Smoking: Long term conditions

• A long term condition (LTC) is one that can be controlled but not cured.
• Smokers are more likely to live with a long term illness and many LTCs are either caused or exacerbated by smoking.
• People with a LTC tend to be heavy users of health care resources, accounting for nearly 70% of all inpatient bed days.
• Smokers living with a LTC face increased health risks and complications.

Smoking both causes and exacerbates long term conditions

• COPD causes 24,000 deaths in England every year (NHS England, 2013) and smoking accounts for as many as 85% of COPD related deaths (HSCIC, 2015).

• People suffering from asthma who smoke experience higher rates of hospitalisation, worse symptoms and more rapid decline in lung function than those with asthma who do not smoke (ASH, 2015). Exposure to secondhand smoke also increases the risk of childhood asthma by up to 85% (Burke, 2012).

• Smoking significantly increases the risk of heart disease and stroke. Smokers are 2-4 times more likely to have a stroke. (Shah, 2010).

• Smokers with diabetes have increased risks of complications and premature death.

Smokers and the socially deprived suffer disproportionally

Smokers are much more likely to suffer from a long term condition (LTC). Among heavy smokers, 44% self report a long term illness or disability compared with 32% of never smokers (ONS, 2013).

Those in lower socio-economic groups are significantly more likely to live with a LTC and also have high rates of smoking, which has significant implications for their health and well being. Smoking is responsible for half the difference in life expectancy between the rich and poor and smokers are likely to need care on average nine years earlier than non-smokers (ASH, 2014).
Health services

Both smokers and those with a long term condition are more likely to be hospitalised:
- People with a LTC account for 50% of GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days (ONS, 2009).
- Around 2.6 million episodes of inpatient care are delivered to 1.1 million smokers every year and around 47% of people treated in hospital are current or ex-smokers (Szatkowski et al, 2014).
- Health interventions are also less successful for smokers than non-smokers. Non-smokers have, on average, shorter hospital stays, lower drug doses and fewer complications.
- Smokers are 38% more likely to die after surgery (Turan et al, 2011) and are more likely to experience wound infection (Sørenson, 2012).

Social care services

Smoking doubles the risk of developing care needs. Every year local authorities spend an additional £600 million providing care as a result of smoking related diseases (ASH, 2014). The cost to those who fund their own care is estimated at about £450 million a year.

The Care Act 2014 requires local authorities to provide access to services that reduce the need for support and contribute towards preventing or delaying the development of such need.

Reducing smoking prevalence and subsequent smoking related diseases can therefore help local authorities to meet their duties as outlined in the Care Act.

What should local authorities do?

There is a clear financial and ethical argument for supporting smokers with long term conditions to quit smoking. Local authorities should:

1. Develop plans with CCGs and Trusts.
2. Commission targeted stop smoking services in line with NICE guidance and ensure implementation across the system.
3. Identify and support at risk groups.

What should NHS organisations do?

Smokers in hospital, particularly those with a LTC, should be identified, offered supported to quit or for temporary abstinence during their stay. NHS organisations should:

1. Implement NICE Guidance on smoking and secondary care.
2. Provide Very Brief Advice (VBA) to smokers.
3. Ensure Nicotine Replacement Therapy is available for patients, staff and visitors.
4. Work with local authorities to ensure support is available for smokers to quit.