EDITORIAL

Reducing deaths from smoking

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IN 1962, WHEN THE RCP PUBLISHED *SMOKING AND HEALTH*,[1] MORE THAN 70% OF MEN AND 40% OF women smoked. Polite hosts would offer a cigarette. Smoking was an established component of the fabric of society. A behavioural epidemic that would claim more than 100,000 lives a year in the UK, for decades, was entrenched.

Fifty years on, the prevalence of smoking in the UK has halved, and the epidemic of deaths caused by smoking, which lags about 20 years behind smoking prevalence, is now also in decline. Since the publication of the White Paper *Smoking Kills* in 1998,[2] the UK has emerged as a world leader in smoking prevention.[3] Smoking, however, remains the largest avoidable cause of premature death and disability in the UK.

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After five decades of awareness of the health risks of smoking, and awareness of effective policies to prevent smoking, there are still around 10 million smokers in the UK, half of whom will die prematurely, losing many years of life, unless they quit. Smoking costs the NHS around £5 billion[4] and wider society an estimated £14 billion annually.[5]

Smoking is increasingly concentrated in the most disadvantaged sectors of society, and is now the biggest avoidable cause of social inequality in life expectancy in the UK.

Preventing smoking now, as in 1962, depends on reducing the affordability of cigarettes, using the media to educate and promote health, making non-smoking the norm in public and workplaces, preventing advertising and promotion, preventing supply to children, and providing effective support to individuals who want to quit.

Yet in the UK today, although heavily taxed, cigarettes are more affordable than they were in 1965. The Tobacco Advertising and Promotion Act of 2002 has prohibited most advertising and marketing of tobacco, but the industry continues to benefit from smoking behaviour and brand imagery in the media, which could easily be prevented. The use of point-of-sale displays to communicate with existing and potential new customers is now being prevented by new legislation, but the use of tobacco packaging to promote brands and mislead on health risks remains unchecked. Smoke-free policies could be extended substantially into more areas of everyday life. Sustained media campaigns are credited with major impacts on smoking prevalence in other countries, and could be applied to much greater effect in the UK.

Tighter restrictions on the retail availability of cigarettes would help smokers who want to quit, while children need protection from all sources of supply. Children also need more effective protection against exposure to smoke in the home and other private areas, and to the role model of adult smoking behaviour.

Stop Smoking Services could improve by assimilating the practices and approaches of the most successful, while adapting to the needs of different sectors of the population, including those who do not routinely access conventional health services.

Health professionals could do a lot more to integrate and deliver cessation services as a routine and systematic component of the services they provide.

Smokers who don't want to, or have been unable to, quit could also benefit substantially from access to alternative sources of nicotine through the same retailers that currently supply their cigarettes.[6,7]

These are the policies that need to be driven forward if the UK is to maintain the downward trends in smoking prevalence. The recent commitment by the Secretary of State for Health to enact some of these policies, and particularly to consult on plain packaging for tobacco products, is a welcome signal of intent to address the problem.

Smoking kills, and saving the lives of today's smokers, and preventing our children from becoming the smokers of tomorrow demands comprehensive action on all fronts. With that, perhaps, we could see an end to tobacco smoking in Britain in rather less than 50 years.

See also 'GPs have key role in helping patients to stop smoking', p23

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