



The British Thoracic Society (BTS) is the principal UK body representing respiratory physicians and allied professionals and has tobacco control as one of its highest priorities. The Society's position on tobacco is summarised in this document.

CONTEXT & BACKGROUND

- Over 8 million Britons smoke (just under 20% of adults)¹
- smoking prevalence is highest in 25–34 year olds (32%), lower socio-economic groups (33%), people with mental health disorders (>40%)^{1,2} and the unemployed (>50%)¹⁴
- smoking remains the biggest preventable cause of death and disease in the UK and accounts for approximately 50% of the health inequalities between socio-economic groups³
- of the 80,000 deaths per year attributed to smoking approximately 50% are caused by respiratory diseases⁴
- smoking is responsible for over 80% of all deaths from lung cancer and chronic obstructive pulmonary disease⁴
- exposure to smoke in pregnancy, infancy and childhood increases the risks of prematurity, cot-death and chronic respiratory illness⁵
- two-thirds of smokers start smoking during or before adolescence and continue to smoke because of nicotine addiction rather than from choice⁵
- two-thirds of smokers would like to quit¹
- smoking cessation is one of the most cost-effective treatments for smoking – related illness⁶
- harm reduction strategies may reduce the harm caused by tobacco⁷

GOALS

- the elimination of tobacco-related lung disease in the UK population is the ultimate objective. The Society's goal is to achieve a year-on-year reduction in smoking prevalence and exposure to second-hand smoke.
- the establishment of a smoke-free society. BTS remains committed to working in partnership with others to move toward this goal, providing clinical expertise in national discussions, and local expertise to directly assist those who wish to stop smoking.

ACHIEVING THESE GOALS

1. Legislation & Government policy

The Society welcomes and acknowledges the impact of legislation on work and public places becoming smoke free, Government policy to support smoking cessation³, the ban of cigarette vending machines in hotels and pubs, the ban of point of sale advertising in large and small shops, the ban on smoking in cars with children and the legislation on 'plain packaging'

incorporating stark, non-pictorial health warnings on all smoking products across all the countries in the UK. BTS supports plans for the following measures:

- government policy to raise the duty on tobacco above inflation.
- prohibiting all advertising, sponsorship, brand stretching and product placement related to smoking.
- government and devolved nations' targets of a smoke-free generation across the UK over the next 20 years.
- innovative, strong and sustained antismoking advertising/publicity campaigns targeted at all sections of society and all aspects of smoking.
- the introduction of Medical and Healthcare Products Regulation Agency (MHRA) regulation of electronic cigarettes as medicinal products (2016).
- the European Union Tobacco Directive (2014) introducing plans to ban cigarette flavourings; use larger pictorial warning on tobacco packaging; improve measures to tackle illicit tobacco; and licence electronic cigarettes.
- partnership working between BTS and other organisations to promote measures to reduce the prevalence of tobacco use and harm from tobacco use.

2. Commissioning

The provision of Stop Smoking services is not uniform and many secondary care providers do not have dedicated Stop Smoking Specialists on site to provide immediate support to patients who smoke^{6,8,9}. BTS supports the use of the national BTS smoking cessation audit tool to monitor the provision of smoking cessation services in secondary care and the commissioning of services to promote smoking cessation. This includes:

- commissioning of effective national smoking cessation services by Public Health in all four countries of the UK.
- regional and local health boards to commission smoking cessation services locally.
- in England, Clinical Commissioning Groups (CCGs) to commission effective smoking cessation services in secondary care.
- hospital management teams to fund, support and enforce effective secondary care based smoking cessation services and hospital Smoke-free policies⁶.
- in England, adequate Quality Outcome Framework (QOF) measures in primary care to encourage smoking cessation in primary care.
- in England, adequate national and local CQUINS to encourage smoking cessation in secondary care.

3. Tobacco and children

Passive smoking is a major cause of death and disability in children and adults. Approximately 2 million children live in a household where they are exposed to cigarette smoke. Most smokers start to smoke in their teenage years. Children are influenced by parents, siblings, peers, media and marketing. All the evidence indicates that young people are less likely to experiment with and/or persist with smoking if smoking is perceived by society as an unacceptable behaviour. Reducing the number of new smokers is fundamental to a smoke free society. BTS supports the recommendations set out by NICE¹⁰, the Royal College of Physicians of London⁵ and others to reduce the impact and uptake of tobacco in children:

- smoke-free legislation should be extended to other public places frequented by children and young adults.
- protecting children from passive smoke exposure by extending the role of health visitors, school health services and other appropriate agencies to identify exposed children and intervene at family level.
- innovative methods of peer to peer learning in school age children to reduce smoking uptake¹¹.
- provision of smoking cessation services designed specifically for young smokers in schools, colleges and the community.
- supporting the work of custom and excise officials to tackle the illicit tobacco trade supplying tobacco to children and adults.
- restricting product placement of cigarettes in films and television by giving an "18 rating" to films and a post – 9.00 p.m. watershed for television programmes that promote role models or leading characters who smoke.

In addition, the pernicious effects of smoking during pregnancy on the unborn child are well documented. They include the increased risk of stillbirth, premature birth, lower birth weight and longer term health problems. In Wales, for example, up to a third of women smoke during pregnancy. Increased efforts should be targeted towards pregnant women for smoking cessation measures and increasing awareness of smoking cessation measures amongst midwives.

4. Tobacco and health inequalities

Smoking has become concentrated in the poorest sections of society with the prevalence of smoking being more than double in lower socio-economic groups than higher socio-economic groups. Smokers in lower socio-economic groups are more nicotine dependant, smoke more cigarettes, spend a greater proportion of their income on tobacco and die earlier⁴. People with mental health disorders are disproportionately represented in lower socio-economic groups and have an even higher prevalence of smoking². Children from lower socio-economic groups are more likely to be exposed to second hand smoke and become smokers themselves⁵. BTS supports actions to reduce health inequalities due to tobacco including:

- providing more smoking cessation support to those with the highest prevalence of smoking.
- reducing exposure to tobacco that children encounter in households, media, shops and public places.
- supporting efforts to reduce the burden of smoking in people with mental health disorders and offenders.

5. Tobacco and the NHS

The National Health Service (NHS) is in the front line of caring for those with smoking-related diseases and delivering smoking cessation services¹². Health care costs related to smoking are estimated to be £2.8 billion per year². Current smoking cessation measures are cost-effective but not enough smokers or health professionals are aware of available services. The public and health professionals often do not consider smoking cessation as treatment for disease^{6,8,9}. Many health professionals, including doctors, have inadequate training and thus cannot deliver optimum smoking cessation interventions. The NHS should promote and have:

- advertising campaigns at national and local level to make smokers aware of cessation methods, success rates and the availability of local services.
- much greater promotion of smoking cessation as treatment for disease with integration into treatment guidelines.
- training for all NHS staff to deliver 'very brief advice' on smoking cessation.
- availability of a smoking cessation counsellor in all GP surgeries, community healthcare settings and in all NHS hospitals (supported in the latter by BTS Stop Smoking Champions).
- Nicotine Replacement Therapy (NRT) and all other licenced pharmacotherapies (including NRT, varenicline and bupropion) available to all on prescription through all GP surgeries and on all hospital formularies.
- a totally smoke-free policy including all primary and secondary care premises and hospitals, including grounds.
- effective enforcement of smoking restrictions throughout the NHS.
- the growth of the network of Stop Smoking Champions within secondary care (currently organised by BTS).
- Smoking status recorded on death certificates for those who smoked, to accurately record smoking related disease.

6. Cannabis and Water-pipe smoking

The Society is aware that the presentation of serious lung disease from those who use cannabis and opiates products is increasing⁹. There should be more research into morbidity and quit strategies among this population, and communication of results and advice to clinicians working throughout the care continuum. More research is also needed into the risks and effects of water pipe smoking.

7. Availability of pharmacotherapy to support smoking cessation and temporary abstinence

Many pharmacotherapies are now available to support temporary abstinence and quit smoking attempts. These medications are safe, cost effective and have a strong evidence base. These medications should be freely available in temporary abstinence and quit smoking attempts^{8,9}.

Medicinal nicotine products are safe and should be encouraged as an alternative regular source of nicotine. We propose deregulation and social marketing of medicinal nicotine products as a competitive alternative to smoked tobacco.

8. Harm reduction

Many smokers may not be able to stop smoking in one step, some may want to reduce the amount they smoke and some people may want to stop using tobacco but continue to use nicotine⁷. Harm reduction from tobacco use can be achieved in a variety of ways and the BTS support a harm reduction strategy as recommended by NICE (PH45)⁷, that reduces the burden of tobacco related disease on health that includes:

- Raising awareness of licenced nicotine containing products
- Raising awareness of a harm reduction approach

E-cigarettes use has risen dramatically in the last 7 years. There are over two million users of e-cigarettes in the UK at present. Many people use e-cigarettes (nicotine vaporisers) to cut down or quit using tobacco¹. The products are not currently licenced in the UK but the devices will be licenced by the MHRA to ensure the safety of the devices and the quality and quantity of the nicotine and other products they deliver from 2016. All products not licenced by the MHRA will be subject to legislation of the European Union tobacco products directive from 2016.

BTS acknowledges the report from Public Health England in 2015¹⁶ and the recommendation that smokers who have tried other methods of quitting without success should not be discouraged from trying e-cigarettes (EC) to stop smoking and that Stop Smoking Services should support smokers using EC to quit by offering behavioural support.

9. Research

The British Thoracic Society supports an active and rigorous research programme into the establishment of a smoke free society.

THE TOBACCO INDUSTRY

Through a variety of overt and covert means the tobacco industry continues to influence uptake, continuation and intensity of smoking in both the developed and the developing world¹³. We therefore support:

- strong individual and BTS responses to misleading research or media articles, particularly those that undermine tobacco control efforts.
- strong individual and BTS responses to tobacco industry funding of academic institutions, and disassociation from institutions accepting tobacco industry funding.
- imposing severe penalties on the manufacturers of cigarettes that are regularly being smuggled and on the owners of premises in which smuggled cigarettes are sold.
- working with colleagues in Europe and internationally to continue to combat industry misinformation and active promotion of tobacco products in emerging markets.

BTS MEMBERSHIP POLICY

Membership of the Society is not open to persons who are or have been full, or part-time, employees of, or paid consultants to, the tobacco industry, at any time during the previous 10 years.

<https://www.brit-thoracic.org.uk/about-bts/join-bts/>

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