Supporting smokers to quit, knowing and using these interventions, is the business of every healthcare professional.

Tobacco dependency is the single most cost-effective intervention for the prevention of smoking-related disease and for smokers who have smoking-related disease(s). A range of evidence-based pharmaceutical treatments exist to support smokers facing the difficulty of behaviour change and breaking nicotine addiction.

Stop smoking support, across the board, has been shown to be a clinically and highly cost-effective long-term intervention for people with smoking-related long-term disease.

Carbon monoxide breath test monitors
Carbon monoxide (CO) is breathed into the lungs from polluted or smoky air or from inhaling tobacco smoke. CO is absorbed into the blood from the lungs. It binds to haemoglobin in red blood cells about 200 times as readily as oxygen. It also reduces the release of oxygen. CO deprives the body of oxygen and the body needs oxygen to live.

CO monitors measure the amount of CO in the inhaled breath. In CO molecules in a million parts of air (parts per million – ppm). The CO ppm reading informs how much CO is on the blood. The COHb reading is the proportion of haemoglobin that is carrying CO instead of oxygen. If a CO ppm reading is 10 ppm then it means that 1% of the red blood cells are carrying CO.

In smokers, CO levels rise to between 20–200 ppm which we normally only see in smokers, as the body needs oxygen to live.

A reading of 2–20 ppm suggests recent exposure to a low level of CO.

A reading of 20–200 ppm suggests recent exposure to a high level of CO.

A reading of 10 ppm and over suggests recent exposure to a high level of CO.

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Tobacco Dependency is a long-term relapsing condition that usually starts in childhood.

Open and pull out