There is no better way to promote health than to help people who want to stop smoking

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Introduction

ASH Scotland is the independent Scottish charity taking action to reduce the harm and inequality caused by smoking. Our activities include an expert information service; campaigning for political action on tobacco and health; supporting community groups to help their service users affected by smoking; building public support and awareness for making Scotland free from tobacco; and supporting charities, enforcement agencies, the NHS and others to contribute to achieving that goal.

Health impacts of smoking

The health effects of smoking are, in general, well known. **Smoking is the single greatest cause of preventable death in Scotland**, above obesity and alcohol. The burden of cancer and lung disease caused by tobacco are no surprise, but many other areas of harm are neglected.

Poor mental health is associated with poorer physical outcomes, and much of this is due to smoking. **A third of tobacco consumed in the UK is smoked by people with mental health problems.** The physical health problems suffered by this group are closely bound up with their mental health issues, for example through the use of smoking as a coping mechanism for stress, anxiety and boredom. But although it is commonly used, smoking is a harmful and ineffective coping mechanism and so there is no trade-off where physical health problems are the price paid for a perceived alleviation of mental health symptoms.

Epidemiological studies have consistently linked smoking to an increased risk of developing dementia, and long-term cohort studies suggest that the risk for dementia in former smokers (after several years of not smoking) approaches that of never smokers. This suggests that **smoking could be an important modifiable lifestyle risk factor for dementia.**

Inequalities

**Smoking is caused by and contributes to inequality, both in health and wealth.** Tobacco use in Scotland - as is the case with most other developed nations - is strongly patterned by deprivation. Because many of the diseases smoking causes occur several decades after initiation of smoking, there is a time-lag between the smoking prevalence of a population, and the rates of smoking-attributable disease. In the UK in 1961 there was no difference in lung cancer mortality between social classes. But by the 1980s a man in an unskilled manual occupation was more than four times as likely to die of lung cancer as a professional and twice as likely to die from coronary heart disease.

Those with long-term disabilities and those who are unemployed over long periods are also more affected by smoking, at 48% and 46% respectively.¹
Potential savings though tobacco prevention

Tobacco control policies in general are cost effective. The cost of smoking is measured not just in money, but in years of life saved and improved. **Smoking must be key to any meaningful strategy on preventative medicine.**

There is good evidence for the cost-effectiveness of several preventative strategies, from the local-scale to the national.

Stop-smoking services should properly be seen as a form of preventative medicine. Stopping smoking, even later in life, can protect against a substantial amount of the risk of cardiovascular problems and cancer. Moreover, children whose parents smoke are more likely to smoke themselves, meaning that parents quitting can “break the chain” of inequality between generations.

Stop-smoking services are among the best-value providers of interventions in the NHS, saving thousands of lives and millions of pounds. A report published by ASH (London) and Cancer Research UK has suggested that smoking costs £760 million each year in social care bills in England. With social care costs expected to continue to rise, smoking prevention and cessation services can only be a good investment.

Schools-based interventions use educational methods and peer engagement to encourage children to avoid taking up the habit. They have been shown to be effective and good value for money.

Mass-media campaigns show a great deal of effectiveness in encouraging people to quit. A related example is the Scottish Government’s recent “Take it Right Outside” campaign, which has correlated with a significant reduction in children’s second-hand smoke exposure indoors.

Although direct excise duty rises are outwith the powers of the Scottish Parliament, it is important to recognise them as one of the key measures in the fight against tobacco use. Higher prices lead to lower levels of smoking, particularly among more deprived groups – those most badly affected by smoking and the damage it causes to health.

Conclusions

Smoking remains the leading cause of premature death in Scotland, predominantly affecting the most deprived. **Any prevention strategy with inequalities at its core must reckon with the severe harm of smoking.** Funding stop-smoking services well, running programmes in schools and engaging in high-profile media campaigns to promote quitting can save both money and lives.

References


Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711). The registered office is 8 Frederick Street, Edinburgh EH2 2HB.