



Smoking Cessation

Introduction

Tobacco smoking is the biggest preventable cause of death and disease in the UK and is the primary cause of premature illness and mortality.

Every year over 100,000 people in the UK (79,700 in England, 13,000 in Scotland, 5,450 in Wales, and 2,300 in Northern Ireland) will die from smoking related causes. Smoking accounts for over one third of respiratory disease deaths, over one-quarter of cancer deaths, and about one-seventh of cardiovascular disease deaths.

In addition environmental exposure to tobacco smoke is a major risk factor in sudden unexplained death of an infant and childhood respiratory illness.

Smoking is also a primary cause of inequalities in health outcomes. For example amongst men, smoking is responsible for more than half the excess risk of premature death between the social classes.

One in five adults (20%) aged 16 and over in England smoke. The prevalence in Northern Ireland and Scotland is 24% and in Wales 23%. The good news is that smoking rates are substantially lower than in the early 1970s when half the UK population smoked. However this dramatic fall in prevalence of tobacco smoking has slowed in the last decade despite a rise in tobacco control investment.

In 2012-13 the Government earned £12.3 billion in revenue from tobacco tax but the overall financial burden of smoking to society has been estimated at £13.74 billion a year. This includes NHS costs and loss of productivity because of illness and early death.

Smoking increases use of healthcare services and reduces the effectiveness of inhaled medicines for the UK's two most common respiratory long term conditions – asthma and COPD. Two thirds of people with asthma admitted to hospital in the UK are current or ex-smokers and at least as many people with asthma smoke as in the general population. For these people intensive and evidence based stop smoking support should be part of their essential treatment.

Nicotine addiction causes people even with severe lung conditions to continue smoking and therefore requires behavioural and pharmacological treatment. The annual QOF smoking returns suggests that up to one in four people with common long-term conditions continue to smoke.

Studies consistently show a discrepancy between desire to quit and success in doing so. It is harder the more addicted a smoker is. Primary care clinicians know that smoking cessation results in better health outcomes but the provision of advice and therapy is often patchy because of beliefs that it is too difficult to achieve, too time consuming and concerns about the safety of stop smoking medicines.

Only 5% of smokers who want to quit smoking actually access a stop smoking service each year. We know that if they did we would see higher quit rates.

It is therefore a key role of primary care to “Make Every Contact Count” (MECC), through clinicians offering brief advice (VBA), the practice displaying posters and videos in reception, and well-trained reception staff facilitating access to opportunities for supportive engagement.

Primary care also needs to be alert to patients who smoke cannabis in “joints” because they too take on all the risks associated with tobacco. In some communities the use of Shisha is on the rise – it is unregulated and is favoured by young people who erroneously believe it to be a safe tobacco smoking option.

Clinicians also need to be aware of the increasing popularity of electronic cigarettes. Over recent years e-cigarettes have risen in popularity to become the number one quitting aid used by smokers. An [evidence review](#) published by Public Health England claims that the current best estimate by experts is that e-cigarette use represents only a fraction of the risk of smoking. But some academics have [questioned](#) the evidence on safety and effectiveness underpinning the recommendations in the PHE paper. So how should we advise patients who use them whilst awaiting regulation and guidance in 2016?

In these web pages the Primary Care Respiratory Society UK sets out unbiased, evidence based, up-to-date advice and guidance on all these issues and provides references to further expert resources. There is also help and support for commissioners.

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