when out

There are many benefits to becoming a member of Crohn's & Colitis UK. One of these is a free RADAR key to unlock accessible toilets. Another is a Can't Wait Card. This card shows that you have a medical condition. It will help when you are out and need urgent access to the toilet. See [our membership webpage](#) for more information. Or you can call the Membership Team on **01727 734465**.

ABOUT CROHN'S & COLITIS UK

We're Crohn's & Colitis UK and we're changing what it means to live with these lifelong gut conditions. 1 in 123 people in the UK have Crohn's Disease or Ulcerative Colitis. These are unpredictable conditions that could flare up at any time.

No one should face that alone. That's where we can help.

We provide trusted information and support cutting-edge research. We also lead bold campaigns to get more people talking about Crohn's and Colitis. We help people understand these conditions, give them the attention they deserve and bring people together to create change.

This year, 25,000 people will be told they have Crohn's or Colitis. Once diagnosed, the obstacles continue. Today, there is no cure. People simply don't understand these conditions. So, we have listened. It's time for change & we're leading the way.

Our information is available thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis by calling **01727 734465**. Or you can visit [our website](#).



About our information

We follow strict processes to make sure our information is based on up-to-date evidence and is easy to understand. We produce it with patients, medical advisers and other professionals. It is not intended to replace advice from your own healthcare professional.

You can find out more on [our website](#).

We hope that you've found this information helpful. Please email us at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the evidence we use
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE**. Or you can contact us through the **Helpline** on **0300 222 5700**.

We do not endorse any products mentioned in our information.

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