

Smoking: Long term conditions

- A long term condition (LTC) is one that can be controlled but not cured, for example coronary heart disease or diabetes
- People who smoke are more likely to live with a LTC and many LTCs are caused by and/or exacerbated by smoking
- Treating tobacco addiction and supporting quit attempts among those with living with LTCs improves outcomes and quality of life

Tobacco addiction causes and exacerbates long term conditions

For example:

- COPD caused 25,791 deaths in England in 2018 ([NOMIS, 2018](#)), smoking accounts for 86% of COPD related deaths ([NHS Digital, 2019](#)).
- People with 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. People who smoke are 6 times more likely to have a stroke ([Stroke Association, 2017](#)).
- People with diabetes who smoke have increased risks of complications and premature death ([CDC, 2010](#)).

People who smoke and those from disadvantaged backgrounds experience LTCs at a disproportionately high rate

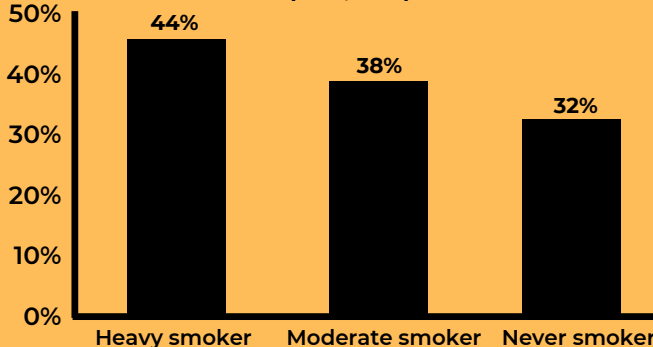
People who smoke are much more likely to suffer from a long term condition (LTC). Among those who are heavily addicted to tobacco, 44% self report a long term illness or disability compared with 32% of never smokers ([ONS, 2015](#)).

Low incomes are associated with higher rates of LTCs. Rates of smoking are also high among low income groups thereby exacerbating LTCs and deepening health inequalities. Smoking is responsible for half the difference in life expectancy between the richest and poorest in society and, later in life, people who smoke are almost twice as likely to need some form of social care than never smokers (based on needs of adults aged 65+) ([Marmot et al, 2010](#); [ASH, 2019](#)).

LTC prevalence by income (ONS, 2015)



LTC prevalence by smoking status (ONS, 2015)



Health services and outcomes

Both people who smoke and those with a LTC are more likely to be hospitalised and experience worse treatment outcomes:

- People with a LTC account for 50% of GP appointments, 64% of outpatient appointments and 70% of all inpatient bed days ([DH, 2012](#)).
- 489,300 hospital admissions were attributable to smoking in 2017/18 ([NHS, 2019](#)) and smoking prevalence among hospital patients is around 26% ([RCP, 2018](#)).
- Smoking is associated with longer hospital stays, higher drug doses and more complications ([RCP, 2018](#)).
- People who smoke are 38% more likely to die after surgery ([Turan et al, 2011](#)) and are more likely to experience wound infection ([Sørensen, 2012](#)).

Social care services

Smoking doubles the risk of developing care needs. Every year, local authorities spend £720 million on care for smoking related conditions. If local authorities were to fund the full social care requirements caused by smoking, this would amount to an additional £20 billion every year. This figure is composed of social care currently provided informally (£10.6 billion) and currently unmet social care needs (£9.4 billion) ([ASH, 2019](#)).

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.

Tobacco addiction usually begins in childhood and, once formed, it is difficult to break, with most people taking several attempts to quit before they are successful ([ASH, 2019](#)). The majority of people who smoke do want to quit ([ONS, 2019](#)) and quit attempts are more likely to be successful when they are supported with appropriate treatment, which is why local authorities and NHS organisations need to act.

What should local authorities do?

There is a clear argument for supporting people who smoke with LTCs to stop. Local authorities should:

1. Develop effective referral pathways to stop smoking services within Trusts/Clinical Commissioning Groups
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 should be identified and offered support to quit during their stay, in line with the commitment made in [The NHS Long Term Plan](#) (LTP).

NHS organisations should:

1. Implement [NICE Guidance](#) on smoking in secondary care and NHS LTP commitments.
2. Provide Very Brief Advice (VBA) to people who smoke.
3. Ensure the best support to quit is available for patients and staff.
4. Work with local authorities to ensure support is available for smokers to quit.

Very Brief Advice

Ask and record smoking status

Advise that the best way to quit is through a combination of specialist support and medication

Act. Provide information and refer to a stop smoking service. If the smoker is not ready to quit, consider a harm reduction approach.