



BTS POSITION STATEMENT
TOBACCO AND SMOKING
2021

1. Context and background

1.1 Smoking remains the biggest preventable cause of death and disease in the UK, accounting for approximately 50% of the health inequalities between socio-economic groups ¹. 1 in 2 smokers die prematurely due to smoking related disease and of the 80,000 deaths per year attributed to smoking approximately 50% are caused by respiratory diseases ². 2/3 of smokers would like to quit ³.

2. Goals

2.1 The British Thoracic Society (BTS) has the following goals in relation to tobacco and smoking:

- 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 and supporting research activity to move toward this goal, providing clinical expertise in national discussions and local expertise.

3. Legislation, government policy and commissioning

3.1 The Society welcomes and acknowledges the impact of legislation including the government roadmap set out to achieve a smoking prevalence of <5% - "Smokefree 2030"⁴. This includes the notion of "polluter pays" and raising the legal age to 21. In addition BTS supports a range of policies including Government policy to support smoking cessation ⁵, 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.

3.2 The commissioning of Stop Smoking services is not uniform. The BTS 2019 national smoking cessation audit showed many secondary care providers do not have dedicated Stop Smoking Specialists on site to provide immediate support to patients who smoke ^{6 7 8}.

- The Society is actively involved in supporting the delivery of the NHS Long Term Plan tobacco goals in England (a current smoker, admitted overnight to be offered NHS funded tobacco dependence treatment) and will actively seek to support similar measures in the Home Nations ^{9 10 11}.
- BTS supports the use of the national BTS smoking cessation audit tool to monitor the provision of services in secondary care and the commissioning of services to promote smoking cessation in all four nations.

4. Tobacco and children

4.1 Approximately 2 million children live in a household where they are exposed to cigarette smoke ¹². 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 recommendations set out by NICE, the Royal College of Physicians of London ¹³ and others to reduce the impact and uptake of tobacco in children including smoke free legislation, limiting exposure to smokers on all forms of media and protecting children from passive smoking. BTS supports the need for legislation to protect under 18s from targeted advertising of vaping products.

4.2 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. Increased efforts should be targeted towards pregnant women and the healthcare professionals caring for them.

5. Tobacco and health inequalities

5.1 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. People with mental health disorders and offenders are disproportionately represented in lower socio-economic groups and have an even higher prevalence of smoking. Children from lower socio-economic groups are more likely to be

exposed to secondhand smoke and become smokers themselves¹⁴. BTS supports:

- Providing more smoking cessation support to those with the highest prevalence of smoking.
- Equality of access to smoking cessation services irrespective of postcode.
- Efforts to reduce the burden of smoking in people with mental health disorders.

6. Tobacco and the NHS

6.1 The National Health Service (NHS) is in the front line of caring for those with smoking-related diseases and delivering smoking cessation services¹⁵. Health care costs related to smoking are estimated to be £2.8 billion per year⁽¹⁶⁾. 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^{17 18 19}. Many health professionals, including doctors, have inadequate training and lack tools to support smokers. BTS will strive to ensure standardisation of care through supporting training, producing clinical statement and audit. 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.
- Training for all NHS staff to deliver 'very brief advice' on smoking cessation.
- Training of all patient facing healthcare professionals in understanding tobacco dependency as a disease and its medical management.
- Availability of a Tobacco Dependence Advisor in all healthcare settings.
- Nicotine Replacement Therapy (NRT) and all other licenced pharmacotherapies (including varenicline) available to all on prescription through tobacco dependency treatment services across the NHS to ensure that shared decision making and personalised care plans can be developed to support quit attempts.
- A totally smoke-free policy including all primary and secondary care grounds.

- Smoking status recorded on death certificates for those who smoked, to accurately record smoking related disease.

7. Harm reduction

7.1 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 nicotine²⁰. Harm reduction from tobacco use can be achieved in a variety of ways and BTS supports a harm reduction strategy as recommended by NICE Public Health Guidance (PH45)²¹.

7.2 The use of e-cigarettes (ECs) has risen dramatically in the last eight 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 tobacco²². The "Cochrane Living Systematic Review" concludes ECs with nicotine are superior than NRT in achieving quit rates²³. Public Health England, the Royal College of Physicians, London and NICE guidance recommend regulated ECs as a smoking cessation tool.^{24 25 26}

7.3 The Society acknowledges the role that regulated ECs can play in the following circumstances:

- to treat tobacco dependency when there is a clear focus on helping individuals to stop smoking completely.
- when combined with support from an expert trained to help with tobacco dependence.

7.4 ECs are not risk free. Smokers who use ECs as a tool to quit smoking should be supported to end their use of ECs at the appropriate time.

7.5 BTS supports the view outlined by the British Paediatric Respiratory Society that ECs should not be used by any individual under 18 years of age. There is a need for clear education to highlight the potential risk ECs pose for this age group.

7.6 The impact of 'heat-not-burn' tobacco on health has not been established.

8. Cannabis and water-pipe smoking

8.1 The Society is aware that the presentation of serious lung disease from those who use cannabis and opiates products is increasing²⁷. 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.

9. The Tobacco industry

9.1 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 world²⁸.

9.2 BTS will work with colleagues in this country and overseas to combat misinformation about, and the active promotion of, tobacco products, as well as highlighting that tobacco industry funding for academic institutions or research is unacceptable.

9.3 BTS will respond strongly, as a Society and with other organisations, to condemn the involvement of the tobacco industry in academic and research organisations. BTS openly opposes any healthcare organisation with funding or formal/informal ties to tobacco industry. The tobacco industry must have no opportunity to influence, make profit from or be involved in the delivery of UK healthcare.

9.4 BTS will not countenance the involvement of the tobacco industry in any of its activities. Any tobacco

company, or company owned by the tobacco industry will not be approved for participation (for example as exhibitors) in any Society Conference or meeting.

The Society notes that there may be instances of an organisation being linked to a tobacco company without intent through a prior third-party arrangement. Where this occurs, senior members of BTS Board and Head Office will assess each case on an individual basis.

9.5 Furthermore, publication of papers funded (wholly or in part) by the tobacco industry in the Society's journals, Thorax and BMJ Open Respiratory Research, is specifically prohibited.

9.6 BTS will also support:

- Strong individual and BTS responses to counter 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.
- Working with colleagues in Europe and internationally to continue to combat industry misinformation and active promotion of tobacco products in emerging markets.

9.7 BTS membership

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.

¹ Healthy Lives, Healthy People: A tobacco control plan for England 2011

² Action on Smoking and Health- www.ash.org.uk

³ Office of National Statistics. Adult smoking habits in the UK: 2016

⁴ <https://www.gov.uk/government/publications/health-matters-stopping-smoking-what-works/health-matters-stopping-smoking-what-works>

⁵ Healthy Lives, Healthy People: A tobacco control plan for England 2011

⁶ British Thoracic Society - The Case for Change 2013

⁷ NICE Public Health Guidance (PH48 2013) – Smoking cessation – acute, maternity and mental health services

⁸ BTS Recommendations for Hospital Smoking Cessation Services 2012

⁹ Raising Scotland's tobacco-free generation: our tobacco control action plan 2018

<https://www.gov.scot/publications/raising-scotlands-tobacco-free-generation-tobacco-control-action-plan-2018/>

¹⁰ Tobacco Control Action plan for Wales

<http://www.wales.nhs.uk/document/215840/info/>

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- ¹¹ Tobacco control strategy for Northern Ireland <https://www.health-ni.gov.uk/articles/tobacco-control>
- ¹² Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London: Royal College of Physicians; 2010.
- ¹³ Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London: Royal College of Physicians; 2010.
- ¹⁵ NICE Quality Standard (QS43 2013) – Smoking cessation-supporting people to stop smoking
- ¹⁶ Royal College of Physicians of London - Smoking and Mental Health 2013
- ¹⁷ British Thoracic Society - The Case for Change 2013
- ¹⁸ NICE Public Health Guidance (PH48 2013) – Smoking cessation – acute, maternity and mental health services
- ¹⁹ BTS Recommendations for Hospital Smoking Cessation Services 2012
- ²⁰ NICE Public Health Guidance (PH45 2013) – Tobacco Harm Reduction

- ²¹ NICE Public Health Guidance (PH45 2013) – Tobacco Harm Reduction
- ²² Office of National Statistics. Adult smoking habits in the UK: 2016
- ²³ <https://www.cebm.ox.ac.uk/research/electronic-cigarettes-for-smoking-cessation-cochrane-living-systematic-review-1>
- ²⁴ Vaping in England: an evidence update including vaping for smoking cessation, February 2021. A report commissioned by Public Health England <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021>
- ²⁵ Royal College of Physicians. Smoking and health 2021: a coming of age for tobacco control? London: RCP, 2021. <https://www.rcplondon.ac.uk/projects/outputs/smoking-and-health-2021-coming-age-tobacco-control>
- ²⁶ NICE Public Health Guidance (PH45 2013) – Tobacco Harm Reduction.
- ²⁷ Tan WC, Lo C, Jong A, et al. Marijuana and chronic obstructive lung disease: a population-based study. CMAJ 2009;180:814-20.
- ²⁸ Framework Convention Tobacco Control <https://fctc.org/>